

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

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

Vol. LXXVI No. 18 - 1:30 p.m., Monday, March 7, 2022

ISSN 0542-5492

MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

Member	Constituency	Political Affiliation
ALTomARE, Nello	Transcona	NDP
ASAGWARA, Uzoma	Union Station	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian	Keewatinook	NDP
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy	Kildonan-River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
DRIEDGER, Myrna, Hon.	Roblin	PC
EICHLER, Ralph	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, Hon.	Assiniboia	PC
KINEW, Wab	Fort Rouge	NDP
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan, Hon.	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	Wolseley	NDP
NESBITT, Greg	Riding Mountain	PC
PEDERSEN, Blaine	Midland	PC
PIWNIUK, Doyle, Hon.	Turtle Mountain	PC
REYES, Jon, Hon.	Waverley	PC
SALA, Adrien	St. James	NDP
SANDHU, Mintu	The Maples	NDP
SCHULER, Ron	Springfield-Ritchot	PC
SMITH, Andrew, Hon.	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
<i>Vacant</i>	Fort Whyte	
<i>Vacant</i>	Thompson	

LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, March 7, 2022

The House met at 1:30 p.m.

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

We acknowledge we are gathered on Treaty 1 territory and that Manitoba is located on the treaty territories and ancestral lands of the Anishinaabeg, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk nations. We acknowledge Manitoba is located on the Homeland of the Red River Métis. We acknowledge northern Manitoba includes lands that were and are the ancestral lands of the Inuit. We respect the spirit and intent of treaties and treaty making and remain committed to working in partnership with First Nations, Inuit and Métis people in the spirit of truth, reconciliation and collaboration.

Please be seated. Good afternoon, everybody.

An Honourable Member: Madam Speaker, I rise on a matter of privilege.

MATTER OF PRIVILEGE

Madam Speaker: The honourable member for Union Station, on a matter of privilege.

MLA Uzoma Asagwara (Union Station): Madam Speaker, this is the first opportunity I have to rise in this matter, as the matter concerns comments made by the Minister of Health (Ms. Gordon) during the last sitting day.

I took the time to review Hansard, and this is the first opportunity since that time to raise this matter to your attention.

The prima case of this matter of privilege is clear. The Minister of Health deliberately misled this House this past Thursday, March 3rd. The Minister of Health stated, and I quote: "Madam Speaker, after riding out the fourth wave, the second most important issue for our government is the diagnostic and surgical

recovery backlog . . . that is why we established a Diagnostic and Surgical Recovery Task Force, and that's why tomorrow at the update, Manitobans will hear about the great work that is being done by the task force." End quote.

The minister stated this in the House that Manitobans would receive an update on what the government says is one of their most important updates on Friday, March 4th. However, there was no update last Friday. No officials from the government, from the Health Department or Shared Health or any member of the task force—*[interjection]*

Madam Speaker: Order.

MLA Asagwara: —provided an update to Manitobans.

There are tens of thousands of Manitobans who are waiting in pain and waiting in vain for information about when the backlog of surgeries and diagnostic procedures will be cleared. The government has failed to even set a deadline for when this backlog will be cleared.

House of Commons Procedure and Practice, third edition, makes it quite clear, and it is consistent with all other procedural authorities: To deliberately mislead the House is a violation of the privileges of members as well as the House itself.

The minister deliberately told this House there would be an update, but that statement proved to be false. Ministers—indeed, all members—need to be accountable for their statements in this House.

As a result of this breach, I move, seconded by the member for St. Johns (Ms. Fontaine), that the Minister of Health be called on to apologize to this House, and that the matter of the surgical and diagnostic backlog and the failure of the government to set a deadline to clear the backlog, to be moved to a committee for immediate consideration.

Madam Speaker: Before recognizing any other members to speak, I would remind the House that remarks—*[interjection]* Order. Order.

Before recognizing any other members to speak, I would remind the House that remarks at this time by honourable members are limited to strictly relevant comments about whether the alleged matter of

privilege has been raised at the earliest opportunity and whether prima facie case has been established.

Hon. Kelvin Goertzen (Government House Leader): I understand that the member opposite is trying to make a political point. It wasn't a very strong political point and it certainly was not a matter of privilege.

It is true—

An Honourable Member: Keep it relevant.

Mr. Goertzen: Well, I think the Leader of the Opposition is asking about relevance. I'm not sure what has been—*[interjection]*

Madam Speaker: Order.

Mr. Goertzen: —relevant in his questions for the last two days that he's been here, Madam Speaker, but I would say this.

When it comes to the issue of surgical backlogs, this government has made it a priority. We absolutely know the devastation that COVID-19 has caused when it comes to surgeries, not, of course, just in Manitoba, but across Canada—and I would say most jurisdictions in the world.

That is why it formed the surgical task force. That is why it's made it a priority when it comes to finances and procedures, Madam Speaker. So on that point, the member opposite is entirely wrong in their assertion.

When it comes to the matter of privilege in particular, it is true, of course, that an update was committed to and an update was provided. I know the member opposite might—I suspect that they are aware of something called the Internet and there was an update provided on the Internet.

I would offer her the opportunity to go to the Internet. She could look at Google. We could provide her the link. We can probably provide her a computer. *[interjection]* They could then look at the Internet and they could then find the information that they are looking for, Madam Speaker.

And all Manitobans were provided that update, including the critic and including all members of the opposition.

Hon. Jon Gerrard (River Heights): Madam Speaker, I rise to speak to the important point of order raised by the MLA for Union Station.

The update—it is true—is a really important update to have been provided, as it was promised, on Friday. But, of course, as we all know, it was not delivered on

Friday. This is no question a very severe concern of many, many people in Manitoba.

We have, we are being told, hundreds of thousands of people on waiting lists for diagnostic tests or for surgical procedures. These are numbers from the—Doctors Manitoba because the government is not actually providing adequate numbers.

There have been delays and delays with respect to announcements and misinformation. I will give you an example.

Some weeks ago, we were told in a major announcement that patients would be going to North Dakota, but it turned out a few days later that this wasn't going to happen anytime soon, and as far as I know, it's still not happened. And that was weeks later.

One of the things which is important to note—*[interjection]*

Madam Speaker: Order.

* (13:40)

Mr. Gerrard: —in this case is that the intent or the expectation when it was announced it would be given on Friday would be that there would be opportunities for media to ask questions and for members of the Legislature to provide comment.

And, in fact, the government, it appears, deliberately—although the Minister of Justice (Mr. Goertzen) emphasizes the opportunities on the Internet, we all know that there is a fair amount of misinformation on the Internet and that it is really, really important that there be media allowed to ask questions to verify the accuracy of what they're being told.

And the fact of the matter is—*[interjection]*

Madam Speaker: Order.

Mr. Gerrard: —that the government tried to deliver, in secret, a report without the ability for questions from the media.

One of the things which is really important from reviewing the past history of matters of privilege: in order for a matter of privilege to be described as a prima facie case in this sort of interest—instance where the government is misinforming the members of the Legislature by comments made by the minister, that there be a deliberate intent and that it is important to be able to show and provide evidence that there was some deliberate intent to mislead.

We can't necessarily read the minister's mind on this question, but it was announced one day and then not delivered the next day. One would have presumed that in the ordinary sequence of events, it would have been delivered—[*interjection*]

Madam Speaker: Order.

Mr. Gerrard: —on Friday and we can only make the presumption that there was perhaps a deliberate intent not to release it on the Friday because they were concerned about media questions and they were concerned about opposition comment and therefore—[*interjection*]

Madam Speaker: Order.

Mr. Gerrard: —there is at least a reasonable basis for considering that there was a deliberate attempt by the government to, you know, make it difficult for the critics of the government and those who want to openly ask questions and check on the accuracy of information provided.

So, Madam Speaker, those are my comments. I hope they can be taken into account.

Thank you.

Madam Speaker: A matter of privilege is a serious concern. I'm going to take this matter under advisement to consult the authorities and will return to the House with a ruling.

ROUTINE PROCEEDINGS

INTRODUCTION OF BILLS

Bill 13—The Social Services Appeal Board Amendment Act

Hon. Rochelle Squires (Minister of Families): I move, seconded by the Minister of Indigenous Reconciliation and Northern Relations (Mr. Lagimodiere), that Bill 13, The Social Services Appeal Board Amendment Act; Loi modifiant la Loi sur la Commission d'appel des services sociaux, be now read a first time.

Motion presented.

Ms. Squires: The Social Services Appeal Board Amendment Act will allow the board to focus its resources on hearing more substantive and complex appeals and to assure that all appellants receive their information within a reasonable time before a hearing.

I'm pleased to present this bill to the House for its consideration.

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

Committee reports? Tabling of reports?

MINISTERIAL STATEMENTS

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

Would the honourable minister please proceed with her statement.

National Social Work Month

Hon. Rochelle Squires (Minister of Families): Social work is a profession dedicated to helping individuals, families, groups and communities enhance their individual and collective well-being.

March is National Social Work Month, and I appreciate the opportunity to rise today to recognize the important work that social workers do to enrich the well-being of all Manitobans.

The theme for this year is In Critical Demand—Social Work is Essential, which is especially true during this difficult time. While resources have been stretched, social workers continue to provide much-needed services and supports, including addressing issues related to racism and systemic discrimination.

Whether working in health care, justice, education or in social services, social workers support individuals and families during extremely difficult and stressful times, and they do so with compassion and integrity.

Madam Speaker, social workers make valuable contributions in society every day, and their role is vital to improving the overall quality of life of Manitobans.

Throughout the COVID-19 pandemic, social workers rose to meet exceptional challenges of this 'mergency,' continuing to provide much-needed services and support and embraced these changes to ensure the continued health, safety and well-being of our vulnerable citizens.

Social workers practise diligently with kindness, creativity and dedication on behalf of the people they serve. They continue to go above and beyond to support them, their co-workers and the many Manitobans who rely on the critical work that they do.

Please join me in recognizing March as social work month in Manitoba, and thanking social workers

for the tireless work that they do every day, and especially for their dedicated service to Manitobans during this pandemic.

Thank you, Madam Speaker.

Mrs. Bernadette Smith (Point Douglas): I want to begin by quoting Ms. Hornbrook, the executive director of Peguis Child and Family Services, on the PC government's record on social work.

I quote: It's very clear that the ultimate goal is to reduce costs at all costs—reduce costs at the expense of children currently in care, reduce costs at the expense of children and families. End quote.

It is deeply unimpressive to watch the members opposite pretend to celebrate social workers today when for years they have forced them to do more with less: they cut the maximum amount allowable for older children in foster care; they decreased daily supports for foster parents; they cut the newcomer support unit in CFS and unanimously supported BITSA that included a clawback to the children's special allowances intended for Indigenous children in care.

Manitobans know that this PC government is failing social workers and the Manitobans they serve. But don't take our word for it, just listen to the Manitoba advocate for child and youth who said less than a year ago that, and I quote: What became abundantly clear from speaking with child-care providers is while families take that work—told us that workers inside the disabilities system are skilled, knowledgeable and supportive, resources are scarce and are stretched too thin.

The PCs have always chosen to prioritize cuts over people. But it's still shocking to watch them stand up in this House and say that they support social workers while they force children in CFS care and children with disabilities to pay the price for their austerity agenda—

Madam Speaker: The member's time has expired.

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

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

Mr. Gerrard: National social work week is an opportunity to pay tribute to the amazing work that social workers have done, including during COVID.

Let me mention two social workers.

Wayne Helgason, from Sandy Bay First Nation, worked for 10 years as a social worker in the North End of Winnipeg looking after children and child welfare. He then ran the Ma Mawi Wi Chi Itata Centre for a number of years and then was executive director of the Social Planning Council and had a critical role in the development of the Aboriginal Centre.

After retirement, he became band manager at the Tsawout First Nation in British Columbia. His diverse career is an example of the diverse and varied roles of social workers and the tremendous contribution that they make.

Another Manitoban, a social worker, is Sid Frankel. He's been heavily involved with the Social Planning Council for many years, has been a major advocate for improvements to address poverty for many years.

If only the governments of Manitoba over the last 20 years would have listened, we would now have much less poverty in our province.

There are so many more social workers in Manitoba who deserve recognition. I could go on and on and on for a long time, but my time is limited.

* (13:50)

Let me conclude with a big thank-you to all Manitoba's social workers. It's important that we have a whole month to say thank you. A day would not have been enough.

Merci. Miigwech. Dyakuyu. Thank you.

MEMBERS' STATEMENTS

Rally in Support of Ukraine

Mrs. Cathy Cox (Kildonan-River East): Yesterday, my heart was full as I stood amid a sea of blue and yellow Ukrainian flags, together with our Ukrainian community and my caucus colleagues to send a strong message to Vladimir Putin that we stand with Ukraine, united in defiance of his cowardly attack on our Ukrainian homeland.

As a third-generation Ukrainian, I was especially proud to see thousands of our Ukrainian people standing in solidarity, shoulder to shoulder in support of a free, sovereign and democratic Ukraine.

For years our Ukrainian people have faced oppression and tyranny. My uncle Boris *[phonetic]* also—always shared with me how he was victimized, bullied and taunted as a new immigrant here in our province. Ukrainians anglicized their names, forced to

hide their heritage in order to procure a job so they could feed their families.

It's been 90 years since Ukrainians endured the Holodomor where wheat was used as a weapon by Stalin to starve millions of peaceful Ukrainians. And yesterday, as Ukrainians united together on the grounds of our Manitoba Legislative Building, they said, never again, Madam Speaker. Never again will they stand idle when cowards like Vladimir Putin defy Ukraine's sovereignty and democracy.

And as we stood together, side by side, in defiance of Putin, our Ukrainian community said—our Ukrainian community sent a strong message to the Putin regime that never again will evil be victorious over our Ukrainian people.

Madam Speaker, I say dyakuyu to Metropolitan Lawrence for leading our Ukrainian community in prayer at yesterday's rally.

And I ask all members in this Chamber to pray for the souls of those Ukrainian heroes who lost their lives protecting Ukraine's sovereignty. And I ask you to pray for their families and pray for the mothers, the babies, the babas forced to flee from their homeland. And I ask you to pray for a peaceful resolution for our Ukraine.

The invasion of our Ukraine is not only criminal but unconscionable. But, Madam Speaker, even during these darkest times we see goodness and remarkable acts of kindness.

I want to thank the Ukrainian Canadian Congress of Manitoba—

Madam Speaker: The member's time has expired.

Some Honourable Members: Leave.

Madam Speaker: Is there leave to allow the member to conclude her statement? *[Agreed]*

Mrs. Cox: I want to thank the Ukrainian Canadian Congress of Manitoba for aiding and advocating for humanitarian relief for Ukraine. And I express my sincere appreciation to everyone donating and raising money in support of our Ukraine.

Madam Speaker, in conclusion, I want to extend my heartfelt appreciation to the people of Poland and the other neighbouring countries who have opened their hearts by welcoming nearly 2 million Ukrainian families into their homes.

We stand together.

Slava Ukraini. *[Glory to Ukraine.]*

Wolseley Winter Wonderland

Ms. Lisa Naylor (Wolseley): I am so pleased to rise today to thank some incredible Wolseley volunteers who have, over the past two long pandemic winters, worked so hard to create what is known as the Wolseley Winter Wonderland.

This is a stretch of the Assiniboine River that spans from Maryland Street to Omand's Creek that was frequently shovelled and groomed to provide a walking trail, a ski trail and a skating trail and other recreation. There are ice rinks for skating and hockey, a separate one for curling. Dozens of Christmas trees were donated and collected, picked up to create windbreaks and cozy spaces. Residents built firepits and art installations. In 2021, there was a giant crokinole board and, in 2022, a river selfie photo booth.

While our Wolseley Winter Wonderland was dependent on hundreds of acts of kindness and thousands of hours of personal service by many different residents, the core group of volunteers were Larissa Skakum Boning, Ross Brownlee, Garrett Surcon, Eric Neumann, Christopher Beauvilain, Aleksandra Osipova and Michael Bennett.

Last winter, this team crowdsourced funds to purchase shovels and wood. This year they built more access points and placed six handmade wooden benches for those needing rest along the trail striving to make our wonderland fully accessible to all visitors, regardless of mobility needs so they can enjoy its beauty.

Winnipeg winters are long, and this one seemed longer than most. However, Assiniboine River trail season is short due to the instability of the ice, flood mitigation efforts causing a flow from the Shellmouth Reservoir as well as overflow from the city's archaic sewage system.

I want to commend this incredible team of volunteers for their hard work, perseverance and optimism in the face of a very short payoff. I thank them on behalf of the many Manitobans who experienced laughter, play, friendship and all the benefits of sunshine and physical activity as they skated, skied, rolled, ran or walked their way through our Wolseley Winter Wonderland these past two winters.

Virtual Sittings at the Legislature

Hon. Kelvin Goertzen (Minister of Justice and Attorney General): Madam Speaker, on March 19th of 2020, almost two years ago, the Manitoba

Legislature adjourned due to COVID-19. Since then, this Assembly has sat with as few as six members, as was the case of spring of last year.

