

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

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Speaker*

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MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

Member	Constituency	Political Affiliation
ADAMS, Danielle	Thompson	NDP
ALTOMARE, Nello	Transcona	NDP
ASAGWARA, Uzoma	Union Station	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian	Keewatinook	NDP
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy, Hon.	Kildonan-River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
DRIEDGER, Myrna, Hon.	Roblin	PC
EICHLER, Ralph, Hon.	Lakeside	PC
EWASKO, Wayne, Hon.	Lac du Bonnet	PC
FIELDING, Scott, Hon.	Kirkfield Park	PC
FONTAINE, Nahanni	St. Johns	NDP
FRIESEN, Cameron, Hon.	Morden-Winkler	PC
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GORDON, Audrey, Hon.	Southdale	PC
GUENTER, Josh	Borderland	PC
GUILLEMARD, Sarah, Hon.	Fort Richmond	PC
HELWER, Reg, Hon.	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
JOHNSON, Derek, Hon.	Interlake-Gimli	PC
JOHNSTON, Scott	Assiniboia	PC
KINEW, Wab	Fort Rouge	NDP
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan	Selkirk	PC
LAMONT, Dougald	St. Boniface	Lib.
LAMOUREUX, Cindy	Tyndall Park	Lib.
LATHLIN, Amanda	The Pas-Kameesak	NDP
LINDSEY, Tom	Flin Flon	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Malaya	Notre Dame	NDP
MARTIN, Shannon	McPhillips	PC
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice	Seine River	PC
MOSES, Jamie	St. Vital	NDP
NAYLOR, Lisa	Woleseley	NDP
NESBITT, Greg	Riding Mountain	PC
PALLISTER, Brian, Hon.	Fort Whyte	PC
PEDERSEN, Blaine, Hon.	Midland	PC
PIWNIUK, Doyle	Turtle Mountain	PC
REYES, Jon	Waverley	PC
SALA, Adrien	St. James	NDP
SANDHU, Mintu	The Maples	NDP
SCHULER, Ron, Hon.	Springfield-Ritchot	PC
SMITH, Andrew	Lagimodière	PC
SMITH, Bernadette	Point Douglas	NDP
SMOOK, Dennis	La Vérendrye	PC
SQUIRES, Rochelle, Hon.	Riel	PC
STEFANSON, Heather, Hon.	Tuxedo	PC
TEITSMA, James	Radisson	PC
WASYLIW, Mark	Fort Garry	NDP
WHARTON, Jeff, Hon.	Red River North	PC
WIEBE, Matt	Concordia	NDP
WISHART, Ian	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, May 25, 2021

The House met at 1:30 p.m.

Mr. Deputy Speaker (Doyle Pivniuk): Please be seated and good afternoon, everyone.

ROUTINE PROCEEDINGS

INTRODUCTION OF BILLS

Bill 232—The Emancipation Day Act

Mr. Jamie Moses (St. Vital): I move, seconded by the honourable member for Union Station (MLA Asagwara), that Bill 232, The Emancipation Day Act; Loi sur le Jour de l'émancipation, be now read a first time.

Motion presented.

Mr. Moses: I am pleased to introduce Bill 232, The Emancipation Day Act. This bill would recognize August 1st every year as Emancipation Day in Manitoba. Abolitionists and others who struggled against slavery, including those who arrived in Upper and Lower Canada by the Underground Railroad, have historically celebrated August 1st as Emancipation Day.

Bill 232 will help recognize the heritage of Manitoba's people of African descent and the contributions that the Black community have made and continue to make to Manitoba.

I hope that Bill 232 will receive unanimous support of this Assembly.

Thank you.

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

Now we'll go on to—committee reports? Tabling reports? Ministerial statements?

MEMBERS' STATEMENTS

Dan Lester

Hon. Jeff Wharton (Minister of Crown Services): Mr. Deputy Speaker, I rise in the House today to honour Mr. Dan Lester, the executive director of the Red River North Trail Association.

Dan has been deeply involved with the Red River North Trail Association over the last six years, working to develop the route for the linear connectivity of 400 kilometres of the Great Trail, which is trans

Canada trail, that runs through the Great Falls to Winnipeg.

This trail passes through the East Beach region, Mars Hill, Beausejour, Selkirk, Lockport and into the city of Winnipeg. Every year the East Beach region attracts thousands of local and out-of-province tourists.

To accomplish this milestone, Dan had to negotiate partnerships with 10 municipalities, as well as the trans Canada trail central organization, and had to secure \$1 million in shared funding from the entities, along with the cost-shared grants from the provincial government, to ensure this endeavour was accomplished.

As well, during the 2020 year, through the Red River North Trail Association, Dan participated on the East St. Paul Marconi line paving project, funded through the Building Sustainable Communities program, as well as the East Selkirk trail project, which runs from Colville Road to Old Henderson Highway in the RM of St. Clements.

For 2021, Dan has applied for grants from—for two projects in the RM of St. Clements: the East Selkirk river trail project and the PTH 12 safe-crossing project in the community of Grand Marais.

Dan and his family have also been working to build a better community and personally donated \$160,000 of gravel through the gifts-in-kind from their family's gravel pit to assist the trail establishment through marsh areas and over high-traffic roadways.

Mr. Deputy Speaker, I would like to ask my colleagues to join me in acknowledging Mr. Dan Lester, who is joining us virtually today, on his dedication and commitment to his community and to these trail projects.

Thank you, Mr. Deputy Speaker.

Edward Acuna and Jaime Manness

Mrs. Bernadette Smith (Point Douglas): I am proud to rise today to celebrate two incredible members of the Point Douglas community: Edward Acuna and Jaime Manness.

Ed was recently recognized as one of the Manitoba Honour 150 recipients, and it's no surprise why. Ed was a bit—Ed was bit by the volunteering

bug during his time at the Asper School of Business, and he has looked for ways to give back ever since, using his business experience to better his community.

Ed currently serves as chair of the board of the YMCA and on the Campaign Cabinet of the United Way, where he has led both in impressive fundraising campaigns.

Ed is also extremely humble and insisted I talk about his fiancée, Jaime, more than him.

Jaime Manness is an entrepreneur and founder of Hike Manitoba, a series of trail guides to familiarize people with our province's many hiking routes.

Jaime launched Hike Manitoba last year during the pandemic's first wave and since then has released three guide books about hiking, biking, cross-country skiing and canoeing and paddling, which landed her on the McNally Robinson's bestseller list for several weeks.

Jaime has gathered an impressive following online and has built a province-wide community of outdoor people from novices to the most experienced. [*inaudible*] is to, and I quote, leave no trace, and she has lots of great ideas in her books and social media to help Manitobans limit the impact of their outdoor activities.

Jaime is also a full-time clinician resource nurse at Health Sciences Centre and has been on the front lines of this pandemic. Getting outdoors is her go-to way to protecting her physical and mental health and managing stress. Through her books she is now able to share those benefits with others.

Ed and Jaime are both shining examples of individuals making a difference during these challenging times.

Please join me in thanking them for the great work that they do and their ongoing commitment to making Manitoba a better place.

Miigwech.

Activities in Lac du Bonnet

Hon. Wayne Ewasko (Minister of Advanced Education, Skills and Immigration): Mr. Deputy Speaker, the weather is getting warmer, and as more people are getting vaccinated, I know all Manitobans are getting ready for another great Manitoba summer.

We all must continue to do our part and follow the current public health orders, whether indoors or

enjoying the great outdoors. I know that if we continue to follow the guidelines for just a bit longer, in a safe manner, we will all enjoy our final pandemic summer that much better.

With that reminder, I want to invite Manitobans from all corners of our province to come and visit the Lac du Bonnet constituency when the public health orders permit. The Lac du Bonnet constituency has amazing parks, trails, beaches, campgrounds, community centres, festivals, museums and nine fantastic golf courses, to name but a few wonderful activities.

Specifically, why not check out the Winnipeg River Heritage Museum at St-Georges or the Pioneer Village Museum in Beausejour. Visit the Pinawa suspension bridge or many of our great lakes within the Whiteshell Provincial Park. Maybe take a drive to see the Beausejour Daylily Gardens, fish in Powerview-Pine Falls or take a stroll along the Winnipeg River Bridge. There's so much to offer in the Lac du Bonnet constituency in the summertime.

Above all else, while we continue to protect Manitobans and get outside, let us follow the leave-no-trace principles of plan ahead, camp on durable surfaces, dispose of unwanted service items, leaving what you find, minimizing campfire impacts, respecting wildlife and being considerate of other visitors.

With so much to do in the summer, I also encourage you to spend money in support of local tourism and small businesses. As we begin plans for fully reopening the economy, your continued support will go a long way towards community sustainability. You, no doubt, will be doing your part.

Finally, Mr. Deputy Speaker, as the House rises in just a matter of days, I want to wish all members from all sides of this House an enjoyable and rewarding summer. I know, as all Manitobans know, the current pandemic will soon be in the distant past.

Thank you, Mr. Deputy Speaker.

Child Care Difficulties During Pandemic

Mr. Nello Altomare (Transcona): Today, I rise in this House to talk about the challenges of child care in regards to the latest COVID-19 restrictions.

I've been hearing from a number of Transcona families that are having difficulty accessing child-care supports and finding noticeable gaps in the system. Today, I want to highlight two of these experiences to illustrate what's happening across the province.

The first is a young family who's operated a bakery in Transcona for a number of years. As a result of school closures, they have one school-age child who is now at home remote learning.

It is extremely challenging to manage both their business and helping their child with home-schooling. They have, in the past, been able to take advantage of federal support programs, but now they are being told by the Province that there is no help coming. They are effectively on their own.

Another constituent of mine is an essential worker who now has to stay home, without pay or benefits, to look after her seven-year-old child who is in remote learning. She is in a particular bind as she also has a four-year-old that is in daycare. The Province is not covering fees for children that are preschool age and not in school.

My constituent would like to bring her four-year-old home to save a little money. And so, unfortunately, she can neither continue paying child-care fees for her four-year-old child, which adds further financial stress, or give up her spot and hope that she can find another one once restrictions ease.

Both of these issues could be solved with tweaks to the current programming in place.

I encourage all members of this House to listen to their constituents, do the right thing and put measures in place to support Manitoba families as they navigate their way through this devastating third wave.

Thank you, Mr. Deputy Speaker.

ICU Capacity and Surgery Backlogs

Hon. Jon Gerrard (River Heights): As doctors emphasized this morning, Manitoba is facing two crises.

The first is the COVID pandemic. Dr. Roberts made it clear: we have hit the wall when it comes to ICU capacity. We're having to send people who should be in ICUs to other provinces. The current number of people with COVID-16 [*phonetic*] in ICUs understates the number who need an ICU. An unknown number of people being looked after on hospital wards would ordinarily be cared for in an ICU. We should know this number to emphasize the severity of the current situation. The situation is dire.

The provincial government has provided for a soft lockdown, not a hard lockdown. Dr. Dan Roberts said the restrictions in place are currently not effective. Dr. Pamela Orr emphasized the narrative that

Manitoba is using the strictest regulations is false. We need to close all non-essential businesses and to have a stay-at-home order.

Indoor malls remain open. People are saying the situation is not too serious because malls are still open. We need to close malls.

The second crisis, as Dr. Charles Bernstein said this morning, is in non-COVID in Manitoba. There are now 20,000 surgeries waiting to be done, with 63 of these being of the most urgent nature. Dr. Christine Peschken said the entire health-care system is in danger of collapse.

People with cancer are not getting the surgery they need. Individuals have aneurysms bursting at home and dying, unable to get needed surgery. Six patients have already died on the waiting list. Many others waiting are seeing their health deteriorate.

The government needs to act immediately on this morning's recommendations made by Manitoba's doctors.

Mr. Deputy Speaker: Time for oral questions.

ORAL QUESTIONS

COVID-19 Third Wave Government Response

Mr. Wab Kinew (Leader of the Official Opposition): The Premier showed us who he truly is today.

The worst health crisis in memory and he blames people in ICUs who are fighting for their lives right now. He does so with flawed logic, misrepresenting the truth. These people can't defend themselves because they are in medically induced comas.

Their doctors are defending themselves—them, however, pointing out that many of their patients only become symptomatic the day before they get to hospital. There is no time for these folks to be tested.

Will the Premier stop blaming Manitobans and instead admit that he's the one responsible for the crisis in our health-care system?

Hon. Brian Pallister (Premier): I accept responsibility for anything that goes wrong, Mr. Speaker. Never stopped.

But I'll tell you this: the situation won't get better if people don't follow public health orders. So we'll encourage people to follow the public health orders. We'll encourage people to go and get tested if they

have symptoms and to make sure that they get vaccinated.

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

Mr. Kinew: Much more chastened tone now that those patients in ICU have been invoked.

There's no courage on the other side of this House, particularly not in the Premier's office, but it's completely absent from the Cabinet as well. Who among them will stand up for Manitobans? Who among them will ask for some common sense to be introduced into this government's decision-making?

Doctors were very clear this morning: six people have died waiting for life-saving heart surgery. Six people have died because they can't get the care that they need here at home. People are being paralyzed while they're waiting for spine surgery.

Our entire health-care system is in crisis because of this government's failure in the second and third wave.

Will the Premier finally look in the mirror so that he can see who is responsible for everything that's going wrong right now?

Mr. Pallister: The member reveals a quality that is all too often obvious to members of this House and his own party, and on other sides. The fact of the matter is that following public health orders will allow us to bend the curve. We did it before, we can do it again.

And so the member need not lecture me on accepting personal responsibility when he himself broke public health orders and has still yet to apologize for doing so.

We'll continue to focus on providing care as best we can. We'll continue to lead in advocating for shortened wait times in the future, and always, as we always have—as an opposition and as a government—because we want to get care to people sooner and we're doing everything we can do that now in this pandemic.

Mr. Deputy Speaker: The honourable Leader of the Official Opposition, on a final supplementary question.

Mr. Kinew: Wait times? Wait times? For the first time in our province's history, intensive-care-unit patients are being shipped out of province because of the cuts that this Premier and his Cabinet not only made but celebrated and announced with great fanfare.

We've shipped 18 Manitobans out of province. Is it a coincidence that this government also cut 18 ICU beds? I think not. The cuts that this government made and triumphantly announced are a direct result of the chaos that we are seeing today—or, rather, have directly caused it.

Manitobans want to know who's in charge right now. Who are they to blame for the lack of response from this government when it comes to the third wave? The Premier likes to blame them.

What does the Cabinet think? Does the Cabinet accept personal responsibility, or do they want to blame Manitobans too?

Mr. Pallister: The member's three questions were all about placing blame. What we're about is encouraging people to get vaccinated. What we're about is encouraging people to get tested when they're ill. What we're about is making sure that people co-operate with the contact tracers when they're asked questions so we can notify others who may have come into contact and may be exposed to a variant of concern, for example.

What we're about is, of course, cleaning up the mess the NDP left us, with the longest waits in Canada, with the most people leaving emergency rooms without being seen, with the most double transfers in the country, with the highest ambulance fees. Now, that's not blame, that's just repair.

Now we're in the middle of a pandemic, and I encourage the member to get on team Manitoba and start looking to advocate for more people to get vaccinated and for more people to do the right thing and follow the public health orders he himself ignored.

Mr. Deputy Speaker: The honourable Leader of the Official Opposition, on a different question.

Mr. Kinew: Team Manitoba? Team Manitoba's right here, along with the other 1.4 million people.

The only people who still think the Premier is not to blame for the current crisis are the members of the PC caucus, so don't talk about team Manitoba when you go out each and every day blaming people in ICU—*[interjection]*—speaking through you, the Chair, in that rhetorical fashion, Mr. Deputy Speaker.

Again, members of the Cabinet will chirp in question period but will never speak up against the cuts that this government made. *[interjection]*

Mr. Deputy Speaker: Order.

Mr. Kinew: Perhaps they think that they're going to bide their time until they can become leader, but I'll have news—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Kinew: —for you to be delivered here today: the person that you are on the way is the person that you become when you sit in the chair.

When will this government listen to the calls being made by doctors, and will they heed their advice now? *[interjection]*

Mr. Deputy Speaker: Order.

Mr. Pallister: This is the man who covered up his entire criminal record from his own party now lecturing us on accountability.

Mr. Speaker, I can only say to the member, if he listened to the doctors today, what he heard was a desire to make sure we get to a solution together. And that's what I heard, and that's what we're doing.

We're acting with the advice of our medical health officials. We're acting to make sure that we do everything we can to get vaccines in arms. We're pursuing options to get even more vaccines to our province. We're making sure that we've got—we've got over 1,700 truckers now vaccinated in North Dakota with the partnership and thanks of North Dakota's government.

We're working very diligently to make sure that we address—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Pallister: —all the absence of service that was there when we came into government by investing far more in the preparation for this pandemic than the NDP government ever did.

And so we'll continue to make these investments to shore up our health-care system as best we can during a global pandemic.

* (13:50)

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

Mr. Kinew: Mr. Deputy Speaker, do you remember when don't stigmatize was at the centre of the province's public health message? Don't stigmatize people who get COVID. That's what they used to say during the first wave.

And yet, as that message of don't stigmatize has disappeared from their messaging, what has happened? Case counts have skyrocketed. Our health-care system has been overrun: record COVID numbers, people dying. We heard about it again today.

It is clear that this blame-Manitobans approach does not work. Look at every single indicator. Since they started blaming Manitobans, it's only been a representation of the flaws in their pandemic response, rather than a testimony on the good nature of the people of our province.

Will the Premier stop blaming Manitobans and get back to a public health message that's grounded in science rather than his own ego?

Mr. Pallister: I recognize that the member has expressed himself clearly today, in terms of wanting to blame others, but his personal conduct has caused us to understand very well that he's not willing to abide by public health orders himself.

And at a pivotal time he failed to stand up and do the right thing yet again, which is no change—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Pallister: —no change from previous behaviour he's—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Pallister: —demonstrated repeatedly in the past. So the member is not a new man. He's just repeating the same mistakes.

Now, protect Manitoba is a province-wide vaccination promotion campaign that we have launched. We're going to continue to incent vaccines to be taken by Manitobans.

Currently, in Manitoba, we have 70 per cent of the folks who've been hospitalized haven't had a vaccine yet. We need to get more people to get vaccines. I thank members of this House for encouraging that, including members opposite, but I would encourage the member also to do the right thing and encourage others to get vaccinated, to get tested when ill and to co-operate with contact tracers to make sure that they can keep people safe.

Mr. Deputy Speaker: The honourable Leader of the Official Opposition, on a final supplementary question.

Mr. Kinew: Everything that the Premier tries to blame Manitobans for is debunked on an ongoing basis by health leaders and medical experts.

Why would he want to come out today, though, and throw that shade at Manitobans? Is it because we've now sent 18 ICU patients to Manitoba and they're now making plans to send more to Saskatchewan? Probably. Is it because the blame-Joe Biden press conference over the weekend was an absolute embarrassment? Yes, that's probably part of it, too. And is it because this government, time and time again, has refused to learn the lessons of the pandemic or heed the calls of the experts raising their voices? Yes, I'm pretty sure that's why, too.

These physicians came out today asking for action. Will the Premier stop blaming Manitobans and, for once, listen to those on the front lines of our health-care system?

Mr. Pallister: The member didn't listen to public health officials when he violated public health orders. He has yet to apologize for that.

We've been listening to our public health officials throughout this entire pandemic. There aren't 500,000 health experts. There's a health-care advocacy team with incredible expertise that has been guiding every move we've made, and we'll continue to follow their advice.

In terms of Joe Biden, the member has just put shade, as he liked to call it, on every governor in every border state and every premier of the country because we all want more vaccines out of fridges in the United States into Canada. He does too much of his research in a local daily paper. What—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Pallister: —he needs to understand is there was a statement signed unanimously by all New England governors and by the premiers of Atlantic Canada and Quebec just last week—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Pallister: —that called on exactly what we've been working with for North Dakota for some time to do, to get vaccines out of the United States' fridges up into Canada to support us.

We have 100,000 additional capacity in the next 10 days: 100,000—

Some Honourable Members: Oh, oh.

Mr. Deputy Speaker: Order.

Mr. Pallister: —more Manitobans could be vaccinated—

Mr. Deputy Speaker: The honourable First Minister's time is up. *[interjection]*

Order.

COVID-19 Third Wave Impact on Health System

MLA Uzoma Asagwara (Union Station): Mr. Deputy Speaker, Manitoba is suffering the highest COVID transmission rates in Canada and the United States. Public health measures to date have not been effective enough. The health system is now overwhelmed. Leading physicians explain that this situation—explained, rather, this morning that the situation is dire. They're heartbroken that more was not done to curb this.

Eighteen ICU patients have now been sent to Ontario, including Thunder Bay, North Bay, Sault Ste. Marie, London and Ottawa, and plans are being made to send more folks to Saskatchewan.

Those who had the audacity to say we got this are not the ones who are suffering and dying.

Why has this government allowed this situation to grow beyond a crisis?

Hon. Kelvin Goertzen (Acting Minister of Health and Seniors Care): I had the opportunity yesterday morning to meet virtually with all the different clinical leads from around the province, Mr. Deputy Speaker. I certainly heard the concerns that they have. We know that they are doing difficult work in the most difficult time.

We also know that this third wave has—wave has impacted every province in Canada. In Nova Scotia, they now have a backlog when it comes to surgeries they say will take several years to clear up. In Ontario, 419,000 surgeries have had to be postponed; 17,600 in Quebec; 36,000 in Alberta.

Mr. Deputy Speaker, there's no question that the third wave has impacted every province. It's impacting Manitoba. We'll continue to work with medical leaders to do what we need to do to get Manitobans—

Mr. Deputy Speaker: The honourable minister's time is up.

The honourable member for Union Station, on a supplementary question.

MLA Asagwara: Mr. Deputy Speaker, this government gutted capacity from critical care right before

this pandemic struck and they've never caught up to the virus. The health system is now overwhelmed.

Physicians this morning explained it's not just COVID patients that are suffering. Clinics are barely functioning because of redeployment. People are suffering. Six patients have died while waiting for cardiac surgery.

It's a crisis made so much worse by this government's failure to plan and their absolute failure to lead.

Why? Why was more not done to curb the tide of this wave in this pandemic?

Mr. Goertzen: ICU capacity has doubled in the province of Manitoba, Mr. Deputy Speaker. We now have, and we will have, by the end of the week, 146 beds that are available for use in Manitoba. *[interjection]*

Mr. Deputy Speaker: Order.

Mr. Goertzen: Certainly, we have looked at our partners around us who we have long-standing relationships with when it comes to health care. And like Manitoba in the past has sent people to help in ice storms, like Manitoba in the past has helped other areas to help in floods or fires, absolutely, these individuals, these provinces around us, want to come to support Manitoba as well as we have supported them.

We will ensure that we continue to develop and ensure that there's the capacity in Manitoba while looking at every possibility to work with partners around us, Mr. Deputy Speaker.

Mr. Deputy Speaker: The honourable member for Union Station, on a final supplementary question.

Triage Protocol

MLA Asagwara: Mr. Deputy Speaker, from top to bottom this government is an absolute failure: worst COVID transmission rates in Canada and the United States, cuts and consolidation that left us completely vulnerable. The system is completely overwhelmed.

Now, this could be seen coming from the beginning of this pandemic, and now our ICUs have run out of room. Fifteen months into this pandemic there is still not a triage protocol in critical care despite the minister's own ethical framework calling for one to be developed.

Why do we still not have a triage protocol, even now, when our ICUs are completely overwhelmed?

Mr. Goertzen: Manitoba's chief nursing officer has already indicated publicly that any sort of protocol would be developed when they believed it was needed and when—it would be developed by health-care professionals and ethicists, Mr. Deputy Speaker. All the focus of this government has been to ensure that that isn't necessary. Those resources are in place. That means we have.

* (14:00)

And I spoke with Bill Blair—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Goertzen: I spoke with federal minister Bill Blair this morning, together with our Manitoba 'minner'—minister of emergency services, to ensure that additional resources—air transport, nurses, respiratory therapists—would be available.

Mr. Deputy Speaker, we will continue to work with jurisdictions around us as we build even more capacity here, having already doubled that capacity.

That is our four—full focus—

Mr. Deputy Speaker: The honourable minister's time is up.

Anti-COVID-19-Restrictions Rally Court Injunction for Violations

Ms. Nahanni Fontaine (St. Johns): The Pallister government just passed legislation suppressing citizens who might want to do something as simple as giving pigs on the way to slaughter water or land protectors standing up for the environment.

Meanwhile, anti-science, anti-vaxxers intent on another disruption at The Forks this Friday—Chris Sky, a last—arrested last week and currently out on bail, is making his way to Manitoba to encourage Manitobans not to follow our public health orders in this third wave.

I table his poster again and the picture from his gathering—protest last night in Kelowna.

And what do we hear from the Premier (Mr. Pallister) and his Cabinet? Crickets.

Why won't the Cabinet actually stand up for Manitobans once and for all and seek an immediate court injunction against these—

Mr. Deputy Speaker: The honourable member's time is up.

Hon. Cameron Friesen (Minister of Justice and Attorney General): Well, Mr. Deputy Speaker, that

member and all members know that Manitoba has the most robust, the most significant, enforcement apparatus of any province in all of Canada. We have 3,300 people who are enforcing. We have the highest amount of tickets and fines and warnings per jurisdiction. And—[*interjection*]

Mr. Deputy Speaker: Order.

Mr. Friesen: —that member and all members should—[*interjection*]

Mr. Deputy Speaker: Order.

Mr. Friesen: —know that for those who are breaking public health rules, enforcement and consequences will follow. [*interjection*]

Mr. Deputy Speaker: Order. Order.

I just want to remind everybody in this Chamber here, when people are answering a question or asking a question with masks on, it's really hard to hear them in the first place, but when there's a lot of heckling going on, it's almost impossible.

So I just want to remind everyone.

The honourable member for St. Johns, on a supplementary question.

Ms. Fontaine: The Premier (Mr. Pallister) just passed legislation making it an offence to go berry picking on unmarked, private land. And, with Bill 57, he gave the PCs enormous powers to prosecute citizens who might oppose their regressive agenda. Meanwhile, these anti-science, 'anti-vacciners' are threatening a superspreader event and aggressively promoting and encouraging Manitobans to violate our public health orders in a third wave.