And in all of those days in between, it fell to your office and to the Clerk's office and others to try to figure out a way to keep this democratic House working and the ability for the voice of representatives to be heard, even if they weren't here personally.

Two years ago, members could not have imagined attending the Assembly from their kitchen. Yet, in that time, some members did just that.

And yes, sometimes we forgot to put ourselves on mute and sometimes we forgot to take ourselves off of mute. And there was the odd display that was ruled out of order, a poorly timed virtual heckle now and again. MLA's backgrounds were a challenge at times, and there were a couple of system crashes.

And while I only had the pleasure of attending virtually for four days these past two years, overall, from what I observed on both ends of the screen, I would say that it went as well as any of us could've expected.

Turning over 100 years of tradition in this Assembly in just a matter of weeks really was incredible. And we will take from it many memories of a time that we may not look back on with fondness, but certainly with a sense of resiliency.

But I know personally, as one MLA, I hope we are done with it. I hope we will now always have the ability to be here in person if we choose. I am sure that we will incorporate some of what we learned into matters of committee or elsewhere, and it will make this Assembly more accessible to us and to the public.

But as a whole, and in the main, democracy is meant to be exercised in person between elected officials. And while I may not always agree with the content or the context of debates that happen in this place, last week I can say that I was happy to see everyone in person again.

We've learned not to predict the future. But for today, to you, Madam Speaker, and all those who helped make our virtual sittings possible, thank you for keeping the light of democracy on.

House Fire Prevention on First Nations

MLA Tom Lindsey (Flin Flon): Last month, on February 12th, three children tragically lost their lives in a house fire on Pimicikamak Cree Nation. They

were 17, 13 and two years old. A family has been shattered, and the community is left reeling from the grief and shock of a tragedy that was preventable.

The area where the fire occurred has no running water and Pimicikamak Cree Nation does not have a fire hall. RCMP officers and First Nation safety officers tried to get into the home but with the fire was burning, it couldn't because of the intense heat.

Indigenous people living on reserves are 10 times more likely to die in a fire than non-Indigenous people due to crowded housing and a lack of infrastructure and firefighting resources such as fire hydrants. The community has been denied twice for a federal Rapid Housing Initiative, which would help address urgent needs of vulnerable people during the pandemic.

But this is not just a federal issue, Madam Speaker. The Premier (Mrs. Stefanson) expressed her condolences, but I'm calling on her government to go beyond words and take action to protect the lives of Indigenous people.

While addressing the deeper issues like chronic underfunding of housing and infrastructure in Indigenous communities are the most crucial, the Province could provide smoke alarms for all Indigenous houses and ensure they are checked regularly. The provincial government of BC did this in 2012, and the number of deaths from house fires in Indigenous communities went down to zero.

I'm calling on the Premier and her government to take action today and fight for Indigenous people to get the funding and supports they deserve. Lives are at stake.

Thank you.

* (14:00)

Black Balloon Day

Mr. James Teitsma (Radisson): Yesterday, Sunday, March 6th, was Black Balloon Day. Black Balloon Day is locally organized by Overdose Awareness Manitoba, and it's a day to raise awareness and remember the hundreds of lives lost to overdose in our province.

These were people who struggled with substance abuse disorder, people who received a lethal combination of drugs, often unknowingly.

Drug addiction and overdose have an impact throughout our province. No community can claim to be untouched. No family can claim to be immune to

the potential for drug addiction to reach in and take hold of one of their loved ones.

People who die from overdose were just like you and just like me. They had families that loved them. They had the potential to live, and to love, and to create, and to teach, and to serve and to lead. They deserve to be respected and treated with dignity.

Anyone who uses drugs can be at risk of an overdose, whether they are struggling with problematic substance use or only use drugs recreationally or even if they are trying an illegal drug for the very first time.

Transcona, like many communities around Winnipeg, now has a purple ribbon display with pictures of those who died from overdose. It's set up along the Transcona Trail and it helps our community realize the seriousness of drug addiction.

The Transcona display was organized by Kim Delorme Enns. In Transcona, Kim has a reputation as a leader and a volunteer following in the footsteps of her mother, Jean Delorme. And she, with her husband Brett Enns, are the founders of the Facebook group, Transcona, And Proud Of It—one of the most successful and prolific Facebook groups in Manitoba.

So, today I want to say thank you to Kim for setting up the purple ribbon display in Transcona. I want to say thank you for reminding us that Sunday, March 6th was Black Balloon Day. Thank you for helping our cousin—or sorry, helping our community remember your cousin Roland Timlick and other Transcona residents that have lost their lives to overdose.

Every one of these lives mattered. Every one of these lives deserves to be remembered.

Thank you.

Speaker's Statement

Madam Speaker: I have a statement for the House.

It has been brought to my attention by the interpretation staff working in the translation booth that MLAs have reverted back to thumping or hitting their desks in response to comments spoken on the record.

I previously wrote to all MLAs about this in 2016 and I would like to remind members about the impact hitting desks can have. Banging on the desk or on the microphones imbedded in the desk creates sound explosions that are dangerous for the hearing of the interpreters and is a serious health and safety concern for the interpreters.

Should this continue, the interpreters may have no choice but to remove their headsets to avoid audible damage and this will render them unable to provide the translation function for the Assembly up until such a time as it is safe for them to return to using their headsets. Due to this, I would respectfully request that MLAs refrain from banging on or hitting their desks.

While we are on the subject, I would also like members to reflect on the fact that, due to changing circumstances, it is possible for all MLAs to participate in the Chamber rather than requiring a large virtual participation rate.

With this change, the overall noise level is much higher, especially with heckling and applause. It can make it very hard to hear the person who has the floor, and it can make it harder for the interpretation staff and Hansard staff to be able to do their jobs.

It can also give a negative or unflattering view of the Assembly to those who are watching our proceedings, particularly at this time of world unrest.

I would kindly ask honourable members to please keep this in mind.

ORAL QUESTIONS

Surgical and Diagnostic Services Timeline to Clear Backlog

Mr. Wab Kinew (Leader of the Official Opposition): Madam Speaker, the surgical backlog is growing: over 160,000 procedures.

Now, these are the facts: Manitobans are waiting longer to get life-saving surgery. They're waiting longer to get the tests that they need. And the only plan that the PCs have is more highway medicine à la Brian Pallister.

Now, Manitobans shouldn't have to wait any longer. They deserve to know when they can get the surgeries and tests they need.

Will the Premier act today? Will she set a deadline to clear the diagnostic and surgical backlog?

Hon. Heather Stefanson (Premier): I thank the Leader of the Opposition for that very important question.

And, of course, I will remind him that that's exactly why we did set up the surgical and diagnostic task force in the first place. There was obviously a significant challenge that came about as a result of COVID-19 and I know that—and I want to thank the

surgical task force for the incredible work that they are doing.

And, of course, moving forward, it has always been part of the plan to ensure that there is a timeline in place, and when the time to do so—*[interjection]*

Madam Speaker: Order.

Mrs. Stefanson: —to reveal those things—of course, we're in a blackout period right now. There's some challenges around that, Madam Speaker. We need to be careful not to go in contravention of those rules—*[interjection]*

Madam Speaker: Order.

Mrs. Stefanson: —as well. But, again, I want to thank the surgical task force, the incredible work that they continue to do on behalf of all Manitobans.

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

Mr. Kinew: Still no date, Madam Speaker. And that's a shame, because Manitobans are waiting in pain.

Manitobans may be getting sicker while they wait for a diagnostic test. They're waiting 15 per cent longer for an MRI—that's just from December to January—12 per cent longer for a CT scan.

Manitobans are waiting longer, and guess what? The PC government is doing fewer surgeries. That's a record of failure, and it's just plain wrong.

We need some concrete action from this government, and I'm not talking about the sort of highway medicine that Brian Pallister used to always pitch. We need to set a date to end the backlog. The Premier can so do today.

Will she set a date to clear the diagnostic and surgery backlog?

Mrs. Stefanson: What is just plain wrong is that the Leader of the Opposition continues to fear monger and continues to put things that are not the facts on the record, Madam Speaker.

The fact of the matter—*[interjection]*

Madam Speaker: Order.

Mrs. Stefanson: —is that surgeries and diagnostic procedures continue to escalate as we're coming out of COVID-19, Madam Speaker, and that is a result of the surgical and diagnostic task force that the Minister of Health (Ms. Gordon) and I put together to ensure that we address this very important issue for Manitobans.

Again, I want to thank them for the incredible work they do, and I will caution members opposite to not put factually incorrect information on the record. It does nothing but fear monger Manitobans. It's not right.

And, Madam Speaker, we will continue to ensure that Manitobans get the facts out there when it comes to what the surgical and diagnostic task force is working on.

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

Mr. Kinew: Madam Speaker, you know, there's one thing you won't see this government do, and that's to stand with somebody who is waiting for a surgery right now.

They won't do that because they can't bear to look them in the face. They can't bear to give them a straight answer about a date.

Us, on this side of the House, we've got no problem standing with people waiting for surgery—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: —because we come here to fight for Manitobans each and every day.

What's needed—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: —and what these folks deserve is a straight answer. They deserve to hear a date. They deserve to find out when they will stop waiting for these urgently needed tests and surgeries.

So will the Premier just stand up today and tell all these folks waiting: What is the date by which the surgical and diagnostic backlog will be cleared?

Mrs. Stefanson: Madam Speaker, we know that the last two years has been very, very hard on Manitobans, on Canadians and on people around the world, and, certainly, we know that this situation with surgical and diagnostic backlogs is nothing that is unique to Manitoba.

But we have set up the surgical task force and diagnostic task force, Madam Speaker, to ensure that we do tackle these very important issues that Manitobans want us to tackle.

We will continue to stand and fight for Manitobans, unlike members opposite who just want to continue to fear monger, Madam Speaker, and

sped—and spread factually incorrect information. We will continue to ensure that Manitobans are informed of some of the exciting things that will be coming over the course of the next weeks.

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

Transfer of ICU Patients to Ontario Timeline for Public Disclosure

Mr. Wab Kinew (Leader of the Official Opposition): I forgot to check in and ask if you had a good weekend. I know that we were very busy working hard all weekend. I know not everyone works all weekend.

I guess what I'm trying to say is I have a question about a calendar. And I'll table this calendar, Madam Speaker.

This is the calendar from May 2021 of the CEO of Shared Health. What it shows is that on May 13th the CEO of Shared Health had a special meeting to discuss intensive-care-unit capacity with Thunder Bay's hospital. Five days later, on May 18th, the former Health minister, current Premier, said we had capacity to handle an ICU surge and could staff up to 170 beds. The next day, we learned ICU transfers had begun. The former Health minister was already planning them when she made those public comments.

* (14:10)

Why did the Premier mislead Manitobans about sending ICU patients to Ontario?

Hon. Heather Stefanson (Premier): Well, Madam Speaker, I know that I was certainly at the rally to support our Ukrainian friends and families on Sunday. It's unfortunate that the Leader of the Opposition wasn't there, and I'm not sure what he was doing. But I'm not going to comment on his schedule. I won't go there.

What is important moving forward—[*interjection*]

Madam Speaker: Order.

Mrs. Stefanson: —out of COVID—[*interjection*]

Madam Speaker: Order.

Mrs. Stefanson: —is that we have the surgeries and diagnostic procedures that Manitobans need, Madam Speaker.

That is why we set up the task force. That is why we are addressing these issues. We will continue to work with them through these times.

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

Mr. Kinew: Madam Speaker, the Premier should be ashamed of trying to evoke the Ukrainian crisis when we're pressing her on her failure when it comes to Manitoba ICUs.

Again, when it comes to the meeting that the CEO of Shared Health—[*interjection*]

Madam Speaker: Order.

Mr. Kinew: —held on May 13th with Thunder Bay regional hospital to discuss transferring ICU patients, we find out that on the very same day the Premier met with the CEO of Shared Health to discuss the very same. I'll table her calendar from May 13th.

Again, the Premier knew that we would be sending patients out of province on May 13th, but she didn't tell—[*interjection*]

Madam Speaker: Order.

Mr. Kinew: —Manitobans about it. In fact, five days later she came up publicly and said that we would be able to care for every ICU patient here in Manitoba.

What we want to know about this May 13th meeting is: Did the Premier provide direction to the CEO of Shared Health? Did she order that Manitoba ICU patients be sent out of province?

Mrs. Stefanson: No, I did not, Madam Speaker.

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

Mr. Kinew: Madam Speaker, the CEO of Shared Health was meeting with Thunder Bay's hospitals about transferring ICU patients on May 13th. We've just established that the Premier met with them about the same topic on the same day.

But then, five days later, the Premier came here into the House and mislead those assembled and then went out into the hallways and repeated those misleading comments in front of the public. She tried to assure Manitobans that there was nothing to worry about, nobody would be transferred, in fact, we had 170 ICU beds at our disposal. We learned later that same day ICU patients were transferred out of province.

We also know that the Premier, then Health minister, was aware of it because on her calendar from that day—which I will table now—she had a briefing about this very shameful period of the pandemic response.

Why did the Premier not tell Manitobans—

Madam Speaker: The member's time has expired.

Mrs. Stefanson: Well, I thank the Leader of the Opposition for the question because it gives me the opportunity to talk about what is happening now, Madam Speaker.

We know the last two years has been very, very difficult—not just for Manitobans but for Canadians across this county, for people around the world, Madam Speaker. And we will stand by those, certainly, in Manitoba and around the world who have been suffering for the last two years.

What I will say is that we have set up the diagnostic task force. We will look at every opportunity that we have to ensure that we expedite those surgeries, that we expedite—*[interjection]*

Madam Speaker: Order.

Mrs. Stefanson: —those diagnostic procedures that Manitobans need, Madam Speaker.

If the NDP were in power they would eliminate the ability to go down to the United States to get some of this, Madam Speaker, just across the border. They would eliminate certain aspects of this because of their ideological approach.

We will do what is in the best interests of Manitobans to ensure that we expedite their surgical and diagnostic procedures—Manitoba. That's what Manitobans deserve and that's what they'll get from our government.

Transfer of ICU Patients to Ontario Timeline for Public Disclosure

MLA Uzoma Asagwara (Union Station): Madam Speaker, on May 18th, 2021, the former Health minister said no patients would be sent out of province. Just hours later, Manitoba began sending its first critically ill patients to Ontario.

The Premier (Mrs. Stefanson) says sending patients out of province wasn't planned. That's not true. FIPPA documents show the government was privately looking at ICU capacity in Ontario hospitals while publicly saying that no one would be sent out of province.

Why did the Premier not tell Manitobans about the plan to transfer patients out of province?

Hon. Audrey Gordon (Minister of Health): Madam Speaker, what I want Manitobans to know is that members opposite continue to rise in this Chamber and discredit the good work of our health-care workers every time they stand.

Are they going to stand with our government to congratulate and thank health-care workers at Health Sciences Centre that have allowed for an increased surgical slate from seven—*[interjection]*

Madam Speaker: Order.

Ms. Gordon: —to 10, 12 to 13?

Will you stand in this House and thank the health-care workers at Concordia Hospital now that the slates are running at full capacity?

Will you stand with the health-care workers at—*[interjection]*

Madam Speaker: Order.

Ms. Gordon: —St. Boniface general hospital to tell them, thank you for running slates at full capacity since January?

And, Madam Speaker—

Madam Speaker: The member's time has expired.

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

MLA Asagwara: Madam Speaker, it's a shame the minister couldn't do it on Friday, as she promised all Manitobans she would.

Madam Speaker, the Premier said there was capacity in I-U-Us when there wasn't. When she was forced to explain, she said: We have a large number of new patients into our ICUs in a very short period of time. That's a direct quote.

But FIPPA documents show her own health officials had been planning these transfers for nearly a week, all the while telling Manitobans and this House everything was fine. It was not.

Hiding the truth of critical health decisions from the public is wrong.

I ask this government: Why were the facts of the situation concealed from Manitobans until it was too late?

Madam Speaker: Order, please.

I'm going to caution the member for Union Station that by referring to the matter that is under advisement, by saying that the minister did not give an update on Friday—is not allowable in this House. That matter is before me for review, and that particular topic cannot be raised in the House until I bring forward my findings on that.

Ms. Gordon: Madam Speaker, first of all, the Manitoba government, members on this side of the House, is confident in the work of our diagnostic and surgical backlog and the outcomes that they have already achieved.

Now, members opposite know that the provincial laws regarding communications during by-elections has made more robust updates difficult at this time, and, Madam Speaker—*[interjection]*

Madam Speaker: Order.

Ms. Gordon: —I look forward to providing Manitobans with more detailed updates on the ongoing activities of the task force when the by-election blackout restrictions are no longer in effect.

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

MLA Asagwara: Madam Speaker, the Premier cut hospital beds. She helped Brian Pallister as he cut ICU capacity across the province.

Then, in the heart—*[interjection]*

Madam Speaker: Order.

MLA Asagwara: —of the third COVID wave, her government was lining up ICU beds in Ontario, while publicly saying no one would be transferred.

It's clear the Premier was not telling Manitobans the truth. Up until the very last moment, she said that everything was fine, but we know that wasn't true.

Why were the facts of the situation concealed from Manitobans until it was too late?

Ms. Gordon: Madam Speaker, I also want to take the opportunity to correct the record in terms of the surgeries that are happening at Sanford.

I am pleased to report to the House that the first successful spinal surgery in North Dakota took place last week, and more Manitobans will get their spinal surgeries this week. I know members opposite don't want Manitobans to know about that opportunity, but it is available and—*[interjection]*

Madam Speaker: Order.

Ms. Gordon: —*[inaudible]* are helping Manitobans relieve their suffering during this very difficult time.

* (14:20)

Premier's Schedule as Health Minister Work Hours During Pandemic

Ms. Nahanni Fontaine (St. Johns): Madam Speaker, just like Brian Pallister, the Premier (Mrs. Stefanson) has been missing in action during the worst moments of this pandemic.

The Premier didn't work one weekend in her entire time as the Health minister. We can all agree that's a terrible record.

And while she refused to staff up our hospitals—*[interjection]*

Madam Speaker: Order.

Ms. Fontaine: —and ICUs, keeping sick Manitobans here at home, she expected—*[interjection]*

Madam Speaker: Order.

Ms. Fontaine: —everyone else to step up and do their part in our health-care system, but not her.

Will the Premier get up today in this House and apologize to Manitobans for not working one single weekend as the Health minister? *[interjection]*

Madam Speaker: Order.

Hon. Rochelle Squires (Minister of Families): Madam Speaker, one day before International Women's Day, it is an absolute disgrace to see this behaviour on display in this House, to have the critic—to criticize—*[interjection]*

Madam Speaker: Order.

Ms. Squires: —our Premier—a working mother—on her calendar is absolutely disgraceful.

And, Madam Speaker, I'd like to remind this House that this is coming from the member who cashed cheques for four years for absolutely no work when she was in government. *[interjection]*

Madam Speaker: I think some members might not have been paying attention to see that I was standing for a little while, so I'm asking everybody and reminding everybody that when I stand, I do expect that the position here of this Chair should be one of respect, and I do ask the House to respect when I stand—or any Speaker stands—to remain silent.

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

Meeting with Federal Health Minister

Ms. Fontaine: After a crisis in our hospital resulting in 57 Manitobans being sent out of the province for care and knowing that this would happen while misleading Manitobans about it, saying everything was fine, the Health minister was then too busy to meet with her federal counterpart during a visit here to Winnipeg, Madam Speaker.

But FIPPA documents show the former Health minister's schedule was not full. I'll table the documents for the House.

Why did the Premier (Mrs. Stefanson) refuse to meet with the federal Health Minister after the crisis that she created in our hospitals?

Hon. Audrey Gordon (Minister of Health): Madam Speaker, the member for St. Johns should be ashamed to bring this to the House today. In the—at the peak of the third wave, the member for St. Johns was posting videos, baking cakes and decorating them and taking orders from Manitobans take—while we were providing supports to small businesses, the member for St. Johns was running a small business—

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Ms. Gordon: —on social media.

Would the bakeries—

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Ms. Gordon: —and businesses in St. Johns appreciate the member for St. Johns—*[interjection]*

Madam Speaker: Order. Order.

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

Ms. Fontaine: It's not just the weekends that the Premier didn't work. Minister Hajdu said, and I quote, Madam Speaker: We've given the minister a number of opportunities to meet, and certainly are completely open to meeting with her at her convenience. End quote. From Wednesday to Friday, when Minister Hajdu was here, the Premier's calendar had a whole bunch of openings.

I mean, for the government so quick—that is so quick to blame the federal government for a crisis that they created, you think that the Health minister—the Premier—would have been glad to take an opportunity to meet with her federal counterpart.

Does the Premier think it's right to refuse a meeting with the federal Health Minister during a pandemic and a crisis that she created? *[interjection]*

Madam Speaker: Order. Order.

Ms. Squires: And on the day before International Women's Day, instead of going down the path that the NDP is doing, with disparaging comments against a working woman, on this side of the House we want to applaud the fact that we have the very first woman premier in this province's history right here in this House.

This is a woman leader who has worked tirelessly, not just for her own community, but for all Manitobans. This is a woman who has brought unprecedented economic relief to businesses suffering through the pandemic. This is a woman who has brought unprecedented relief to families who need early learning and child care by enhancing the subsidy and making more affordable child care available for all Manitobans.

I could go on about this. Members—

Madam Speaker: The member's time has expired.

Education System K-to-12 Funding

Mr. Nello Altomare (Transcona): Madam Speaker, this government isn't funding K-to-12 schools to keep up with these everyday costs. This has been the case now for five years, since 2016.

The proposed base funding for K-to-12 schools includes an increase of just 1.34 per cent. Inflation is now 5 per cent. This government is out of touch with the rapidly increasing everyday costs facing our public schools.

Why can't this government be a reliable funding partner and properly fund K-to-12 education?

Hon. Wayne Ewasko (Minister of Education and Early Childhood Learning): I'd like to thank the member across the way for the question.

I would just like to repeat to Manitobans, Madam Speaker, and assure Manitobans that we, on this side of the House, are working hard and diligently with our education partners, and this year alone we're increasing funding by over \$120 million.

I know folks on that side of the House have slipped in their numeracy, Madam Speaker, but more is not less.

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

Mr. Altomare: I'll give the minister a real-world example. Provincial funding is cut to Seven Oaks School Division this year. As a result, they are permanently cutting eight teaching positions and 20 support staff. Layoffs have already been issued.

This government's cuts hurt our kids and they hurt the ability of our schools helping kids emerge from two years of disruption. It's time to get it right.

Will the minister, then, move up this review of funding to ensure schools get what they need in the coming year, not at some distant date?

Mr. Ewasko: Again, Madam Speaker, I appreciate the question coming from the member opposite on anything in regards to education, anything in regards to funding.

We on this side of the House have absolutely listened to Manitobans for years and years and years, Madam Speaker. *[interjection]*

Madam Speaker: Order.

Mr. Ewasko: I know that our education partners all across this great province of ours have asked for a funding review and I'm glad the member brought it up.

We, on this side of the House, are listening to our education partners. We are and have launched a funding review, which has been antiquated and old and tired, and even the member across the way, I know of the—his numeracy skills, can't figure it out, Madam Speaker.

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

Mr. Altomare: I'll just repeat it again. Base funding for schools has just gone up 1.34 per cent, and the inflation is 5 per cent. They don't have what they need to meet rising costs.

Seven Oaks have permanently cut eight teaching positions and 20 support staff. Other divisions, such as Borderland, Kelsey, Lakeshore, Swan Valley are reducing funding for teachers right now. We need to invest and recover what was lost during the pandemic and, more importantly, have a reliable funding partner, in this government, for public education.

Will they move up this review and ensure schools get the funding they need now?

* (14:30)

Mr. Ewasko: Again, to the member opposite, I'm going to repeat for the member and all those NDP members across the way with the small-boat-with-no-motor party over there, Madam Speaker: \$120 million, in addition, funding this year alone.

Madam Speaker, over the last two years we're talking well over \$320 million invested into our education. That's a 17.2 per cent increase to our school divisions.

I am encouraged by the—all—everything—*[interjection]*

Madam Speaker: Order.

Mr. Ewasko: —that we're listening to and hearing from our education partners, Madam Speaker. I look forward to the review coming to fruition and getting things—

Madam Speaker: The member's time has expired. *[interjection]* Order. Order.

I know that debate can get passionate, but just because people don't like the answer or don't like the question, that does not really give you any authority to heckle the way it is going on here right now. Be passionate, but do it respectfully, please.

I know that, you know, it's a partisan arena in here, but there's no reason for the kind of behaviour that is—been escalating since last week. If you don't like the question, you don't like the answer, respectfully listen to it anyway, because that's what democracy is all about.

Internationally Educated Nurses Eligibility Assessments

MLA Malaya Marcelino (Notre Dame): Madam Speaker, in January the minister and the Premier (Mrs. Stefanson) said that there were over 1,300 internationally educated nurses who, quote, met the basic eligibility, unquote, to become nurses in Manitoba.

Unfortunately, it turns out that the minister defines this eligibility as anyone who fills out an online form. That's not an assessment. A spokesperson later explained that 1,300 had made an inquiry online, not completed an actual assessment of eligibility.

Madam Speaker, it's these kinds of misleading statements that undermine this government's credibility.

Why is the minister and the Premier misleading Manitobans?

Hon. Audrey Gordon (Minister of Health): I thank the member opposite for the question.

I want to thank all our nurses—whether they are internationally educated or educated right here in our province, in our country—for the incredible efforts they have made during the pandemic. I want to thank the 23 nurses that completed their 12-week critical-care nursing—nurse training program this month.

Over the last year, I also want to thank the 150 nurses that completed the critical-care orientation program to be able to help support our ICUs, Madam Speaker. The next 12-week program started February 7th, and I want to welcome and thank the 30 nurses that have signed up for this program.

Thank you.

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

MLA Marcelino: Madam Speaker, on January 13th the Premier (Mrs. Stefanson) directly challenged the college of nurses, saying, of those 1,300, I want to see as many of those in the next week or two working in the front lines.

Madam Speaker, neither the Premier nor the minister did any assessment or evaluation of any kind. That 1,300 number were inquiries made to an online form. The college of nurses says that, in fact, there were only seven eligible applicants that met provincial eligibility, with a few dozen in the process.

This is the kind of misleading tactics that undermines this government's credibility.

Why is the minister and the Premier misleading Manitobans?

Ms. Gordon: Madam Speaker, our government has invested \$19.5 million to add 259 nurse-training seats this year at five post-secondary institutions, and it's part of our larger plan to add close to 400 new nursing education seats.

We will continue to make Manitoba a welcoming province for nurses that are educated abroad and nurses that are educated here, Madam Speaker, and we'll continue to work without colleges to ensure individuals get licensure as soon as possible, so that they can go into our health-care system and help us to provide the care to Manitobans that they need.

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

MLA Marcelino: Madam Speaker, we know there are many internationally educated nurses who want to work in Manitoba, but this government harms their trust when they make misleading statements.

The college of nurses says that they have no idea where the 1,300 figure came from. They had only seven applicants that met provincial requirements. A spokesperson for the Province clarified that there were 1,300 inquiries made, not eligible applicants.

The minister's and the Premier's misleading approach creates false hope that this government might do something to enhance this process.

Why is the minister and the Premier misleading Manitobans?

Ms. Gordon: Madam Speaker, for 17 years members opposite did nothing to help Manitobans or individuals who were internationally educated nurses. It took our government to establish the program for licensure, and to be able to provide \$23,000 of financial aid—*[interjection]*

Madam Speaker: Order.

Ms. Gordon: —for internationally educated nurses to get licensed.

Last week, members opposite wanted to send three Red Cross nurses home. This week, they're asking why we're not assisting 1,300 internationally educated nurses. Do you want nurses in Manitoba, or do you want them to go home?

PC Election Campaign Staffer Employment Concerns

Mr. Dougald Lamont (St. Boniface): In June 2020, we found that the newly hired director of stakeholder relations for the Progressive Conservatives charged Conservative Member of Parliament Marty Morantz for running his 2019 campaign while working full-time on the provincial payroll.

The current Premier was probably aware of it, because she was at a Morantz campaign event where this individual was emcee. I table emails showing that just days after being hired in the spring of 2019, he was directing Executive Council staff, at public expense, to work on the 2019 PC Party election preparations in Flin Flon and The Pas, including door knocking and travel. It looks like both of these individuals have now been rewarded with promotions.

Can the Premier confirm that Jordan Sisson is currently her chief of staff, and that Michael

Kowalson is currently the CEO of the PC Party of Manitoba?

Hon. Kelvin Goertzen (Minister of Justice and Attorney General): You know, Madam Speaker, just when I think that the member opposite has found the lowest road he can find, he finds an off-ramp and goes to an even lower road.

I recognize that the leader of, well, the third party or the fourth party or whatever they're looking to be, is desperately trying to get another seat in this Assembly, Madam Speaker. I know that they're on a 20-year struggle to even reach party status. But that is no excuse and that is no reason to try to besmirch good candidates, businesspeople, people who are working in political parties.

I recognize he'll try anything to try to get another seat. I would encourage him to try to bring forward ideas that might actually resonate with Manitobans, Madam Speaker.

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

Taxpayer Funding Concerns

Mr. Lamont: There's no question what happened. The emails are all between Conservative staffers.

And let's put this in context. Instead of the PC Party and PC donors paying for people to organize their 2019 campaign, they hired people into government to do it. Knocking on doors, ID'ing votes is supposed to be paid for by a political party, not the government. The PCs were dipping into the public treasury to finance their campaign the same month they proposed the total elimination of public support for parties and the electoral process.

When we filed this complaint with the Auditor General, the Deputy Premier said the Executive Council has now stopped this practice. In our view, this amounts to a confession.

When did this stop? How many staff on the government payroll were being paid to work on the Premier's leadership campaign?

Mr. Goertzen: Madam Speaker, I know the member opposite likes to attack political party staff or candidates. I wouldn't stoop to that level. I certainly won't mention what happened with their staff last week, where they had to apologize on behalf of the Liberal staff.

* (14:40)

I would say, though, that the member opposite revealed within his question what his real concern is, and his concern is that there was political funding—taxpayer funding removed and reduced for political parties.

I recognize this is a fight that the Liberal Party has been engaged in for decades, Madam Speaker; that they want more money from taxpayers. I would encourage him that if he's having a trouble—if he's having trouble raising money for his political party, it's maybe because of questions like this.

Invasion of Ukraine Request for All-Party Committee

Ms. Cindy Lamoureux (Tyndall Park): What is happening in Ukraine today is absolutely horrific, and by the end of this week there will be over 2 million Ukraine refugees.

Now, Canada has opened our doors to help displaced Ukrainians, and my question to the Premier is: Will she agree to establish an all-party committee to look at how Manitoba can play a role in receiving refugees from Ukraine by supporting both temporary residents in the short term and for many permanent residents in the long term?

Hon. Heather Stefanson (Premier): I thank the member for the question. It gives me an opportunity to say that we are working, you know, closely with the federal government to ensure—and calling on them to ensure that we expedite those who have—already in the queue for immigration status from Ukraine, Madam Speaker.

So, we're working closely on that, Madam Speaker. We're also—we've called on them to say that we will take refugees here in Manitoba. I've said that at both the rallies that I've had the opportunity to speak at, and we'll continue to work diligently.

We have set up an Immigration Advisory Council spearheaded by Dr. Lloyd Axworthy, who I know is working on this. He has—has extensive experience in the refugee area and in immigration, Madam Speaker. And we rely on him for advice and we look forward to working with him and the co-chair, who is also the minister, on this very important matter.

MMIWG and 2SLGBTQIA+ People Violence Prevention Initiatives

Mr. Bob Lagassé (Dawson Trail): Madam Speaker, since taking office, our Premier has demonstrated—
[interjection]

Madam Speaker: Order.

Mr. Lagassé: —our government's commitment to moving forward on implementing many of the calls for justice of the National Inquiry into Missing and Murdered Indigenous Women and Girls.

What financial resources has the government of Manitoban taken to address the calls of action as outlined in Bill 4, The Path to Reconciliation Amendment Act?

Hon. Alan Lagimodiere (Minister of Indigenous Reconciliation and Northern Relations): I would like to thank my colleague from Dawson Trail for that very important question.

I would also like to acknowledge and honour the women, girls, families and Indigenous communities who have shared their personal tragedies and grief as part of the national inquiry. We are committed to working together to keep women, girls and 2-S-L-I-G-B-T-Q-Q-I-A+ people safe and to support families who have been impacted by these tragedies. We recognize the enormity of the work that remains to be advanced to end violence against Indigenous women, girls and 2SLGBTQQIA+ people and the role that Manitobans must play in addressing these harms.

Our government recently announced a partnership with Ma Mawi—

Madam Speaker: The member's time has expired.

New RCMP Collective Agreement Ability to Pay for Municipalities

Mr. Matt Wiebe (Concordia): Madam Speaker, on August 6th, 2021, the National Police Federation and the Government of Canada signed the first-ever collective agreement for the Royal Canadian Mounted Police. Police, of course, deserve a fair deal.

However, back pay going back to 2017 means a very large bill coming to municipalities. It means an increase of 23 per cent. This is a shock to Manitoba communities and it is beyond their ability to pay.

Will the minister fill this significant gap and ensure that communities can pay their bills for their policing services?

Hon. Kelvin Goertzen (Minister of Justice and Attorney General): Well, it took a question period, but a question that I can agree with, Madam Speaker.

Indeed, the previous minister of Justice and I have reached out to the federal government on this significant issue. Last week, I had the opportunity to speak with Minister Lametti, the federal Justice Minister, and Minister Mendicino, the federal Public Safety

Minister, about a number of issues, and one of the issues specifically was regarding the back pay—the increase for the RCMP and the significant effects it has on the association for Manitoba municipalities and all of their members, Madam Speaker.

We've asked the federal government to address this. We joined with other provincial colleagues—justice ministers—across the provinces. We're united in this.