And what is the government's response? Maybe we'll give tickets at some point—[*interjection*]

Mr. Deputy Speaker: Order.

Ms. Fontaine: —maybe not.

This is simply unacceptable.

Why won't this Premier and his ministers actually stand up for Manitobans and put a stop to this rally immediately?

Mr. Friesen: Well, the member might think that the political posturing is somehow in her favour, but we can't really understand what the point is.

That member knows that we have the most robust enforcement in any province in Canada. If the member is asking us to disclose intelligence and strategic

details, the answer is no, because politicians don't do that work; our experts in the departments do. She shouldn't be reflecting on the department and their work with law enforcement.

But where was she and her criticism when her own leader stood out there and organized a rally that broke the public health rules? Maybe she'll stand up on her third question and apologize for her leader.

Mr. Deputy Speaker: The honourable member for St. Johns, on a final supplementary question.

Ms. Fontaine: Oh my gosh, that Justice Minister—the failed Health minister—is just an embarrassment to Manitobans.

None of the Cabinet will stand up for Manitobans—[*interjection*]

Mr. Deputy Speaker: Order.

Ms. Fontaine: —in the midst of a third wave when ICUs are over capacity, when we're sending Manitobans out of province to access critical care. And not one of them will stand up today and say, actually, we're going to seek a court injunction to put a stop to Chris Sky and his ilk coming into Manitoba, promoting and encouraging Manitobans to break our public health orders. None of them have an ounce of dignity and courage during this pandemic.

Will they get some right now and do what's right for Manitobans and seek a court—

Mr. Deputy Speaker: The honourable member's time is up. [*interjection*]

Order.

Mr. Friesen: Well, the member for St. Johns just made things very, very uncomfortable for her own leader by talking about compliance with the rules and the importance to operate with integrity—[*interjection*]

Mr. Deputy Speaker: Order.

Mr. Friesen: —and dignity. That member organized a rally that broke the public health rules, and we were there and had an investigation go. And, in the same way, if there are people who are organizing rallies right now that break the rules on COVID, they also can have the confidence that enforcement will be there—[*interjection*]

Mr. Deputy Speaker: Order.

Mr. Friesen: —because compliance matters now more than ever in the province of Manitoba.

So, while they keep chirping, we'll keep working.

School Closure Announcements Request for Early Notification

Mr. Nello Altomare (Transcona): Mr. Deputy Speaker, in the last month this government has twice announced changes to schools over the weekend, causing chaos and confusion for families, for educators and staff in schools.

Now, as the pandemic gets worse, families and teachers are unsure of what the next steps are. Parents don't know if they need to take more time off, if schools are safe places for their kids and if their children will even see the inside of a classroom before next fall.

Manitobans deserve to know before this weekend what the next steps are.

Will the minister tell parents before the weekend whether or not schools will remain closed?

Hon. Cliff Cullen (Minister of Education): Yes.

Mr. Deputy Speaker: The honourable member for Transcona, on a supplementary question.

Mr. Altomare: The minister told the House that he receives school-related COVID information on Tuesdays and Thursdays and that this information has informed decisions surrounding our schools.

However, it's clear that he's not actively prepared for these situations. School closures are being made days later on a Saturday or Sunday, leaving families and teachers in a scramble.

Will the minister explain today what the plan for our schools is for the week?

Mr. Cullen: I do appreciate the member's line of questioning.

We do have over 400 schools in Manitoba in remote learning, still close to 400 that are in COVID normal. We do appreciate all the work on behalf of teachers, school staff, all educators in keeping schools safe, and we do appreciate the work that they do.

I will say we are conversing with our public health officials, as we always do. We are conversing with our school officials as well. And, certainly, when the numbers are before us today we'll have a chance to evaluate that and make informed decisions based on those numbers and recommendations from our public health officials.

Mr. Deputy Speaker: The honourable member for Transcona, on a final supplementary question.

Mr. Altomare: Manitobans, Mr. Deputy Speaker, deserve transparency and advance details, not a last-minute weekend announcement.

This is unfair to Manitoba parents who are struggling to pay bills because they've lost income while helping their children. This is unfair to educators and support staff who've had to pivot in how they do their jobs. And it is unfair to students who have been struggling with the many challenges that remote learning brings.

Will the minister be clear and transparent with Manitobans about whether or not schools will remain closed, or will it be another rushed weekend announcement?

Mr. Cullen: Mr. Deputy Speaker, we've been clear with parents and educators we'd like to keep our students in the classroom. That's where they learn best. Our mental health doctors tell us that it's better for students to be in classrooms, again, only when it's safe to do so. That's why we've taken a targeted approach in consultation with our public health officials.

As a result, we've got close to half of our schools in remote learning. We're evaluating these; we're monitoring these very, very closely. We're going to be taking advice from our public health officials based on the numbers that we see today and certainly trends going forward.

So, I will say, Mr. Deputy Speaker, we take this very seriously and we will give Manitobans as much notice as possible.

Minimum Wage Increase Request for Living Wage

Mr. Tom Lindsey (Flin Flon): The nickel-and-dime Pallister government has now held back the dime—only a nickel for working Manitobans.

* (14:10)

During this pandemic, thousands of Manitobans went to work, risked their lives. Many got sick. Some died. What's the reward they get? A lousy 5-cent increase to the minimum wage.

Why won't this government join us and move quickly towards implementing a living wage for Manitobans? Show some real respect for working Manitobans.

Hon. Scott Fielding (Minister of Finance): Our increase to the minimum wage is tied to the CPI—consumer price index—which we think makes sense, is a balanced approach.

We also know that our government increased the basic personal exemption. Of course, the NDP never did that Madam—Mr. Deputy Speaker. That means over four—14,500 individuals aren't paying taxes overall. That's \$145 million in the pockets of low-income Manitobans.

We're not going to make the same mistake that the NDP government always does.

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

Mr. Lindsey: A nickel for working people. It's beyond insulting. It's a declaration that this government could care less about working people in this province.

It's not just the minimum wage. They also cut aid for renters, while people like the Premier (Mr. Pallister) get thousands of dollars, even on their second countryside estate.

It's obscene, Mr. Deputy Speaker. Working people are the front lines of this pandemic.

Why won't this government join us, move towards a living wage for all working Manitobans? Show them the respect that they deserve.

Mr. Fielding: Our government has made—priority tax relief for Manitobans. In fact, 2020 tax rollback for all Manitobans. We think that's extremely important.

The member also talks about supports. The Rent Assist program—we've got the Minister of Families (Ms. Squires) right here. It's gone up over \$22 million in the last budget alone. That's an increase.

One thing we're going to make—we're going to ensure that we don't do: we're not going to take a lazy approach, like the NDP did, and jack up taxes on low-income individuals as well as all Manitobans. That's an approach we're not going to take. We're going to put more money in the pockets of Manitobans. That's exactly what we're going to do.

Mr. Deputy Speaker: The honourable member for Flin Flon, on a final supplementary question.

Mr. Lindsey: Mr. Deputy Speaker, it's disgusting: a nickel for working people.

At the same time, they've introduced cuts for renters on the rebate that they would normally get.

This government couldn't be any clearer: they don't care about you. They could care less about working Manitobans.

Those who put themselves at risk and who are struggling through this crisis should be treated with respect, not insulted by a measly nickel increase in the minimum wage. There are alternatives, like a living wage.

Will this government apologize for this insult and make minimum wage a living wage? Show workers the respect that they deserve.

Mr. Fielding: We know the NDP is lazy, whether it be the Leader of the Opposition or the member from Flin Flon. What they're going to do is tax-and-spend Manitobans. *[interjection]*

Mr. Deputy Speaker: Order.

Mr. Fielding: We know they've done that in the past. We know that they're going to do that in the future, Mr. Deputy Speaker. We think at—providing tax relief to Manitobans is important. *[interjection]*

Mr. Deputy Speaker: Order.

Mr. Fielding: What we're doing for over 600,000 Manitobans, we're reducing education property tax by 25 per cent this year, 25 per cent next year. That's for all property owners, low-income property owners. And also for renters—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Fielding: Mr. Deputy Speaker, what we're doing is we're freezing. People cannot increase the rents for two years. This is something that's going to mean a marketable difference for people in Manitoba. *[interjection]*

Mr. Deputy Speaker: Order.

COVID-19 and Health-Care System ICU Doctors' Recommendations

Mr. Dougald Lamont (St. Boniface): I watched the Doctors Manitoba press conference today, which was shocking but not surprising, because it certainly confirmed many things we've been saying all along: our health is—system has hit the wall. Manitoba's health orders are weak and so is enforcement. People are getting COVID at work but we're not closing workplaces. We can't rely on vaccination alone to get out of this wave and we need more than five days of paid sick leave.

We are flying patients 2,000 kilometres to Ottawa who may never see their loved ones again, and more

than 20,000 people are waiting for treatment whose cancer, cardiac and spinal conditions are getting worse.

This is not about saving summer. It's about saving lives.

Is this government going to listen and act or, once again, are they going to ignore everything that front-line ICU doctors are saying?

Hon. Brian Pallister (Premier): Well, we've acted on numerous fronts, we'll continue to act with respect to the health-care system. It needs the support of the federal government. We thank the federal government for the supports they've offered in the interim. We hope that that will lead to, of course, far fewer people needing to be transferred to care elsewhere as a consequence of additional respiratory therapists, anesthesiologists and others.

But the fact remains that we need federal government to stand up and support health care from coast to coast. The NDP in this province, the Conservatives here and elsewhere all across the country, including opposition parties from coast to coast, are all in support of this. The only opposition party that is not in support of stronger supports for health care, on a go-forward basis, to increase the sustainability and strength of our health-care system, is the Manitoba Liberals.

Mr. Deputy Speaker: The honourable member for St. Boniface, on a supplementary question.

Mr. Lamont: Mr. Deputy Speaker, everyone warned this government they were putting lives at risk: doctors, nurses, people in health care and citizens. We did more than warn this government. We pleaded with them don't close ERs; don't close ICUs; don't sell off Lifeflight ambulances; don't lay off hundreds of people in the middle of the second wave.

At every step, the warnings were ignored and at every opportunity this government has pushed to open as quickly as possible, with disastrous consequences. When malls are open and huge rallies are taking place, it sends a clear message to Manitobans that this government doesn't take the pandemic seriously.

How can the Premier justify ignoring these warnings? If a thousand deaths of Manitobans are not enough, what is it going to take to get this government to change course and listen to doctors?

Mr. Pallister: I appreciate the pandemic opportunism of the opposition leaders of both parties. It recognizes—I hear what they're saying; I know where they're

coming from; I think all Manitobans do, too. That being said, we will listen to our medical experts. That is who we're going to follow the advice of.

On his assertions in the preamble, there were many false ones, and unfortunately, I don't have time to adequately respond to his assertions except to say this: if we had had a hell of a lot more vaccines a lot sooner in this country, none of us would be in this situation now.

Mr. Deputy Speaker: The honourable member for River Heights, on a final supplementary question.

COVID-19 Third Wave Physician Recommendations

Hon. Jon Gerrard (River Heights): Yes, Mr. Deputy Speaker, Manitoba is in a state of crisis. With intensive-care-unit capacity more than full, some patients needing an ICU bed are being looked after on regular wards. Other patients are being sent to ICUs in other provinces. As Dr. Roberts said this morning, we have hit the wall.

There are 20,000 Manitobans waiting for surgery, which has had to be postponed, and some of these are urgent. At least six patients have already died waiting. Dr. Peschken emphasized the entire health-care system is in danger of collapse.

When will the government fully implement this morning's recommendations from Manitoba's doctors?

Hon. Brian Pallister (Premier): We already have implemented a significant number of the recommendations the doctors alluded to. Our restrictions are stronger than anywhere else. They were, a month ago, stronger than everyone except Ontario. Our enforcement and our—of our restrictions is stronger than anyone else across the country, bar none. So, on the issues that they raised in those respects, we are actually already having implemented what they asked for.

In terms of the pandemic pileup, the backlog of surgeries and treatments, that is an absolute concern of this government and continues to be; it's a concern that we have to address in partnership with our federal government, going forward. But this makes it clear that we need a federal-provincial partnership to be restored that was deteriorated in the '90s under a term of office of the member who just spoke, that has deteriorated in the last six years under the Trudeau government, that needs to be strengthened now, never more than now.

**Parent Engagement Taskforce
Government Announcement**

Mr. Scott Johnston (Assiniboia): Our government recently launched—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Johnston: —the Parent Engagement Task Force as part of the Better Education Starts Today strategy's engagement plan.

Can the Minister of Education please give the House more detail as to the work of the task force and how our BEST strategy will benefit the students of Manitoba?

Hon. Cliff Cullen (Minister of Education): I want to thank my colleague for this question.

* (14:20)

The Parent Engagement Task Force will help shape the roles and responsibilities of the new school community councils and identify strategies to increase parental participation in shaping the future—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Cullen: —of education in Manitoba.

The task force will engage directly with Manitoba parents and caregivers to explore the potential role of school community councils, how parent engagement can be strengthened and the resources they need to be successful. Manitoba is committed to ongoing engagement to inform the priority actions outlined in the Better Education Starts Today strategy.

Mr. Deputy Speaker, we will continue to listen to Manitobans how we can improve our K-to-12 education system here in Manitoba—

Mr. Deputy Speaker: The honourable minister's time is up.

**Paid Leave for Miscarriage of Stillbirth
Request for Support for Bill 231**

Ms. Amanda Lathlin (The Pas-Kameesak): The Society of Obstetricians and Gynaecologists of Canada estimates that one in five pregnancies end in miscarriage. The experience of a miscarriage or stillbirth can be traumatizing.

I recently introduced Bill 231, which would legislate paid leave for parents grieving a miscarriage or stillbirth. Our province has the opportunity to lead with compassion on this issue.

Will the minister support Bill 231?

Hon. Kelvin Goertzen (Acting Minister of Health and Seniors Care): I appreciate the member introducing the bill. I think all of us know someone or have had a personal experience with loss of a child or a miscarriage. I know my wife and I suffered many miscarriages before we were fortunate enough to have our son, Malachi, and we've often been able to speak about that publicly.

I think it's important that this be discussed in the Legislature. I appreciate her bringing it forward.

Obviously, you know, it's something that we don't know all the different ramifications from, but we do know that everybody who has gone through this is impacted. So it'll be a good debate to have, and I look forward to having it when it comes to a private members' hour.

Mr. Deputy Speaker: The honourable member for The Pas-Kameesak, on a supplementary question.

Ms. Lathlin: If a pregnant person miscarries, they can apply for EI at a fraction of their normal wage. There is no full wage replacement available for parents who are grieving a miscarriage or a stillbirth.

We should ensure that all grieving parents have access to separate and fully funded paid leave. They can do so by supporting Bill 231.

Will they support this bill today?

Ekosi.

Mr. Goertzen: Again, the member raises a very important issue. Many, many families have suffered as a result of the loss of a child in a miscarriage, Mr. Deputy Speaker. It is something that needs to be discussed.

There might be other alternatives than what the member opposite has raised. There might be other things that can be done. But the discussion needs to happen.

She raised a bill previously that's been passed, I think that betters Manitoba. I think all MLAs have the opportunity to do that through private members' bills. It's a great opportunity, and we'll have an opportunity to discuss this bill when the NDP call it for a private members' hour.

Thank you very much, Mr. Deputy Speaker.

Mr. Deputy Speaker: Time for oral questions has expired.

The honourable Leader of the Official Opposition.

Mr. Wab Kinew (Leader of the Official Opposition): On a point of order.

Point of Order

Mr. Deputy Speaker: On a point of order, the honourable Leader of the Official Opposition.

Mr. Kinew: Yes, we tend to get quite partisan in here during question period, so I didn't want to say this during the time there. But I did want to take a moment just to say, rest in power, George Floyd. It's a one-year anniversary of his unfortunate killing. And though he did not live to see it, he did change the world. So I think that was a significant moment. A lot of us feel that on an emotional, personal level, so I did just want to take a moment to acknowledge that.

And I guess while I'm extemporizing I might as well say, go Jets go, as well, too.

Mr. Deputy Speaker: The honourable First Minister, on the same point of order.

Hon. Brian Pallister (Premier): Yes, on the— appreciate President Biden is meeting with the Floyd family, I understand, this week, and that that is an important symbolic gesture, but it's also important that we build on the momentum that this tragedy has created and that we make sure we take the necessary actions to rectify this kind of racist behaviour that this embodied. This willingness, I think, is higher than it's been and it's important to strike while the iron's hot.

And in respect of the Jets, of course, we are in the middle of the pandemic, so I don't want to do any disservice to the Jets to say this, that they offer a wonderful deviation from the focus we have to have on getting people tested and getting people to follow public health orders. And that, just as they can win in overtime, so can we.

Mr. Deputy Speaker: I just want to let everyone know that it's not a point of order, but it's great that it was acknowledged in the Chamber by both sides.

And we'll go on to petitions.

PETITIONS

Mr. Deputy Speaker: The honourable member for Union Station (MLA Asagwara), do you have a petition? No?

The honourable member for Keewatinook (Mr. Bushie)? No?

The honourable member for River Heights (Mr. Gerrard)? Does the honourable member for River Heights have a petition?

So we'll go on to the honourable member for Elmwood.

Diagnostic Testing Accessibility

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

The background of this petition is as follows:

(1) Until recently, diagnostic medical tests, including for blood and fluid samples, were available and accessible in most medical clinics.

(2) Dynacare blood test labs have consolidated their blood and fluid testing services by closing 25 of its labs.

(3) The provincial government has cut diagnostic testing at many clinic sites, and residents now have to travel to different locations to get their testing done, even for a simple blood test or urine sample.

(4) Further, travel challenges for vulnerable and elderly residents of northeast Winnipeg may result in fewer tests being done or delays in testing, with the attendant effects of increased health-care costs and poorer individual patient outcomes.

(5) COVID-19 emergency rules have resulted in long outdoor lineups, putting vulnerable residents at further risk in extreme weather, be it hot or cold. Moreover, these long lineups have resulted in longer wait times for services and poorer service in general.

(6) Manitoba residents value the convenience and efficiency of the health-care system when they are able to give their samples at the time of the doctor visit.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to immediately demand Dynacare maintain all the phlebotomy, blood sample, sites existing prior to the COVID-19 public health emergency, and allow all Manitobans to get their blood and urine tests done when visiting their doctor, thereby facilitating local access to blood testing services.

And this petition is signed by many Manitobans.

Mr. Deputy Speaker: Does the member for—oh, the member for—oh, this first.

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

Epilepsy Treatment

Mr. Matt Wiebe (Concordia): I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

One in 10 Manitobans will have a seizure in their lifetime, and the incidence of epilepsy in the Indigenous populations is double the national average. Epilepsy occurs just as often as breast and lung cancer world-wide.

COVID-19 has cancelled epilepsy surgeries booked for Manitoba patients elsewhere in Canada because they cannot receive this standardly routine surgery in the province.

Manitoba is the only province which has an inappropriate hospital environment to perform most epilepsy surgeries because it conducts epilepsy monitoring on an orthopedics ward with an orthopedic staff, instead of an epilepsy ward with trained epilepsy staff.

Patients in Manitoba have to wait three or more years for epilepsy surgery, which has resulted in them having to continue to suffer uncontrolled seizures, struggle with mental health issues, including depression, anxiety, headaches, general poor health and even death, in some cases.

Since an epilepsy neurologist resigned in 2012, more neurologists have resigned due to dealing with an-old and failing equipment, which has resulted in sending patients out of province, costing the provincial government millions of dollars.

Epilepsy surgery is extremely effective, resulting in patients requiring less medication, sometimes becoming seizure-free, enabling them to return to work, drive and live fulfilling lives.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Health and Seniors Care to open a genuine, four-bed epilepsy union, similar to the one recently opened in Saskatchewan, at the Health Sciences Centre, with modern equipment and adequate epilepsy neurosurgeons, neurologists, nurses, clerks and technicians.

And to urge the minister of Health, seniors-and Seniors Care to formally establish an epilepsy

program to ensure that all epilepsy staff can deliver care to patients in a co-ordinated fashion.

And this petition is signed by many Manitobans.

* (14:30)

Mr. Deputy Speaker: Any further petitions?

Grievances?

ORDERS OF THE DAY

GOVERNMENT BUSINESS

Deputy Speaker's Statement

Mr. Deputy Speaker: Before I recognize the Government House Leader, I just—I've got a Deputy Speaker's Statement.

For the information for all members, the Speaker's Office received a letter today signed by the Government House Leader (Mr. Goertzen) and the Opposition House Leader indicating that the House will sit this Friday, May 28th, 2021, from 10 a.m. to 12:30 p.m. to consider Departmental Estimates in the Committee of Supply.

House Business

Hon. Kelvin Goertzen (Government House Leader): In relation to what you've just informed the House, could you please canvass the House for leave to allow all three sections of the Committee of Supply to meet this Friday, May 28th, 2021, from 10 a.m. to 12:30 p.m., despite the fact that the Committee of Supply will not meet on Thursday, May 27th.

For clarity, as per our normal rules and procedures, the Friday sitting will be a continuation of the Thursday sitting and therefore, at 5 p.m. on Thursday, the House will recess but not adjourn.

Mr. Deputy Speaker: Is there leave to allow the three sections of Committee of Supply to meet on Friday, May 28th, 2021, from 10 a.m. to 12:30 p.m., despite the fact that the Committee of Supply will not meet on Thursday, May 27th?

For clarity, as per our normal rules and procedures, the Friday sitting will be a continuation of Thursday's sitting and therefore, at 5 p.m. on Thursday, the House will recess but not adjourn.

Is there leave? *[Agreed]*

Mr. Goertzen: Pursuant to rule 33(7), I'm announcing that the private member's resolution to be considered on the next Tuesday of private members' business will be the one put forward by the honourable

member for Borderland (Mr. Guenter). The title of the resolution is calling on the federal government to revise and improve the federal government's journalism subsidies.

Mr. Deputy Speaker: Pursuant to rule 33(7), I am now announcing that the private member's resolution be considered for next Tuesday of private members' business will be one put forward by the honourable member for Borderland. The title of the resolution is calling for a federal government to revise and improve the federal government's journalism subsidies.

* * *

Mr. Goertzen: Could you please resolve the House into Committee of Supply.

Mr. Deputy Speaker: It's been announced by the Government House Leader (Mr. Goertzen) that we're going to resolve the—into the—resolve into the Committee of Supply.

Mr. Deputy Speaker, please take the Chair.

**COMMITTEE OF SUPPLY
(Concurrent Sections)**

ROOM 254

EXECUTIVE COUNCIL

* (15:00)

Mr. Chairperson (Dennis Smook): Will the Committee of Supply please come to order.

Before we begin, I have a leave request for this section of the Committee of Supply. Our long-standing practice is for the opposition to sit at the committee table to the right-hand side of the Chairperson. Because the minister is participating virtually this afternoon, I'm asking if there's leave of the committee to waive this practice. This would make it much easier for the members of the opposition to see the screens that are situated in the room.

Is there leave for this request? *[Agreed]*

This section of Committee of Supply will now resume consideration of the Estimates of Executive Council. As previously announced, as there is only one resolution, the discussion will proceed in a global manner.

The floor is now open for questions.

Mr. Wab Kinew (Leader of the Official Opposition): Thanks for that leave request. It does make it a lot easier, I guess, for us to do this work here today. And I'd also want to thank the Premier

(Mr. Pallister) and his staff in advance for the, I guess, exercise that we're beginning here and continuing on the Estimates process.

I did want to begin by talking about an issue that I'm sure the Premier will want to talk about, and that is the issue of the vaccination program and the—I guess, look to include American supply of vaccines into what we're doing here in Manitoba.

So I just want to begin—pretty general question in relation to timeline.

Can the Premier tell us when he first began to speak with the governor of North Dakota about the desire to ship COVID-19 vaccines here to Manitoba?

Hon. Brian Pallister (Premier): I'm sorry, just getting through the kinks. Can you hear me okay?

Mr. Chairperson: Yes. We can hear you.

Mr. Pallister: Okay. Thank you.

Yes, we began dialogue with North Dakota Governor Doug Burgum some time ago. We already had worked together on some other projects that contravene to the member's question.

And so the idea here was, we knew that North Dakota and Manitoba have a very, very strong relationship in every respect and with—the people of North Dakota benefit by that relationship and we do too here on this side of the border. And so we wanted to work together to see if we could address issues of mutual concern, not least of which involving vaccines.

Mr. Kinew: So, when did that first conversation happen with the governor?

And just to be, I guess, more specific, like, I recognize that there was the earlier program involving the truck drivers, but then we've sort of now begun these conversations about shipping American vaccine supply across the border here to Canada.

So, when did the conversation begin with North Dakota's governor on the shipping of American vaccine supply here to Manitoba?

Mr. Chairperson: The honourable First Minister? The honourable First Minister, did you hear me?

Mr. Pallister: Yes, I got you, Mr. Chair. Sorry about the delay. I just getting some details there for the member.

So, I think, to the best of my recollection on this issues, on COVID-related, specific to vaccines, that topic started about February. We had—the governor

and I had dialogue personally, officials then were working together on a number of ideas and initiatives of which the first one we explored would be, I think, the—that we implemented would be the vaccinations for the truck drivers.

There were a lot of complexities, obviously, because this was a first initiative of its kind. We were concerned, obviously, that we needed to not have impediments to this happening so we had to reach out at other levels. But truck drivers, we were assured, as they were in that category of—and forgive me, committee members, if I don't use exact terminologies of—but that they were exempt, I think we would say, from the travel requirements on isolation. Obviously, a truck driver's not going to want to get vaccinated in North Dakota and come home and have to not be able to haul another load for two more weeks.

* (15:10)

So, we got clarification on that, moved ahead, and I think we passed—how many truck drivers? *[interjection]* More than 1,300, as of yesterday. More than 1,300; that's pretty much all first vaccines, so the—and the program can continue to run to give those truckers second vaccines and also—obviously there's more truckers than that—so hopefully they can all get their vaccines here.

But what evolved from that—and I think that's probably where the member is—wants to go here—is we realize that, you know, this is still going to create—we want to expand this because they have more vaccines than just for truckers—and potentially tens of thousands of vaccines available to them because far greater domestic production in the States.

We looked at ways we could possibly expand this to other groups, as well; that's what came out of the—that's what led to the teachers discussion. We thought that might be one that the feds would let us have them not have to adhere to the two-week isolation. We talked about a number of other things. I'm not going to be able to give every chapter and verse, every item, unless I delay an answer. So I'm trying to give the member as much insight as I can with what I recall. But I can, if he wants, tomorrow I can go dig up some background.

But I think that one thing that has changed was we initially were told by our federal government that they did—they'd allow teachers to go down and come back. So we looked at a couple of things there; the Drayton location, and some of the members know because they will have—they will know that route—that that's

20-some miles—24 miles south of the US border. We were hoping that, for greater convenience, we could get a vaccine site right close to the Emerson crossing, just to save that extra distance, plus also to support our case that the only reason people are going across the line was to get the vaccine; they weren't going down there to shop, they were going down to get a vaccine, come straight back.

And other provinces have followed this protocol too. And we had initially got an approval from the federal government, which they reversed last week. So that—we anticipated that might be a problem earlier, and that's why—pursued also the idea of getting more vaccines straight out of North Dakota up here, to supplement what we have. Because our vaccine team built up additional capacity beyond the rate at which vaccines are coming, and so the ability to have more vaccines is—would be a bonus and a good thing and we could break through on that front.

We thought there would be other states and provinces that would be interested. We had initial indications there might be. And now you're seeing that with the affirmation from last week from the New England governors signing joint declaration with the Atlantic premiers and Quebec premier, reaffirming their desire to see vaccines coming up from New England into those five jurisdictions to supplement what they have.

And this could help, because most of the provinces—I can't give details on each province right now but I can say that we understand from the premiers' conversations with one another that the capacity to deliver more vaccines is there in pretty much every jurisdiction, is the belief, over and above the flow rate that we're seeing for—

Mr. Chairperson: The honourable First Minister's time has expired.

I'd like to also—I don't know if the minister—First Minister can see when I hold the sign up. We're trying to get something so that—when at the four-minute mark, I can hold this up so you'll be able to see it.

And also, in order so that I don't turn on the microphones prematurely, it's hard to see the minister from the smaller—or the First Minister from the picture. I won't turn the mics on until I see the First Minister's hand up.

Thank you.

Mr. Kinew: Thanks, and thanks also for the explanation there.

Yes, I would appreciate any background that the First Minister can follow up with, as he mentioned there earlier.

I'm curious to know, you know, has the Premier (Mr. Pallister) or any of his officials spoken with any other representatives of the US government outside of, you know, the North Dakota government? Have they spoken to anyone else in the US government regarding this desire to ship vaccines from the US to Canada?

Mr. Pallister: I don't know if there's a technical way at our end to fix this, but when you go over to the Opposition Leader, your picture goes off, so I can't see your one-minute sign. And I'm trying my best to talk to the Opposition Leader as I speak to him, but if there's a way we can get that done, that'd be helpful. Anyway—

Mr. Chairperson: Yes, we believe that we have that solved. We'll see when the next time comes that I hold the sign up if you're able to see it.

Mr. Pallister: Well, maybe I'm the root cause because I go too long. So maybe if I just cut off before five minutes, we won't have that problem. Anyway—but we'll try this.

North Dakota and Manitoba officials have been working very closely together, as have the governor and I personally. For contacts to the White House, we go through North Dakota, of course, and for contacts to our federal government they go through us. But we're of a joined mind that we would like to see more vaccines up here.

Governor Burgum clearly understands the benefits to his state of having more Manitobans down there as soon as possible. And this isn't—I don't think exclusively a chamber of commerce issue, but there is not doubt that there is a real economic intertie between our two jurisdictions. And the sooner that we can get through this pandemic together [*inaudible*].

But North Dakota is dealing with some vaccine hesitancy, and it is a fact that, unfortunately, the President did decide that some of the vaccines—and I believe the member and I have spoken about this personally—decided to repatriate, shall we say, some of the vaccines that were allocated to North Dakota, which might have been coming here, to elsewhere. So that was the White House's decision. And I should be—try to be fair here, because I think it's important to understand that is their decision to make. I just don't think it was the right one.

Their program—what's their acronym? The national emergency—[*interjection*] FEMA, right? But federal—as the member—as the Opposition Leader knows, we talked about this I'm pretty sure, that FEMA guys—FEMA office had distributed vaccines to North Dakota that were sitting there that we would have loved to have had up here and could have had up here in a day, but they had to ask permission, obviously, from the White House first. That caused some delays. Then they got a no.

So that's what I was talking about last Saturday when I, along with the support of other premiers and governors, spoke out about the need to get those vaccines from the States up here to their closest ally as soon as possible and can actually help because we have that unused capacity in most jurisdictions to get more vaccines.

And now with the supply challenges that are coming—that we've seen coming, that we hope don't materialize—but certainly Moderna already has been, shall we say softening on their delivery commitments. And we have concerns about potentially a couple of others. This makes it of paramount importance that we have as many vaccines as we can possibly get.

So our initial project, as the member knows, was just that—[*interjection*]—oh, the Moderna, yes, yes. Yes, well, we have no confirmed vaccine allocation of Moderna at all from the federal government for the next few weeks. And Moderna, we like Moderna because it can be so easily transported. It has so many uses for our FIT groups to go our into isolated communities, to Indigenous and northern communities. It's a really useful vaccine, but we have no confirmed commitments for the next upcoming weeks from the feds on that.

So that's disappointing, but that just highlights the importance of getting vaccines from other jurisdictions if we can and to make sure that we pursue domestic production options as soon as possible—research and production manufacturing options as soon as possible so we're not stuck again in a similar situation on boosters and on—if there is ever a subsequent pandemic or whatever, we want to have an abundant, available vaccine supply here in Canada.

* (15:20)

Mr. Kinew: Yes, so the First Minister said there that he and his officials go through the state of North Dakota when reaching out to the federal American government. But I'm looking here at a letter addressed to President Biden—it doesn't say let's go, Joe, by the

way; that language appears nowhere in this letter—but it is addressed to President Biden and it's signed by the First Minister.

It's also not dated, it looks like somebody forgot to date it, and then they stamped it after the fact, which probably speaks to a lack of preparation. I don't know if panic is the right word, but certainly doesn't seem like this was well prepared.

So I'd just like to pick up on that. So, you know, the Premier (Mr. Pallister) says that he goes through the state of North Dakota in order to reach out to the White House, except that he reached out to the White House directly.

So how does he square that circle? Why rely on going through the state of North Dakota, except for when he doesn't?

Mr. Pallister: Well, pretty simple, really. When things were working the way we wanted, we didn't need to go to the White House.

So North Dakota and Manitoba got a deal going to get truckers vaccinated—didn't have a problem. We were ready to go ahead and—vaccines up here from North Dakota, thought we might have a deal. North Dakota and Manitoba co-operated the whole way through; didn't get the deal done because the White House wouldn't give permission. Wrote a note after corresponding, obviously, directly with North Dakota, that was felt that that would be a good approach to take.

I've written the US governors association, have communicated with the Council of Federation and are continuing to push to get vaccines because that's the right thing to do.

Mr. Kinew: There was just like a tiny lag there, just—it sounded like the Premier said he'd written to the US governors association. I just wanted to make sure that I'd heard it correctly.

And if the Premier did write to the US governors association, would he undertake to provide a copy of that correspondence to the committee?

Mr. Pallister: Yes. Well, I dictated that letter, and it should be going out if it hasn't gone out already; it will be going out in the next day or two. So that's the communication with the governors association.

The big thing we need, of course, is the President's office controls FEMA; the governors can lobby, so encouraging others to lobby. The premiers are on side of getting more vaccines. If the member

has other ideas, I'm interested in hearing what they are.

Mr. Kinew: So I want to just return again to the—a previous answer just to pick up on a different point that the Premier made because it sounds like it was pivotal in terms of what we're talking about here today.

So the Premier said that in their conversations trying to get this, I guess, vaccines shipped across the American border to Canada, that North Dakota got a no from FEMA.

So I'm just wondering if the Premier can elaborate on that. When did that happen, and how did Manitoba get notified of that?

Mr. Pallister: Biden said—it was well publicized—President Biden said—on April 21st, he committed to getting more vaccines to Canada. We were in dialogue with North Dakota through that time and thought that this fits right in with that plan. Why not get more vaccines to Canada by way of the unused vaccines in fridges in border states; makes common sense to everybody, except maybe the White House.

So North Dakota asked for permission, May—they got a no—the date I'm not sure, but in the last two weeks—week before last, I think. Yes, I won't have the exact date here but, again, I'm happy to give the member the corresponding date. They got a no and then FEMA—that was from the White House to North Dakota governor's office—and then FEMA, redirected I believe, but I don't know where they send them, those vaccines which President Biden had said he wanted to get to Canada, away from Canada, away from North Dakota, to some other place.

This is a disappointment that both North Dakota and Manitoba have about this. This is symptomatic of the problem we face, in part, with the federal governments in both countries wanting to exert control over distribution of vaccines that traditionally were in the domain—in Canada—of provincial governments.

Provincial governments run the health-care system, not the federal government. So we are doing what a proactive provincial government should be doing: trying to line up more vaccines; and we're going a lot further than just working with North Dakota on that front.

Mr. Kinew: Well, they—so can the Premier undertake to get us the correspondence where they received that no, and can the Premier also clarify, earlier in his

comments he said that the no came from FEMA, but in the previous answer he said that the no came from the White House to the North Dakota governor's office.

So can he clarify which direction the no came from and then again to undertake the documentation around that?

Mr. Pallister: If the President's—if the President of the United States says no, you can be pretty sure FEMA's going to say no.

According to Governor Bergum, we got direct contact on a no from the White House. So that's why I'm relaying to the member, without splitting hairs here, the best I can, the accurate events around this effort.

Mr. Kinew: So can the Premier (Mr. Pallister) get for the committee the documentation around that?

Mr. Pallister: Well, I'd have to get it from Doug Burgum, and I'm not interested in going to the North Dakota government to verify answers to questions from the Opposition Leader.

All I can do is tell him that I've been told by Governor Bergum's office, through our officials, that he got a no from Joe Biden's office—White House—directly. He was doing his very best to try to help us get vaccines. We've been doing our very best to work with him and many other sources to get vaccines. This was one of the efforts.

And this is a point of frustration, not only to this premier but to other premiers and to governors all along the border states. And we say it probably isn't isolated—the border state governors either—that we have extra vaccines sitting within an hour or three from 90 per cent of Canadians right now that we can't get across the border into Canada for some reason. And there are just two things: results and excuses. And results are not happening here in getting vaccines up to Canada, where we have additional capacity to deliver.

So we're continuing to reach out to try to get more vaccines. Our vaccine team's expanded, they're asking to deliver and they have the ability to deliver far more than they are right now. And now we're getting a combination of events with Moderna, now very uncertain as to what their supply's going to be, plus other factors which may be entering the picture, in terms of additional need.

The two countries are not at the same place right now. US hesitancy is real and measurable. Here, it's

probably not quite here yet and we anticipate there is some—obviously in some quarters I think we have—the member's probably seen, I think there was published, some of the uptake by region on vaccines. It's not even across the city and it's not even across the province. So, clearly, there is some hesitancy in various points and we're going to have to address that to get more people vaccinated.

* (15:30)

It's not good enough to leave four- or five-hundred-thousand people without vaccine protection in our province and think we're going to get out of this fast. We're going to need to get more people vaccinated, we need to—and I applaud the efforts of MLAs who reach out in their constituencies and elsewhere and participate in the promotional efforts. Can I get a sheet with some of the promotional examples, things we've done and that?

Some of you may—you know, I appreciate that we're trying to get people vaccinated here as much as we can. The sooner we can get people to uptake on the vaccination opportunity they have, the better; and the more vaccines we have, the better, too.

Mr. Kinew: So I just want to state for the record that, you know, the Premier's saying that there is no documentation to support his assertion that they received a no from the White House. And he did not hear that no directly, nor does he have any proof to back that up, which would make that hearsay, because he did not hear it directly. So I just want to put that out there.

It's also clear that the US has been shipping vaccines to Canada for, you know, some time now and those vaccines are being distributed to Manitoba. So I just want to see if the Premier is aware of that, that that's already been happening, and that the US government is, I guess you would say, accelerating or increasing the number of vaccines that are being sent here.

So if the Premier's aware of that, you know, why then stage the blame-Joe Biden press conference? It seems like he's, you know, trying to pick a fight with a leader who's already doing what he's asking for and I'm just not clear how that helps the supply of vaccines here in Manitoba.

Mr. Pallister: Well, the member hasn't asked a question, he's just saying he's confused and unclear, and I think that's apparent from his remarks.

What we're after is to get more vaccines into the arms of Manitobans as fast as possible. We're looking to pursue every avenue we can and, most certainly, one of those avenues that we should explore is available vaccines which are not far away across the line in the United States, so that's what we're going to continue to do.

As far as a fight is concerned, the member has more experience with that than I do.

Mr. Kinew: Just want to repeat the question that the Premier (Mr. Pallister) was unable to hear or perhaps just unable to listen to—unwilling, I suspect.

Again, the US government has already shipped millions of doses to Canada, which—many of them have been shipped to Canada. That's accelerating, right. I'm looking at some published figures going back over the last few months—we're talking about millions of doses here—it's going to be tens of millions, I guess, over the next little while. And so, it does seem as though the Biden administration is already doing the thing that the Premier wants them to do.

So why, then, hold the blame-Joe-Biden press conference over the weekend?

Mr. Pallister: No, I don't have trouble answering questions when they're asked. The member didn't ask a question in his previous assertions there, but he has trouble answering questions that I ask.

I know I asked him at the last—second-last sitting of Estimates if he could explain why he didn't provide information on his rather extensive involvement with the justice system to the NDP when he decided he was going to seek office; he's yet to answer that question.

So, in respect of answering questions, I have no difficulty answering members' questions. I ascertain from the tone of his questions that he is quite satisfied with the level of vaccines that the United States is providing, and if that's his position, he can articulate that even more succinctly in his next rejoinder.

It is not our position that we should be satisfied with the level of vaccines when we have additional capacity to administer more, and we do, as do most provinces. It is not the position of other premiers; it is not the position of the governors along the border states. All of us would like to have more vaccines available.

The US border states have vaccines which are not being demanded by their citizens right now that they could make available very quickly. We have outreach happening in Montana, and Alberta, in North Dakota,

and Saskatchewan, with BC, into both Oregon, and Washington state, right across the Atlantic region and in Ontario, with the mayor of the—of Windsor, for example, ready to co-operate with Michigan.

So what we're doing—what we started with the trucker's initiative has caught fire, and now there are others right across the country, both in Canada and the United States, at the state and provincial level. We'd like to see it expanded upon. It's as simple as that.

And if the member is saying that the US has done something to help, he's quite right, and it's much appreciated. But if he's suggesting that they couldn't do more, he's patently wrong.

Mr. Kinew: I guess what I'm suggesting is that the Premier used this as a diversionary publicity stunt to try and distract Manitobans' attention away from the fact that more than a dozen people have been shipped out of province to ICUs in Ontario. The number's 18 as we meet here today; it was probably closer to a dozen at the time that he decided to hold the blame-Joe-Biden press conference. So it seems to me to do a disservice and to be a disingenuous use of government resources to stage such a hackneyed publicity stunt during a public health crisis.

And then I'd just add to that further that it is not good diplomacy. If you want America to increase the amount of doses from the tens of millions to, you know, an order of magnitude greater, then perhaps, you know, trying to think of words that rhyme with Joe for all of Saturday morning and then, you know, going out and embarrassing yourself before the media is probably not the best use of the various diplomatic channels that we have at our disposal.

So that's what I'm suggesting, Mr. Chair, what I just said there.

When it comes to the actual health crisis that is, I guess, in the midst of a pretty serious upturn here in Manitoba over the past week, asking the federal government for help is something that I think many people were looking for. There's a lot of questions about why hadn't it happened; when was it going to happen.

When we get into the formal documentation around asking for help, you know, there's this request for assistance that I understand was only submitted today to the federal government.

So can the Premier (Mr. Pallister) explain the delay in providing that formal written request for assistance to the federal government?

Mr. Pallister: As far as hackneyed publicity stunts, I think the member has some experience with that. I think here's one: this was a publicity stunt that he ran in clear violation—

Mr. Chairperson: I need to remind the First Minister about props, the use of props.

Mr. Pallister: Well, if you want to see a prop, have I got a prop for you. This, Mr. Chair, I'll table that if you like. This is a prop. This one here. I ask the member—

Mr. Chairperson: Honourable First Minister, unfortunately—

An Honourable Member: Point of order.

Point of Order

Mr. Chairperson: The Leader of the Official Opposition, on a point of order.

Mr. Kinew: I just want to use the point of order to let the Premier know that I would be happy to sign that copy of the book at any time.

Mr. Chairperson: There is no point of order, but I still would like to remind the honourable First Minister about the use of props.

* * *

Mr. Pallister: I'll just say I'd appreciate a signature if it was a work of non-fiction, but given that it's a fictionalized account of the member's self-aggrandized past that leaves out all his criminal charges but one, that it hardly addresses the issues of his recovery in any way, shape or form—the member told me a couple of meetings ago, he said, it's all in the book. So I took the liberty of re-reading the book, and I've only found one reference to one criminal charge in this book, and the other half-dozen plus are all left out, conveniently.

That's kind of interesting. That's not really a commitment to transparency. So that's why I call it a fictionalized account. It should be called the reason I run away, not the reason I walk.

*(15:40)

So this particular book outlines the member apparently, according to—in the book, being assaulted by a taxi driver, but that doesn't mesh with the sworn statements in court which say the member assaulted a taxi driver. So even the one criminal act the member has owned up to in this book, he blames a taxi driver. Now he tells me about diplomacy, tells me he's an

expert on diplomacy. Don't think so. I don't think so at all.

He talks about disingenuous. Look, we're trying to get vaccines for Manitobans while the member is sit—launching into personal attacks on the motivation behind trying to get vaccines for Manitobans. That's bizarre.

So, the member talks about a publicity stunt. The member went out in the middle of the COVID pandemic, broke the public health rules, still won't apologize for it. Right in the middle of the public health orders that he broke, he refuses to apologize for. Big gathering, lots of publicity, I see [*inaudible*] was featured in a low—in a daily newspaper on page B1. No mention that he broke the public health rules whatsoever, but certainly he did.

The member now talks about a publicity stunt. Well, there was a publicity stunt most certainly in clear violation of the public health orders, in clear violation with no apology forthcoming.

Now his critic today says that we should throw the book at everybody. This may be the start of the—of a new leadership campaign. I'm not sure what the intention of that member is, but I'm pretty sure I know, and that member says throw the book at anybody who breaks the public health orders. She says there should be an injunction filed. Well, when and how far back do we go to start filing injunctions? Do we go to the day before her leader ran a hackneyed, disingenuous publicity stunt or do we wait 'til the day after and let him off the hook? Which one do the NDP want?

You know, we're trying to get vaccines for Manitobans because we're in a pandemic. We think the more, the better. Our vaccine team has assured me they have the additional capacity built in our distribution model that they could get out 100,000 vaccines over the next 10 days if we had them here right now. Wouldn't that be good?

And so, of course, when the President's office comes in between a deal that a state and a province want to make to get more vaccines here, it is not a good thing and needs to be raised. It was raised in The Globe and Mail last week. An editorial with—was published there. The Globe and Mail, this is a real newspaper and they say—and the topics—and the member can look at it; it's the May 20th edition: This week, the world's longest undefended border witnessed a beautiful sight. Hundreds of Canadians, some of whom slept overnight in their cars, drove

into Montana and got a shot of vaccine from our neighbours.

This is a First Nation in Montana making vaccines available to their neighbours on the other side of the border. That's a good initiative. Blocking it is a bad thing. Thank you to the United States of 'Ameri'. Can we have more please? There should be scenes like this playing out from Atlantic to the Pacific, but there aren't.

That's The Globe and Mail editorial. So, you know, I can only say to the member trying to score points on the back of accusations about us going out and trying to get more vaccines for Manitobans is something he should just continue to pursue because I think he's trying to ride a horse that died.

Mr. Kinew: I can only assume that that was a great question I just asked, judging by the flailing response from the Premier (Mr. Pallister).

So again: the current health-care crisis that we're in in Manitoba is one that is being felt particularly acutely in the intensive-care units here in the province and now also in Ontario because, for the first time, we are transporting people from our ICUs out—not because they've recovered, but because we've run out of the ability to care for them here—to another province.

The precipitating factor in this, the inability of us to deal with the surge of patients caused by COVID-19, was the cuts that this Premier and his Cabinet authored that removed beds from our intensive-care-unit system here in Manitoba. And anytime you talk about a number—let's say, you cut 18 ICU beds—it takes roughly about four nurses to staff one of those beds around the clock. So we're talking about losing—you know, we're talking about 70 to 80 nurses, depending on how many of them were full-time, et cetera.

The Premier has not come forward with much in the way of a plan to address that. The one move that had long been called for was to request assistance from the federal government. The question that the Premier just refused to answer is why did it take until today to put into writing the request for assistance from the federal government.

So I'll ask it again. Why did the Premier and his government wait until today to put the request for assistance into writing to the federal government?

Mr. Pallister: Yes, so we've been talking to the feds for the last number of days on this issue. We got the

word of the Prime Minister last week and this is the technical follow-through. They've already delivered on some of the commitments the Prime Minister made.

I'm thinking the member is too concerned about optics and playing games and paperwork here as opposed to actual results. The results are already achieved.

Back to the question he so studiously ignores, his assertion that we have enough vaccines and shouldn't try to get more from the United States. I'll go back to The Globe and Mail editorial before I go into the Duke University study on this issue.

There should be scenes like this playing out from Atlantic to Pacific, but there aren't, says The Globe and Mail editorial. For example, across the river from Detroit, in Windsor, Mayor Drew Dilkens and Windsor Regional Hospital Chief Executive Officer David Musyj have been trying to find a way to get Michigan's many unused shots into eager Canadian arms. Mayor Dilkens says multiple Detroit pharmacists have offered up scads of doses. He's proposed sending buses—Windsor runs a cross-border municipal bus line—to an underused mass vaccination clinic in downtown Detroit or setting up an injection site a few blocks away, in the customs plaza parking lot on the US side. Canadians would take a five-minute drive, get jabbed without even officially entering the US and immediately return to Canada.

That's what we were trying to do for teachers, at the border. Federal government initially said that would be fine—our federal government—and then they changed their mind. This is too bad.

Mr. Dilkens goes on to say: We're not asking to send a man to the moon. I'm talking about a one-kilometre bus ride. Well, granted it would be a little further for us to get to the North Dakota border. There's a lot of folks that would like to get vaccinated. But knowing that those barriers were being put up, we went further; we tried to get more help.

In any case, to make things even simpler, it says in the editorial, Mr. Musyj has applied to ship thousands of unused doses from Michigan to Ontario. So far, none of that is happening. Individual Americans want to help, but Washington isn't engaged. So the American bureaucracy is not moving. And the Trudeau government has appeared indifferent or worse to efforts to get Canadians vaccinated through US sources.

The first initiative of this kind, to vaccinate Manitoba truckers in North Dakota, was negotiated not by Ottawa, but by the provincial government in Winnipeg. The Trudeau government is letting slip an opportunity to boost Canada's high and rising vaccination rate. Millions of people are waiting for a shot up here, and millions of doses are looking for a home down there. Problem and solution live right next door.

So it goes on to explain that our number of jabs is rising; the US number is dropping. That leaves a gap in vaccines. We know that the production is incredible. Like, the amount of vaccines available in the United States is incredible. But already, Alberta's level of vaccination is higher than Montana's, right. So they have more doses in Montana across the border, and Alberta has way more people ready to go to get vaccinated than they can vaccinate.

So why not aim higher, I guess, is the question. The member says he's satisfied. We appreciate the US's help, but we would like them to get out of the way on this one and let the governors and premiers have vaccines coming across the border. It would be to the mutual best interests of both the states and the provinces to do so. And the sooner we do that, the sooner we can reduce the amount of COVID and the sooner that we can begin to restore the economic and social relationship that is the envy, I think, of most neighbouring jurisdictions in the world.

* (15:50)

To close, The Globe and Mail editorial finishes by saying the only obstacle is a shortage of something our neighbours have in abundance but aren't using. There has to be a way to do a big deal to send some of that surplus vaccine to Canada, or to do many small deals. Why not a mass vaccination clinic at the International Peace Garden? Well, we've been talking about that too. You know—and I'm hopeful that we can have something happen, but it would be better if we just got the vaccines up here to Winnipeg and other points in our province so they could be distributed to people; that would be better.

Mr. Kinew: Just wanted to acknowledge the Premier (Mr. Pallister) for breaking The Globe and Mail paywall so that I didn't have to log into my account again to read the editorial.

In terms of his comments, I think there was one thing of note that the First Minister said there, in terms of the request for assistance from the federal government, you know, what the Premier just said

there verbatim—the results have already been achieved.

So, again, a request was made to the federal government to help us address the crisis in ICUs in Manitoba, and so the Premier is telling the committee today that when it comes to that request for assistance, the results have already been achieved. So can the Premier just walk us through with the specific numbers? And how the results have been achieved? How many ICU nurses have arrived in Manitoba as a result of that request for help from the federal government? How many respiratory therapists? Again, can the Premier just walk us here in the committee through the results that he says have already been achieved from that request for assistance?

Mr. Pallister: For a guy that leaves out 90 per cent of his rap sheet in his book here, the member's wanting to play semantic games.

I'm talking about getting the agreement of the Prime Minister of Canada last week to provide us with support which we asked for. Officials have been working with federal officials for—significant amount last week to get into the detail of that. Some of that I understand is here now; other is coming. I believe the contact tracing resources have already been committed as far as the personnel—skilled personnel—I think that's in progress. Some of this will happen in the next few days, other has already happened. When I say achieved, I'm talking about getting the word of the Prime Minister that he's going to act on what he says.

But I would re-emphasize again to the member that the US has abundant vaccines. There's a study—which I can make it available to him for his reading entertainment if he likes—it talks about—it's from Duke University, it's their Margolis Center for Health Policy, Global Health Innovation Centre study, released about a month ago now—reducing global vaccines shortages: new research and recommendations for US leadership. In this study, they refer to the district lead development of plan for distributing excess vaccines, and talk about—they're estimate is that the United States will likely have 300 million or more excess doses of vaccines by the end of July, based on the existing authorizations and purchase agreements.