I appreciate the member's comments on this and we hope that the Liberal caucus members would join us in this as well.

Madam Speaker: The time for oral questions has expired.

PETITIONS

Foot-Care Services

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

The background of this petition is as follows:

(1) The population of those aged 55-plus has grown to approximately 2,500 in the city of Thompson.

(2) A large percentage of people in this age group require necessary medical foot care and treatment.

(3) A large percentage of those who are elderly and/or diabetic are also living on low incomes.

(4) The northern regional health authority, N-R-H-A, previously provided essential medical foot-care services to seniors and those living with diabetes until 2019, then, subsequently, cut the program after the last two nurses filling those positions retired.

(5) The number of seniors and those with diabetes has only continued to grow in Thompson and surrounding areas.

(6) There is no adequate medical care available in the city and region, whereas the city of Winnipeg has 14 medical foot-care centres.

(7) The implications of inadequate or lack of podiatric care can lead to amputations.

(8) The city of Thompson also serves as a regional health-care service provider, and the need for foot care extends beyond just those served in the capital city of our province.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to provide the services of two nurses to restore essential medical foot care treatment to the city of Thompson effective April 1, 2022.

This petition has been signed by Monica Menard, Julia Bighorn [*phonetic*], Niccole Goulet [*phonetic*] and many other Manitobans.

Madam Speaker: In accordance with our rule 132(6), when petitions are read they are deemed to be received by the House.

Mr. Ian Bushie (Keewatinook): Madam Speaker, I wish to present the following petition to the Legislative Assembly of Manitoba.

The background of this petition is as follows:

(1) The population of those aged 55-plus has grown to approximately 2,500 in the city of Thompson.

(2) A large percentage of people in this age group require necessary medical foot care and treatment.

(3) A large percentage of those who are elderly and/or diabetic are also living on low incomes.

(4) The northern regional health authority, N-R-H-A, previously provided essential medical foot-care services to seniors and those living with diabetes until 2019, then, subsequently, cut the program after the last two nurses filling those positions retired.

(5) The number of seniors and those with diabetes has only continued to grow in Thompson and surrounding areas.

(6) There is no adequate medical care available in the city and region, and whereas the city of Winnipeg has 14 medical foot-care centres.

(7) The implication of inadequate or lack of podiatric care can lead to amputations.

(8) The city of Thompson also serves as a regional health-care service provider and the need for foot care extends beyond just those served in the capital city of the province.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to provide the necessary services of two nurses to restore essential medical foot care treatment to the city of Thompson effective April 1, 2022.

This petition has been signed by many Manitobans.

Abortion Services

Ms. Nahanni Fontaine (St. Johns): I wish to—
[*interjection*]

Madam Speaker: Order.

Ms. Fontaine:—present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) Manitoba women, girls, two-spirit, genderqueer, non-binary and trans persons deserve to be safe and supported when accessing abortion services.

(2) Limited access to effective and safe abortion services contributes to the detrimental outcomes and consequences for those seeking an abortion, as an estimated 25 million unsafe abortions occur worldwide each year.

(3) The provincial government's reckless health-care cuts have created inequity within the health-care system whereby access to the abortion pill, Mifegymiso, and surgical abortions are less accessible for northern and rural individuals than individuals in southern Manitoba, as they face travel barriers to access the handful of non-urban health-care professionals who are trained to provide medical abortions.

For over five years, and over the administration of three failed Health ministers, the provincial government operated under the pretense that reproductive health was not the responsibility of the minister of Health and seniors care and shifted the responsibility to a secretariat with no policy, program or financial authority within the health-care system.

(5) For over four years—five—for over four years the provincial government has refused to support Bill 200, The Safe Access to Abortion Services Act, which will ensure the safety of Manitoba women, girls, two-spirit, genderqueer, non-binary and trans persons accessing abortion services, and the staff who provide such services, by establishing buffer zones for anti-choice Manitobans around clinics.

* (14:50)

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to immediately ensure effective and safe access to abortion services for individuals, regardless of where they

reside in Manitoba, and to ensure that buffer zones are immediately legislated.

Signed by many Manitobans.

Personal-Care Homes—Quality of Care

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

The background to this petition is as follows:

Manitoba elders and seniors built this country and province and should receive the highest level of support, having earned the right to be treated with due respect, dignity, understanding and compassion as a fundamental human right.

Residents of personal-care homes deserve to have the best quality of life in their last few days, weeks, months or years. Yet family members are regularly left angry, frustrated, disappointed and shocked at the care their loved ones receive in Manitoba's personal-care homes.

Seniors who reside in personal-care homes have the right to visitation by family members, especially those who provide day-to-day assistance in augmenting the care of their loved ones as designated family caregivers. These individuals are essential partners in care, actively and regularly participating in providing care, and may support feeding, mobility, personal hygiene, cognitive stimulation, communication, meaningful connection, relational continuity and assistance in decision-making.

Legal representation, such as lawyers, powers of attorney and health-care proxies, should always be allowed unlimited and unobstructed access to the residents for whom they are responsible, as they depend on their designated legal representative to ensure proper and adequate care and act as legal designate for care decisions on their behalf.

Most personal-care homes do not have enough health-care aides to adequately provide the aforementioned basic care for seniors with high and complex levels of physical and mental issues, such as those with dementia coupled with multiple chronic conditions. Residents who often require assistance in communicating their needs to overworked health-care aides, and most often this is accomplished with the assistance of designated family caregivers.

Because of the insufficient number of health-care aides, especially full-time staff, available to personal-care homes, residents often lack the most basic care,

such as feeding, toileting, hydration, dental care, personal grooming, exercise and socialization.

The lack of such basic care often leads to health issues such as periodontal disease, dehydration, urinary tract infections, sepsis, pressure ulcers—that's bedsores—and more, which often lead to hospitalization when left unreported.

Family members who advocate for improvements of such basic care can be dismissed or are met with resistance because there is not enough staff or funding to provide proper essential care.

Family members who repeatedly put significant pressure on personal-care-home staff and management for the required basic care, according to the personal-care homes' own published standards, are often labelled as troublemakers and barred from entry into the home and/or contact with their loved one. Care-home management will utilize The Petty Trespasses Act to justify their actions, rather than improve the level of care.

Under such circumstances, the additional stress and worry serves to increase the difficulty in the relationship between the resident, the—*[interjection]*

Madam Speaker: Order.

Mr. Gerrard:—family member and the personal-care home, resulting in increased tensions and fear of reprisals.

Concerns related to the above situation escalate when the barred family member receives information that their loved one's basic needs are not being met, further exacerbating the issue.

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the provincial government to establish an independent, non-partisan seniors advocate to ensure the care standards are being met in all Manitoba personal-care homes, and to resolve disputes before harm comes to residents of personal-care homes.

(2) To urge the provincial government to ensure residents of personal-care homes receive adequate hands-on care to provide for their basic needs and ongoing physical care based on their individual requirements.

(3) To urge the provincial government to ensure that the mental health needs of communication and socialization of personal-care-home residents are met

through a combination of facilitated programs, sufficient staff on hand to provide these services, and adequate access to family members, designated family caregivers and other visitors, under all reasonable circumstances.

(4) To urge the provincial government to enforce mechanisms that mandate operators to proactively and collaboratively work with designated family caregivers who augment care by ensuring they are allowed to—access to their loved ones under all reasonable circumstances, to provide active care and support to the residents' emotional well-being, health and quality of life.

This petition is signed by Rosemary Park, Keith Park, Brenda Farncombe and many, many other Manitobans.

Foot-Care Services

MLA Tom Lindsey (Flin Flon): I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

(1) The population of those aged 55-plus has grown to approximately 2,500 in the city of Thompson.

(2) A large percentage of people in this age group require necessary medical foot care and treatment.

(3) A large percentage of those who are elderly and/or diabetic are also living on low incomes.

(4) The northern regional health authority, N-R-H-A, previously provided essential medical foot-care services to seniors and those living with diabetes until 2019, then, subsequently, cut the program after the last two nurses filling those positions retired.

(5) The number of seniors and those with diabetes has only continued to grow in Thompson and surrounding areas.

(6) There is no adequate medical care available in the city and region, whereas the city of Winnipeg has 14 medical foot-care centres.

(7) The implications of inadequate or lack of podiatric care can lead to amputations.

(8) The city of Thompson also serves as a regional health-care service provider, and the need for foot care extends beyond just those served in the capital city of the province.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to provide the services of two nurses and restore essential medical foot care to the city of Thompson effective April 1, 2022.

And this petition, Madam Speaker, has been signed by Conrad Hywarki [*phonetic*], Joelinn Reid, Jaidyn Reid and many other Manitobans.

Diagnostic Testing Accessibility

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

The background of the—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 their doctor visit.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to immediately demand Dynacare maintain all of 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.

* (15:00)

Lead in Soils

MLA Malaya Marcelino (Notre Dame): Madam Speaker, I wish to present the following petition to the Legislative Assembly.

The background of this petition is as follows:

In December of 2019, the provincial government's commissioned report on lead concentrations in soil in Winnipeg was completed.

The report found that 10 neighbourhoods had concerning levels of lead concentration in their soil, including Centennial, Daniel McIntyre, Glenelg-Chalmers, north Point Douglas, River Osborne, Sargent Park, St. Boniface, the West End, Weston and Wolseley-Minto.

In particular, the predicted blood lead levels for children in north Point Douglas, Weston and Daniel McIntyre were above the level of concern.

The Weston Elementary School field has been forced to close down many times because of concerns of lead in soil and the provincial government's inaction to improve the situation.

Lead exposure especially affects children aged seven years and under, as their nervous system is still developing.

The effects of lead exposure are irreversible and include impacts on learning, behaviour and intelligence.

For adults, long-term lead exposure can contribute to high blood pressure, heart disease, kidney problems and reproductive effects.

The provincial government currently has no comprehensive plan to deal with lead in soil, nor is there a broad advertising campaign educating residents on how they can reduce their risks of lead exposure.

Instead, people in these areas continue to garden and work in the soil, and children continue to play in the dirt, often without any knowledge of the associated risks.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to take action to reduce people's exposure to lead in Winnipeg, and to implement the recommendations proposed by the provincial government's independent review, including the creation of an action plan for the Weston neighbourhood, developing a lead awareness

communications and outreach program, requisitioning a more in-depth study and creating a tracking program for those tested for blood lead levels so that medical professionals can follow up with them.

This has been signed by Alvin Vargas, Cuong Pham, Joseph Inocencio and many other Manitobans.

Eating Disorders Awareness Week

Ms. Lisa Naylor (Wolseley): I wish to present the following petition to the Legislative Assembly.

To the Legislative Assembly of Manitoba, the background of this petition is as follows:

An estimated 1 million people suffer from eating disorders in Canada.

Eating disorders are serious mental illnesses affecting one's physical, psychological and social function, and have the highest mortality rate of any mental illness.

The development and treatment of eating disorders are influenced by the social determinants of health, including food and income security, access to housing, health care and mental health supports.

It is important to share the diverse experiences of people with eating disorders across all ages, genders and identities, including Indigenous, Black and racialized people; queer and gender-diverse people; people with disabilities; people with chronic illness; and people with co-occurring mental health conditions or addictions.

It is necessary to increase awareness and education about the impact of those living with, or affected by, eating disorders in order to dispel dangerous stereotypes and myths about these illnesses.

Setting aside one week each year to focus attention on eating disorders will heighten public understanding, increase awareness of culturally relevant resources and supports for those impacted by eating disorders and encourage Manitobans to develop healthier relationships with their bodies.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to support a declaration that the first week in February of each year be known as eating disorders awareness week.

This has been signed by Jasmine Rusu, Shaun Mott, Christine Martin and many other Manitobans.

Health-Care Coverage

Mr. Jamie Moses (St. Vital): I wish to present the following petition to the Legislative Assembly.

To the Legislative Assembly of Manitoba, the background for this petition is as follows:

(1) Health care is a basic human right and a fundamental part of responsible public health. Many people in Manitoba are not covered by provincial health care: migrant workers with work permits of less than one year, international students and those undocumented residents who have lost their status for a variety of reasons.

(2) Racialized people and communities are disproportionately affected by the pandemic mainly due to the social and economic fact of conditions which leave them vulnerable while performing essential work in a variety of industries in Manitoba.

(3) Without adequate health-care coverage, if they are ill, many of the uninsured will avoid seeking health care due to the fear of being charged for the care, and some will fear possible detention and deportation if their immigration status is reported to the authorities.

(4) According to the United Nations Human Rights Committee, denying essential health care to undocumented irregular migrants is a violation of their rights.

(5) Jurisdictions across Canada and the world have adopted access-without-fear policies to prevent sharing personal health information or immigration status with immigration authorities and to give uninsured residents the confidence to access health care.

(6) The pandemic has clearly identified the need for everyone in Manitoba to have access to health care to protect the health and safety of all who live in the province.

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the provincial government to immediately provide comprehensive and free health-care coverage to all residents of Manitoba regardless of immigration status, including refugee claimants, migrant workers, international students, dependant children of temporary residents and undocumented residents.

(2) To urge the Minister of Health and Seniors Care to undertake a multilingual communication

campaign to provide information on expanded coverage to all affected residents.

(3) To urge the Minister of Health and Seniors Care to inform all health-care institutions and providers of expanded coverage for those without health insurance and the details on how necessary policy and protocol changes will be implemented.

(4) To urge the Minister of Health and Seniors Care to create and enforce strict confidentiality policies and provide staff with training to protect the safety of residents with precarious immigration status and ensure that they can access health care without jeopardizing their ability to remain in Canada.

This petition has been signed by many Manitobans.

Foot-Care Services

Mrs. Bernadette Smith (Point Douglas): Madam Speaker, I wish to present the following petition to the Legislative Assembly.

To the Legislative Assembly of Manitoba.

The background of this petition is as follows:

(1) The population of those aged 55-plus has grown approximately 2,500 in the city of Thompson.

(2) A large percentage of people in this age group require necessary medical foot care and treatment.

(3) A large percentage of those who are elderly or—and/or diabetic are also living on low incomes.

(4) The northern regional health authority previously provided essential medical foot-care services to seniors and those living with diabetes until 2019, then, subsequently, cut the program after the last two nurses filling those positions retired.

(5) The number of seniors and those with diabetes have only continued to grow in Thompson and surrounding areas.

(6) There is no adequate medical care available in the city and region, whereas the city of Winnipeg has 14 medical foot-care centres.

(7) The implications of inadequate or lack of podiatric care can lead to amputation.

(8) The city of Thompson also serves as a regional health-care service provider, and the need for foot care extends beyond just those served in this capital city of the province.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to provide the services of two nurses to restore essential medical foot care treatment to the city of Thompson effective April 1, 2020.

* (15:10)

And this is signed by Tara Little, Irene Munroe, Carol Sanoffsky and many other Manitobans.

Road Closures

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

And the background to this petition is as follows:

(1) Manitoba Infrastructure has undertaken the closure of all farm-access roads along the North Perimeter Highway, forcing rural residents to drive up to six miles out of their way to leave or return to their property.

(2) The provincial government's own consultations showed that closing the access of some of these roads, including Sturgeon Road, was an emerging concern to residents and business owners, yet the North Perimeter plan does nothing to address this issue.

(3) Residents and business owners were assured that their concerns about access closures, including safety issues cited by engineers, would be taken into account and that access at Sturgeon Road would be maintained. However, weeks later, the median was nonetheless torn up, leaving local residents and businesses scrambling.

(4) Closing all access to the Perimeter puts more people in danger, as it emboldens speeders and forces farmers to take large equipment into heavy traffic, putting road users at risk.

(5) Local traffic, commuter traffic, school buses, emergency vehicles and commercial traffic, including 200 gravel trucks per day from the Lilyfield Quarry, will all be expected to merge and travel out of their way in order to cross the Perimeter, causing increased traffic and longer response times to emergencies.

(6) Small businesses located along the Perimeter and Sturgeon Road are expected to lose business, as customers will give up on finding a way into their premises.

(7) Residents, business owners and those who use these roads have been left behind by the provincial

government's refusal to listen to their concerns that closures will only result in worsened safety and major inconveniences for users of the North Perimeter.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Infrastructure to leave residents access to the Perimeter Highway and—at least every two miles along its length, especially at intersections such as Sturgeon Road, which are vital to local businesses.

(2) To urge the Minister of Infrastructure to listen to the needs and the opinions of the local residents and business owners who took the time to complete the Perimeter safety survey while working with engineers and the technicians to ensure their concerns are addressed.

Madam Speaker, this petition is signed by many Manitobans.

Madam Speaker: Grievances?

ORDERS OF THE DAY

GOVERNMENT BUSINESS

Hon. Kelvin Goertzen (Government House Leader): Could you please call for second reading debate Bill 10, Bill 11, Bill 4 and Bill 5.

Madam Speaker: It has been announced that the House will consider second reading of Bill 10, second reading of Bill 11, debate on second reading of Bill 4 and second reading of Bill 5 this afternoon.