So what we're talking about here is—and this is accounting for the US retaining enough supply to satisfy the needs of their own country—so we're talking about very, very significant availability of a

significant number of additional doses. The Prime Minister agrees that it would be better to have more vaccines, so—from the US suppliers—we're not asking for charity; I know the Prime Minister would be happy to buy them; we'd be happy to buy them. The US suppliers have manufactured them; they're sitting unused in border states across the United States; they should be in Canada.

At the—last week—the 43rd Annual Conference of New England Governors and Eastern Canadian Premiers—and I should mention this statement came from Nova Scotia Premier Iain Rankin, New Brunswick Premier Blaine Higgs, Prince Edward Island Premier Dennis King, Newfoundland and Labrador Premier Andrew Furey, Quebec minister Nadine Girault was sitting in for Premier Legault, Connecticut Governor Ned Lamont, Massachusetts Governor Charlie Baker, Maine Governor Janet Mills, Vermont Governor Phil Scott, Rhode Island Governor Daniel McKee and New Hampshire Governor Chris Sununu, and this was their 33rd–43rd Annual Conference of New England Governors and Eastern Canadian Premiers. And in their statement they said, governors and premiers noted that a high rate of vaccination amongst the two populations is necessary for the economic recovery of both countries. They agreed to call on their respective national governments of the US and Canada in support of the continued sharing of surplus vaccines to Canada.

So we have support for this initiative, and I would hope that the member and his—and the opposition would support this as well. I think it makes eminently good sense, and to suggest that the US already helped so they don't need to help again is not a compelling argument given the facts. And the fact is there's excess available vaccine there. We've got, from the United States in our country, less than 7 per cent of our total vaccines to date. We have received, easy, vaccines—54,600 vaccines, I'll get the total, but it's not a big percentage of our total. Could be bigger.

So trying to get more vaccines into arms is a great idea. That's what we want to do.

Mr. Kinew: So the Premier (Mr. Pallister) calls Justin Trudeau for help, and then, when the Prime Minister agrees, the Premier says that that's achieving results, you know. So just if Justin Trudeau agrees to do something, then that's the results that this Premier's hanging his hat on.

And I think it's significant because, again, there was a delay in terms of asking for that help, you know. Before the Premier asked Justin Trudeau for help

through this current challenge, which the Premier and his Cabinet helped to create, there was a delay. And I think what's particularly significant is when you look at modelling data that the province had access to weeks ago, you could see probably a month prior or more before that modelling data was released, you could see that Manitoba's ICU patient number was above or at the extreme worst-case scenario. Right?

So that means that for the better part of six weeks or more, the Province, the Premier, the folks who advise him, knew that the amount of ICU patients in Manitoba and the amount of Manitobans being sent to ICU was in a worst-case scenario type of situation and that the number, the rate, the delta at which it was growing was on a trajectory beyond what even the model predicted.

So, Mr. Chair, we're in extreme worst-case-scenario territory for a number of weeks, and yet, the request for help from the federal government was only put into writing today.

So why did the Premier, knowing full well the trajectory that we were on, why would—why did the Premier wait so long for help? Why did he wait so long before asking for help from the federal government?

Mr. Pallister: A couple of things the member is ignoring in his observation there are that for the first four months of this year, Manitoba had the lowest numbers of hospitalizations in Canada outside of the Atlantic bubble for our size. And so what he is suggesting is that we should have asked for help when other provinces were in far worse shape than us. That, I don't think, is a Manitoba thing to do, and I don't think Manitobans would have supported that.

In fact, we offered assistance to Ontario; their numbers were much higher than ours and we offered assistance to them. We knew that our restrictions coming in earlier would give us the opportunity we hoped, it came in after Ontario's but earlier in the stage of the graph of COVID cases in terms of hospitalizations. So, for example, our wave 3 restrictions were brought in faster than other provinces, both during the second wave and in wave 3. Ontario imposed—for example, in the third wave, Ontario imposed a lockdown on April 3rd. That was a full month after their case counts began to rise. Alberta, one month after their cases began to rise. Saskatchewan, a month after their cases started to rise. BC, one month after cases began to rise.

* (16:00)

When we enacted our restrictions, our numbers were going up in early April, we introduced—in less than three weeks, we introduced our restrictions. We then strengthened them in terms of the number of people—as the member will recall, in terms of the number of people allowed in gatherings and capacity of retail was brought down. Strengthened them again to do—even further the measures. But the first set of measures put us at the very top in country, apart from possibly Ontario, during that time in terms of the amount and strength of our pandemic restrictions.

So we have tracking data that the health leadership of the Province has produced to show that. The health officials recommended we move earlier. We moved earlier and we moved according to their advice. We moved again to strengthen and again—and again, of course, last Friday with further measures.

Now, you know, I think the member can assert that shoulda-coulda back two months ago when he was breaking health orders. We should've actually imposed restrictions then, but the fact of the matter is he's illustrated in his own behaviour the problem here. The problem is not just the restrictions, not alone; it's the willingness of people to abide by the restrictions and follow them that's also a key factor.

And so what the health officials have said is that they feel this is the right approach to take that they've recommended to us. We own the approach we've taken, but certainly we're going to continue to act on the advice of our health officials. But it should not be said that we did not act early and it should not be said that we didn't ask for help from the feds when we felt it was appropriate. The health officials advised us and we need additional help, we went and we asked, we got.

So the member's confusing, I think, the paperwork with the actual ask which happened several days earlier than the paperwork the member is now referring to and emphasizing.

I'm done.

Mr. Kinew: You know, just to clarify and elucidate for the committee, the—even the verbal ask came six weeks after we were clearly outside the extreme worst-case scenario of the ICU projections that the Province has had access to.

You know, the Premier (Mr. Pallister) thinks he makes a good point in talking about the third wave coming later to Manitoba, but I don't think he realizes that it actually undermines his own argument and shows the ineffective nature in which his government

has managed the pandemic. The third wave came to Manitoba later, and yet we're seeing such terrible outcomes; that means that his government squandered the additional lead time that they had to prepare for the third wave. They absolutely squandered it.

We saw what was happening in other provinces. We saw that the variants were leading to increased rates of hospitalization among younger people. Even somebody looking at the modelling data that the Province itself had access to weeks and weeks and weeks ago would conclude that cases and the lagging indicator of hospitalizations and ICUs was increasing at a rate outside, to the worse of the extreme worst-case scenario.

So the Premier squandered that lead time and now we find ourselves in a position in which no other province has found itself in: we can't care for our own people. Many well-respected doctors came out and put a much finer point on it than I just did earlier today.

So what was the delay? Delay in putting it in writing, delay in picking up the phone and calling the Prime Minister. What was the Premier doing during that entire period? What steps was the Premier taking to increase ICU capacity and why did that all prove to be insufficient in preventing the current crisis that's unfolding right now?

Mr. Pallister: Well, again the member's using the opportunity to lament; that's fine. We've been using the opportunity to act, based on our health leader's advice, and that's what we'll continue to do.

If you—if the member would like to consider, for a second, key findings of the observations of the data, the third wave comparison show that we maintain stricter public health restrictions between waves 2 and 3, compared to Saskatchewan, Ontario, British Columbia and Alberta.

So, let him not say we failed to act, because we actually did. We had public health orders in effect, which were more strict—I repeat, than Saskatchewan, Ontario, British Columbia and Alberta. This helped, I think, because Manitobans observed and respected the health orders, with the exception of the Opposition Leader and a few other people.

Now, what that means is that the argument that we failed to act is answered, I think, effectively by the facts. And the fact is we increased our ICU bed base by double the amount. We increased nurse staffing. We added 60 full-time nursing positions to ICUs. We've got a critical-care orientation program that we

developed, that has been implemented. We developed it in April of last year. This is not anything but evidence of acting in advance, as the member accuses of not doing.

We got health-care aides to support patient care throughout the system, made improvements to patient flow. So the member can lament the situation—we all do—that we're in right now, but he should not try to then attach false statements to it, arguing for theories that don't hold up under examination.

We have never hesitated to help other jurisdictions when they needed help here in Manitoba. That is our history and it's a proud one, so we would not hesitate to ask northwestern Ontario, for example, to assist us in a time of need. And we've reached out and done that and there will be potentially, we hope, less need for that with the federal support we're getting, in terms of bolstering personnel.

Our space is available for ICU capacity beyond what's being used currently. It's the staffing thing that has clearly been an issue.

If the member is suggesting that with his hindsight in full view, we should have created a 3,000-person advanced unit in case of a pandemic and kept them fully employed in an empty facility, then let him say that. Otherwise, we've addressed the issues of staffing, increased our investments in capital supports for our ICU units and hospitals at a much, much faster rate than the NDP did when they were in government—in our first five years in government. We've bolstered our nursing staff supply by 1,700 nurses.

So we've taken steps in advance of this pandemic occurring and during it to address these issues. So thank goodness this wasn't 2016, when we came in, because we inherited a colossal mess in our health-care system at that point in time, with incredible stagnation and an inability by the previous government to do anything but fight amongst themselves. And the fact of the matter is that we then began the process of cleaning it up, to the point where we're better able now to respond to these challenges than we most certainly would have been at any point in the previous—while the previous government was in power or in the early years when we were engaging in additional bolstering and investment—capital investment, staffing, training—all of these things happened.

I would also say to the member that the other jurisdictions actually, in terms of restrictions—back to that because he's flippin' wrong in his assertion on

restrictions. The other jurisdictions imposed much slower than we did—additional protections—Ontario, Alberta, Saskatchewan and BC were all full-blown third wave, nearing their peak number of cases, when they introduced their restrictions.

The member is clearly not interested. I can see on the screen he's not listening, but I'll continue in any case. Just suffice to say, our health-care measures, our restrictions were already among the most strict in the country and they were bolstered early.

What is a problem? A problem is when people don't abide by the health-care restrictions. That is a problem, and the member personifies that with his behaviour. Again, I can't use a prop, so I won't point to the front page of the Free Press, date is March 15, '21, when the member organized a rally which broke the health rules, in terms of its number of attendees, maskless, still—no distancing, still refuses to acknowledge—

* (16:10)

Mr. Chairperson: The honourable minister's time has expired, but I would apologize on that because we couldn't get the sign up on the camera at the four-minute mark so it never came up until the four-and-a-half-minute mark.

Mr. Kinew: Your interjection is most welcome, Mr. Chair, because, again, we've got to bring the conversation back from fantasyland to reality here.

You know, the Premier's (Mr. Pallister) off spouting this and that, you know, pursuing random tangents, reading off documents his staffs hand to him. We're talking about the reality of a health-care crisis in Manitoba today. We're talking about people who are being shipped out of Manitoba, getting care much further from home than has ever happened in our province's history: ICU patients, 18 and counting, to Ontario; plans being made to send a further number of people to Saskatchewan.

You know, I don't sit here today, Mr. Chair, as somebody who's talking in hindsight. This isn't a conversation about hindsight. I'm talking about foresight. That's why the modelling is done; that's why the model is used to generate projections so you can have some foresight.

A responsible government would take a look at the indicators and realize, using a little bit of foresight, that things were above the extreme worse-case scenario. Things have continued to trend in that direction, all right. The ICU numbers in Manitoba are

bad enough. When you add the number of Manitobans in other provinces' ICUs as a result of COVID, the situation is terrible.

So how is the Premier (Mr. Pallister), the leader of our province, going to show up in committee and make fun of the idea of having a well-staffed ICU? That's not up to the current moment; that's not what we need here. Why weren't steps taken to staff up the ICUs?

Premier's talking points might work in the caucus meetings, in which he compels his MLAs to go along with the failing plan, but they don't work with the general public. Claims that they've added 60 nursing positions—we can all see the way that this government plays with language when they announce that.

You can create 100 new positions, but the reality is, right now, at the Grace this week, they're 15 nursing positions short in the ICU. So when you're down 15, you can announce 60, you can announce 100, you can announce 150. Until you staff up that first 15, the government's announcement doesn't amount to much.

Same is true with this fallacy of 1,700 nurses. They lay off thousands of nurses, hire a fraction of them back and then they go do a headcount of all the people who had to reapply for their old jobs. And then they pat themselves on the back, mission accomplished. It's not right.

There were no steps taken to staff up the ICUs. There were no steps taken to prepare for this third wave in a way that would've actually made a difference.

The concern is that the Premier and his government are going to keep using and misciting stats and trying to come up with new political lines when COVID doesn't care about those things. COVID proceeds, spreads, infects, with a simple mathematical regularity. You can't turn that around with spin; you can't turn that around with a line; you can't turn that around with a rhyme.

So again, why was there such a delay in asking for help? Why did the Premier refuse to take steps in the interim while he delayed asking for help to bring more ICU nurses online here in Manitoba? And does the Premier today believe that his decision to cut 18 ICU beds and the attendant staff that go along with them contributed to the health-care crisis that we're living through right now?

Mr. Pallister: I think the member reveals himself in his disparaging comments about torquing and accusations about press release manipulation. He's the author of a book that attempts to leave out his entire criminal record except for one offence, and that offence, he actually says in his book, was the fault of a taxi driver and a friend who went after him.

So, I mean, his disparaging comments don't do anything but reveal his own frailties as a man. As far as the facts are concerned, six weeks ago, on April the 13th—to give him one example—Ontario had 4,156 cases that day; Alberta had 1,081; Saskatchewan had 288; and we had 129. Six weeks ago, okay?

The member is—he doesn't want to talk about the past, so he won't be interested in those facts. As far as cumulative cases since January 1, he's disparaging—not, you know, his political goals are obvious—but he's disparaging our senior health officials here as well.

He's ignoring the fact that we instituted some of the toughest restrictions in the country and then strengthened them earlier than every other jurisdiction. He's also ignoring the work of our health officials, as he did last year as well, by berating our health officials publicly, advocating for measures that were counter to the good of the people, advocating for people who were asymptomatic to get tested in absolute contradiction to what our public health officials were asking of people. This is not helpful. It's disrespectful.

Cumulative cases since January 1st to May 17th—which is last week—we are 20,400; Saskatchewan is 29,000; BC is eighty, almost 86,000; Alberta 116,000; Quebec 158,000; Ontario three twenty-four. Now, they're bigger provinces, but on a per capita basis, we are the lowest of all those provinces outside of the Atlantic region.

So, surely, while the member is disparaging our public health officials today, he should remember the work they've done over the past year and a half and that it isn't all deserving of harsh criticism. So I would hope he would maybe be measured in his comments, in that respect.

As far as the vaccinations go, total administered: 761,000 vaccines administered; we're over 60 per cent on 18-plus now; 56 per cent on 12 years-plus; and the First Nations pandemic team deserves a big pat on the back—when it's okay—for doses administered: over 25,600 doses administered, and we've worked really

well as an integrated team working well together to get the job done.

Fewer at this point of doctors, pharmacies, but that system has still delivered over 5,200 vaccines. Our supersites, our fast-action outreach clinics, pop-up clinics: 82,000 vaccines administered. This is today's snapshot; there's 17,400 doses scheduled for today. We could do more if we had more vaccines, which the member apparently opposes.

You know, 92 per cent of our PCH residents are now vaccinated, most of them twice; 84 per cent of our health-care workers have been vaccinated twice. So the work that's gone on here is incredible, so when the member tries to make political points, he should remember that what he's talking about is a team of people at the front line of health care, not just in—at the bedside, and that's critical, and we—and that's—and we all appreciate the work of our front-line workers.

* (16:20)

But there are people throughout the team that are doing their absolute best based on the training they have to face this pandemic with solid advice that they're giving the government, and we're following it. And we take responsibility, and I am welcome to take that responsibility, but I tell the member that he's got to be careful here that in his effort to score political points, he does not disparage the work of these people.

There are hundreds of people—literally thousands now that are involved in our vaccine team alone, and our public health officials have a team of people who advises them from all across government, and they're working their tails off, and they're under stress, too. And I don't know if they're going to read these proceedings, but the member needs to measure it. If he wants to go after the government and leave out health officials, he can do that—

Mr. Chairperson: The honourable First Minister's time has expired.

An Honourable Member: —he's not taking the right approach; he's being an asshole.

Mr. Chairperson: I would like to ask the honourable First Minister to withdraw the comment he made at the end of his statement.

Mr. Pallister: Yes, I withdraw that comment.

Mr. Kinew: These are trying times. I think we'd certainly all acknowledge that, as do I.

I think it's important for us to just parse what the Premier (Mr. Pallister) said in terms of the indicators

from other provinces. The Premier shared a number. However, none of those provinces that he named had to send ICU patients out of province.

What accounts for the difference? I suspect part of the explanation is that Manitoba had a government that cut ICU beds in the lead up to the pandemic. So whereas other provinces were scrambling to try and increase ICU capacity to respond to COVID, Manitoba's government was scrambling to try and increase ICU capacity just to make up for the damage that their own government had caused.

And allow me to be clear, Mr. Chair. When I say government, I mean the political level. I'm talking about the Premier, I'm talking about the Cabinet, I'm talking about the political decision makers.

So, again, there was a clear line that we've all observed during the pandemic between cuts that this government made and a reduced ability on the part of our government to be able to respond, particularly during the second wave, but now even more acutely during the third wave.

So, does the Premier understand that his decision to cut ICU beds and the people who staffed them has contributed to the health-care crisis that we're facing today?

Mr. Pallister: First, I want to apologize to the member from Fort Rouge for my comment earlier. I am adamant in my defence of our health-care personnel, and they have given a lot in this time period, not just on front line, but in the backrooms too, and so these criticisms directed to them I do not cotton to, so the member understands where I'm coming from, and I know he wouldn't want to make those criticisms again.

ICU redeployment—nurses have been redeployed to ICUs—reaction, the member would say, but it's a necessary and important reaction every province has taken. Nurses have been redeployed to beef up ICUs coast to coast. The terms of the ICU capacity in anticipation of the second wave, we extended our ICU bed base, basically almost doubling it to 140 beds from around 70. These are additions, as were additions to our Health budget that were most significant during our first four years prior to the pandemic, in government. No government has invested more in health care in the history of Manitoba than this government has. Our ranking across Canada, among all governments on health care, education and families, is first per capita.

The arguments the member makes now are part of his frustration at seeing what we're all seeing, that this pandemic is growing—has been growing. We hope it's not growing further. We hope it's plateauing and we hope it's coming down. But don't make any mistake, Mr. Chair, that the planning our health-care people have been doing is helping.

We added 60 full-time nursing positions to ICUs; 130 nurses completed the critical-care orientation program that we developed in April of last year. Again, these are actions taken in advance, long in advance of need, that are making a difference.

And so, you know, nurse hires, hired over 230, I think, now—net new nurses hired to work in the COVID-19 casual pool. In terms of a less casual pool but including all additional assignments, the transfers, short-term hires, former nurses coming back—and we thank them for coming back to join the effort—talking about over 750 nurses all together.

In terms of preventative initiatives, we've developed a sick leave program that is, we think, strong and helpful to make sure that we are keeping people from giving into the temptation to stay at work sick and hopefully can go and either get a test done while being compensated or go and get a vaccine, get a vaccination.

Our public health orders on April 19th, when we had 180 cases, I should mention—180 cases—were strengthened: all households—two designated visitors indoors; outdoor gatherings limited to maximum 10, including household members; weddings, funerals reduced to 10 people, in addition to and officiant and a photographer, I should add; retail stores—one-third capacity. That was on April the 19th. On April the 19th we ranked lower in cases than basically anybody outside Atlantic Canada, and we strengthened our restrictions at that point in time.

But restrictions don't work as effectively if people don't abide by them. And so, again, the member does not like me to remind him, but I do remind him that he broke the health restrictions and that he has yet to own up to that. And so I just would encourage him to simply do that, because I think that was a bad thing to do when he did it and a bad thing to do in not apologizing for it now.

One week later, we strengthened those public health orders. We said no visitors on April 26th. So, almost a month ago, no visitors to private households, either indoors or outdoors, with the exception, of course, people living alone.

And I'll go through the other restrictions to remind the member that these restrictions came in when our numbers were not high and long before other jurisdictions brought in theirs, relative to the case numbers they had. In other words, Ontario, Saskatchewan, Alberta, BC, all waited until their numbers had gone up significantly more before introducing the restrictions that we brought in much earlier here in Manitoba.

No restrictions work unless people work at them. That was the point I was trying to make today, that we need people to follow those public health orders and we need them to use the opportunity to get vaccinated. Those two things will help.

Mr. Chairperson: The honourable First Minister's time has expired.

Mr. Kinew: So, returning again to, I guess, what spurred that follow-up question there, the request for assistance from the federal government. I understand that the request was made for 50 critical-care nurses and 20 RTs, 20 respiratory therapists.

What will be the impact when those folks arrive? And, again, I think we all hope that they can arrive just as soon as possible. But I guess the one indicator that we're all wondering about, when those folks arrive and they start working at ICUs in Manitoba, will that mean that no more patients have to be transferred out to other jurisdictions?

* (16:30)

Mr. Pallister: Yes, that's most certainly that—the goal. The senior health officials within both the health-care advisory group and the team pulled together what they felt were the key priorities for asks, and the Prime Minister was good enough to take the call and accommodate the asks.

I can—and again, I'm happy to tell the member as progress is achieved. I just don't have that in front of me right now, but I can tell them when, I refer to progress being achieved, I'm referring to the Prime Minister agreeing to answer these asks. But the specifics around the timing of when each of the asks would be available is something that I can't give him, but I can convey to him that I will most certainly update him as soon as I have the information. So I'll endeavour to do that, but I don't have that here right now.

I do understand, though, the one ask was for contact tracing. We're having a real challenge, our contact-tracing people are having a real challenge

because there seems to be a growth in, let—shall we say, unco-operative individuals who are not providing information either—and in various ways by not returning a call, by being blatantly abusive to the contact tracer who is calling, by refusing to provide their contacts directly. This is frustrating our efforts on the contact tracing side and it seems to be a growing problem. More contact tracers were needed to bolster that effort. Perhaps I can get some information I can share with the committee on the number of calls made and things like that and you guys can gather.

So, on the enforcement and contact tracing side, both are an important aspect of this because, as we know, where some people come from is that they are simply unwilling to abide by the public health orders; where others are coming from is that they want to participate in maskless public demonstrations where they can put on display their disrespect for one another and on the rest of us with attacks on the government's attempts to restrict their understandably cherished freedoms. But that being said, this is a pandemic and that behaviour is not helpful nor is it acceptable.

So the enforcement piece does matter. I think I could give the member an update. I did ask for one on the amount of enforcement in terms of the calls and so on. Do we have that? *[interjection]* Yes, no, that's not what I need. We'll get that for next time, if the member's interested he could just indicate. But we do have more data here somewhere on people contacts—oh, yes, here we go.

This is enforcement. This is as of yesterday? *[interjection]* As of yesterday, preliminary numbers, but 130 warnings. This was last week, right? *[interjection]* Yes. Including—so this is right hot off the press; it's for the members of the committee. This is last week's enforcement numbers. We have 130 warnings; 102 tickets, 88—I don't need that, that's—actual—88 gathering limits tickets, 22 were for protests, three tickets for failure to self-isolate, six for failure to wear masks, two unnecessary northern travel, three business fines. That's an increase—total tickets issued was 102. That's an increase of 46 per cent compared to the week before. Total fine amount is a 74 per cent increase from 96,000, approximately, week before last, to 173,000 a little less last week.

The RCMP and other police agencies—still the predominant ticket-giver at—

Mr. Chairperson: The honourable First Minister's time has expired.

Mr. Kinew: And so I do just want to circle back to something the Premier (Mr. Pallister) said there. Just to acknowledge it on the record, because it was actually going to be my next question.

In terms of when those resources would be coming—the nurses, the respiratory therapists—so, I do just want to acknowledge the Premier said that he'll be looking to provide some updates in due course, and so, yes, again—just, I was planning to ask that as a follow-up question. Not going to belabour the point, given the fact that the Premier already sort of acknowledged that may not have those exact figures in front of him at this point but will be looking to or provide that update in due course.

I guess I'd like use the remaining time to just talk a bit about some of the commentary made by the doctors who held that press conference earlier today. Some of the information that they shared was very stark. They're talking about the impact on lives, the impact on health, the impact on, I guess, you know, people passing away before their time, potentially.

It's very, very dire stuff. So, you know, I don't necessarily want to belabour each of those specific details that were shared, out of respect for the people in question. But I do want to ask the Premier, because there were a few specific requests made out of that press conference today.

I guess to start: Does the Premier plan to respond to the asks of those physicians and I guess implement the various measures that they were calling for?

Mr. Pallister: Yes. No, I'll undertake to get that information for the member. I expect he'll get it sooner than I'll get answers to the questions I asked of him in respect of his non-disclosure to his party of his record, but I'll wait with bated breath for some full information and disclosure on that one.

On this one, the ICU doctors have regular and ongoing input with our senior health officials. We take our advice from our seniors health officials; we definitely, though, value very much the input of all our ICU people, as we do many other stakeholder groups that are consulted on a regular basis and an ongoing basis, in fact, throughout this pandemic.

As far as the issues that were raised, I only had a sketch on a couple and then I'm going from what the member raised in question period today. If they raise questions about the restrictions again, I would emphasize our restrictions, as I've said earlier, were brought in earlier and are stronger than virtually any

other jurisdiction. The issue isn't that. The issue is the willingness people to comply with those restrictions.

On the issue of vaccine availability, we are always looking to advance our vaccine program to get as many people vaccinated as possible. If we can get more vaccines from the US, we can order directly—which we're presently not allowed to do—from suppliers. These are good things. If we can get a domestic vaccine program developed here in Manitoba—because drug manufacturing's our leading industry, by the way. If we can get more research located here, more trials located here, get more vaccine developed here, that's a powerfully good benefit for us going forward.

For boosters, in the fall—as early as the fall. We would hope that might be helpful, but certainly in coming years. So, again, we're working on that. And I know that's a concern for all the ICU doctors, not and—there are concerns about—and I want commend the official opposition on this. Our concern—shared concern—about getting the federal government to step up and resume their rightful role as a sustainable funder of health care in the country was much appreciated.

When the NDP joined with our government, that helped. And I thank them for doing that. I don't understand why the provincial Liberal Party is so adamantly refusing to stand up for Manitobans and a stronger health-care system.

* (16:40)

Why is this relevant? It's really relevant in terms of things like backlogs of surgeries, treatment testing, things like that, which the doctors, I understand, alluded to in their statement.

I share that concern and as the member knows—or should know as Opposition Leader—raised this issue numerous times and implored them, the—Premier Selinger to really try to organize the premiers to go after the federal Liberal government and get them to keep their word. They made a promise that they would undo the Harper government's decision to flatten the transfer level of support, which effectively, of course, drops it down to a lower percentage to where it sits in most provinces around the 21 per cent mark now.

The Liberals ran on the promise to do that, haven't addressed it. Every premier is supportive of sustainable funding coming in before the pandemic hit, but now with the pandemic here, the backlog of treatments and surgeries is—it's heartbreaking.

I don't think that—probably numerous MLAs that have friends or family members who are waiting for treatment or tests right now, or for surgery. I most certainly went through this issue with my family situation with my sister. I know others have gone through it. I have good friends that are waiting for treatment and surgery. I know that numerous members of the Legislature have, in the past, availed themselves of surgeries which would now presently be delayed because of the lack of financial commitment from the federal government.

No province can handle this on its own. No province, including provinces like Ontario, Quebec, Alberta and BC, who are much larger, and certainly not for a province 4 per cent approximately the population of Canada. Manitobans can't be expected to shoulder this burden alone.

So, I very much hear the concerns expressed by the ICU doctors, very much have addressed some of the issues they raised proactively, and I'm always open to additional information coming forward from that stakeholder group or any other that has an interest in seeing us move to a more sustainable health-care system.

Mr. Kinew: And, you know, the Premier's (Mr. Pallister) touching on, I think, some of the issues that were raised in the press conference by the physicians. However, there were a number of, I guess, specific requests and they were made to a few different, I guess, parties, we could say.

They had requests of the entire community, you know, stay home, et cetera, stay safe. They had requests for the government. I guess we could start with the one made to the government directly and I'll just read from the release that was put out in conjunction with that event.

It said: We are call—and this is, again, the voice of the physicians—we are calling for government to introduce mandatory paid sick leave, as Ontario and BC have done, instead of a voluntary program. So, again, they're just calling for paid sick leave, for it to be mandatory in terms of employers participating, having—workers having access to that.

On that point in particular, because that one's made directly to government, will the Premier implement that ask of the doctors that they made today?

Mr. Pallister: Well, I thank the member for expanding on that and I thank the docs for emphasizing the stay home piece. We had a bit of sun—any other

May long weekend but the last two I don't think anybody would be saying, isn't it great it rained most of the weekend but in this particular case, I think all of us will make an exception and say it's probably good.

Because that long—you know, those long weekends right across the country from coast to coast were a real dangerous time for COVID cases, right? Look back to September long weekend, through the Christmas-New Year's festive season, Hanukkah and so on. And then you go into Easter, Passover, spring break—very dangerous time because we're social people and social people want to get together. And we get together in these holiday periods and then we help COVID to transmit itself around.

So this weekend was good and that message of staying home is—I think is helpful. I understand they also were encouraging vaccinations, and I think that's great. And I have said this before but I'll say it again, and thanks to all the MLAs that had been encouraging people to get vaccinated in their areas, that have been going out and doing things to facilitate that happening.

The other challenge we're having is apparently, according to the health leadership, more and more people are presenting that haven't been tested. So part of this could be quite legitimately, the symptoms appear quickly, they come up quickly and, frankly, folks who—sick quick, but part of it is indicative of folks just simply not going when they're sick to get tested.

And so for that group, they need to get tested. and that testing can help, and we have really beefed up our testing capacity and turnaround times are, you know, never as fast as we'd like but they're within the benchmarks, the vast majority within two days you get your results back. That's what you want, you want to know; if you know then you can—if you don't have it, you can get the heck back to work if you want to work, if you're not working at least you can be sure that you're not giving COVID to someone else. But if you're not getting tested you're endangering yourself and others.

And the docs, the ICU docs are talking percentages now of people presenting who have not been vaccinated is about 70 per cent in hospital; percentages who are going into the facility not having been tested is going up significantly, I think we're talking about 30ish per cent—40 per cent of people who are not—were going in, presenting with COVID symptoms not having been tested yet, which means they were in contact, perhaps unknowingly for a time,

but knowingly, potentially, in contact with others they may have given COVID to.

So for this reason I compliment the docs. We all have—I think we're all in this together, and so on the issue of sick leave and—no, BC's is three days and they're looking into making it permanent, but it is not permanent. Ontario's, I don't have the data in front of me, I can only say our program is—lasts longer, covers more eventualities.

And I'll say again, this—the member, the Leader of the Opposition knows, and I think—I hope shares my perspectives on this, that the federal government kind of didn't do the right thing, to put it mildly, when they came out with their sick leave program which was a very slimmed down version of what Premier Horgan, myself, others thought they were committing to come up with.

They slimmed it down by making it harder for people to qualify for it in that first week. And it's confusing to workers, it's confusing to staff, it's confusing to employers too. Not the right approach to have taken. They had an opportunity to step up, they didn't do it. So we're now trying at the provincial level to fill in the gap.

Our plan does cover people for being away longer than any other, and it does cover not only vaccines but also testing, so—and if you have to be off sick and then you're back and then you're off sick again, it's still going to cover you. The federal plan will kick in for later, but it doesn't—there's this doubt around that first week. And that confusion is really dangerous is you're—you want to make sure that employers and employees know that they're not going to be out of pocket; our program makes sure that they know that.

Mr. Kinew: Okay, so not much clarity there in terms of whether the Premier (Mr. Pallister) would implement the mandatory paid sick leave here in Manitoba, so perhaps we'll follow up on that soon.

The physicians who held that press conference here today in Manitoba, they had some requests which they phrased to public health, but I think, you know, because we do understand the nature of the public health orders being signed off by Cabinet, I do think that they are—I don't know how to phrase it correctly, but they're at least somewhat directed towards the government as well.

So I'll just read them and then ask for the Premier's (Mr. Pallister) response to these. So again, just reading from the physician's press release which accompanied their event today. They said, quote: We

are calling on public health to close all non-essential businesses immediately to prevent the prolonged agony of extended lockdowns, further loss of life and disability. And then a separate bullet point: implement a stay-at-home order. And that's end of quote, there.

* (16:50)

So, again, I don't want to—I guess I just want to present this in the most accurate way as possible to the First Minister. So the physicians are asking public health to make this move. They're talking about closing non-essential businesses—again, probably a discussion in terms of what does that mean. They're asking for a stay-at-home order.

But given the way that the system works in Manitoba, public health recommends and then the Cabinet approves a public health order. So if public health does come forward with a recommendation to make these two moves that the doctors asked for today, will the Premier approve those measures or not?

Mr. Pallister: Yes, no, we'll take our advice from the public health leadership. We appreciate the input of the ICU docs, but we'll act on the advice of *[inaudible]* As far as shutdowns, have to see the detail they're referring to, because shutdowns, that's not an exact term. They're calling for more restrictive measures. They should say what they are specifically, and then that—I'm sure our public health officials will take a look at that.

Our measures are more strict and limiting than Ontario's, and Ontario says they're in a shutdown, but they're not to the degree we are. So it's semantics. Have to be careful with that. So I'm not sure. If they're asking us to do what Ontario's doing with their shutdown, we have to loosen restrictions, if the member follows me, because in Ontario they allow for 25 per cent capacity in retail presently, and we allow for 10. Ontario allows for visitors; we don't.

So you'd have to see the detail of this. Our restrictions are more stringent right now than Ontario's, and they were more stringent than every other jurisdiction when we had 100 cases. It's not the restrictions alone that make the difference. And unless—and the member could cite maybe in there the docs talked about adhering to public health orders at all, because it is the adherence to health orders that is critical to make restrictions work.

You can talk about more severe restrictions. The mayor talked about, for example, last week, let's have \$100,000 fines. Well, yes, okay, it's an idea, except

the fact is, having the highest fines is where we're at already. And are we getting more adherence to the health orders with that alone? I don't know. Are we getting somewhat more? I sure hope so. But, you know, a single solution like \$100,000 fines or a shutdown of the entire economy comes with other unintended consequences.

This is well chronicled, and the members have talked about the hardships of small-business people and those who work in those businesses when the economy is shut down. We reduced capacity in retail a few weeks ago. I used to have that sheet here. I think it was April the 19th, when we had 108 cases; we reduced our retail to one-third capacity. We reduced our visits to two designated visitors indoors only and outdoors to 10, including household members. Those measures—the members could check, and I welcome them checking—are—were very stringent then, and we had 100 cases. And in most cases, they were more stringent than provinces that had hundreds of cases more than us, thousands in some cases, much higher up the chart.

So we brought in restrictions early. Our enforcement was beefed up significantly. We co-operated with the rural communities on helping them, fund them to get additional people to help with regard to inspections and to issue warnings and tickets if necessary. We engaged law enforcement, public health inspectors, liquor and gaming officials were involved, conservation officers, our workforce—workplace, health and safety officials, motor carrier enforcement officers, fire safety inspectors, water resource officers, environment officers, water inspection staff. G4S was a private company that came in and issued warnings to households and others. Bylaw officers, third party bylaw enforcement resources were arranged.

We did all this very early. We did this to make sure that our—we did everything we could to make sure that our enforcements could work to encourage people, not just go out and fine people—heavens to Betsy, no—but to try to get them to behave the way responsible citizens should behave, to follow the public health orders.

And so this was done with a real understanding. Our health-care officials certainly understood this as well and advised us in this respect, that having health-care orders and restrictions in place doesn't really matter much if you're not going to—

Mr. Chairperson: The honourable First Minister's time has expired.

Mr. Kinew: So, the Premier (Mr. Pallister) asked a question about the content of the release from the physicians. He was asking if they talked about, I guess—I forget exactly the way he worded it, but it was something about if they talked about the restrictions or the rules and adherence to them.

You know, I think there's a few relevant passages here that do touch on some of this, and so I'll just read a bit of this because I do think it's relevant and I'm sure the Premier would like to hear.

So, yes, I'll just read from the release here. This is a direct quote: So every hospital in Manitoba is focused on fighting COVID-19. Unlike during the previous wave, they are overwhelmed to the point that other patients are now at risk of inadequate care. Anyone has a serious chronic condition whom—who may have had an early cancer that needs to be diagnosed or is in need of an urgent surgery is now at great risk of not getting the care that they need. Everyone in health care is all in, fighting COVID-19. We need the government to do the same.

So I'll just stop the quote there and just point out I think this paragraph that I'm about to read is a relevant passage for the Premier's query there.

So, again, this is picking up the direct quote again: Many of the COVID-19 patients we are caring for tell us they were following the rules. They got sick at work, in malls and schools where they were either allowed or forced to go. It's clear that the rules are simply not good enough to get us out of this crisis.

And they go on to say that—so again, that was end quote there. They go on to say: Vaccines are a great way to fight COVID-19, but they won't get us out of this immediate crisis. Only smart public policy will do so.

And then, you know, ending that direct quote again, that's where they go into some of the calls that they made and, again, just reiterating the names and participants after that.

So, again, these folks are those on the front lines, caring for people in the ICUs. They're talking to the patients or their family members—I would assume family members when the people are medically induced into coma, but maybe talking to some of the patients directly, if that's not required.

And, again, these are folks who were following the rules but, you know, some parts of the society still—still open, and so there is that community spread that's happening. And so, again, I think that that was

the relevant section in terms of those physicians and what they're calling on the Province to do.

So, again, what the Province could have done to support these physicians is to ensure that there was adequate staff in the ICUs. Now, we've done research over the years since the Premier and his Cabinet started closing emergency rooms and the intensive-care units that were attached to them, and we've seen that the number of nurses working in critical care is lower in January 2021 than it was in 2019, which means we went through the entirety of that terrible second wave and still this government reduced the amount of ICU nurses during that period compared to where it was two years prior.

January 2019–293 filled critical-care positions; January 2021–

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

ROOM 255

EDUCATION

*(14:50)

Mr. Chairperson (Len Isleifson): Will the Committee of Supply please come to order. This section of the Committee of Supply will now resume consideration of the Estimates of Education.

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

The floor is now open for questions.

Mr. Nello Altomare (Transcona): Thank you for this opportunity, once again, to be here in Estimates. I want to thank the minister for, you know, his attention to these matters and I greatly appreciate the information that has come forward since the last time we were in Estimates.

And I'd like to begin with the minister—I just want to thank the minister for the first answer to my question today in question period—and I'd like to ask and begin, Mr. Chair: can—when can parents expect an announcement this week regarding schools for next week, Mr. Minister?

Hon. Cliff Cullen (Minister of Education): Good afternoon, committee; nice to be back in the Estimates process.

To the member's question, I expect we will be making that announcement on Thursday. Hopefully, that will give parents, teachers and all educators,

school boards, a chance to make any necessary adjustments that may be required come Monday.

Clearly, we're, you know, somewhat positive today in terms of our global case numbers, relative to COVID here in Manitoba. That's obviously a positive sign. I hope that is a trend, but certainly beyond my pay grade to provide that sort of detail. That's why we will be consulting with the public health officials and—over the next day or two and obviously make—have those discussions and advise Manitobans where we're going to go.

I'll just say we know we do have the school—this school order in line with public health orders more broadly.

So, clearly, government will have a discussion with public health over what the broad public health orders look like going forward, as well. So we certainly want to be in step with what the, you know, the general public health orders look like when it comes to schools.

I think our strategy has really not changed. Our goal has always been to keep students in the classroom when it's safe to do so and I'm optimistic we can get to some sort of, hopefully, normal here over the course of the next month so that students do have the opportunity to get together at the end in the classroom, COVID-safely of course. But I think most students would like to get in the classroom prior to the end of the year.

So, recognizing, of course, graduation is coming up for a number of students and what that looks like. It might be a little early to tell yet. I think probably parents and educators are looking at various options. I know we went through that last June as well. So, we'll be having further discussions with public health officials on what, you know, potentially, graduation looks like for 2021.

Mr. Altomare: Last time we were in Estimates, I asked the minister to provide a detailed breakdown of the \$40 million that he's been quoted as saving that—saying that we will save and will be reallocated with the elimination of school boards.

Will he commit to providing a detailed breakdown of how the department came up with the \$40 million number?

* (15:00)

Mr. Cullen: Yes, thanks. I do remember the conversation we had last week around this. I think last week we talked—we got into a bit into the specifics

around school trustees and the \$10 million that's currently required to facilitate school trustees, elections and all those things around that. So, obviously, a big portion of that would be reflected in that, the \$40 million.

I will say for the sake of today, obviously we're looking at a shared services model where we can reduce costs on that basis. Another category would be sort of on the—I'll call it the administrative side, so, you know, the unification of regions so that we're not duplicating things 37 times over. So those are the three broad categories.

We are working with school divisions currently in terms of our transformation road map. I think, as we discussed, we are planning to put our transformation road map—make that public this fall, so as part of that road map we'll provide greater detail around the \$40 million in question.

Mr. Altomare: And I look forward to that detailed breakdown because a lot of people are wondering about what that \$40-million number was derived from, because the work still needs to be done and we're having a hard time understanding how the work of school administration will be rationalized, I guess. It will be very interesting to see.

We do know that the federal government transferred \$85.4 million in funding to support schools during the pandemic. We also know that, for example, the Alberta government provided a school-by-school and school division breakdown of exactly where that money was expended.

Can we expect the same from the Department of Education?

Mr. Cullen: Just reviewing some of the statistics and the numbers that we set aside for the COVID restart—safe restart program. We had set aside a total of \$185 million for that.

And just to go back on our previous conversation, we estimated what school division costs would be for COVID early on in the pandemic, not necessarily realizing what the full extent of those particular costs might be, and that's still a work in progress, quite frankly. But we did set aside \$76 million on the allocation per pupil to school boards, school divisions. So that was set aside on the per-pupil basis.

We've also established approximately a \$40-million, what we call a contingency fund, so school divisions can apply for extra COVID expenses out of that fund as well. So, just to be clear, we are

asking school divisions to submit their COVID expenses, both out of the six-\$76-million pool and the \$40-million contingency pool as well.

So, we're working our way through that process. I think at the end of April we've allocated just over \$122 million out of that 185, so that's where we're at as of the end of April. I will say to—specifically to the member's question about a school-by-school breakdown—I think it would be prudent if we did that sort of post-school year. So, post-June 30th would be an opportune time to see how the chips all fell out over the course of this year's school year in relation to COVID. So I think our department will undertake the, you know, the school-by-school analysis on that and what monies had been allocated are in the process of being spent for this school year.

Certainly, having said that, we have set aside—again our fiscal year is different than the school year, so we have set aside money in this school year—sorry, this fiscal year, as well, to cover the end of last year's school year and also next fall going forward as well.

So, where—as I said, we've allocated about \$122 million out of the 185 to the end of April. I think we're somewhere in that—160 to 170 is what we anticipate being spent by the end of June in this school year. Again, that will be contingent upon the applications submitted by the respective school divisions.

* (15:10)

Mr. Altomare: I just want to say to the minister that every other province just handed that federal money over to schools. They took that money, handed it over so that it could be used for this one-time allocation.

Certainly, schools and school divisions in Manitoba would have appreciated the same. It would have taken away this bit of a, like, where-is-the-money game that we're playing here. Just simply hand that one-time allotment over so that it can be used right away.

Would have certainly taken the pressure off schools, especially when it came to remote learning and supporting kids that don't have the regular access to online learning or even the technology and—just as simple as the laptops available to be able to do that; handed over to the school divisions who were really nimble and really able to provide the supports, boom, just right away. That would have been greatly appreciated instead of this game of having to identify fees, costs, and hand them into the department, and then maybe you'll get your money. I will tell you,

COVID demanded a little more than justifying where funds were being spent.

But I'd like to move on to another topic. There are many shared services agreements that we have with school divisions and with independent schools. For example, River East Transcona has a shared service agreement with King's School for applied arts programming, as does St. Aidan's School with Winnipeg School Division.

Can the minister provide some details as to what that's going to look like once we get past July 2022.

Mr. Cullen: I do want to go back to the safe schools restart fund. I mean, I will say there is an accountability piece, certainly on our end. We are responsible for the federal money as well. We want to make sure that school boards are paying—investing that money in, certainly, in COVID-related expenses, and I think that's fair. I mean, we have an obligation for oversight, obligation for governance, and we take that role seriously.

Certainly, I think we tried to flow the money as quickly as possible once there was submissions, and I think we've designed a system that everybody seems to appreciate. But we just have to be mindful that the COVID-related expenses are indeed COVID-related and they're within reasonable parameters as well. So I think that's pretty important.

In terms of the member's question regarding existing obligations, contracts if you will, certainly the contracts will transfer to the new provincial education authority. We don't want to have any disruption in services because of any changes in these contracts. We want to move forward and make sure we have stability in the system. That's why we are working with school divisions, school boards as we move through the transition phase, and that's exactly what our transformation folks are looking at and we'll continue to look at those agreements and those contracts over the next several months.

Mr. Altomare: I'm sure the minister is aware of the Whiteshell School District and the unique funding arrangement that the Atomic Energy of Canada provides to Whiteshell School District and the local government district. It's a unique financial arrangement, one that benefits the community and certainly benefits the students in the Whiteshell School District.

My question to the minister is: At what stage are the negotiations between Whiteshell School District and the Province regarding transitions that'll occur in July 2022?

* (15:20)

Mr. Cullen: I just want to say from the outset, yes, we're well aware of that unique situation in the Whiteshell respective of Pinawa. There has been some correspondence back and forth on that particular issue with the school board and I believe with the municipality as well.

Going back to my last answer, I will say that we are looking forward to having the stability during this transition phase. I'd say there are provisions within Bill 64 that would allow contracts such as this to roll over.

This one is certainly unique, but we're having discussions around the details of that particular agreement to make sure that no one is caught off guard with that. Obviously the local provincial—the local government is involved, so we have Municipal Relations involved in those discussions as well.

So, although unique, I think it's something that certainly can be managed and recognizing that we're having those discussions now so I'm hopefully optimistic that can be resolved.

Mr. Altomare: Rolling over an agreement into Sunrise School Division with this particular Whiteshell School District will be certainly challenging because the master agreement doesn't have any type of exit clauses in it.

And so, what I want to ask the minister is: Will the minister consider extending beyond July 2022 to ensure that the master agreement that will come forward will ensure that the residents of this school district won't be negatively impacted by amalgamating with Sunrise?

Mr. Cullen: I appreciate the member's line of questioning here, and I know he's trying to create turmoil around any changes in public education, and this is obviously one avenue he's going down.

I will assure the member that the sky is not going to fall. I know he's—he and his party and other agencies are trying to create the panic in the streets, that everything will completely fall apart and our children will never get quality education ever again in the history of the province. And I can tell—reassure the member that nothing can be further from the truth.

We have legislative provisions to take these agreements forward. We certainly recognize the uniqueness in that particular region of this agreement; that's why we are working with the school board, the

local municipality and will be engaging the federal government on this one as well.

I have tremendous faith in the leadership we have within education, that we'll be able to work through these various provisions, these various agreements, various contracts we have across our province. We've got gifted people that will make sure that these agreements come to fruition and any changes that are made would be to the benefit of everyone.

So I know the member's trying to create panic in the streets, certainly in the Whiteshell area, but—and we'll tell the residents of the area that we have their best interests at heart. We will certainly—are looking into this particular agreement and agreements.

Mr. Altomare: With all due respect to the minister, the Whiteshell School District has been trying to engage in dialogue with the department on this issue I will say since—March 23rd is when I was cc'd on a letter.

And so, you know, I do know that things do take time, but I will say this: we're not trying to cause panic in the streets. We're just trying to bring voice to the concerns of the people in the Whiteshell School District. They deserve an answer. They deserve a response from the department. This isn't something new. This is something they're genuinely concerned about. I take offence to that statement about causing panic in the streets. This is seeking clarification, nothing more.

And I want to assure the minister that these particular residents of Manitoba need to have some clarity. And I would hope that the department provides that in a judicious time frame so that they can make plans.

Winding down school divisions and school districts isn't something that can be done at a flip of a switch. The agreement here also impacts other services that they share with the local government district. Public libraries, community spaces—these are all impacted by it. I just simply want to make the minister aware that this is an issue that requires timely response, nothing more.

I'll move on to another frame of questioning.

Teachers in the Winnipeg School Division have a new agreement and we know that it took time to finally get everybody into agreement and we do see that sometimes with the number of school divisions that this can happen, and yes, indeed, it'd be great once we do move to provincial bargaining that we can just

have one negotiation and do it in a fair and equal basis. But, of course, we have that ability to pay thrown in that I want to say to the minister is very difficult to swallow.

However, because of a number of funding challenges that Winnipeg School Division has had, \$5-million shortfall this past year is just one example how they're trying to struggle the balance between fair wages for educators and providing education for students.

I want to ask the minister, does the Province have a plan to increase funding for all school divisions so that teaching positions aren't lost when we transition to the new provincial authority?

*(15:30)

Mr. Cullen: To the member's previous question, I was able to get a letter here that the department head sent to the chair of the Whiteshell School District board of trustees, just May 18th. And, basically, the letter outlines that we're aware of the existence of the agreement, understands its importance and implications to LGD of Pinawa and residents and recognize that there is other agreements involving school divisions and school districts. So that was sent last week, I guess. And the LGD of Pinawa was 'carboned' on that letter as well. So discussions are under way to try to get that issue resolved.

So in terms of the bargaining positions and the arbitration rulings over the last two months, that's certainly encouraged that—I think that was Winnipeg School Division was the last one to sign on, so that is certainly positive to see.

I did just, for the member's interest, have a look back over the last almost 20 years, I guess, in terms of schoolteacher settlements. And I did note there was two years where teachers—only two years—where teachers received a zero per cent increase; those were two years back-to-back: 1995, 1996. And I think that was under the direction of Premier Doer at the time.

So anyway, I just thought that was an interesting piece of history. I'm glad to see that we're moving forward with agreements with the respective school divisions. We—I will say on the financing part of it, we've committed, as government, to increase provincial share of funding by \$1.6 billion over the next four years. So we're excited about that commitment to K-to-12 education.

I would also say to teachers, and I'm reminding teachers and all educators that we're going to be

redirecting \$40 million of administration to the front line to assist teachers. Whether that be hiring new teachers or education assistants, more clinicians for evaluations, more resources for students with learning disabilities or mental health issues, we certainly want to make sure that those resources are available to the front lines.

I know school divisions, over the last few months, have—again, the sky is falling and we're going to have to lay off teachers. And I get the political motivation by—for saying that. At the same point in time, we don't hear the Winnipeg School Division talking about laying off any of their 19 plumbers or any of their 19 electricians. So I get their political motivation to try to scare their electorate into saying that we're going to have to lay off teachers, when we're not necessarily sure that that is indeed reality.

So I will just say we're committed to K-to-12 education. We're putting our money where our mouth is. And we look forward to getting all these agreements signed and getting teachers a contract that will move us ahead for the next few years.

Mr. Altomare: I just want to begin by saying that back in 1995-96, those were the Filmon years. Last time I looked, Premier Filmon was a Progressive Conservative. It certainly wasn't Gary Doer as the premier at that time. I lived through those times, and yes, indeed, zero and zero and forced Fridays off—the Filmon Fridays. So I just wanted to remind the minister that yes, we do know the impacts of having a Progressive Conservative government on public education and on public school teachers. It was felt and it still continues to be felt.

Getting back to the proposed bill. Because there are no transitional provisions in Bill 64 in regards to adult learning centres, specifically no guarantee that current divisional funding for these programs will continue, will adult learning centres remain, in a sense—will agreements remain with adult learning centres to ensure they continue the good work once Bill 64 comes into place?

*(15:40)

Mr. Cullen: As with our previous discussion, these are agreements in place that would transfer over to the provincial education authority. There's provisions in Bill 64 to allow that to happen. We—both myself and the Minister of Advanced Education—have indicated that we're reconfirming our commitment to advanced learning here in Manitoba and we certainly support that transition work here in the province.

I know the advanced learning certainly fits in with the minister's direction and it certainly fits in with our Better Education Starts Today strategy as well, and the base funding for adult literacy is under the Advanced Education department to the tune of somewhere in excess of \$20 million. So we're certainly committed to that. These agreements will extend to the new provincial education authority as per the provisions in Bill 64.