SECOND READINGS

Bill 10—An Act respecting Amendments to The Health Services Insurance Act, The Pharmaceutical Act and Various Corporate Statutes

Madam Speaker: I will therefore call second reading of Bill 10, An Act respecting Amendments to The Health Services Insurance Act, The Pharmaceutical Act and Various Corporate Statutes.

Hon. Audrey Gordon (Minister of Health): I move, seconded by the Minister of Labour, Consumer Protection and Government Services (Mr. Helwer), that Bill 10, an act respecting amendments to The Health Services Insurance Act, The Pharmaceutical Act and various corporate act statutes, be now read a second time and be referred to a committee of this House.

Madam Speaker: It has been moved by the honourable Minister of Health, seconded by the honourable

Minister of Labour, Consumer Protection and Government Services (Mr. Helwer), that Bill 10, An Act respecting Amendments to The Health Services Insurance Act, The Pharmaceutical Act and Various Corporate Statutes, be now read a second time and be referred to a committee of this House.

Ms. Gordon: Madam Speaker, I'm pleased to rise to provide comments on Bill 10, An Act respecting Amendments to The Health Services Insurance Act, The Pharmaceutical Act and Various Corporate Statutes. This bill will enable important measures implemented through emergency orders to respond to the COVID-19 pandemic to continue in the longer term.

The bill would enable the continued accessibility to the public of COVID-19 point-of-care testing and enable virtual corporate meetings to continue when the emergency orders enabling these activities expire. With respect to COVID-19 point-of-care testing, laboratories and specimen collection centres must be approved under The Health Services Insurance Act and accredited.

The current standards and laboratory approval requirements do not allow for COVID-19 point-of-care testing and present an unnecessary barrier to service providers that wish to offer this testing. An order was issued under The Emergency Measures Act to suspend the laboratory approval provisions included in The Health Services Insurance Act in relation to COVID-19 point-of-care testing in pharmacies. This order expires on April 18th, 2022 and cannot be extended beyond that date, as the state of emergency is no longer in effect.

Proposed amendments will exempt premises where COVID-19 point-of-care tests are administered from the accreditation and approval requirements, as long as specimens are collected only for the purpose of administering the test.

In addition, pharmacists have been authorized to administer COVID-19 testing by order of the minister issued under The Regulated Health Professions Act, as they do not have the authority to administer this testing under The Pharmaceutical Act.

Mr. Andrew Mickelfield, Deputy Speaker, in the Chair

In offering this testing, pharmacists play a key role in responding to the threat to the health of Manitobans presented by COVID-19. However, this authority is only applicable during a public health emergency.

This bill will amend The Pharmaceutical Act to permit pharmacists to administer and interpret COVID-19 point-of-care tests to continue to protect the health of Manitobans as we move past the pandemic as we learn to live with COVID-19.

Changes presented in this bill will also ensure that Manitoba corporations can continue to offer the safety and flexibility of electronic meetings after the expiration of Manitoba's emergency orders provision that enable electronic meetings on March 31st, 2022.

In line with other Canadian provinces, these changes will mean that corporations incorporated under Manitoba's Corporations Act, Cooperatives Act, Condominium Act and Credit Unions and Caisses Populaires Act will be able to hold meetings partially or fully electronically unless they're prohibited in the corporation's bylaws.

In so doing, the changes will provide clarity on requirements affecting electronic participation in meetings, electronic voting in meetings and electronic notification for such meetings. Not only will these changes keep Manitobans safe by continuing to enable social distancing, but it will offer Manitoba corporations more flexibility and reduce red tape while keeping Manitoba's corporate statutes harmonized with other Canadian provinces.

Thank you, Deputy Speaker.

Questions

Mr. Deputy Speaker: A question period of up to 10 minutes will—*[interjection]*—15 minutes will now happen, and I'm looking for a script, but I don't have one, so we'll just go with 15 minutes question period for the bill under hand, I believe.

MLA Uzoma Asagwara (Union Station): I'd like to ask the minister, what will the government do to ensure that organizations running online annual general meetings proactively ensure Manitobans living in rural and Indigenous communities are able to access their meetings over the Internet?

Hon. Audrey Gordon (Minister of Health): I thank the member for Union Station for that question.

The corporation is required to provide the individual with the right to attend a meeting with a notice of meeting. So if the individual did not provide a corporation with an email address, then it's up to the corporation to find a way to provide the notice of meeting to the individual.

* (15:20)

So the bill is focused on providing options and flexibility, Mr. Deputy Speaker, and the department has not heard any concerns regarding provisions to continue allowing notice of meetings to be sent electronically after the expiration of the emergency order. So we would look to corporations to ensure that, even if a member lives in a rural community, that they're provided with the appropriate notice.

Hon. Jon Gerrard (River Heights): I would ask the minister, in view of a number of instances recently in which pharmacists don't appear to be receiving up-to-date information from Manitoba Health and Health Links, what mechanisms, or what methods, approaches the minister is taking with bills like this to make sure that there is really good communication between Manitoba Health, Health Links and pharmacists in terms of what they should be doing.

Ms. Gordon: I thank the member for River Heights for the question.

The bill is extending the work that pharmacies are currently doing during this difficult time of COVID. Pharmacies are aware of their ability to provide point-of-care testing. We are extending the—over a long term, the opportunity for pharmacies and pharmacists to continue to support Manitobans during the pandemic, and as numbers decrease and trend downwards, my department will work closely with the College of Pharmacists to ensure that information that goes to the college is being disseminated to their members in a timely and efficient manner.

MLA Asagwara: Can the minister provide some clarity—so my last question was around, essentially, accessibility for Manitobans living in rural and Indigenous communities, and she made mention of, you know, corporations shouldering the responsibility of finding other means, other than email, if that was a barrier for folks—but she can provide clarity around, and can she explicitly clarify, if that is embedded in the bill, if it's made very clear in the bill that those provisions must be made? Or is it simply they're just hoping corporations will do their due diligence?

Ms. Gordon: I thank the member for Union Station for the question.

So that is embedded in the bill. There is a requirement for corporations to make their members aware of meetings, and how the meetings will be held, and how they can sign up to be part of that meeting, how they can log in to the meeting, how they can vote.

So that is all part of the bill, and we want to ensure that the access that Manitobans have had to virtual

meetings. And, Mr. Deputy Speaker, what we have noted is that by making these virtual meetings available over the past two years, the numbers of individuals participating in meetings actually went up was the report from the corporations using this method for their meetings. So we want to ensure that the bill does lay out the requirement for corporations to improve access for their members.

Mr. Gerrard: If I understood the minister's answer a moment ago to my question, the minister is indicating that communication with pharmacists is from the minister's office to the college of pharmacy, and then from the college to the members to those—to pharmacists. And so if there's a breakdown, the minister is, it seems to me, blaming the college for not adequately communicating with the pharmacists.

Is that what the minister is implying?

Ms. Gordon: I thank the member for River Heights for the question, Mr. Deputy Speaker.

It is our government's job to ensure all Manitobans—and not just pharmacists, because pharmacists are providing a service to Manitobans—are aware of the care that they can receive close to home. That is why we put out bulletins and have been for the past two years. That's why we issue news releases. We have a very comprehensive communication strategy where we're using social media.

MLAs and their constituencies are also getting information out to their constituents. And we work very closely with our colleges and have a very, very good working relationship with them because they have databases that they also want to use to make their members aware of changes—

Mr. Deputy Speaker: The minister's time has expired.

MLA Asagwara: How will the government ensure that Manitobans who, for reasons related to age, socio-economic status or disability, are also able to access and navigate the electronic platforms on which annual general meetings might be conducted?

Ms. Gordon: So the changes in this bill will enable corporations to be able to continue to have virtual meetings, but that does not preclude the organization from establishing bylaws to ensure that their members have full access, and we would continue to encourage that.

So if there are individuals who may not have access to electronic means to join a meeting, I do know that right now many corporations mail out

ballots before their AGMs and request that they're filled out and sent back before their meeting is held. A good example is the credit unions; they do that often.

And so we would of-be encouraging corporations to ensure full access to individuals in different-

Mr. Deputy Speaker: The honourable minister's time has expired.

Mr. Gerrard: I want to address one of the issues that came up in the briefing and that was it-when there is voting virtually, that it can be held by ballot, which I understand the legal interpretation is that it's by secret ballot.

There are difficulties and challenges in doing secret ballots virtually. You can't always predict what will come up in a vote ahead of time to be able to mail out ballots ahead of time.

So I would ask the minister just to confirm that when it says ballots that that refers to secret ballots and that the-

Mr. Deputy Speaker: The honourable member's time has expired.

Ms. Gordon: I thank the member for River Heights for the question, Mr. Deputy Speaker.

The proposed changes do allow for ballots to be conducted where demanded so long as the vote is conducted in a manner that allows votes to be individually counted, and the specific format of the ballot is left up to the corporation to decide.

There are plenty of tools available to enable secret voting in virtual meetings. There are websites there, corporations have used them. I mentioned as an example the credit unions. Right now, they mail out on a regular basis, many times, ballots before their AGMs to ensure that their members have full access to private and secret voting. And we would continue as a government to encourage corporations to do that.

MLA Asagwara: Last December, the minister of government services promised a probe into the abuses of rapid tests by business owners. We all saw some of those reports in the media.

Can the government provide an update on how this probe is going and when we can expect a conclusion?

* (15:30)

Ms. Gordon: What I would like to share with the House today, Mr. Deputy Speaker, is that this bill is

An Act respecting Amendments to The Health Services Insurance Act, The Pharmaceutical Act and Various Corporate Statutes, and it will allow for the continuation of point-of-care testing by pharmacists to continue in the longer term and to enable others to conduct this testing.

As well, to allow corporations to continue to hold virtual meetings, providing access to Manitobans during this difficult time; I know there are a lot of members that appreciated this option because they wanted to maintain social distancing, they wanted to feel safe in their homes and we're pleased as a government to bring this bill forward.

MLA Asagwara: I didn't hear an answer to my question, so I'll try that one more time.

Last December, the minister of government services promises a probe into the abuses of rapid tests by business owners.

Can the government provide an update on how this probe is going and when we can expect a conclusion?

Ms. Gordon: Mr. Deputy Speaker, I am pleased to rise in the House to talk about what our government is doing, making rapid antigen tests available to Manitobans close to home-in grocery stores, libraries. Individuals can walk in without appointment and gain access to those rapid tests, be able to test themselves in the privacy of their home, determine what level of care they need, and it's all about access.

We're going to continue as a government to do our part to ensure Manitobans are kept safe.

MLA Asagwara: I mean, I've asked the question pretty plainly, twice now, I guess I'll move on. It's disappointing we can't get more information on that matter from the minister, would've been nice to know what the outcomes were for those folks who were abusing that system that was put in place.

Will the minister promise that Manitobans who suspect they may have COVID and need a test to confirm that they do, in fact, have COVID or do not, can she promise to Manitobans that they'll never have to pay out of pocket for their tests?

Ms. Gordon: Currently, the testing that is being done by our pharmacists are travel testing and it's user pay, but if the test was deemed medically necessarily, that would change to Province pay. And we will continue to monitor what is happening at the federal level, what is happening in other jurisdictions, to ensure we keep pace with the change.

At this time, I'm pleased to share with the House again that rapid antigen tested—testing—test kits are available throughout the province close to home in libraries and grocery stores. I encourage Manitobans to access those tests without appointment, and we will continue to do our part to keep Manitobans safe—

Mr. Deputy Speaker: The honourable minister's time has expired.

MLA Asagwara: I was pretty specific in my question, asking about, you know, what Manitobans can expect. The minister specifically indicated in her response what's going on currently, so I'll ask it again: Is she able to promise that Manitobans who suspect they may have COVID and need a test to confirm will never have to pay out of pocket for their tests?

I'm trying to get a sense here of what this government is going to do to ensure that the testing system remains in place for Manitobans who need it.

Ms. Gordon: I thank the member for Union Station for the question.

The rapid antigen tests—test kits are free to Manitobans. They can access them very close to home—libraries, grocery stores. We have partnered with many organizations in our supply chain. We have paid for those tests to make them available to Manitobans.

Currently, the tests that are being done by pharmacists that this bill will enable to continue is travel testing that is user pay. If the test that pharmacists are doing is deemed medically necessary, that would change to province pay, Mr. Deputy Speaker.

MLA Asagwara: In late December 2021, as Manitobans were waiting for hours in their vehicles for COVID tests, the Health Minister told the media that, and I quote: We were certainly able to meet the needs of Manitobans at our testing sites. End quote.

Does she really think that the government met the testing needs of Manitobans that month?

Ms. Gordon: This bill will allow for the testing needs of Manitobans to continue at their pharmacies through their pharmacists and ensure that virtual meetings continue where individuals who feel they want to participate in those meetings from the safety or the comforts of their home can do so.

We look forward to continuing to make tests available to Manitobans—again, libraries, grocery stores, right close to someone's home. They can go in at any time the organization or the business is open to

gain access to those tests free of charge, and we encourage Manitobans to gain access to what we have made available as a government.

Mr. Deputy Speaker: Time for questions has expired.

Debate

Mr. Deputy Speaker: The floor is open for debate.

MLA Uzoma Asagwara (Union Station): So this bill, Bill 10, an act respecting amendments to The Health Services Insurance Act, Pharmaceutical Act and various corporate statutes, you know, this is a bill that is going to allow for pharmacies and pharmacists to conduct testing that, you know, many Manitobans are still going to be depending on as we move forward. We are still in a pandemic, despite this government's very, very persistent efforts to try and convince Manitobans that we're not; we're still very much in a global pandemic. And even just today we saw the case numbers, hospitalizations, ICU numbers increasing. So, I mean, we're—it's evident that Manitobans are going to continue to need access, free access, barrier-free access, to COVID tests.

The amendments to this act make changes permanent and extend where such tests can be administered to anywhere in the province, not just a pharmacy. These changes would allow for other medical professionals to administer COVID-19 point-of-care tests in accordance with the regulations under The Regulated Health Professions Act. The permanency of this shift, I do understand where that's coming from. We had a briefing, and that was outlined in understanding that, you know, we're in ever-changing medical times, public health times, and allowing for pharmacists to have that ongoing capacity and scope is an important thing.

We weren't able to get clarity in regards to other folks that would fall into the categories of being able to provide these services. It's fairly broad. I mean, it's speaking to folks who fall under accordance with the regulations health professionals act. But, you know, there was no indication from the minister as to whether or not other folks had expressed an interest in this. It would be really great to get a sense of if there is an interest from other regulated health-care professionals and what the delivery of that service may look like.

We talked a lot during this pandemic about the importance of being proactive, and this is certainly an area where the government can, you know, do the work of committing to some outreach to these

regulated health professionals in developing a strategy should those folks engage and want to pursue this within their own entities.

I'm going to speak first to—like, very specifically—to the aspect of the legislation amendment that is health-specific, not necessarily the amendments to The Corporations Act, et cetera. And I think that's really important, because there's been a number of things that have happened during this pandemic that we have to be able to reflect on and assess in terms of this particular amendment and, you know, the breadth of what it encompasses because there are other implications beyond what is specifically laid out in the government's articulation of them.

The reality of it here is that there's a lack of clarity around how this government intends to close some health-care gaps. There's a lack of clarity around whether or not this government—shows there's a lack of clarity. My guess here, my suspicion, my concern is, in fact, that the government is prioritizing the ability of businesses, private entities, to see this as a money-making opportunity, whereas they're not putting so much time and energy into making sure that public access to these incredibly important health-care tools is top of mind.

Now, as I said, we're still in this pandemic. We're actually going to be in this pandemic for, you know, some time to come, and even as we transition out of the COVID-19 pandemic, it is incredibly important that when the government establish different, you know, amendments to acts, et cetera, that give different health-care providers and points of access for care a greater scope, that they're doing so in a way that actually bolsters public health care and doesn't diminish the ability of the public health-care system to ensure that all Manitobans can get access to the health care they need when they need it.

And this act doesn't really provide any clarity whatsoever in terms of what the government's strategy is to meet that. And that's a significant public health consideration, Mr. Deputy Speaker.

So, you know, there—we know that there are many jurisdictions that require a test that's been verified by a pharmacist. Here in Manitoba we are seeing and hearing from folks who their workplaces are requiring that they provide, you know, proof of a COVID test. You know, this is likely going to be something that doesn't go away. Government isn't able to talk at any length or in great detail as to how those needs are going to be met.

* (15:40)

Now, you know, I want to make clear that, in principle, we're not actually opposed to parts of this legislation. It's obviously important—*[interjection]*

Mr. Deputy Speaker: Order, please.

MLA Asagwara: —that those travelling internationally can still find a point of care to verify their COVID-19 status when travelling abroad. We see the value of technology bringing people together. The minister just spoke to increased numbers of participation when technology is utilized for AGMs, et cetera.

You know, I happen to have constituents of my own who do not have access to Internet, and if they do, or if they could, they wouldn't anyhow because that's not how they want to participate in certain things. So I think it's really important to recognize that, you know, while some amendments and some adjustments to legislation may make it easier for other folks to participate and engage—may reduce the burden on some folks in order to be involved with corporations, AGMs, board meetings, et cetera—there are many other people who, in fact, that's an additional barrier. And there's really nothing explicit that addresses that. There are many seniors, people with disabilities, people living in poverty, low income, folks who just geographically don't have access, due to inequities, to Internet.