Mr. Altomare: There's been a long-standing moratorium on school closures. The current system requires elected trustees to take extensive consultation with the school community and make their case to the Education Minister before a school is closed. They also have to make their best efforts to ensure each student's one-way trip to school is no more than one hour.

Bill 64 doesn't mention either one of these stipulations.

Would the minister clarify that it would be entirely up to his appointees and the provincial education authority to decide on school closure?

Mr. Cullen: Just appreciate the opportunity to correct the record here on this one. Maybe go back to the concept of a moratorium, and I think people have a perception of what a moratorium means. But the reality is the provisions that were in the old legislation, The Public Schools Act, those provisions around school closures remain exactly in Bill 64.

I can remember, actually, when the previous government brought those provisions in and they brought those provisions in because school boards were closing schools around the province, and the previous government thought they wanted to have some more control and more say in terms of that process. So, I can remember exactly when those provisions were brought into the legislation, and it was really to stop school boards from running around and closing schools.

We've carried these provisions forward so that school boards would not unilaterally go and continue to close schools. So the provisions around community consultation remain in effect under Bill 64.

Now, I know this is something that school boards have been out fear mongering in their communities about, but the reality is it's been school boards who have been trying to close schools for years. And that's why the previous government brought this provision in to The Public Schools Act and that's why this

provision remains: so that communities are consulted in terms of any potential school closures.

Bill 64 has never been about closing schools. It's about how we enhance K-to-12 education in Manitoba and that's why we got into this discussion, that's why we continue to have dialogue about that and that's really what it's about.

Mr. Altomare: So, to clarify and to set the record straight: in the former moratorium, it was the minister that ultimately decided on closing schools—the minister that's an elected official.

Will that decision now move to an unelected, politically appointed board?

* (15:50)

Mr. Cullen: I want the member to know—I do want the member to know that the criteria that was in previous legislation remains in effect, and the provincial education authority operating under the direction of the government and the minister will take these discussions seriously.

So these discussions, before there is any school closure, would have to engage in the community and have support of the community. So, at the end of the day, the provincial education authority is responsible to the government, is responsible to the minister. That's the nature of the—of Bill 64. So, the provisions, as previously written, remain in place.

Mr. Altomare: The minister spoke earlier about meaningful consultation regarding school closures.

Can the minister review what some of these measures will look like? The meaningful consultation—sorry.

Mr. Cullen: So the—this is from the Bill 64 itself, provisions for school closure: one, the closure is the result of a consolidation of schools within the community or area served by the school; provision two, there is the consensus for the closure among the parents and the residents of the community or area served by the school; and provision three, it is no longer feasible to keep the school open due to declining enrolment and, despite reasonable efforts having been made, the provincial education authority has been unable to expand the use of the school building for appropriate community purposes.

So then there's further provision 192(2): The authority board must establish a written policy respecting the process for a school closure and ensure that the policy is implemented.

And subsection 192(3), the contents: The school closure policy must provide for (a) the notification of parents and residents of the community or area served by the school that a school closure is being considered; (b) the distribution to the public of information about the school closure; and (c) a public consultation process for parents and residents of the community or area served by the school to provide input and comment on the proposed school closure.

So a process is outlined, a policy is established and the contents of that policy are established in legislation which clearly talks about a consultation process.

Mr. Altomare: I just—I'd like to ask about the provision in Bill 64 around school community councils and their exclusive make-up of parents only.

Where is the voice of other community members going to be heard in—or how can it be heard in this structure when currently there's absolutely nothing in Bill 64 that includes the voice of other community members?

* (16:00)

Mr. Cullen: I appreciate the question.

So, yes, Bill 64 does lay out the roles and responsibilities of the school community councils. It lays out a—or, formalizes a structure and it does spell out parents would be on the executive at the local school community council. It's obviously the executive that will engage with the principal of the school, they will also engage with the director of education for the region. But, broader than that, the executive can also more broadly engage with the community. So there's nothing in the legislation that would deter the executive with engaging in a broader community discussion about school achievement and what the community would like to see in that school or what the priorities of that particular school are.

So, although the legislation lays out that parents and caregivers can serve on the executive, the ability for them to engage in the community, there's no restrictions in the legislation to preclude that discussion from happening. And I think we would entertain a broader community engagement in that process.

And I will just add, as well, I mean, we have formulated a parental engagement task force. We have three ministers on that committee. We have five or six parents with diverse backgrounds on there, we have some principals, assistant superintendents on that

committee. So they're engaging with leadership around the province and parent advisory councils and parents that started that work just in the last week. They'll be carrying that work out over the next month and they will—reporting back to the minister on recommendations in terms of the—how the school community councils will be effective, what the community engagement could look like, and certainly the roles and responsibilities of the school community council as well.

And I would suggest there—hopefully there will be recommendations coming out of there, how the school community councils can be effective and what resources they would require to be effective.

I will say in, you know, my discussions with educators around the province, different schools have used different techniques to engage parents, and certainly we look forward to hearing some of—more of those ideas and how we can use some of those best practices to engage parents and caregivers and, quite frankly, the broader community in discussions about outcomes for their local school. And I think one thing we have heard in our discussions is each school has their own priorities; they have their own wants and they have their own needs, and I think the community is best to be part of that dialogue. And then that's why Bill 64 talks about the relationship and the dialogue with school leadership, be it principals, vice-principals and/or directors of education as well.

So we do look forward to hearing input from Manitobans on that front over the next couple of months.

Mr. Altomare: Just want to say to the minister that it's my hope that somewhere, either in regulations or in best practices, that what he just described does indeed go on with school community councils and community members, members that are not parents, that have a vested interest in their community school.

In my experience as a school administrator and teacher, that is simply—it's simply this: if it's not in regulation, it's not likely to get done. And there's an important voice there that needs to ensure that it's heard. So I would hope that the minister would entertain some adjustment to how we engage the community.

One of these things also leads to, ultimately—especially when it comes to schools outside of Winnipeg—is travel times on school buses for kids. We do know that in Bill 64 that there is a removal of the restrictions of student travel time.

Can the minister explain why that was removed, when we know that more than an hour is counterproductive to a student's academic achievement?

* (16:10)

Mr. Cullen: I'm going to preface my comments by saying that my dad was a school bus driver for a number of years, so I know exactly what it's like to be first on the bus and last one off every day. It's not a good use of time for students to be travelling all on school buses, quite frankly. So I think we all share the same sentiments that we don't want our students riding on buses any more than they have to.

You know, I think we all want to have as much face-to-face time with our students and educators as possible. It's very clear that's where students learn the best. We're in a different dynamic in some areas of the province for sure, in terms of trying to provide education and a broader education, maybe a more comprehensive course load to some of those areas, some of these smaller school locations—and I'm quite familiar with a lot of them. And there certainly has been advances on the technology side to try to allow that to happen.

I'm optimistic with the announcement that was made just a couple weeks ago with memorandum of understanding with Xplornet, the use of some of the Manitoba Hydro infrastructure, that we're going to see increase in broadband and connectivity to rural and northern Manitoba. And I would suggest this could be a real game changer for education in rural and northern Manitoba. And I'm really optimistic to see this unfold over the next couple of years.

So, specifically in The Public Schools Act, as it reads now, I would say the legislation is quite—aspirational I think is probably the best word to describe it. So, under the current Public Schools Act, extended travel times, 43.1(1): In transporting pupils as required by section 43, the school board must use its best efforts to ensure that a pupil's one-way travel time to his or her designated school is not longer than one hour. So I would say that is the aspirational provision that currently exists in The Public Schools Act.

Under Bill 64, there's provisions for regulations. As the member alluded to before, maybe some of these things should be spelled out in regulation. So the transportation component, I think, will be spelled out in regulation, and that will provide some pretty clear

direction to those that are going to be responsible for transportation of students.

And I think it's—will be—sometimes it's difficult to legislate common sense because you assume common sense will just naturally take place. I'm optimistic that those that will be responsible for making sure students get to school will do everything in their powers to keep our travel time as low as possible. However, having said that, there is room for regulatory governance when it comes to transportation of our students, and that's certainly something that could be entertained in that—in those particular provisions.

Mr. Altomare: There is a large body of research that is really quite conclusive when it comes to poverty and its impact on educational outcomes, that there is a very strong link there. Manitoba still has one of the highest child poverty rates, unfortunately, in Canada. Any decrease that we've seen here in Manitoba is largely attributed to increases in the federal child tax benefit.

Does the minister have a plan to address child poverty through Bill 64?

Mr. Cullen: And I'm glad the member raised this particular issue. Certainly, poverty has been an issue that's been raised on a number of occasions, but we can't use poverty as an excuse not to try and tackle some of the challenges before us when it comes to education.

We—when we came into government, obviously the very high rate—highest in the country rate of child poverty. I know there has been some improvements in the numbers. That's certainly a step in the right direction. We will be the first to admit that more work is needed.

That's why we have formed a Poverty Reduction Committee of Cabinet and we are working across government to try to tackle the poverty issue here in Manitoba. It's not something that the Department of Education can tackle alone. It's not something that educators can tackle alone. It's not something that can be legislated away. We can't just go in there and mandate that poverty disappear. That is completely unrealistic, and I would hope that anybody that takes the time to read our strategy recognizes that we're in this for the long haul. This is a five- to 10-year document that sets education and head it in the right direction. And poverty is one of those big challenges that we have to undertake.

* (16:20)

Bill 64 pertains to a governance model. Again, that is only one pillar, one of the four pillars in our strategy. And I think people were—would be remiss if they thought we could legislate poverty away under Bill 64. That's just not the intent.

We have proposed a task force on poverty and education as they relate. I think we can pull together some experts in the area in conjunction with what we're doing across government and our Poverty Reduction Committee of Cabinet and see what kind of steps we can take in terms of both supports outside of the education system and supports inside the education system. I know other provinces are faced with the same sort of challenges, and I'm hoping there's best practices that we can learn from.

I do know school divisions—different schools have taken different approaches, targeted approaches in some cases, to try to deal with the poverty issue, the absentee issue; it sometimes goes hand-in-hand. And, again, looking forward to getting some of those best practices so we can spread those best practices across the province and really do something about poverty.

We can't use poverty as an excuse to tackle some of these challenges in education. The reality is, education is a way out of poverty. And I think if we put it in that context, then we can start trying to address solutions. And that's really what we have to focus on are solutions to this: how we can engage students and how we can engage parents in the education system.

And I am the first to admit it's not going to be easy. But that's why we got into this K-to-12 review. That's why we put together a strategy to tackle some of these challenges. And I know it's easier to make excuses not to tackle these challenges, but Manitobans and students, quite frankly, deserve to have a conversation—

Mr. Chairperson: The minister's time has expired.

Mr. Altomare: I'm glad the minister is aware of what school divisions have done to 'minigate' the impact of poverty. There are a number of school divisions in the city that have eliminated student fees; have eliminated lunch program fees; have eliminated band fees—all strategies to mitigate the impact of poverty and to ensure programs are available to everybody on an equal basis, and these are very important strategies and very important pieces.

We do know that Seven Oaks School Division has done this and has been the leader in this area, in the

removal of these fees that were really a hindrance to program access.

My question to the minister is simply this: people in northwest Winnipeg haven't been paying these fees. Will that continue after July 2022?

Mr. Cullen: I appreciate the line of questioning from the member. I think the member is right.

I mean, we have a lot of different communities and schools and school boards doing different things around the province and obviously trying to do what's right for their respective schools, respective communities. That's why—and I go back to my earlier comments about school community councils and having that community engagement process there. Schools—so, parents in the community know what is best for their local school and they can provide advice to school leadership in terms of what priorities they have for their local school. And certainly excited about having that conversation carry forward, looking forward to hearing the results of the parental engagement task force on that, and I'm expecting some of these issues will come to the front.

And I know we've developed a system that's not equitable. Some areas are able to offer some of these enhanced programs. So what—we're trying to go to a system, obviously, where the provincial share of funding is higher so that we can provide some of these programs that otherwise haven't been available in some of the areas of the province or some of the schools in the province.

So, obviously lots of nuances from community to community and, in fact, school to school. But in looking at this thing in broad terms, I'm certainly looking forward to having that discussion about some of these best practices that are out there and how we can implement them in other areas of the province and certainly other schools around the province.

So, again, when it comes to poverty and some of these other issues, worthwhile having a broad discussion about it and how we can provide better outcomes for students and, at the end of the day, better outcomes for what parents want to have as well.

* (16:30)

Mr. Altomare: I just want to—this will be a really—I don't want to use the word difficult—this will certainly be a challenge, Mr. Minister, that will need be addressed.

I certainly look forward to more dialogue regarding how this will be tackled, and when I say

this I mean access to school programs equitably throughout the province. This is genuinely—I'll put my partisan hat aside for a second—this will be a challenge, one that I'm glad that we're willing to have some dialogue about, and I hope that we can continue to do that further because it is all about the kids and having access to programs regardless of where a person lives, right? I think we all know that that's what the important piece here is.

And in talking about programs and access to programming, we know that a lot of school divisions have invested heavily in an outstanding French immersion program. I do—we all know of school divisions in the province that have done so. We've heard from a presenter during committee on Bill 45 how the demand for French immersion educators is greatly exceeding supply and availability. And I know that the minister alluded to a plan for hiring more French immersion teachers.

I would like to know: Is he able to provide an update on what these initiatives are and what the plan would be moving forward here, as we get into a provincial education authority? Sorry about that.

Mr. Cullen: I appreciate this line of questioning.

Certainly, we have seen an increase in the French immersion enrolment. We recognize that students and parents have a interest in that and we're committed to French immersion programming here in Manitoba.

We are working with our stakeholders to put together a recruitment and retention strategy in Manitoba. It's currently in development. So we're working with our stakeholders, including the University of St. Boniface and our school divisions. I will say they did have a very positive discussion this past week with DFSM and their work on this front as well, and look forward to continuing the dialogue now with them and in other—others that are interested in providing a French language education.

I will also say, in the—certainly, across government, we're interested in this. I know our Minister of Francophone Affairs is quite adamant that she would like to see additional resources and energy put into the recruitment and retention strategy around educators. Her and I had a conversation not too long ago with the federal minister responsible for this area and, I guess, we were somewhat optimistic—this was prior to the federal budget, that there may have been a signal of more money coming for that from the federal government; I don't think we've seen any new money as a result of the federal budget. But having said that,

we do have arrangements for some support with the federal government in terms of providing that French language education.

So we'll continue to work with our federal counterparts on this front, certainly work closely with our francophone minister here, and obviously, all of our stakeholders around the province. And there's obviously growing interest so we want to respond to that growing interest around the French language education here in Manitoba.

Mr. Altomare: I'll hand over questioning to the member from Tyndall Park, knowing that at 4:45 we need to begin resolutions.

Ms. Cindy Lamoureux (Tyndall Park): I appreciate the member for Transcona (Mr. Altomare) handing over some time to me here.

Just referring to page 21, on May 14th I asked a question here in Estimates referencing how the department currently handles situations regarding the importance of safety and respect, specifically when they're breached. The minister said you would get back to me with a more in-depth answer and I was just wondering if you've had the opportunity to consult on this yet.

Mr. Cullen: I appreciate the follow-up question. We have prepared quite a extensive response for the member. I'm not sure it's complete yet, but we—as soon as it is complete, I will send her over the written response.

Ms. Lamoureux: Okay, I look forward to the response.

I'm just moving on to page 19 of the Estimates book, and it reads that the modernization of the education act will support the objective to reduce red tape.

So I'm wondering, what is the current red tape that exists in the K-to-12 education that the department hopes to reduce or eliminate? And just for the sake of time, with the hopes of cutting this red tape, could the minister please provide examples and explain how this objective will help Manitoba students?

* (16:40)

Mr. Cullen: I appreciate the question from the member. Let me try to be, with the time constraints, pretty broad in my response.

I will say, from the outset, you know, we have 37 school divisions across the province. Obviously, they have their own organization, they have their own

bylaws, they've created their own policies, they've created their own processes—internal processes. So we think there's a lot of duplication within the existing system now.

We're looking at going to a shared services model where I think we can streamline a lot of that, whether that be on the administrative front, could be on—along the technology front as well. So what—we think there's opportunities there to remove some of the duplication that currently exists across 37 school divisions.

But at the same time, you know, we still want to provide some autonomy to the schools and some autonomy to the region as well. So it's not like a centralization of all of those services. We still need people in communities that will be responsible for delivering services and the administration at the local level.

So it'll be certainly a bit of a balancing act to make sure that we do accommodate that, but I'm pretty confident we can find savings in terms of red tape reduction, as the member indicated.

Ms. Lamoureux: I guess I'm just curious about the process for this. Is it the minister's intention to meet with different schools, and what is the timeline on this over the course of the next year?

And he talks about duplication. Are they going to be sort of categorizing, making an Excel spreadsheet, so to say, comparing what the schools are currently doing?

Just what is the actual process? How do you go about reducing some of this red tape?

Mr. Cullen: I'm going to just advise the member that, quite frankly, our transition is underway. We're assembling a transition team as we speak to work through this transmission over the next couple of years. We intend to roll out a more detailed implementation plan by this fall. September, October is our time frame for that, so that should provide us with some more clarity around that.

I will say that we have a consultant engaged right now and he is working with school divisions in terms of what services they provide, HR capacity; all of those sort of issues are being discussed with school boards across the province as we speak.

So, this will be ongoing engagement. I'm sure we will learn over the next few months, and I would say we're going to learn as we go down this transformation stage over the next several years as well. I think we're doing the same thing across government and learning

as we go and trying to find ways to reduce red tape. I think that's a challenge for government: to make sure that they're staying fresh, looking at new ideas and making sure they're delivering what the Manitoba taxpayers and Manitobans want, in terms of providing services to them.

Mr. Chairperson: Are there any further questions?

Hearing no further questions, we will now proceed to consideration of the resolutions.

At this point, we will allow all virtual members to unmute their mics so that they can respond to the questions.

I will now call resolution 16.2: be it RESOLVED that there be granted to Her Majesty a sum not exceeding \$37,831,000 for Education, Student Achievement and Inclusion, for the fiscal year ending March 31st, 2022.

Resolution agreed to.

Resolution 16.3: be it RESOLVED that there be granted to Her Majesty a sum not exceeding \$18,220,000 for Education, System Performance and Accountability, for the fiscal year ending March 31st, 2022.

Resolution agreed to.

Resolution 16.4: be it RESOLVED that there be granted to Her Majesty a sum not exceeding \$1,541,773,000 for Education, Support to Schools, for the fiscal year ending March 31st, 2022.

Resolution agreed to.

Resolution 16.5: be it RESOLVED that there be granted to Her Majesty a sum not exceeding \$95,245,000 for Education, Capital Funding, for the fiscal year ending March 31st, 2022.

Resolution agreed to.

Resolution 16.7: be it RESOLVED that there be granted to Her Majesty a sum not exceeding \$260,385,000 for Education, Other Reporting Entities Capital Investment, for fiscal year ending March 31st, 2022.

Resolution agreed to.

The last item to be considered for the Estimates is item 1(a), the minister's salary, contained in resolution 16.1.

The floor is now open for questions.

Mr. Altomare: I move that line item 16.1(a) be amended so that the Minister of Education's salary be reduced to \$33,600.

Motion presented.

Mr. Chairperson: The motion is in order.

Are there any questions or comments on the motion?

Seeing none, is the committee ready for the question?

Some Honourable Members: Question.

Mr. Chairperson: Shall the motion pass?

Some Honourable Members: Yea.

Some Honourable Members: No.

* (16:50)

Mr. Chairperson: I hear a no.

Voice Vote

Mr. Chairperson: All those in favour, please say aye.

Some Honourable Members: Aye.

Mr. Chairperson: All those opposed, please say nay.

Some Honourable Members: Nay.

Mr. Chairperson: In my opinion, the Nays have it.

An Honourable Member: A recorded vote, please. *[interjection]* Oh, on division.

Mr. Chairperson: So the motion is defeated, on division.

* * *

Mr. Chairperson: Okay, we will now go on to Resolution 16.1: be it RESOLVED that there be granted to Her Majesty a sum not exceeding \$2,469,000 for Education, Administration and Finance, for the fiscal year ending March 31st, 2022.

Resolution agreed to.

So this completes the Estimates of the Department of Education and I thank you all.

Considering there are only nine minutes left until 5 p.m., what is the will of the committee?

Some Honourable Members: Committee rise.

Mr. Chairperson: Committee rise? All in favour?

Committee rise. It's now 5 o'clock.

CHAMBER

HEALTH AND SENIORS CARE

* (14:50)

Mr. Chairperson (Doyle Piwniuk): I was wanting to know if the minister is ready for—to proceed with the Estimates for Health.

Hon. Kelvin Goertzen (Acting Minister of Health and Seniors Care): I am ready, Mr. Chairperson.

Mr. Chairperson: Okay, sounds good. We'll get started here.

Will the Committee of Supply please come to order. This section of Committee of Supply is now—resumes consideration for the Estimates for the Department of Health and Seniors Care.

As previously agreed, the questions of the department will be—will proceed in a global manner.

The floor is now open for questions.

MLA Uzoma Asagwara (Union Station): I'd like to start off by wishing the Minister of Health, Minister Stefanson, well. We're all aware that the minister is away on medical leave, I believe, right now, so just want to make sure that she knows that we're wishing her a good recovery with that.

I do want to start by asking about some of the cuts. So many cuts that I could reference, but specifically in the WRHA's funding documents for 2020 and 2021, Manitoba Health reduced funding to the WRHA for a number of items—a few items—significant items. But there's a line that's called savings target. That's the exact line item, savings target. And that was just shy of \$5 million. And another line that's identified as workforce management and resource optimization also included a cut of \$9.8 million.

So I'm wondering if the minister can explain what those two reductions were for and whether or not those reductions were achieved. *[interjection]*

Mr. Chairperson: The honourable minister.

Mr. Goertzen: Mr. Deputy Chair, getting used to this format.

I want to thank the honourable critic for well wishes for Minister Stefanson. I will certainly pass that along. I'm hoping that she's not busy watching Estimates. That probably wouldn't be conducive to a quick recovery, but I will certainly pass along your well wishes, and I'm grateful for them.

I also want to mention, because it's not obvious on screen, that along with me is the Assistant Deputy Minister for Resources and Performance, Dan Skwarchuk, and then, of course, everyone is aware of Deputy Minister Karen Herd, I think Canada's longest serving deputy minister, well-regarded across the country for her work.

I, of course, would have to take some exception with the member's opening salvo about the issue of cuts, which, of course, haven't existed broadly in the health-care system. She'll know that they're—sorry; the member will know that there are always changes to health care; it's a big system and there are always going to be changes in a \$6-billion system.

But the funding that's been provided by this government year over year, the budgeted funding, has always been greater. Collectively, prior to COVID, and of course, there are significant expenditures now because of COVID, but even prior to COVID, the increase in expenditures and budget was hundreds of millions of dollars, and so it is important to remember that while there are always changes within the health-care system and there should always be changes in a system that's that big and that significant and that is so infused by technology where there are so many things that are changing, you wouldn't want to be stagnant.

I think that the member opposite would rightfully be able to criticize a government who made no changes to a system that is so big and so infused with technology. But certainly, in terms of monetary support, there was not a reduction.

Maybe the member could more specifically, then, restate the question that was raised.

MLA Asagwara: I'd like to thank Mr. Deputy Speaker for referring to me as minister. That time will soon come, perhaps.

But, on a serious note here, I was pretty clear in my question. While I appreciate the minister, I would like to provide some of his own context. I was explicitly clear in my question, so I'll reiterate it in the hopes that I'll get a very clear and direct response this time.

I would like clarification, if the minister could provide, in regards to two line items that are in the funding document of the WRHA Manitoba Health Reduced Funding to the WRHA for the items I'm going to outline now: a line that was called the Savings Target was just shy of \$5 million. Another line item—the Workforce Management and Resource Optimization included a cut of \$9.8 million.

Can the minister explain what those two reductions were for and whether they were achieved?

* (15:00)

Mr. Goertzen: So I—just as an aside, I'm sorry that I accidentally referred to the member as a minister. They can take it as a compliment as they wish—and certainly, I do hope that in 30 or 40 years, they have an opportunity to serve an executive council. It is a wonderful opportunity and at that time, if Manitobans are ready, I would wish them well in that opportunity.

My mother always wanted me to be a minister, but not this kind. So I've been thinking her disappointment will end at some point.

On the particular question that the member raises, as mentioned a little bit earlier, you know, on a budget as big as Health and in a system like Health, there are always advancements and changes that need to be looked at.

I think the simplest thing that could happen in any budgetary process, whether it was Health or anything else, would be just to sort of add an annual increase and say, all right, well, it's a new year, so, you know, 2, 3, 4, 5 per cent increase—and that, I think, is often not well placed, because that's just simply adding money without necessarily knowing where it's going to be the most benefit.

And adding money is important, but equally important is ensuring that it's going to the right place. So, annually, when the regional health authorities receive their funding letter, even though they're getting an overall increase—and I believe on this particular funding letter there is a multiple-million-dollar increase for the Winnipeg Regional Health Authority—here are also targets for them to try to find internal savings, because technology has improved or there's been advancements in something within the health-care medical system that allows them to drive additional efficiencies up.

And so that's an important ongoing process that should never stop in something like health care. You should always be looking to find the best way to optimize those dollars so there are more dollars that could be used in other areas, as there are more dollars allocated in this particular funding letter.

So the specific reduction that the member refers to is about technology that tries to predict when staff usages will be needed. It's predictive, based on experience, I understand, and then it models out where there would be a belief that staffing would be needed based

on previous experience. And that then can result in savings, because you're having the right, and number of, staff at the right place in the right days, and that produces savings.

But, again, the overall budget is increased to the Winnipeg Regional Health Authority as I believe it is to every health authority, but that doesn't mean one should never look for savings to ensure that that money can be reinvested in the regional health authority and the health-care system more broadly.

MLA Asagwara: I thank the minister for that response.

So if I'm understanding the minister clearly here, essentially looking for ways to reduce staffing resource based on what the technology predicts—certainly, I would imagine that the minister can reflect on what's happening during this pandemic and recognizing that perhaps they would want to rethink that approach, that human resource has proven to be the most—one of the most invaluable resources we have in our health-care system and, unfortunately, you know, we don't have enough here in Manitoba. We know that nurses are coming in as of today from other jurisdictions to provide that support.