Those are all very serious considerations and shouldn't be an afterthought. We've all seen what happens when, you know, folks who do face significant barriers are treated as an afterthought. Those are the folks who are even more greatly disadvantaged when we see a crisis. Those are the folks who, if they're in precarious circumstances, you know, face even more challenges.

So, you know, I talk a lot about being proactive. This bill—sorry—this bill and the amendments in it was an opportunity for the government to be proactive, and I know that the minister is going to hear from different advocates within our communities who are very concerned about the lack of attention to the barriers that are likely going to come as a result of cementing some of these amendments.

So again, what benefits some people, you know, may unintentionally disadvantage others, and we have to take that into consideration when we're looking at moving forward. We don't want to get through this pandemic—we don't want to progress—you know, we

don't want to progress as a, you know, Manitoba community and knowingly, you know, leave folks behind. That doesn't seem like the right way to approach this.

So, you know, we see the value of technology in bringing people together. That's correct. But again, we need to make sure that we're making changes that make it easier for people to participate, not the opposite.

Now, I want to, like I said, focus a lot on the health aspect of this legislation because I think it's really important. You know, I remain, we remain, very concerned that this government—the intent is actually to roll back access to COVID-19 testing. You know, we saw that when Omicron struck, access to PCR testing was significantly rolled back—and very quickly and abruptly rolled back, quite frankly.

And we saw the impacts of that in terms of folks not being able to get a clear diagnosis and make informed decisions. We're also seeing the impacts of that in terms of folks not having a clear diagnosis and then trying to access health care, or trying to put in work-related claims and not having that piece of documentation that they need to substantiate their reasoning and their process.

So, you know, the—this legislation before us, it's allowing for the minister to define what a COVID-19 point-of-care test is by regulation and it's my understanding that the current testing sites to get a PCR test—I think we all kind of understand that those testing sites are going to start disappearing, right, all of the PCR-based COVID-testing sites are going to start disappearing throughout our province in the months and weeks ahead. And, quite frankly, we're pretty concerned that the quality testing that has been used to make those diagnoses is going to be less accessible.

And so, as I've already mentioned, the big concern here is that what's really happening, in addition to the points that have been laid out by the ministers is, there's a privatization here. There's a privatization happening of access to tools, health-care tools, that people need to keep themselves safe and make informed decisions.

One other area that is incredibly concerning to me and is another part of the reason why it's so important that we close these gaps as these, you know, bills and amendments are brought forward and these decisions are made to make permanent the expanding capacity and scope of pharmacists and to give other entities the opportunity to actually perform and provide tests, what I'm really worried about is the lack of any detail

from this government in terms of a plan around therapeutic interventions. That, to me, is of tremendous concern because where you see access to testing, we also need to see access to treatments.

There's a very small window for when folks who are diagnosed with COVID—symptomatic—and have certain, you know, indicators can get access to treatments, and that window is only about five days. It's five days, right? So, literally, five days can save a life. That is an important statement that doesn't really seem to show up anywhere in the government's strategic planning. It has not been talked about in any way whatsoever in terms of this bill, and the reduction of public access to COVID tests and the increased likelihood of the privatization of access to these interventions.

So, you know, we know that these treatments can greatly reduce the risk of hospitalization and death of those who get sick with COVID-19 if they're diagnosed early, right? Five days can save a life. There's a level of urgency there that cannot be overstated. We need to make sure that the government doesn't make testing less accessible.

If testing becomes less accessible and people are seeing more options in terms of, you know, being able to get a test but attached to a cost, we are going to see people not accessing tests because cost is a barrier. Not only is it a barrier if you have reduced ability to access physical locations and there's less clarity around that, it's a tremendous barrier the moment you incorporate costs to accessing those tests.

You know, inflation is a real thing. Affordability is getting more and more challenging for Manitoba families. Manitoba families are having a hard time affording gas, affording groceries, taking the bus. You know, things are really tough for many folks and I know that there's going to be people who at the most accessible or readily available is a, you know, a paid-for test in order to know if they have COVID and get a treatment, many folks aren't going to do that.

As I said before, we see, as of today: hospitalizations went up, ICU numbers went up by five. We're not out of this pandemic. So the priority can't be anything other than all Manitobans having equitable access to these tools to keep themselves safe.

You know, some folks on the other side of the House like to make comments toward me and—at, like, fear mongering—things like that, and what I want to be clear of here is, you know, when I raise things in the House and the issues I'm raising right now about these

concerns don't come out of thin air. I don't sit at home when I go home from work and think, what can I just make up and talk about in the House to scare Manitobans. I don't actually do that. I don't.

You know, I don't want to scare any Manitobans any more than they're already scared by what decisions this government is making every single day. So my priority is in making sure that the privatization we've seen of this government during the pandemic—and I'm going to list off, so that people can see it in Hansard.

We've seen them give an untendered \$4.5-million contract to Morneau Shepell for virtual mental health services. Last time we were sitting in this House, my colleague, the MLA for Point Douglas, beautifully articulated a point using a local organization as an example of how many people they were able to provide, you know, on-the-ground, timely mental health services to the tune of just over \$100,000 versus—they provided greater services versus four point—a \$4.5-million untendered contract to Morneau Shepell for virtual mental health services.

They also outsourced \$16 million in COVID screening and sequencing to Dynacare. They outsourced contact tracing to a virtual call centre, 24-7 Intouch, leading many Manitobans—I can't even tell you how many people I know personally who received misinformation about isolating and quarantine requirements. Those current contracts, the total for that is about \$15 million—huge amount of money during this pandemic.

But at the very same time they contracted management of a vaccine distribution to private companies—PetalMD and David Aplin Group—whose recruitment efforts were called, and I quote, by nurses, called a gong show.

I mean, you know, the concerns we have are valid. There's a clear privatization agenda this government has been pushing from day one of taking office and that they have pushed aggressively during this pandemic to the detriment of Manitobans and to the detriment of our public health-care system, a detriment to the integrity of our public health-care system.

* (15:50)

And so, when I raise these concerns, it is rooted in total validity, because the pattern from this government during this pandemic has been to prioritize private profit over public health good. That's shameful, unacceptable. In fact, I remember, because this was pretty recent, I think probably everyone

remembers, and I'm sure even members opposite were probably mortified by the statement, but the minister—former minister of Central Services actually said publicly that they weren't going to make more efforts to make KN95 masks more readily available to the public, because they didn't want to compete with businesses.

That, I have to say, dropped my jaw. It really did. It's—I couldn't even imagine strategically planning and having that as a thought when you're doing so as a minister, but to say it out loud for the general public to see, I thought, wow, no shame over there. None. Probably just doesn't even understand or see or comprehend just how deplorable that way of thinking is in a public health crisis, to make that statement.

So that's where my concern comes from, because when you have a minister who says that they don't want to compete with businesses, disrupt the ability for businesses to make money over the ability for the constituents they represent to be protected during a global pandemic that has killed millions of people, I have to wonder about the intention in a bill that expands the ability and capacity for businesses to participate in providing health-care services to the citizens of this province.

So I flag that as a very serious concern, and I sincerely hope that this government has reflected on those remarks made by the former minister of Central Services and has decided to chart a new course, one that does not disadvantage Manitobans who are just trying to make the decisions to keep themselves, their families, and communities safe and well.

So I've talked quite a bit, now, about the health aspects of this legislation in terms of public health care and the access Manitobans would have to testing. I do want to talk a bit about the technological aspect of this bill.

There are three components that are amended: The Condominium Act, The 'corper'—Cooperatives Act, rather and The Corporations Act. I'm sorry—(4) the fourth being the credit unions caisses populaires act—that's not bad. So it amends the requirements for electronic meetings and electronic voting, saying it can be established by way of regulation.

Now, as I've already stated, not opposed to the, you know, explicitly outlined intent of that. I think that, you know, we've all learned to use electronic, virtual platforms in a way that's been beneficial. I mean, we were able to participate as legislators in this House, thanks to the good work and the efforts of

the Assembly, clerks, all of the folks who worked tirelessly to make sure we could get back here, you know, virtually or in person. We've all benefited from those advancements.

The reality, as I stated before, is that not everybody is able to equally participate in those advancements, and the concern regarding this legislation is that that's not considered as thoughtfully as it should be. You know, basically saying that you have the hope, you know, that corporations, that folks will do their best, or, in fact, even do right by folks to allow them to participate, isn't good enough. The government has a responsibility to take that on when they bring forward legislation and make sure that they've consulted with the communities who would be impacted by these decisions, to ensure that their voices are heard and amendments are brought forward that don't further disadvantage folks.

I've talked to some advocates in the disability community. I've talked to some seniors in my own constituency of Union Station. They're very concerned about the gaps in this legislation. They're very worried that, you know, maybe a condo corporation, for example, that may have some nefarious intent, is not going to adhere to this amendment in the ways that the minister has indicated they hope that they will. There should be mechanisms in place to ensure that they will. There's a big difference there, Mr. Deputy Speaker.

It's important for folks to understand that, again, you know, this isn't me just sort of, like, conjuring up random—a random stream of thoughts and concerns for the sake of being in this House. That there's actual data, right, there's data to support that there are real inequities that would act as barriers to folks being able to fully engage and participate in the ways in which are laid out in this legislation.

So, we know that rural Manitobans, including many Indigenous peoples, live in areas that have no Internet access whatsoever or only weak access. I think we've all probably been in meetings during this pandemic where folks, depending on where they're located geographically, have just dropped out of meetings altogether or they're so—they're buffering or they're so delayed or what have you, in terms of their Internet speed, that they just cannot meaningfully participate in the meeting at all. That's a reality for many folks.

In fact, according to a 2020 report published by the Canadian government, 54 per cent of households outside of urban centres still cannot meet the CRTC's

target of unlimited 5, 10 Mbps Internet speed; that's the Canadian Radio-television and Telecommunications Commission 2020.

If meetings have to take place online without accommodations made, they could further exacerbate the rural-urban divide. That is a very real concern and, you know, I represent an urban constituency. I could stand up here and not make mention of it but that would be ridiculously irresponsible on my part.

It is incumbent on all of us when we stand in this House to think about those folks who are affected by legislation, not just the folks who maybe have the most access who are less impacted. So that's why I raise that. It's a really important issue.

You know, our party, the wonderful Manitoba NDP, has pledged to create a new Crown corporation to address this very issue by improving Internet and cellular service in northern and rural Manitoba. That's a promise we take seriously. It's a commitment we take seriously and that's a commitment rooted in understanding that there are true inequities that are facing Manitobans.

You know, I think about, you know, education; kids who, you know, didn't have access to consistent Internet, et cetera; you know, even being able to get access to the information that was disseminated during this pandemic. Lots of folks don't have Internet to see the updates. You know, that's why, you know, releases on important public health updates can't just be sent, you know, over the Internet.

It's important that there's different vehicles used to share and disseminate information. Even the information in this bill—how is that going to be communicated to Manitobans to make sure that, you know, folks aren't showing up at former testing site locations and there's nothing there and all they have is some information saying they've got to pay for it at some pharmacy nearby or some business that's, you know, taken up shop and is now providing that service at a cost?

So that is something we take very seriously, in terms of the technological barriers for those in rural northern communities, seniors, those with disabilities, low-income folks, et cetera.

Mr. Deputy Speaker, I do want to talk about something that was raised in the questions here. It was specific to the email aspect. I do think that's really important because, again, a lot of folks take for granted that not everybody has access to email. That's just not a thing that everybody has. Again, I have constituents,

elderly constituents, who do not use email. You know, and we've all been in that situation where maybe we actually did receive an email, we had no clue. Perhaps it went to junk mail. Perhaps it went to the promotions email inbox, you know. Perhaps it went to socials inbox in your email. There are a number of reasons why it may be missed, and there needs to be provisions in place to ensure that folks who are—find themselves in that predicament are not unfairly unable to participate in the—whether it's, again, a board meeting or any circumstance where their voice is valid to be heard.

So what we want to see, you know, what we want to see is that there are steps taken to ensure that those who might not factor inaccessibility into their online meetings are compelled to do so. We want to make sure that it's not just a maybe or a hope or do the right thing, folks, because we hope that you'll do or we're optimistic you will. It's about embedding it in legislation to force them to, to ensure that they must comply.

Broadly speaking, we're asking that changes to online meetings and voting that will result from this legislation clearly prescribe that meeting organizers proactively inform and assist all members to participate in these really important meetings.

That's a pretty clear ask. You know, depending on the situations, the assistance might include offering a physical location to which a person can attend a meeting. I know that takes more effort. I know it takes more time, more resource, but again, you know, the more we can eliminate those barriers, the—inevitably, the more fulsome those spaces are going to be.

* (16:00)

Another solution might be offering electronic devices to which a person can access an online meeting if they don't have one. There are many organizations that work really hard to make sure that access to technology is not a barrier for seniors, for students, for newcomers, for single-parent households. And so, perhaps the government could look at working with some of those organizations to develop a strategy that eliminates those inequities, you know, and work with those corporations and other, you know, established organizations to do the same.

Offering a location for a person who does not have access to the Internet to use for the purposes of attending an online meeting is another solution and offering assistance to members who need help navigating an online platform such as Zoom.

You know, Mr. Deputy Speaker, before this pandemic, I don't believe I'd ever used Zoom. I think I'm pretty proficient now, like most of us probably are. But there are many folks who, you know, don't know how to use Zoom, don't know how to use Microsoft Teams, don't know how to use whatever the platform may be that is going to be utilized for the purpose of an AGM or another type of formal meeting.

So being able to, again, take the lead, provide those resources, get rid of those barriers for folks or partner with the amazing organizations that are doing that work. There's some really awesome non-profits that are making those efforts to eliminate those barriers. The government, you know, could learn how to build good relationships with non-profits—this is a great time to start—and work with those folks and make sure that folks are able to understand how to use these platforms and not just for the sake of participating in these formal meetings, but also just generally. You know, the minister highlighted that many folks were able to participate in many ways they hadn't previously because they had access to technology and to those platforms. Well, you know, maybe take it upon themselves to make sure that that's, you know, more expansive, to support folks.

So those are just a few of the ideas that I have. I'd be more than willing to sit down, you know, with the minister and—or make introductions to local community organizations who they should be building relationships with, introduce them to the organizations that are advocating for amendments to be made for this government to consider the needs of those communities and facilitate those conversations because they're really important, you know. We recognize the importance, again, of—it's not just good enough to get through this pandemic with the folks who have the greatest access to the resources this government is saying it's going to allow this bill to provide. It's important and incumbent for us to get through this pandemic, lead Manitobans through this pandemic and not leave any Manitobans behind. And we can do that if we listen to those folks who are most affected by legislation like this and make sure that their voices are impacting when amendments come together.

And, you know, it's not an ideological thing. It's literally a great way to facilitate public health practice. You know, that's what I'm talking about right now. It's pillars of public health that are—you know, have gotten us through this pandemic, making sure that we're factoring in the needs of those who are most affected, making sure communication skills are strong, making sure we're closing gaps, not creating further gaps and

inequities. Those are all public health principles. And we all recognize the importance of those foundational principles to public health as we've gotten through this pandemic.

So I think I'm going to wrap up my remarks. I've spoken a lot about my concerns about this legislation. As I've stated, you know, we understand why this was brought forward. There's some key points here that are important for pharmacists, for pharmacies, for organizations to be able to have these amendments in place so they can continue to do the good work they've been doing.

I just want to thank the pharmacists across the province who have stepped up throughout this pandemic. Pharmacists have gotten really creative. They have expanded their scope. They have worked with Manitobans to make sure they can access health care when they need it in their communities. So I commend pharmacists across the province for their efforts throughout this pandemic, and I look forward to seeing their continued efforts as we move through this pandemic to ensure that Manitobans continue to have access to the health care that they need.

And, you know, I also want to commend condo corporations, co-operatives, non-profits, you know, all of those folks who will be affected and impacted by this legislation in terms of technological changes that are going to be permanently embedded. You know, those folks have made tremendous efforts throughout the pandemic as well, to try and ensure participation of folks in our communities. And there's a lot of condos and a lot of these organizations in Union Station. I want to thank those organizations for their efforts as well, and encourage them to have their voices heard in regards to this legislation.

Let's make sure that this can be as strong as it needs to be to leave no Manitobans behind.

Thanks.

Mr. Rick Wowchuk (Swan River): Thanks for allowing me to put a few words on the record for this very important bill, Bill 10, in respect to the amendment to The Health Services Insurance Act, The Pharmaceutical Act and various corporate statutes.

I want to welcome—it's the first time I've had the opportunity to stand up in the House since returning. I want to welcome everyone back to the Chamber, as it's been a long time since we came together in person to fulfill our duties as legislators in making decisions for our province to make it a better place.

Mr. Deputy Speaker, this bill will enable point-of-care testing by pharmacists to continue longer term and to enable others to conduct this testing, if appropriate and permitted by regulation, under The Regulated Health Professions Act. And it enables Manitoba corporations to continue to conduct required meetings virtually after Manitoba's COVID-related emergency order facilitating corporate virtual meetings expires.