I'm wondering if the minister can clarify my second point of the question, though, as to whether or not those reductions were achieved.

Mr. Goertzen: I think the member may have misunderstood and I'm—and I suspect probably unintentionally.

So the predictive staffing model wouldn't reduce staffing. It wouldn't reduce the number of staff that are involved, but it might ensure that instead of having, you know, overabundance at one time when it isn't needed or a shortage at another time when it is really needed, that it is properly smoothed out based on experience.

And so it may reduce things like overtime, for example, or the need for agency support, which I believe the member if not specifically, then through their party has been critical of in the past, about having too much agency nurses, as an example.

And so, no, it isn't about reducing the number of staff, but it is about ensuring that patients, Manitobans, can get the right support from the right people at the right time. And if that, by extension, reduces things like overtime where it hasn't been necessary or if that reduces the need to hire agency support, that is money that can then be reinvested into

the health-care system and provide funding increases, as is provided on this particular funding letter for the Winnipeg Regional Health Authority.

MLA Asagwara: I thank the minister for that response.

Can the minister provide clarity around the savings target line, please? Still not very clear on that specifically. I appreciate I'm understanding now better the second part of my question in regards to workforce management and resource optimization.

But can the minister be very clear about what the reductions for that line—savings target—were for and whether or not those reductions were achieved?

* (15:10)

Mr. Goertzen: So, again, on this item, when you're funding something like an RHA in sort of a global manner, you will often find times, as I've mentioned, in a big system where there are investments coming in and there are disinvestments, either because you're finding efficiencies or there are things that, you know, are no longer required for investment. And so in a massive system—and the WRHA is among the largest within the health-care purview—you're always going to find movement of investments.

The key is that there is an additional—or there's the increase in support for the regional health authority on this. However, having said that, the member specifically asked, you know, more details about the—some of those savings, and officials in the room are seeking those out. As you all know, we don't have many officials here. Very high-quality ones, so high in quality but low in quantity. But they will get the—get a response. But in the interest of time, we've made note of that and will bring that—a more fulsome response back to the member. But they may want to go onto another question while that is forthcoming.

MLA Asagwara: Thank you for that response and I thank the minister for also acknowledging the best ways that we can use our time. So I appreciate that. And my thanks to the staff for endeavoring to provide that information.

I'm wondering if the minister can clarify if similar and additional reductions to those lines are anticipated in this year's budget to the WRHA?

Mr. Goertzen: So the funding letters, my understanding is they haven't gone to the RHAs, and so I can't speak to what will be within the individual funding letters. But it is still important to remember that in a more-than-six-billion-dollar system like health

care, there are always going to be movements. Not everything in terms of every program will move exactly in the same way or in the same speed or the same direction.

The member will know from their own experience within health care that there are so many changes from year to year that there are going to be times when there is a movement away from certain procedures or practices that might require a disinvestment in that procedure or practice while subsequently having an investment in another one. I think anyone would be concerned about a health-care system that remains entirely stagnant year to year, or one could go back 50 years and ask themselves if they want that same kind of health-care system. I don't think that we do because there's been so many advances.

And so the funding letters have not, I don't believe, gone to the regional health authorities at this point.

MLA Asagwara: I thank the minister for that response. The minister is correct, I'm very familiar with the health-care system. So while I appreciate his articulation of investments and, you know, the importance of a health-care system not remaining stagnant, he need not go into that kind of detail. Very capable of understanding the reasons why the health system may shift as it does.

What I'm seeking is explicit clarification around the questions that I'm asking because it allows for us to better hold this government accountable and to ensure that decisions that are being made are decisions that positively impact Manitobans, not so many of the decisions we've seen made by this government that negatively impact Manitobans.

And so, with that, I'd like to ask some questions about something that is on all of our minds, certainly right now, has been acutely on our minds throughout this pandemic, but specifically around critical-care beds. Now, we know that the consolidation exercise—this minister is very familiar and has a good understanding of as the former minister of Health—but the consolidation exercise that took place was used by the Pallister government as an opportunity to cut service within Winnipeg's health-care system. Again, glaringly obvious example of that is critical care as we're seeing what's happening right now in the height of this third wave here in Manitoba.

In 2017, there were 73 ICU beds in Winnipeg. That number had fallen to 63 by 2019. By January of 2020, the region was only able to provide enough staff

to operate 58 of those beds. I think that people across the province are better understanding now the incredible skill set and the human resource that goes into staffing critical-care beds. We see today in the news we've got 12, I believe, critical-care nurses coming in from other jurisdictions to help out here in Manitoba, and that those 12 folks staff just a few beds. That's the human resource required in order to provide that kind of high level of care.

We also know that between January of 2019 to January of 2020, there was a reduction of 49 filled critical-nurse positions. And that hadn't been fully restored by January of 2021, which is hugely concerning. You know, in January 2020, right before the virus struck Manitoba, critical care was already overwhelmed; we saw that during the previous flu season. Now a patient had to be transferred out of Winnipeg to other cities to take pressure off of Winnipeg's intensive-care units at that time.

Intensive-care doctors have raised grave concerns about this double-digit bed contraction that occurred in 2019. And now there's obviously been a large ramp up, and actually, you know, the minister did speak about that today in question period in intensive-care beds during this pandemic, but we've seen that the human resource is absolutely maxed and overwhelmed. We've seen the impact of cuts to critical care and how that's affecting Manitoba today and has throughout this pandemic and preceding this pandemic.

So I'm wondering if the minister can provide some clarity around how many dedicated ICU beds there are in the Winnipeg area, and how many of them are currently available to be put to use.

Mr. Goertzen: I mean, I want to be, you know, clear for the member. I recognize that they have extensive experience in health care and I certainly, you know, not only recognize that but appreciate it and admire that service, as I do, you know, all members who come into the Chamber with a variety of different experiences. And so, if it feels like at times that I'm providing greater context to certain things that the member may not feel they need because of their expertise, I can understand that entirely. And they're probably right. They probably don't need more explanation on certain things.

But this is, of course, a public forum and it might not feel that way entirely because we're doing it virtually and it feels very different than when we're in the Chamber and there are media or there are public who are watching. The fact is that the public can still access this committee; it's still publicly accessible, I'm

not going to pretend that there are probably hundreds of thousands of people watching; it's not like a night at the Oscars. But, nonetheless, there are people who are watching and it exists forever when it comes to Hansard.

And so I do think that I have a responsibility as a minister to provide context more broadly than other Manitobans may not have as well as the member does from their experience in health care. So I will continue to provide that broader context, not necessarily perhaps for the member's benefit—I might sometimes think it's beneficial, but they may not and that's fine, but of course for the broader public's benefit as we're having these discussions.

And so, with that in mind, I would take some exception to the member's comments. Of course, they will know that consolidation was a plan that the former NDP government initiated, that the former NDP government hired—I think on a direct-award contract, if I remember correctly, although it's been a few years, but I'm pretty sure it was a direct-award contract to Dr. David Peachey. Mr. Peachey undertook—in fact, I didn't even know Dr. Peachey for six to eight months, I think, 'til I became Health Minister. He introduced himself to me at one point, said he was doing some work that the former government had hired him to do.

* (15:20)

And the consolidation, of course, was not about less; the consolidation was about ensuring that proper care is happening in the right places, because the member will know from their experience in health care that the previous system had patients being shuttled around in ambulances from facility to facility, often appearing at certain places where they thought they could get care but couldn't access care, which might very well be, you know, a rural phenomenon that we're used to, but it certainly wasn't something that was experienced while in Winnipeg.

And it was ensuring that there would be that expertise in certain places so that people knew when they went somewhere, to a certain hospital or they were transferred there by a hospital—or, by an ambulance, sorry—that they could get that care.

So, the NDP's plan to do that, I think, was based on all the right solutions to the problems that they had seen—and some might say that they created—but I don't want to make this political, because I'm just not that kind of person. But I do think it's important to remember that that plan was about ensuring and is about

ensuring that support is given in the right places so that people can get the care they need when they show up in those right places; not about what the member has tried to say it is.

But they are correct that there has been an exceptional increase in ICU beds in Winnipeg now, significantly more than existed under the NDP, despite what, you know, some of the framing might be in question period at times.

And yes, we are—we're seeking, you know, assurances from partners around us that, should we need more of their capacity, that it's available. I think Manitobans would expect that we do that, that we be prepared for that; it would be wrong if we didn't. Hopefully, we don't always need it to the extent that it might be available, but it would not be right to ensure that we at least didn't make sure that there were arrangements in place in case it was needed.

MLA Asagwara: In all of that, no answer to my question. Pretty straightforward question. How many dedicated ICU beds are there in Winnipeg and how many of them are currently available to be put to use? To the minister.

Mr. Goertzen: I thank the member for their question. So there was a briefing this morning—technical briefing—that went over some of those data points.

And so my understanding, as of this morning, and the member will know that these numbers—well, not the first number but the second number—fluctuates quickly, so there were this morning 140 ICU beds available in Winnipeg—sorry—in the province of Manitoba, and that number is going up; it'll be going up in the next few days, I'm advised.

And there were 126 patients in those, occupying the bulk of the 140 beds, that—and that—of course, that number fluctuates because the member will also know that people are in and out of ICU and hopefully, of course, people move out in a healthy way as quickly as they are able to.

So, 140 as of this morning, in terms of the availability of ICU beds in Manitoba. That number is going to continue to increase this week, and, as of this morning, there were 126 Manitobans who were requiring that service.

MLA Asagwara: I thank the minister for that clarification. I'm wondering if the minister can clarify how much of that capacity right now is currently being redirected to surgical beds?

So, I thank him for clarifying how many beds are currently existing in Manitoba ICU beds and how many patients are in them, and also for clarifying we do know that those numbers are going to increase in the coming days—probably already increasing right now as we speak. But wondering if he can provide some clarification as to how much of that capacity is currently redirected to the surgical beds?

Mr. Chairperson: The honourable member for Union Station has another comment.

MLA Asagwara: I realize I misspoke as I was finishing up my question. I apologize.

Can he please clarify how much of the capacity is redirected surgical beds, rather? Not to surgical beds; we know what's going on with those beds, unfortunately. Can he clarify how much of that capacity is currently the redirected surgical beds?

And we're also wondering about the critical-care staff; if he can provide some clarity around how many critical-care nursing staff are working currently those beds.

* (15:30)

Mr. Goertzen: I hope that I will explain this clearly—and it wouldn't be because the member wouldn't understand me; it'd be because I've got to make sure that I explain it clearly.

So, from my understanding from officials, the 140 beds that we've now upscaled to—those aren't surgical beds per se. It's not the issue of beds that is the restraining factor, as the member will know. It's the staff.

And so, the 140 ICU beds are not attributable to surgery, from my understanding from officials; however, in the next day or two, that number will move from 140 to 146—I think I referenced that in question period—and the staff from—that will allow us to get to 146—so the additional six beds—they will be redeployed staff from surgery.

So, the beds aren't coming from surgery per se but the staff are, to allow us to get those additional six ICU beds.

MLA Asagwara: I thank the minister for providing that response. I can certainly appreciate the importance of getting it out the way that it is, actually, in fact mapped out. So thank you for that.

I'm wondering if the minister can please provide clarification, specifically to Winnipeg—that would be great. So, can he clarify how many dedicated—because

I didn't actually get that before. We've got the information now from Manitoba, I appreciate that, but specifically: How many dedicated ICU beds are there in Winnipeg, in the Winnipeg area, and how many of those beds are being put to use?

And then if the minister could provide a little bit more clarity around the staffing component that he just spoke of. So, how many staff—and I asked that at my previous question—are working those critical care beds, and how many of those staff are actually surgical staff? If he could provide those details.

Mr. Goertzen: I apologize for that delay. I think part of it is because—is that we're adding capacity to the system. Of course, it's not just in Winnipeg; it's in Brandon as well, and so—and because it's moving up, you know, relatively quickly, or certainly quickly in terms of ICU beds, to make sure we have the right number. So officials advise that there are 126 ICU beds in the city of Winnipeg.

In terms of, you know, the staffing question that the member asked, we'd have to get back to them because it's more complicated than one might think. And that may be true for everything in health care. But a lot of the staff that might be moving into ICU aren't, you know, fully dedicated to one particular unit or another. Sometimes they're doing a 0.6 in surgery and a 0.4 somewhere else. And so it's not quite a one-to-one equation because, as the member knows, nurses will often be splitting their time into different parts.

So we'd have to come back to the member with that to ensure we get them the right answer.

MLA Asagwara: So I just want to be clear that the minister's taking this on as an undertaking.

Mr. Goertzen: The minister is taking this as an undertaking, recognizing it may be another minister who reports back, if Minister Stefanson is available.

MLA Asagwara: Thank you for that clarification. I would certainly appreciate it as well if—can the minister clarify if they would be able to provide that information in regards to positions and FTEs as well? That would be very helpful if they could.

* (15:40)

Mr. Goertzen: So this just in. So I'm going to track my previous undertaking. We received some information from the system. So they're indicating that 51 nurses have been redeployed to work in ICU. They wouldn't all be from—specifically from surgery; they might be also from recovery or post-anesthesia care.

But there are 51 nurses who've been redeployed to work in—to increase the resources we have for ICU.

MLA Asagwara: I thank the minister for that information and that update very quickly there. I may go back to that question but I appreciate that response.

So I'm wondering, you know, this pandemic has caused all of us to pause and reflect on, you know, decisions that we make as Manitobans, and certainly the government is, I would hope, no different, reflecting on decisions that had been made.

And so, I'm wondering if the minister can clarify whether or not he regrets that his government cut intensive-care capacity in the Winnipeg region leading up to this pandemic. Obviously, you know, couldn't have predicted this pandemic; none of us could. But upon reflecting on the impacts those decisions have had on Manitobans in this very moment, we're seeing these impacts in a way that is heartbreaking.

Does the minister regret at all that his government cut those intensive-care beds and the capacity in the Winnipeg region and we're seeing some of the direct results of that now and throughout this pandemic?

Mr. Goertzen: So I appreciate where the member, you know, feels that they have to do, sort of, their political duty on this particular thing. I always think it's regretful to try to make a crisis—and I would say this is a crisis, what's happened with the pandemic, and it's a crisis—been a crisis around the world and it's impacted different places at different times, in different ways.

But it's always, I think, regretful for political people to try to make politics out of a crisis. And I would say that about, you know, forest fires. I remember during the 1997 flood—and I'll give credit to Opposition Leader Gary Doer at the time. I think he very much stayed out of politics during the flood and when decisions were being made. Doesn't mean that there wasn't criticism after; there certainly was and there was lots, and the opposition—NDP opposition provided many—much criticism after the flood, but I don't believe Mr. Doer did a lot of politics during the flood.

And I would just, you know, be—it's not for me to offer the member advice but I would offer, I think, general advice that I don't think people reflect well upon that.

But, since the member raised it, it is important to go back and to remember what was happening at the

time that the NDP commissioned Dr. Peachey to do his work. And they commissioned Dr. Peachey to do the work because of all the challenges that were happening in critical care and the inability to staff the critical-care beds that existed in the system.

In fact, it was, if not the impetus, it was certainly one of the major reasons that the NDP specifically hired Dr. Peachey to do the work because, for so many years, they were having challenges with critical-care capacity spread over six sites in Winnipeg.

In fact, if the member has an opportunity, if they haven't already, in times when there might be more time, they might want to look at the section that Dr. Peachey specifically wrote about acute care and critical care and about how it had failed for so many years because they couldn't fill, with staff, the beds that were on paper but didn't actually have staff to fill them.

And so they might have sometimes been identified as ICU beds on the Internet or on a—on paper or in some type of an annual report, but they didn't actually have nurses with them to help anybody if anybody went into those beds.

And so the NDP hired Dr. Peachery [*phonetic*], and Dr. Peachey concluded that it was better to have more resources in centres so that you wouldn't have beds on paper, but no nurses beside them.

So, while I appreciate the fact that the member opposite felt that they needed, at this time, to go into this kind of a discourse, I would say to them that there'll be much time, I'm sure, for the world to look back at pandemics and to see the response of governments around the world to the pandemic, and that should be done. Governments should absolutely—they'll be part of the questions that happen in every country in the world because that's how you—that's how we prepare for this again, hopefully not in our lifetime, but certainly in someone's lifetime.

But, recall that the reason that the NDP hired Dr. Peachey was partly because the critical-care system in Winnipeg was in such disrepair. So if the member opposite feels that things would have been better, then they need to go and read the report which would indicate something entirely different to them.

MLA Asagwara: I thank the minister for that response.

I do find it slightly amusing that the minister would encourage me, in his mind, to not politicize this when its political decisions made by him and his

government that contributed to critical care being in the position that it is right now and being under-resourced before this pandemic.

I also find it amusing, given the fact that the minister did, just now, do what he and his fellow caucus members do, which is bring up historical—in their mind—wrongdoings by the former NDP government. And so it seems as though what the minister is really asking me to do is to not reflect on his political decision-making and to not highlight the maybe political errors that he has made and his government has made.

And I would encourage the minister to maybe reflect on that and why that's the case. They are accountable to the decisions that they have made within the last few years in our health-care system that have contributed to things being as difficult as they are right now. He is accountable to that; this government is accountable to that.

That's why I'm asking these questions and asking if they've reflected on that. I think that's a reasonable question. It's a question that many Manitobans are asking. It's a question that the answers show a level of accountability and awareness that is important in us moving forward and being able to reflect even more so beyond this pandemic.

And so I can appreciate his comments. I would simply gently offer that in response in regards to those comments in particular.

But I would like to go back, specifically around the undertaking—I think that I want to be clear; I don't actually—the questions that I asked around staffing weren't actually provided in full in terms of his answers to that, so I do want to be very, very clear about the positions that are currently filled right now in Winnipeg ICUs.

He did provide that number—51 nurses, I believe, he said—had been redirected—redeployed to work in ICUs, but specifically—and he even identified some of the areas they've come from, but if the minister could provide clarity around how many positions are currently filled in the Winnipeg ICUs, that would be fantastic.

And if he cannot provide those positions and their EFTs, will they endeavour to take that as an undertaking?

* (15:50)

Mr. Goertzen: You know, I don't take the member's comments lightly. And I think that I believe that they

are trying to offer them in the best spirit, but I also think that there is a distinction between, you know, when you're in the middle of something—and I think I used the 1997 flood as an example. And I remember, you know, there were some who were critical of the building of the Z-dike which ultimately protected a good part of Winnipeg. And certainly there were some people, I think, who questioned the decision as it was being made quickly, but it wasn't the government.

And I think if you were to ask, you know, someone like Gary Doer—who I actually have a lot of respect for and a lot of time for—served with him not obviously in the same party but the same—served in the same Legislature and observed him and his style. He would be critical of government when he was in opposition, but he was also very, I think, mindful of that there was, you know, ways to do it and times to do it, and that when you're in the middle of something that the public is really interested in, what you're doing sort of at that moment to deal with a crisis that you might be in front of, as opposed to sort of looking back.

And so when the member opposite asks, you know, questions about, you know, how many ICU beds there are in Winnipeg, you know, that's an entirely appropriate question because it deals, you know, sort of with, like, what are we dealing with at the particular time.

But since they chose to sort of look back, then it's also important to remember the context of that and what was happening at that time because governments are, in some ways, a continuum. And it is not as though, when a new government gets elected, so, as an example, in 2016 when a new government was elected, it's not as though all those missing nurses that weren't there for the ICU beds which existed on paper but weren't filled because there wasn't staff, it's not as though they suddenly all appear because a new government is elected. It's not as though all those empty positions that were sitting empty for, you know, 14, 15 years under a former government suddenly appear in the spring of 2016 because a new government is elected and then they just sort of start off with the new stakes—new slate.

Governments might change, but the operation of government becomes a continuum. All the problems that existed the day before the—a new government was elected in 2016 existed the day after a new government came in in 2016, and there had to be measures to address them. And so—and that, as Theresa Oswald used to always say, you know, when you're trying to

find or trying to get a nurse, it's not like adding water and stirring. And that was a Theresa Oswald comment, but she would say it in the House quite often.

It is—it takes time; it is difficult. Our government's been doing that difficult work, led in some ways by some of the consultants that the NDP hired because they knew how bad things they were at that time.

But I just wanted to say to the member I think it's entirely appropriate to be asking these questions. That is their job as a critic. I think that they are an effective critic. I was a critic a long time, longer than anybody should be a critic and I—so I know it's not an easy or sometimes—well, it's not a fun job, but it's an important job and it's the one that they were elected to do. And I would say, in a general way, I say the member does the job well.

But I would say that they would—they'll do it better if they're focused forward in terms of what is happening at this critical time in Manitoba than trying to stir up political waters by moving back because those political waters splash back heavily upon the NDP as well.

MLA Asagwara: Will the minister provide or take as an undertaking, providing the current ICU positions—how many of them are filled and what the—those positions are and the EFTs?

Mr. Goertzen: Yes, we will undertake to take that undertaking.

MLA Asagwara: I just—I would like to be really clear. That response was a little bit—it seems like it should be clear, but it almost feels like it's not clear. So, can the minister just, like, clarify a hundred per cent here: Are you taking that as a—on as an undertaking?

Mr. Goertzen: I was doing my best to not call myself an undertaker, but yes, we will—we are committing to the undertaking.

MLA Asagwara: Thank you, Minister, for providing that clarification. I can appreciate and understand what you were trying to avoid articulating there, so thank you.

I just want to talk a bit more about staffing in critical care. It's really important. There's a few details that I think are really important for us to get to the root of here.

So, on January 1st, 2019, Winnipeg had 293 filled positions in critical care. Through consolidation, that number fell as the Pallister government cut ICU beds

and critical care. By January of 2020, there were only 244 filled positions in critical care. I've 'refresnis'—I've referenced this number already, but that means that through consolidation there was a loss of 49 filled critical-care nurse positions in our intensive-care units.

As the minister has already identified, as we're seeing very clearly, you know, intensive care is not a light switch, right? You can't just turn it off and on and staff and create those resources out of thin air. Consolidation meant that beds were closed and that highly trained staff moved on to other positions. Folks moved out of province, people retired altogether, you know?

And the reality of it not being like a light switch is that we can't just flip that light back up and everything just returns and people just return to those positions, folks just move back to Manitoba and continue doing this work. These are highly skilled folks who have a passion for what they do that were lost.

Now it's clear that the government has never been able to catch up to this virus, been very very reactive at best a lot of the times during this pandemic, and that's why it's been so challenging to staff up. The hole was so large it just makes it so difficult to adequately staff up in the ways that we need.

So, Manitoba—I guess when I think about it a bit more, it's also why Manitoba has been left behind in this pandemic and we're seeing what we're seeing now.

You know, it's something else when Manitoba reports numbers like having some of the worst COVID-related outcomes in the country, some of the sickest folks—or, highest mortality rates, rather, as a result of COVID and ICUs. It is—it's a dark moment for us as Manitobans when we saw last week that Manitoba became the only province—the only province—in all of Canada that is sending ICU patients out of the province by the dozens.

Now, I've already asked about, you know, the minister and if he's reflected on decisions to cut critical care and what he thinks about that now, if he regrets that decision. We know that, obviously, cutting 49 positions in critical care has created a large hole in the system. It's irrefutable. Certainly, some capacity has been restored, and I want to thank all of those nurses and health-care workers who are working literally around the clock, not seeing their families at all at this point, many of them, to provide care.

But can the minister explain just how much has been restored? How many filled critical-care positions are there right now in Winnipeg with folks who actually have critical care training and experience?

* (16:00)

Mr. Goertzen: Sorry, I've got to get this working again.

So we have already, I think, committed in a previous answer to get that information for the member. And so that's part of a previous undertaking. We can recommit to that same undertaking, but it's already been committed to.

You know, the member put a few other things on the record regarding, you know, capacity and the issue of patients going out of province, and, you know, I don't want to minimize that. I think any time a patient, particularly an ICU patient, has to move out of province, that is a difficult thing.

But, while I know that we're—this is a Manitoba Estimates process and we're the Manitoba Legislature, it is not wrong to realize that every province in Canada, and some more so than others, but primarily every province in Canada that's gone through a third wave, it's been very difficult, particularly difficult in some areas.

There were, like, fields hospitals being built in Ontario, that might've been the case in Alberta. I read a report in British Columbia—NDP British Columbia—where they said they were putting patients into what had been the sunrooms and been stacked in the hallways and into former cleaning rooms.

Every province, and it doesn't matter political stripe or anything else, has had significant challenges. But, yes, it is very difficult to have to move patients to other provinces.

Now, this isn't entirely without precedent in Manitoba. Members will know, and I know the member for La Vérendrye (Mr. Smook) and maybe for Borderland (Mr. Guenter) will have some understanding, experience of patients who've gone to Minnesota for care through an agreement in the southeast corner of Manitoba that exists—has existed since the 1990s, was, I think, expanded in scope under Gary Doer and under Greg Selinger—or certainly under Gary Doer; it continued to exist under Greg Selinger—expanded significantly in scope as services increased in Roseau and Warroad, the two communities in which the NDP allowed for services to be provided across the border.

And then, of course, patients from northwest Ontario often come into Winnipeg; you often see the Ornge helicopter flying in from Ontario over to HSC. And I think that it's not unusual for patients from Saskatchewan or from the Manitoba border to have some—to cross over into Saskatchewan.

So all around us, whether it's into Ontario, into Minnesota or North Dakota, into Saskatchewan, there have been pre-existing agreements.

Now, the member would probably say yes, but, yes, this is different, and they wouldn't be wrong; it is different. But a pandemic is both different and difficult, and during a pandemic, you have to do what is—to ensure that there's capacity in the system, and then a lot of capacity that might be built up in our neighbouring jurisdictions that they're offering to provide may never be used, and that would be good. But it wouldn't be good if it weren't prepared to use those pre-existing and long-standing relationships that have existed across governments to be able to support Manitobans.

And so there's not much that's ideal during a pandemic. In fact, it's almost all bad. And I think that every jurisdiction and government has realized that this has been an extraordinarily difficult time. And while we might have some hope that we're, you know, much, much closer to the end than the beginning, I don't think anybody within the health-care system and the folks who have done an extraordinary job there would say that this has been anything but extremely difficult.

But the exchange of medical services between provinces, between our neighbours, is not a new phenomenon. This model of it is different, but that exchange is not different.

So, appreciate the member's question. We undertook to take the responses in the last question and we will reaffirm that undertaking.

MLA Asagwara: I thank the minister for that response. Certainly, I want to commend and thank other jurisdictions for stepping up and providing care to some of our sickest patients in our time of need here in Manitoba. And while I recognize the, you know, cross-jurisdictional relationships in regards to provisions of health care, certainly the minister knows that this is more than just unique; it is incredibly concerning that Manitoba became and is the only jurisdiction in the country to send ICU patients, some of our sickest, acutely ill Manitobans, to other provinces for ICU care.

While I can appreciate pre-existing relationships, this is unprecedented and it's not happening in other jurisdictions. It would be nice to see the minister and this government, this Pallister government, not reference jurisdictions that are being absolutely hammered by this pandemic, instead of highlighting the ways in which other folks in other jurisdictions are suffering under just incredibly challenging circumstances, as if to say that what's happening in Manitoba is somehow acceptable. That's not okay.

The doctors—we've heard from doctors, rather, throughout this pandemic who've raised concerns about critical care capacity in Manitoba. They've identified that what's happening in terms of sending ICU patients out of the province is not happening elsewhere.

So, is the minister aware of any other jurisdictions that are sending ICU patients out of their province to get ICU care because they lack that capacity in their own province? Can the minister clarify that?

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

I don't think for a second that anybody is trying to minimize the difficulty that Manitobans are having. And let's be clear: it's not just difficulty in the hospital system, although it's difficulty there, too. There are many Manitobans, and I think of young people who are suffering from a mental health perspective because of restrictions that have been in place, and I know there are some that they feel that there should be, you know, a great many more restrictions.

* (16:10)

But every decision has some consequence for someone, and I completely recognize that on every side of this pandemic, whether it is somebody who has gotten COVID, who is in the hospital with COVID, or who's in the hospital with something other than COVID who is impacted by what's happening within the hospital, or it's somebody, you know, who's—who is—who should be in the school but hasn't been able to go to school at all or not full-time because they weren't able to find the distancing space, and that's been really hard on young people. Or they haven't been able to do the sports that they normally are able to do; that's extremely hard on young people, you know, or somebody who can't go to work regularly; maybe they're in the restaurant industry so they've been on and off incomes in terms of work. That is extremely hard on people. Nobody's going to minimize that suffering.

But it's also impossible not to acknowledge that this is a global pandemic—it is not just happening here

in Manitoba—any more than I would have suggested in 2008 when there was a global financial crisis that was shaking the world that somehow, Manitoba, you know, was immune to that. I mean, there are things in the world that do affect the world. It doesn't happen that often; often, these things are regionalized but there are times when everyone is affected. And in this case, everyone is affected.

And, yes, I have seen other jurisdictions that have called upon other jurisdictions to offer support in all times, and in these times, as I mentioned in question period that, you know, we've sent our Hydro workers to places to help restore power when there's been challenges in other parts of Canada. We've sent fire-fighters; we've sent those to help fight floods because we've had sort of unique experience in that, and I'm sure there are a lot of other things. I'm sure there are medical folks. I'm—a lot of other things that I don't remember or don't recall hearing about. But other provinces have done this too.

I had the opportunity to speak with Minister Bill Blair this morning, together with our minister of emergency services, and he acknowledged the support that they had provided other provinces and that they were willing to provide Manitoba, and I'm grateful for that. And our government and our Premier (Mr. Pallister) are grateful for that offering of support from the federal government which will include, but maybe not be limited to, you know, medical personnel, flight transport abilities, and personnel contact tracers from Statistics Canada, I believe, if I have that correct.

There are many provinces who have relied on different areas of support. They haven't all been the same level of support for sure, because the third wave has affected different provinces differently. They might have found themselves in different situations.

But I know that not every province has had to reach out for support, but I know a great many of them have and that is because it is a global pandemic; it does not know borders and Canada shouldn't, either. Canada is more than a notion; it's a nation, and so we help each other when it needs to happen, and I'm very proud of the fact that provinces do help each other. I've been proud to be part of that effort at times in government of helping other provinces. And I'm grateful to the federal government.

And, you know, the member for River Heights (Mr. Gerrard) is on this committee and he might be shocked. He is probably writing this down that I'm commending the federal government; that's okay, he

can write it down; he can use it some time in question period if he would like, because it's true. I'm very grateful for the call we had with Minister Blair this morning. There may be other times when we're not as grateful and that we have a disagreement, but credit where credit is due. They are stepping up and helping and they didn't bat an eye because he said that's what Canadians do and they've done it for other provinces as well.

MLA Asagwara: I appreciate that response from the minister.

I'd like to ask a question about just kind of staying within the steam of staffing, specifically in regards to respiratory therapists. So could the minister provide by facility and in total how many respiratory therapists there are across Winnipeg, and if that's not available by facility, could you provide the total please.

Mr. Goertzen: Thank you for the question to the member. We do not have the information readily on hand, so we will undertake for the member to provide it.

MLA Asagwara: Thank you for that undertaking. I do appreciate that they'll make that effort.

I'm just reflecting a little bit on what the minister just shared in regards to his conversation with minister—federal Minister Blair. I agree, I think it's a good thing that the federal government is sending those resources; we desperately need them here in Manitoba. And given that this help is on the way, it makes me think about the timing of that assistance, and that if the call for help had been made earlier, perhaps we would have had that assistance from the federal government earlier, and would have been able to ensure that Manitobans who are sick with COVID, or, you know, sick with any other issue, could have remained in Manitoba, in ICUs here at home, close to their loved ones.

So I'm wondering, with this news in mind today about resources coming to Manitoba to support, can the minister clarify whether or not he thinks that his government—his Premier (Mr. Pallister)—should have asked for that help sooner to ensure that Manitobans wouldn't have had to have been sent out of province to receive ICU care instead of—could have received that care here at home with that—increased staffing resources?

Mr. Goertzen: I think that all issues of requests are made when it's deemed to be necessary. And, remember that these decisions, whether it's requesting assis-

tance from the federal government or requesting assistance from another province, are not made—well, they might be made by politicians in terms of the actual request going from official to official—but they rely upon, you know, advice from those within the medical system in terms of the kind of assistance that is needed and when it might be needed.

So it's a lot of collaborative discussion that happens in terms of requests that are happening for different systems in different areas. And, you know, I would say—while I have that in my mind—I have had the opportunity not in a full-time way in the last couple years to work with the medical professionals both in the Department of Health and then within the system more generally, but I have sort of re-engaged in that over this pandemic in different ways both when I was minister of Education and different roles I've taken on in—as Deputy Premier.

And, you know, just incredibly impressed by the work that folks are doing in a very, very high-pressured situation. And we forget that each of these individuals are dealing with their own sort of reaction to restrictions or losses that they have or maybe they've suffered a loss in their family in a difficult time, made more difficult because of restrictions; and yet they're still performing their jobs.

And, when it comes to those who are helping us out of province, it should also be noted for the record that it's quite something when a medical professional in another jurisdiction who has probably just gotten through the third wave themselves, are willing to take on patients from another province when they know that's going to impact their workload. That is really something that I don't think we'll ever be able to give credit enough to.

So lots of amazing work that's being done by folks. Help is requested when it's believed that it should be needed, and the kind of help that is needed is requested based on the advice that we get from those who are within the system.

MLA Asagwara: I thank the minister for that response.

I—just for a quick clarification, does the—can the minister provide whether or not the request for resources and staffing supports 'eck' cetera was formally requested? I know that, as of this morning, the feds were saying that that formal process hadn't actually been completed.

So can the minister provide some clarity around that?

* (16:20)

Mr. Goertzen: The—just to be clear, I mean, the conversation has never stopped.

And so I know that the Premier (Mr. Pallister) has had dozens and dozens and dozens of calls over the last year with not just other premiers but, of course, with the Prime Minister and I think he's commended the Prime Minister for that. And again, there's often areas of disagreement but I think the Premier has been very clear in saying that he appreciates that constant point of contact that's happened between other premiers and the Prime Minister during the pandemic and I think that that's been the—been helpful.

So, the discussions, you know, between officials, either at the political level or at the officials level, has been ongoing, and so none of this would've come as a surprise. I mean often, long before an official request comes, you know it's coming because you've been talking about, well, if we needed this, could we get that and if we ever needed this, could we get that. And so by the time the requests come in, it's not like the first time that you've seen it.

But yes, there is an official process. I believe the process goes from emergency measures, so it would be the minister of emergency management who would make the request. I was on the call with the provincial minister today with Bill Blair—Minister Bill Blair in Ottawa and that—the official request has already been made, both in writing and verbally.

MLA Asagwara: I thank the minister for that clarification and I would echo his sentiments in regards to folks coming from other jurisdictions. Huge thank you to them; we greatly appreciate it. It—I can't imagine how exhausted those folks must be and it would be something else to leave your own families and communities in the middle—midst of this pandemic to come and provide support elsewhere, but I think that speaks to the nature of health-care providers: they rise to the occasion. They, first and foremost, care about the well-being of citizens, and it's an incredible act of service that we're able to receive their support during this time. So thank you to them for that.

Now, in regards to—still on topic of staffing, but specifically now I'd like to ask a question about emergency room staffing. We know that Winnipeg is facing a very high nurse vacancy rate in emergency rooms across the province, but especially since consolidation, we've seen those numbers increase.

A good example would be, you know, that in January 2021, a 20-per-cent vacancy rate at Grace

emergency was the number, 22 per cent vacancy rate at St. Boniface emergency was the state then, in January.

And now, we understand—I understand that that situation has gotten worse since then, unfortunately, and not better. It's especially concerning to see 90th-percentile waits at HSC above eight hours for the second month in a row. Now that's an indication that there are some serious blocks in the system.

I know the minister is probably more than aware of the concerns that had been raised by emergency room staff for months, certainly in the last several months, several weeks. They've been doing everything they can to have their voices heard on this, specifically.

You know, it's all the more concerning when you think about those numbers and those waits when you realize that ER visitation is actually still way, way down from where it typically is, from where it is normally—I don't like to use the word normal, but from where it typically is.

So that raises some big questions about the system's ability to respond as we are in this very serious phase of the pandemic.

So can the minister explain what he thinks is blocking the flow in emergency rooms and can he tell us what's being done to address that?

Mr. Goertzen: I thank the member for their question. You know, they're not wrong in that there are challenges, you know, when it comes to flow within the system at a time like this when you're getting a surge within the hospital system as we are. I remember looking this morning at the hospitalization numbers from COVID; I think they're around 320 or somewhere between 315 and 320. So it's significant, right? And that does cause challenges with flow.

I mean, I know the member talked about staffing a little bit and, I mean, staffing is also one of those issues where, you know, at different facilities it can be more challenging at different times, but I think that all jurisdictions including Manitoba have had a challenge with staffing for a long time. I seem to recall even in the Brian Sinclair report, which goes back many years, they cited the issue of staffing as, you know, I mean, part of a systemic issue that existed. And so it's not—the staffing issue is not a new issue nor is it particular to Manitoba; but it is an issue and so the member's right to raise it.

On flow within, you know, HSC, I don't know that—in the ER—I don't know if it's a specific issue. You know, obviously sometimes in non-pandemic times, there are just times when ERs become more crowded than others for a variety of different reasons; some of them are staff and some of them are just the nature of the people who are presenting at an ER at any given time and the level of care that they need. And the member understands that; as more of a broader context for others.

Certainly, at the beginning of the pandemic back in March or April, we were seeing the opposite effect where people were reluctant to approach or to appear at an ER and that was probably because—from talking to those who are working in the system—they were worried about going to a hospital, thought they might get COVID and so they didn't want to go to an ER.

Having spoken to the clinical leads on Monday morning—yes, yesterday morning—from all the different areas including emergency, I mean, they feel that that has dissipated for sure. Some people are coming to the ER now as frequently as they were probably prior to the pandemic, and that's a good thing. If people need the ER, they should go to the ER.

But I think that, you know, part of the flow issue is, you know, clearly what is happening in terms of a surge of COVID cases and then the ability to ensure proper patient flow happens. So a lot of effort has happened in the last little while to get those, you know, see alternative-level-of-care patients out of hospital into a model of care that is not in the hospital but still an appropriate level of care for them. I think that that will help the flow when it comes to emergency rooms.

But there are going to be times for sure in even the best of times, but particularly in these times when we're seeing the high number of cases of COVID patients in hospitals like HSC where they are going to be flow challenges for sure.

So, I know officials within the system are always working, you know, every day when they find a challenge, try to address those challenges and those flow problems. But I wouldn't want to say to the member that there'll never be, you know, a challenge at an ER again during this time or even outside of a pandemic because that's probably not been the case in Canada in 40 years.

But mark my words: folks are working at it pretty hard to make sure that it is addressed in the best way possible.

* (16:30)

MLA Asagwara: I thank the minister for that response and I'm wondering if he could provide some clarity in terms of moving forward. I mean, we know that the wait-times task force did identify that consolidation would lead to a significant increase in traffic to Grace, HSC and St. Boniface.

So given that we can anticipate, really, that traffic is going to ramp up once this third wave does break in Manitoba, can the minister provide information around what is being done to address that? What is being done to address that reality and to prepare for what we know will likely be a ramping up in access beyond the third wave?

Mr. Goertzen: I thank the member for the question. It's a good question, very, you know, pertinent to the things that are happening today.

And so I mentioned a little earlier about the efforts by those working in the system to move ALC—alternative-level-of-care—patients from the facilities out into other appropriate levels of care so that they're not, you know, maintaining or holding a bed within the hospital system, and, you know, sometimes part of the issue is people come into the ERs and they need to be admitted to the hospital and they have difficult time with the placement.

And, then again this isn't a new issue, right? I mean, it's happened for many years in Manitoba, and I know my time in opposition and even as the opposition Health critic, this was often a line of questioning about the really, really long wait times that existed, you know, Canada record-long wait times in facilities in Manitoba.

But in terms of today, the efforts that are being taken are to move those ALC patients. My understanding is that there were 50 moved even as recently as last week to bring us to a total of about 324 alternative-level-of-care patients who've been moved from hospital facilities into other facilities, which will help with the flow right from the ER into the system. And so that's a very immediate sort of thing that's being done to help with that flow.

Longer term, the member may remember that Grace Hospital emergency room was expanded significantly. I was pleased along with the Premier (Mr. Pallister) to be able to attend that—the opening of the Grace ER several years ago now. There's, of course, capital commitment to St. Boniface, and improvements have already happened at St. Boniface Hospital—and so—at their ER in particular.

So there a lot of things that are longer term in terms of duration and perspective because they just take time to do. Capital takes time to do, but there are things that are also much more immediate that are happening, in particular, moving these alternative-level-of-care patients from in-facility to other facilities to help with that flow from—starting at the ER and moving right through the system.

MLA Asagwara: I thank the minister for that response.

If the minister is able, I would encourage him, if he hasn't already, to read the letter that was shared with us by—from nurses, rather, from Grace emergency room outlining the crisis that they're facing there. They very clearly identify that consolidation resulted in them being without the resources they need in their emergency room and, unfortunately, this pandemic has exacerbated the issues that were generated as a result of that consolidation.

And so, while I can certainly appreciate the minister reflecting on the opening—or the expansion, rather, of the Grace emergency room, there were some missed steps there in terms of adequately resourcing it. And it's a concern that's been raised for a long time by those nurses, and I'm glad to see them continuing to raise their concerns.

It's unfortunate, however, the reasons why they are raising those concerns. And I would encourage the minister, if he hasn't already—maybe he has—to read that letter. It's very informative and highlights the issues that led to the crisis they're facing today.

So I'm wondering if the minister can provide a little bit of—not a little bit—provide clarity around some acute-care beds. So we've got information in regards to pre- and post-consolidation acute-care beds. You know, the healing our system plan resulted in the closure of 56 in-patient surgical beds. Now, this reflects the changes in surgical best practice with more procedures being done safely on a day-to-day basis or accommodated in short-stay surgical units. The number of beds in short stays—short-stay units, rather, have increased from 12 to 34.

So, I mean, I could—I can walk through this chart, but I'm sure they have it available to them. What I'd like to ask specifically is that we know that in that consolidation there was a loss of 74 acute-care beds, of which, 56 were in-patient surgical beds. So can the minister provide how many acute-care beds are there in the Winnipeg region right now in total?

* (16:40)

Mr. Goertzen: Just as a precursor, I—it's important to remember that the plan on consolidation, of course, didn't reduce or extract any money, you know, from the system, it wasn't about saving money; the NDP commissioned the plan not to save money but to try to better align resources within the system. And I think—at least that's my understanding from the NDP—that that was the rationale from their decision to hire Dr. Peachey, and certainly Dr. Peachey himself suggests that within his report. So there was no reduction when it comes to funding for acute-care beds.

I think what the member's sort of asking for is the—we'd have to go into the bed-mapping, and I'll apologize to the member in the sense that I know in previous Health Estimates I had the fortune of doing when I was Health Minister we would do them usually in the Chamber and then we would try to break them up into the days that specifically dealt with—you know, the RHA, WRHA usually took the most amount of time, as an example. And the CEO of the WRHA at that time was Milton Sussman I believe, you know, would all would join us at the table and then there would—they would have a lot more of this information.

As the member will know because we're not hands-on in terms of operating the RHA, we don't have all of that information for us. So we'll have to undertake to provide the specific information that the member was asking for.

MLA Asagwara: I appreciate that the minister will take that as an undertaking. I'd like to ask now, kind of shift gears a little bit here, to something that was in the annual report in regards to the dashboards.

So in the annual report former CEO, Vickie Kaminski said that they have developed a dashboard to ensure that WRHA, as well as provincial service delivery organizations improve accountability, that's a direct quote, improve accountability.

Can the minister provide what's included on the dashboard, when did it come into use and would the minister be willing to provide access to all of the daily dashboards this year? You know, former CEO, Vickie Kaminski, did say that this was to improve accountability, and one great way to improve accountability would certainly be to provide all of the information and access to the daily dashboards from this year.

Mr. Goertzen: I thank the member for the question. If I'm understanding the question correctly, they are asking about a dashboard that was referenced by the former CEO of the WRHA—and I'm gathering that the dashboard that's being referenced is sort of an

internal-use document that they use to measure performance.

I imagine that they have lots of different ways to measure performance within the various health sectors but I don't believe it's a public-facing document that was being referenced. So, I don't think that I could commit to releasing an internal document that the WRHA uses for their own sort of analysis—if I'm understanding the member's question correctly.

MLA Asagwara: I thank the minister for that response. I'm wondering if the minister now—and I'm sure the minister is aware of all of this dialogue around triage protocols—we did ask a question about this last week.

We've actually asked about the development of triage protocols for over a year. Our leader and the member for Fort Rouge (Mr. Kinew) has been writing the government about this; we jointly wrote a letter about this; and certainly, disabilities advocates, Indigenous leaders' organizations, senior's advocates and organizations have been asking about this.

I think many people were surprised to learn last week that there isn't an established triage protocol and, given what we're facing right now in this third wave, I think it's concerning. There's been a lot of time—it takes a lot of time, extensive expertise, to develop a comprehensive triage protocol that includes the very important needs and perspectives of communities that maybe could be negatively impacted or disproportionately impacted by an absence of those protocols, and other jurisdictions have established them.

The framework that was referenced in response to our question actually calls for the development of triage protocols.

So, can the minister provide clarity around if those protocols are actively being worked on—those triage protocols are actively being developed—and who is participating if they are in fact being developed at the moment? And if that's not the case, can the minister provide clearly why it hasn't been developed to this point, this late in the stage of the pandemic?

Mr. Goertzen: I mean, this is obviously, you know, a—I'm not going to suggest—it is an important topic, but obviously, it's a difficult one. And I know that—you know, for example, there are, I know, ethical frameworks that already exist within the health-care system to ensure that there's not, you know, discrimination or denial of care, and so, you know—good deal of that already exists within the broader health-care system.

But I think that it was our chief nursing officer in addressing this issue last week, who said that all of their efforts—and this would include the issue of getting support from outside jurisdictions—but all of their efforts are fully focused on ensuring that every Manitoban who needs the service, whether it's an ICU as a particular specific example—is able to get—and that that is their focus.

And the—yes, the chief nursing officer indicated that if it was their belief that they would be in need of a protocol, that they would work with, you know, ethicists and different health-care officials to develop one as they develop protocols for many different things.

I was asking one of the health-care officials that I recently spoke to about, you know, the transferring of patients because, like the member, I have concerns about these issues too when you're transferring an ICU patient out of province. And so, I was asking questions after I took on this interim role on behalf of Minister Stefanson about, you know, how does that work in terms of selecting individual patients?

* (16:50)

And the health-care official indicated that while difficult for sure and different, that there have been protocols in place, you know, that are not dissimilar in terms of moving people—because people have moved in—even an ICU situation between ICU beds and facilities.

And so the movement of an ICU patient itself isn't necessarily a new phenomena. Obviously going out of province is something different, and I'm not trying to minimize that in any way, but that a protocol and, you know, that health officials make that assessment based on the protocols they have.

So the words of the chief nursing officer I think are important to follow in that if they believe that there is a requirement for such a protocol, it wouldn't be drafted by politicians; nobody would want that. I'm not suggesting that you are saying that that would be the appropriate thing—I know that you're not—but that they would undertake that if they believed it.

But I'm also aware that they have repeatedly said that all of their efforts is to ensure that there is sufficient capacity both in Manitoba and working with our partners around us for ICU capacity. And I think that those efforts have given, you know, some degree of result in terms of not only increasing the capacity for ICUs or usage here in Manitoba—up to 146 beds at least this week—but also being able to add dozens of

beds in other jurisdictions with the agreements that are in place or are where we have assurances of in the future.

MLA Asagwara: I thank the minister for that response.

You know, it's interesting when we talk about increasing capacity and these beds being expanded and more beds for ICU patients, it's never lost on me that these are people who are fighting for their lives, who are going through what for many folks may be one of the most, if not the most, traumatic experience for them and their families, and that this experience is also difficult and challenging and traumatic for those providing care. That's the reality of where we're at. It is daunting and overwhelming, and it is very real, and hope is not enough.

Hope doesn't build capacity. Hope doesn't alleviate the stress and anxiety attached to having to make life-changing, -saving, -altering decisions in a moment based on the resources available to you. And so while I can appreciate that we all hope for the best outcomes, we all hope that doctors will not be in that position; hope is not good enough.

And what we're facing right now could be faced, I think, a little bit—I don't want to say more lightly, but certainly physicians who are also calling for these protocols to be established, the ethical framework that was referenced by 'chies'—Chief Nursing Officer Ms. Siragusa calls for a triage protocol. It calls for a triage plan that to date doesn't exist.

Hope doesn't alleviate the concerns of the folks that I met with on Friday and over the weekend and I've been meeting with for months, folks who belong to the communities that are, in fact, disproportionately impacted by this virus, people who have the most difficult time and more barriers accessing what they need to stay safe. What they need, what doctors need, what these folks are calling for, is a clear triage protocol that can alleviate some of that anxiety, some of that stress, can provide an opportunity for folks to be able to review it, contribute their voices to how that functions and ensure that, you know, the concerns around why protocols need to be in place are addressed.

So can the minister state whether or not he thinks that triage protocols should've already been established? Based on their own ethical framework, it actually says the plans should be there.

Can the minister—you know, understanding where the concerns are coming from—identify whether or not

he thinks that it would probably be a good thing? Or maybe, I'm not sure, get his opinion on this? His thoughts on this; for the protocols to already be established so that folks across the board would know that they exist, what they look like and what that means?

Mr. Goertzen: Thank you, Mr. Chairperson.

[inaudible] that it's clear that my comments are coming across. You'll let me know if it's not.

Mr. Chairperson: I just wanted to let the minister know that we're having technical difficulty with your video.

So if I can just get you to just repeat what you just said. You were cutting in and out. Sorry about that.

Mr. Goertzen: I was actually, Mr. Chair, just saying that I was having a hard time hearing the member. So it might be that the video is—or the Internet is a problem on our side. Are you able to hear me?

Mr. Chairperson: Yes, that was—it seems like it must be the Internet. So I'm not quite—does the member want to repeat the question?

MLA Asagwara: Did he get the gist of it? Is he—

Mr. Goertzen: I did.

MLA Asagwara: Okay.

Mr. Goertzen: I just want to make sure you can hear me.

MLA Asagwara: Yes.

Mr. Goertzen: Okay.

Mr. Chairperson: Okay, the honourable minister.

Mr. Goertzen: You know, I think it's important to remember that a decision on any health protocol will be made by health professionals, both in terms of the nature of it and whether it's needed.

In terms of this, I don't think that there should be an impression out there that—I mean, obviously, every effort has been made if we're talking specifically about ICU beds. Every effort has been made to ensure that there is enough ICU beds for Manitobans who need it. Of course, that has necessitated looking in other jurisdictions. Far from ideal, but more ideal than not having an ICU bed.

And so that has been—that effort has been undertaken and I think that there's currently comfort in the system that the beds that are being added in Manitoba and the additional beds that are accessible in other

jurisdictions near by us, you know, give that level of comfort.

But it shouldn't be thought that if for whatever reason, now or any time in the future, let's say we're not in a pandemic but there was suddenly not an ICU bed, that that would immediately mean that an individual wouldn't get any service. And talking to those in the health-care system, they say no, no, like, there's other things that we can do. Some of it might be, you know, different staffing models, which, again, might not be ideal but wouldn't necessitate a triage decision—protocol decision.

And so, you know, I think that the—the point being that the leaders in the health-care system feel we are not in a place where it is currently required; that the work to get additional resources on the ICU beds gives them that comfort. And even if we were in a different time in a different place and there wasn't ICU capacity for whatever reason, that that doesn't necessarily trigger a system where someone doesn't get care, that

there are other things that can be done to ensure that a person still is able to get appropriate care.

And so I hope that that gives some comfort in terms of that. But again, to re-emphasize, these are decisions that have to be made by medical professionals at the time that they believe is the right time to activate this if they feel they need it. I don't believe that they would do so on short notice. If they thought that they needed something, they'd be well in preparation for it, but their efforts have given them comfort to feel something different from my understanding.

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

Call in the Speaker.

IN SESSION

Mr. Deputy Speaker: The hour being 5 p.m., the House is adjourned and stands adjourned until 1:30 p.m. tomorrow.

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, May 25, 2021

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