Current standards and laboratory-approved requirements don't allow COVID-19 point-of-care testing and present unnecessary barriers to service providers that were to offer this testing. As a rural MLA, this is important, as a lot of the super clinics in proximity to meetings are not always readily available for us in rural Manitoba.

Keeping Manitobans safe is paramount, and these amendments will work toward achieving these goals.

The order was measured under The Emergency Measures Act to suspend the laboratory provisions included in The Health Services Insurance Act in relations to COVID-19 part-of-care testing in pharmacies. And this order, as we know it, expires on April 18th, 2022 and can't be extended beyond that date as a state of emergency is no longer in effect. The proposed amendment to The Pharmaceutical Act will permit pharmacists to administer and interpret COVID-19 point-of-care tests in the longer term.

We all know that a lot of the pharmaceutical people in the province and the pharmacies can offer a lot to our health-care system. The order issued by the Manitoba government on March 31st, 2020, under The Emergency Measures Act, allowed corporations formed under the business statutes to conduct required corporate meetings to accommodate the need for social distancing, even when prohibited by the laws of the corporation.

There will be need for conducting meetings virtually beyond March 31st, 2022, as there are many challenges if people in the rural areas want to practice, you know, the social distancing and keeping their workplace safe. The necessary acts will be amended to accommodate virtual meetings in line with western Canadian jurisdictions, which will allow for virtual meetings by default, unless prohibited by corporate bylaws.

Mr. Deputy Speaker, the amendments will enable accessibility of COVID-19 point-of-care testing on a continuous basis for purposes such as work or travel to address the threat presented by COVID-19 in the

longer term, and it allows Manitoban corporations to conduct required meetings, as I said, virtually, under prohibited bylaws under Manitoba's bureau statutes. And it'll help corporations facilitate the necessary social distancing and red tape that they may encounter that they want—so they—want to continue meeting virtually if they so choose.

There are no identified negative complications, and working with House leaders and Health critics to jointly pass the bill is very essential before the end of the month. Together, we'll keep Manitoba moving in our post-pandemic recovery.

Thank you.

Hon. Jon Gerrard (River Heights): Bill 10 is An Act respecting Amendments to The Health Services Insurance Act, The Pharmaceutical Act and Various Corporate Statutes.

* (16:10)

Let me talk first about several sort of house-keeping issues around the bill.

First, in subsection 2(2) of The Pharmaceutical Act, the clause is added to show that nothing in the act prevents other persons from administering and interpreting a COVID-19 point-of-care test. We were told in our briefing that a point-of-care test can include not just a rapid antigen test, but also a point-of-care polymerase chain reaction, or PCR, test. One presumes that if this PCR test is more difficult to administer than the rapid antigen test, that there may be regulations provided which will further specify details of where these may be administered, by whom and what quality standards are needed.

Secondly, in section 236(4) and 254(4), there is a part which deals by voting by ballot. Now, I asked during our briefing and I raised this in the questions to the minister, whether this wording meant or included secret ballot. I was told, yes. The minister, when I asked her today, didn't clarify this. But it seems to me that the bill would be clearer to the average reader if the word secret was added before ballot. Now, the word secret may be particularly important with respect to votes done virtually because special procedures may be necessary to ensure votes done virtually are secret. This is part of the reason why I believe that the addition of secret is important when we're talking about virtual as well as in-person meetings.

Now, I want to make several comments about recent experiences with the Province in relationship to

rapid antigen tests. During the briefing, I was told that requirements that pharmacies only provide or sell rapid antigen tests to individuals who are travelling was waived in November or early December, so that individuals who were not travelling could get rapid antigen tests at pharmacies.

I can indicate to MLAs that I'm aware of an individual being told on about January 6th that the pharmacy which was approached made it very clear to their customer who asked to purchase a rapid antigen test kit, that the tests were only available for individuals who were travelling. At that point in time, the government's stock of rapid antigen tests was only available to the general public in Manitoba at COVID testing sites and only available to individuals with symptoms. The individual in question had recently had a COVID infection, was now asymptomatic, but was required to get a rapid antigen test to show that the individual was negative in order to visit his barber. The individual in question had to wait until he had further symptoms, this time unrelated to COVID, as it turned out, before being able to access the test at the COVID testing site in order to get access to his barber. Clearly, the communication with the minister's office to pharmacies in this instance in Manitoba was not optimal.

Let me relate another recent experience which illustrates this further. This relates to an individual who was at high risk because of age and other medical conditions of getting a severe COVID-19 infection and ending up in hospital or ICU. This individual recently tested positive and—for COVID and had symptoms and explored the possibility of getting the approved anti-viral drug, Paxlovid. This is a drug which 'contrains' two medically active ingredients with anti-viral activity: nirmatrelvir and ritonavir. The combination has been shown to drastically reduce the severity of COVID-19 in individuals who are at high risk of severe COVID and, in particular, in individuals who've not been vaccinated.

Now, the individual to whom I talked, who is in high-risk category, explained to me what happened to her. She found out about the drug Paxlovid. She recognized she was at high risk. She was now at day four or five. After symptoms, she talked with her physician.

Initially, her physician didn't even know what Paxlovid was. But on reviewing the literature, her physician decided it was appropriate to—for her to prescribe it—that it could be prescribed in Manitoba. And so her physician prescribed Paxlovid for her.

She then called her pharmacy, where the physician had called in the prescription, to ask about the Paxlovid. The pharmacy told her that they did not have the drug in the pharmacy. The pharmacy said they had then called Health Links to get more information. The responder on Health Links was unable to provide any information on Paxlovid or how a person could get treated with Paxlovid.

The pharmacist then called Manitoba Health for assistance, and once again, Manitoba Health was unable to provide any information as to where or how a person could receive Paxlovid.

Now for those who know about Paxlovid, which is an important antiviral drug effective against COVID, including the Omicron variant, one of the important characteristics is that it must be given within five to seven days after the onset of symptoms.

Now the person in question by this time was already at least four days after 'symson' 'onset' and she was anxious in part because she needed to get it quickly and in part because it was a weekend and she was getting desperate not understanding what was happening and why this drug was so difficult to get answers about.

Now she called me and I was able to find out where the hard-to-link information—almost secret, it appears—about getting Paxlovid was to be found. And things proceeded well from there.

But once more, as this example shows, that communication of the Minister of Health (Ms. Gordon) and her department with pharmacists clearly needs to be improved so that pharmacists are aware of new drugs available for COVID and how these are accessed as well as aware about the latest rules with regard to rapid antigen tests.

I bring up these issues because I believe it's important that the minister is aware of ongoing issues related to individuals getting access to rapid antigen tests and that this is relevant to this bill because it deals directly—this bill does—with issues relating to access to rapid antigen COVID tests and to health care and to treatment related to COVID.

Now, in this context, I want to talk briefly about other items which might have been included in this bill related to health care and which might have addressed some of the significant concerns that exist today with the delivery of health care.

Let me start by—several stories of difficulties accessing health care and how these stories relate to

the current bill and what it could have or should have had.

I'll put these stories in the context of some recent comments. First, as many have probably read, Allan Levine wrote in the Winnipeg Free Press about health care in Manitoba. He said, and I quote: The cuts and closures of several Winnipeg hospital emergency rooms imposed by the Pallister government before COVID-19, all in the name of centralization and cost efficiency, have instead wrecked havoc and caused undue stress.

We are all too familiar with some of these problems. This opinion was echoed, though with different words, in an article by Tom Brodbeck who wrote recently that the Minister of Health's department appears to be grossly mismanaged right now.

I can tell you that these sentiments are echoed in comments that I have received from those working inside our health-care system, and though—comments from individuals that I have encountered when I've been going door to door in Fort Whyte.

* (16:20)

Let me give several examples. First, Jean Hodgson and her son, Chris. Chris was Joan's—Joan Hodgson—Chris was Joan's primary caregiver. Joan and Chris were mutually supportive of one another. Joan, a senior, was transferred to Russell in January. Sadly, without her mother's support, Chris died. We know from Kate Hodgson, who lives in Vancouver, that separating Chris from his mother by transferring his mother, who was receiving health care in Winnipeg, all the way to Russell, hundreds of kilometres away, had had a major impact on Chris.

As his sister said, Chris, who worked in health care as a health-care aide in a seniors home, had a difficult time physically and mentally after his mother was transferred away from Winnipeg to Russell. Kate said taking people away from their support systems in a pandemic has a massive toll. She continues: Both my mom and my brother were critical supports to each other, and he definitely was doing worse when she was in hospital, and it was breaking his heart not being able to see her. I think there would be very different outcomes for both of these—both of them right now if it wasn't for COVID, and if we had systems that worked in a better way and funded in a much more robust way.

It's to be noted that more than 300 Manitobans have been transferred to facilities outside their home communities during the COVID-19 pandemic fourth

wave. Transferring individuals who need health care from hospitals in Winnipeg, or from hospitals in their home community, to communities far away not only affects the individual who is transferred, but it also affects their relatives. And this connectedness, this human connectedness between people and among people, has to be recognized as critically important in the well-being of individuals. And sadly, in the transfer of more than 300 individuals away from their home communities to health-care institutions elsewhere, this has been forgotten.

Second, Sue Roberts was a retired nurse, indeed, the nurse co-ordinator for neonatal transport in Manitoba. She is waiting for spinal stenosis surgery. She needs this surgery to stop the fingers on one hand from further bending and becoming like claws. She's been waiting many, many months, and there continues to be uncertainty as to when she might be able to get this spinal stenosis surgery that she needs so badly.

A third example: Glen Orvis. He is 84 years old. He has dementia. He was taken by ambulance last Thursday, March the 3rd, to Concordia Hospital. But because his wife was not allowed to join him in the ambulance to be with him, he walked away from the emergency room and was only found after an extensive search, hours and hours and nine kilometres later. He was lucky to be still alive.

A fourth example, Clarke Gehman, aged 84, was transferred from Victoria hospital to the hospital in Russell, 340 kilometres northwest of Winnipeg, and then later to Reston hospital, 160 kilometres south of Russell. In Reston, he contacted—or, contracted COVID; tested positive for COVID on February 3rd, about three weeks or a little more after he'd left Winnipeg. His health deteriorated and he died in Reston on February the 11th never having been able to return to Winnipeg, the community he called home.

Mr. Speaker, I submit that we have individuals who are dying because of these transport arrangements; that they are going to distant places. They are away from their loved ones—not only they, but their loved ones are suffering and this is not a situation which should continue. Indeed, it should never have started.

There could have been additions to this bill to make significant changes, for example, to emphasize that all possible steps should be taken to keep patients and their caregivers together. Secondly, that Manitobans should have a legal right to prompt access to care, especially if the wait will be associated with

worse in short- or long-term health. Third, that the appropriate training about dementia to all health professionals who maybe encounter individuals with dementia is needed, and that provision for caregivers of those with dementia to accompany patients with dementia is vital.

I saw this several years ago with a dear friend who ended up going to hospital, and in the hospital he was separated from his caregiver. He had dementia. His caregiver was distraught and bad things happened which should not have happened and which could easily have been avoided if his caregiver was allowed to go with him to X-ray department and other places in the hospital—which did not happen as it should have happened.

Four, clearly, before a patient is transferred out of their community, all other options including home care should be thoroughly evaluated before the transfer is made. We have seen examples where the patient could have gone home with home-care support, but, instead, was transferred hundreds of kilometres away.

Five, that health-care institutions have a responsibility to ensure that the number of nurses and other health-care professionals doesn't fall below some number like 95 per cent of funded positions. We've got examples now where we've got vacancy rates of 10 and 20 and 30 per cent. This is completely not acceptable and is a further example of poor management of health-care resources, of people—poor care for staff and health-care professionals which is just as important as caring for patients.

There are but a few examples of items which could have been considered in this bill to better address some of the major problems in health care in Manitoba today. It's too bad that the minister and the government didn't spend more time and do a little bit more work and bring forth a more fulsome bill than they did in this one.

Thank you. Merci. Dyakuyu. Miigwech.

Mr. Deputy Speaker: Is the House ready for the question?

Some Honourable Members: Question.

Mr. Deputy Speaker: The question before the House is second reading of Bill 10, An Act respecting Amendments to The Health Services Insurance Act, Pharmaceutical Act and Various Corporate Statutes.

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

Bill 11—The Elections Amendment Act

Mr. Deputy Speaker: As previously announced, we will now proceed to Bill 11, The Elections Amendment Act.

* (16:30)

Hon. Kelvin Goertzen (Minister of Justice and Attorney General): I move, seconded by the Minister of Finance (Mr. Friesen), that Bill 11, The Elections Amendment Act, be now read a second time and referred to a committee of this House.

His Honour the Administrator has been advised of the bill, and I table the message.

Mr. Deputy Speaker: It has been moved by the honourable Minister of Justice that Bill 11, The Elections Amendment—*[interjection]*

Thank you, I'll start again.

It has been moved by 'honester'—the—it has been moved by the honourable Minister of Justice, and seconded by the honourable Minister of Finance, that Bill 11, The Elections Amendment Act, be now read a second time and be referred to a committee of this House.

His Honour the Administrator has been advised of the bill and the message has been tabled.

The honourable Minister of Justice.

Mr. Goertzen: I'm pleased to speak in the House this afternoon on second reading of Bill 11, The Elections Amendment Act.

I put on the record, by way of information, that I've had significant discussions with the opposition members on this bill, including a bill briefing, but also provided them some understanding in advance of what this bill would be, because of the nature of the bill and how it came to be.

It does amend The Elections Act to implement proposals from the Elections Manitoba that will update and modernize the voting process, and make voting more convenient for Manitobans.

In December of 2020, Elections Manitoba publicly released its Vote Anywhere in your Electoral Division on Election Day proposal under the modification to the voting process procedure in The Elections Act. The proposal included two major recommendations that require legislative changes: one, allowing for the expanded use of Elections Manitoba's electronic strike-off system, and two,

allowing for the use of electronic tabulators at polling stations.

The Legislative Assembly committee, and I know members opposite attended that committee, considered the Vote Anywhere in your Electoral Division on Election Day proposal, and endorsed the two main proposals in that report at the October 13th, 2021 meeting. In response to that, the government has drafted and sponsored this bill to make those changes on behalf of the committee and its members, and this entire Assembly.

Elections Manitoba has previously used an electronic strike-off system during advance voting. The technology was approved for temporary use via the modification to the voting process procedure for the 2019 general election. The bill would permit the use of technology permanently and expand its use from advance voting to election day, as well.

The electronic strike-off is required to provide real-time updates to the voters list at polling stations so no individual can vote multiple times at multiple locations. These amendments will streamline, update and modernize the election process. They will make voting more convenient by making it possible for voters to go to any polling station within their constituency on election day.

And so, members will probably have their own experience with this if they've—well, they've all ran for election, but if they've run in ridings, rural ridings, this is often a common example where members will get their voting card, or citizens will get their voting card and which poll they're supposed to vote at, and sometimes, simply because of how it's broken down in terms of the districts, they'll say, well, this other polling station is much closer to me, why do I have to drive 20 or 25 minutes to a different polling station when one is much closer?

This would allow the residents in a particular constituency to vote at any polling station they choose. The electronic strike-off method then updates the voters list immediately so they can't then go and vote—not that good citizens would—but then can't go and vote in another polling station.

In smaller locations with small numbers of voters, where it is not possible to use the electronic strike-off system due to technological limitations, Elections Manitoba will co-ordinate between the returning office and the voting officers to ensure that the returning office will strike the votes from the list who have voted, noting that they have voted.

The bill will also allow for the use of electronic tabulators at polling stations for advance voting and on election day. Tabulators would provide an electronic method to count votes more effectively and efficiently. Tabulators would be used at the discretion of Elections Manitoba, where appropriate.

I know that there was a demonstration provided by Elections Manitoba of the tabulators and so the physical voting of—on ballots still happens. This just allows the physical ballots to be counted—tabulated electronically.

And it maintains those physical ballots as a back-up if there needs to be a recount using the physical ballots. So it's not electronic voting in that you don't go to a computer screen and touch electronically who you want to select. It's a physical ballot that gets counted by a machine that retains those ballots for verification if needed.

In order to accommodate the use of electronic tabulators, the bill amends existing procedures related to the design of ballots, voting procedures and counting methods. Electronic vote tabulators are already in use in the City of Winnipeg for municipal elections and in five other Canadian provinces. So this is not new or untested technology.

In addition to making the changes endorsed in the vote anywhere in your electoral division on Election Day proposal, the bill also makes changes that improve accessibility for voters who use assistive devices, respond to candidates' security concerns, improve efficiency in the operation of polling stations and clarifies ambiguities.

The bill improves access to vote by amending The Elections Act to allow voters who have a disability or trouble reading or writing to use their own assistive device to help them vote so they can bring it with them to the polling station.

In order to provide flexibility and efficiency in staffing polling stations, the bill eliminates the differentiation between the positions of assistant voting officer and registration, and it's worth noting at this point, Mr. Deputy Speaker, that these provisions—the entire bill has been discussed with the Chief Electoral Officer who supports all of the changes.

Currently, The Elections Act requires Elections Manitoba to publish the residential address of all candidates unless a candidate requests to be omitted from publishing due to personal security concerns. An increasing number of candidates have requested this exemption.

This bill removes the publication requirement, providing more equitable balance between transparency and the need for privacy. This is consistent with the approach in other provinces and all the information currently published about electoral candidates will continue to be published, but not their residential address, Mr. Deputy Speaker.

When members—I think I asked a question of the Chief Electoral Officer and committee some time ago—why it was that this provision exists in Manitoba legislation, she wasn't able to answer—she couldn't remember.

She believes that this provision goes back decades and it—there may have been a reason for it at one point when the electoral system was run differently and the candidates accessed their constituencies in a different way. But it is now an outdated provision that I don't believe—I think it exists in only one other province in Canada.

The current wording of The Elections Act is ambiguous in regards to the length of time any modification to the voting process approved by the Legislative Assembly Standing Committee on Legislative Affairs can be in effect. The lack of clarity could lead to uncertainty about the requirements which are in effect during a writ of election and lead to a legal challenge.

The bill places a limit on temporary modifications made under the process so that they're only in effect until the conclusion of the next general election. That is so that the Legislative Committee itself doesn't make changes to how an election is held that never then get reflected in the act, and that could happen the way it is set up now.

You could simply almost have a—not two sets of rules, but rules that are established by the committee and then rules that are established by the act, and it's important that rules that temporarily get established by the committee are actually temporary and get converted into the act so everyone knows the rules that we're playing by when it comes to elections.

We'll have the opportunity to discuss this bill in committee in more detail, so I will conclude my remarks at this point, but I'm grateful to the members of the opposition who have participated in discussions in other forms on the amendments that appear in this bill.

Questions

Mr. Deputy Speaker: A question period of up to 15 minutes will be held. Questions may be addressed to the minister by any member in the following sequence. First question by the official opposition critic or designate; subsequent questions asked by critics or designates from other recognized opposition parties; subsequent questions asked by each independent member; remaining questions asked by any opposition members. And no question or answer shall exceed 45 seconds.

Ms. Nahanni Fontaine (St. Johns): Would the member be so kind as to share with the House what have been the experiences of other jurisdictions when using electronic strike-off and vote tabulators?

Hon. Kelvin Goertzen (Minister of Justice and Attorney General): I thank my friend for the question.

* (16:40)

I relied primarily on the experiences relayed by the Chief Electoral Officer, of course, was in contact and communication with other electoral divisions in Canada. My understanding, when it comes to both of these, these are well-tested technologies; they work well. Of course, the tabulators themselves retain the physical ballots if there's concern about electronic voting. It's not, you know, an electronic voting system per se. It simply counts the paper ballots, and on the electronic strike-out we've been using it in Manitoba in an advance voting situation. My understanding is that it's gone well. It's provided political participants to get real-time data. And, of course, this would then expand the ability to have voting anywhere.

Mr. Deputy Speaker: Are there any other questions?

Mr. Dougald Lamont (St. Boniface): Was just wondering if the minister could explain, when they talk about the committee making changes, just—are there examples of what the legislative committee might be doing for temporary changes or is there—in a sense, what is the problem this is seeking to solve?

Mr. Goertzen: I think that I understood my friend's question on this, and so the legislative committee that deals with elections, it can provide for a modification to the election system.

And so as an example, in the current by-election in Fort Whyte there are provisions for voting that can happen by mail. And a lot of those, I believe, don't necessarily appear in legislation, but they were agreed to by the legislative committee.

And so this would require that if we're going to continue to allow that provision to happen, it couldn't just be a decision of the community; it should be converted into legislation so you can't simply have a temporary order that goes on forever when it comes to election change.

Mrs. Bernadette Smith (Point Douglas): I'd ask the minister, what steps will be taken to ensure that the integrity of the vote is protected using this new system and technology?

Mr. Goertzen: It's a good question by the member, and I think that all of us, you know, have concerns about the integrity of a vote no matter what system we're using.

When it comes to the tabulators itself, of course, it maintains those ballots. And so if, for whatever reason, a scrutiny or others would question the tabulation of those ballots, it's contained within the tabulator or the machine itself and they could be hand counted. So that provides that sort of integrity.

And then in terms of the electronic strike-off system, it's not unlike technology that's used in many other ways, in many other places, already been tested in Manitoba. But I think, like everything, when we deal with elections, we'll continue to monitor it as we use it in different places and different times.

Thanks for the question.

Mr. Lamont: Just a question, actually, on access to voting. I know that voting is a constitutional right in the Charter of Rights and Freedoms, but it's one of the few ones where you actually, for understandable reasons, require a piece of identification to do it. But you can sometimes have a cost attached to it. We don't have a cost attached to freedom of speech or freedom of religion, but I know that this can certainly be an obstacle.

I was just wondering, have there been any consideration to having—as we've had a vax card that's been gone out to everybody—for having a universal ID for voting in Manitoba.

Mr. Goertzen: I thank the member for the question, and I know that that's been debated in this House before in different ways, the issue of identification for voting. And I think that all members come from the common standpoint that we want the voting system to have integrity and that, you know, people are who they say they are. But we also recognise that it is difficult sometimes for people to obtain certain kinds of identification for different reasons.

So there are different opportunities. I believe in the past, you know, you've been able to swear in at the voting station at times, and we've gone back and forth, but whether those are good processes or not. I've not heard of a discussion about a voting card per se, but I think that there'll be always ongoing discussion about how can people present themselves at a polling station and prove that they are who they say they are.

Mr. Deputy Speaker: Minister's time has expired.

Ms. Fontaine: Could the minister share what else is being done to make voting more accessible for Manitobans living with disabilities and those living in remote communities.

Mr. Goertzen: Yes. I mean, I think that we, you know, continue to have and take advice from the Chief Electoral Officer. This is good step in allowing people to take their own devices. You know, in the past, we've trying to find accessibility issues in terms of, you know, tax credits to allow candidates the ability to claim certain things if they're running for office, and I think we did that for child care, and so there will continue to be steps where you try to find ways to make it easier for people who have barriers, whether those are physical barriers or other barriers, to be able to run for election.

If the member opposite has suggestions, and I'm sure she does, because she often comes with helpful suggestions when it comes to legislation, I know that we'd all be interested in hearing them.

Mr. Deputy Speaker: Are there any further questions?

Debate

Mr. Deputy Speaker: Seeing no questions, the floor is open for debate.

Ms. Nahanni Fontaine (St. Johns): It's my pleasure to get up and just put a couple of words on the record in respect of Bill 11, The Elections Amendment Act.

As my colleague across the way noted that this comes from, in large part, the Chief Electoral Officer and the work that—the really important, critical work that her office has done in respect of making our democratic voting processes more accessible, more robust, more modern, and certainly, in some respects, as we're seeing in Bill 11, more protective for members who are choosing to run in our federal—or our provincial elections.

I've gotten up in the House many, many times to talk about how important it is for Manitobans to be

able to vote, and how important it is for Manitobans to be able to run and participate in our democracy so that we have a Legislature that is representative of Manitobans. And I would suggest that Bill 11, the suggestions that are—the amendments that are being made in Bill 11, do certainly go, I would suggest, like, a long way to helping Manitobans feel more confident in our electoral system here in Manitoba.

I'm sure that everybody in the House could agree that we should be taking those opportunities and putting those measures in place to modernize voting. All of us are fully aware that, you know, not all citizens vote, and, in fact, sometimes some years or some by-elections are actually a lot less participation in respect of voting.

So, you know, I have enormous confidence in the Chief Electoral Officer and what she's bringing forward based on what's working and best practice in other jurisdictions as we've seen.

So, Bill 11, as my colleague across the way stated, that it will be looking at voting counting—vote-counting machines, so the bill permits the Chief Electoral Officer to authorize the use of vote-counting machines to count the vote. It's important to note that these machines are not voting machines that people use to register their votes. Paper ballots will still continue to be used. The Chief Electoral Officer advised and assured everyone in committee that the secrecy of the vote is still protected under these amendments and that several safeguards to ensure the integrity of the vote.

Voting counting machines cannot be connected to an electronic network during voting except to upload the results in a secure manner to Elections Manitoba or to the returning officer. The machines must be successfully tested before being used and precautions are taken at all times to ensure their security. Results by machine may not be generated until election day.

Bill 11 also allows individuals to vote in advance voting. All advance votes, whether cast by residents of an electoral division or non-residents will be counted on election night in the electoral division in which they were cast and reported back to the appropriate electoral division using secure electronic technology.

This change in procedure replaces the current cumbersome process of transferring non-resident ballots first to the Chief Electoral Officer and then to each non-resident's home returning office. Certainly,

the new process will speed up the count and advance vote.

* (16:50)

Some of the other changes that we see is that the Chief Electoral Officer may make modifications to the voting process. The statutory authority to do so is clarified to allow for testing of new procedures over a specific time period and to ensure that the election cannot be invalidated simply because approved modifications have been used.

References to the positions of assistant voting officer and registration officer are removed from the act to allow more flexibility and efficiency in staffing and training, and as my colleague noted earlier, the requirement to publish the residential addresses of nominated candidates is removed.

And I think that everybody in the House would probably agree, given what we've seen in the last several years but certainly in—I think in the last year, where we've seen public servants—well, in some cases, threatened or more at risk from folks who are maybe not necessarily in agreement with some of the things that they stand for. Even public servants in—we've seen folks go to people's homes, and so I think that this is a good modern amendment to ensure that public servants and those folks that are running, or MLAs, are not at greater risk from individuals who are maybe not too happy with them, for whatever reason.

Ballot printers will be able to be printed on demand at the voting place for non-residents in—voting in advance outside their electoral division. On-demand ballots will have the appropriate candidate's name on the voter's electoral division, reducing the need of write-in ballots. And then the use of electronic voting books will speed up voter check-in and more efficiently record who has cast their vote.

Madam Speaker in the Chair

And then I think another thing that was brought up by the Chief Electoral Officer, which I think is really important, is that voters who have a disability or difficulty reading or writing may use their own assistive device to help them vote or one can be provided by the Chief Electoral Officer.

So, again, like I said, we welcome these changes. It does come from the expertise of the Chief Electoral Officer, again, who does pretty extraordinary work, and I think that everybody in the House would agree that the Chief Electoral Officer and her staff do incredible work not only preparing us for provincial

general elections but certainly all of the work that they do when we have by-elections.

And so, the only other thing that I would add, Madam Speaker, is that ensuring that voting is accessible in First Nation communities and rural communities. One of the things that we saw in the last federal election was that at least three First Nations in Ontario did not have polling stations. Now, again, I recognize that this is something that happened in the federal election, but I do want to just put it on the record because I think it's important to recognize that again, participating in our democracy, ensuring—you know, we often talk about that every vote matters or every vote counts. But, you know, not every vote can count when you don't have the ability to actually go and cast your vote.

And so, I think that, you know, the federal election is a cautionary tale to ensure that First Nation communities, remote First Nation communities and rural areas have the polling infrastructure to ensure that people can easily—and it is accessible to cast their vote. Everybody has the right to participate in our democracy, and everybody has the right to cast their vote for the individual or the party that they believe is working in the best interest of, and is more in line with, their own values.

And so it is really imperative that we ensure that communities have that infrastructure. And as you know, Madam Speaker, we have a number of remote and fly-in communities in Manitoba, and we should ensure that all eligible individuals in those communities have a chance to exercise their democratic right to vote.

And then, Madam Speaker, I will leave it at that. My last message is this—is that I—you know, we support Bill 11. I think that there's still more work to be done in respect of—and maybe it's not necessarily in—legislatively, but I think that we can do more in respect of, like, public education on ensuring that people understand how they're able to vote, where they're able to vote, the importance of them being able to vote.

And I've said it a couple of times in the House—or at least I think I have: you know, since I became a mom, I—every opportunity that I had, I brought both of my sons with me when they were very young until they started voting themselves, I would bring them to go and vote with me. Municipal elections, our elections in Sagkeeng when we vote for chief and council, they came with me; federal elections, they always came with me. And the folks that worked at

the elections would allow them to come in back. They were just, you know, little and they would see, you know, me putting my X on a thing.

And now, of course, my boys are grown men and they both vote. My youngest got to vote last year for the first time. And I made a big deal of it, and he didn't like that I did that, but it was a big deal. And it becomes just a normal everyday thing for people to vote and to participate in our democracy.

So I put that on the record, that I think there's a lot more that we can do to ensure that everybody understands the importance of voting and participates in our democracy.

Miigwech, Madam Speaker.

Madam Speaker: Are there any further members wishing to speak in debate?

Mr. Dougald Lamont (St. Boniface): I'll be very brief, Madam Speaker.

This is a—we do see this bill as a step forward. The one thing that I do hope that the government will consider, since it would require government expenditure, is the idea of a universal free identification for people to be able to vote.

It is—as I said, this is a constitutional right, and there's an enormous amount of—you know, around the world there's been concern about democracy. There's concern about the credibility of elections, especially in the US. So I'm very pleased that we're preserving the paper ballot, that that level of integrity is being preserved, but in terms of access, it really is a reality

that some people simply cannot afford identification, or that it's—you know, even if it's \$10 or \$20, that's \$10 or \$200 that they don't have to spend on food, so that's extremely important.

And also because the story—one of the fundamental stories of progress in democracy is the story of who gets to vote and who doesn't get to vote. And over the years and the centuries, vast numbers of people have been shut out deliberately from the franchise precisely because the powers that be did not want to have their say, not have them have a choice in how they were governed.

That's not how this province is founded; or, it was party-founded that way, but this is—we do see this as an improvement, and I thank the minister for bringing it forward.

Madam Speaker: Is the House ready for the question?

Some Honourable Members: Question.

Madam Speaker: The question before the House is second reading of Bill 11, The Elections Amendment Act.

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

Hon. Kelvin Goertzen (Government House Leader): Is it the will of the House to call it 5 p.m.?

Madam Speaker: Is it the will of the House to call it 5 p.m.? *[Agreed]*

The hour being 5 p.m., this House is adjourned and stands adjourned until 10 a.m. tomorrow.

LEGISLATIVE ASSEMBLY OF MANITOBA

Monday, March 7, 2022

CONTENTS

Matter of Privilege		Education System	
Asagwara	455	Altomare	466
Goertzen	456	Ewasko	466
Gerrard	456		
		Internationally Educated Nurses	
		Marcelino	467
		Gordon	468
		PC Election Campaign	
		Lamont	468
		Goertzen	469
		Invasion of Ukraine	
		Lamoureux	469
		Stefanson	469
		MMIWG and 2SLGBTQQIA+ People	
		Lagassé	469
		Lagimodiere	470
		New RCMP Collective Agreement	
		Wiebe	470
		Goertzen	470
		Petitions	
		Foot-Care Services	
		Kinew	470
		Bushie	471
		Abortion Services	
		Fontaine	471
		Personal-Care Homes—Quality of Care	
		Gerrard	472
		Foot-Care Services	
		Lindsey	473
		Diagnostic Testing Accessibility	
		Maloway	473
		Lead in Soils	
		Marcelino	474
		Eating Disorders Awareness Week	
		Naylor	474
		Health-Care Coverage	
		Moses	475
		Foot-Care Services	
		B. Smith	475
		Road Closures	
		Wiebe	476
ROUTINE PROCEEDINGS			
Introduction of Bills			
Bill 13—The Social Services Appeal Board Amendment Act			
Squires	457		
Ministerial Statements			
National Social Work Month			
Squires	457		
B. Smith	458		
Gerrard	458		
Members' Statements			
Rally in Support of Ukraine			
Cox	458		
Wolseley Winter Wonderland			
Naylor	459		
Virtual Sitings at the Legislature			
Goertzen	459		
House Fire Prevention on First Nations			
Lindsey	460		
Black Balloon Day			
Teitsma	460		
Speaker's Statement			
Driedger	461		
Oral Questions			
Surgical and Diagnostic Services			
Kinew	461		
Stefanson	461		
Transfer of ICU Patients to Ontario			
Kinew	463		
Stefanson	463		
Transfer of ICU Patients to Ontario			
Asagwara	464		
Gordon	464		
Premier's Schedule as Health Minister			
Fontaine	465		
Squires	465		
Gordon	466		

ORDERS OF THE DAY

GOVERNMENT BUSINESS

Second Readings

Bill 10—An Act respecting Amendments to The
Health Services Insurance Act, The
Pharmaceutical Act and Various Corporate
Statutes
Gordon 476

Questions
Asagwara 477
Gordon 477
Gerrard 478

Debate
Asagwara 480
Wowchuk 486
Gerrard 487

Bill 11—The Elections Amendment Act
Goertzen 490

Questions
Fontaine 492
Goertzen 492
Lamont 492
B. Smith 492

Debate
Fontaine 493
Lamont 495

The Legislative Assembly of Manitoba Debates and Proceedings
are also available on the Internet at the following address:

<http://www.manitoba.ca/legislature/hansard/hansard.html>