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DEBATES
and
PROCEEDINGS

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MANITOBA LEGISLATIVE ASSEMBLY
Fortieth Legislature

Member	Constituency	Political Affiliation
ALLAN, Nancy	St. Vital	NDP
ALLUM, James, Hon.	Fort Garry-Riverview	NDP
ALTEMEYER, Rob	Wolseley	NDP
ASHTON, Steve, Hon.	Thompson	NDP
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<i>Vacant</i>	Southdale	—

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, March 1, 2016

The House met at 10 a.m.

Mr. 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.

Good morning, everyone. Please be seated.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Mr. Kelvin Goertzen (Official Opposition House Leader): Good morning, Mr. Speaker. Just in terms of business this morning, for the first hour of this morning, ask if we could move to Bill 300 for the first half hour until 10:30 or until the bill passes third reading, and then after whichever comes first, passage or 10:30, and then after that move to Bill 207, The Participation of Manitoba in the New West Partnership Act.

Mr. Speaker: Is there agreement in the House to have the consideration first of Bill 300 until the bill either passes or 10:30, and then we'll proceed directly to Bill 207?

Is that agreed? [*Agreed*]

CONCURRENCE AND THIRD READINGS— PRIVATE BILLS

Bill 300—The Mount Carmel Clinic Amendment Act

Mr. Speaker: We'll now, under concurrence and third readings of private bills, we'll now call Bill 300, The Mount Carmel Clinic Amendment Act.

Mr. Andrew Swan (Minto): I move, seconded by the member for Tyndall Park (Mr. Marcelino), that Bill 300, The Mount Carmel Clinic Amendment Act; Loi modifiant la Loi sur la « Mount Carmel Clinic », reported from the Standing Committee on Justice, be concurred in and be now read for a third time and passed.

Motion presented.

Mr. Swan: Mr. Speaker, it's a pleasure to speak today about this bill because it gives me a chance to speak once again about the good work being done by Mount Carmel Clinic. I do appreciate the co-operation of all members to move this bill through second reading and on to committee in a timely way. We heard from Chad Smith, the chairperson of the board of Mount Carmel Clinic, at committee, who gave us, I think, a very good presentation on the work that is being done there. And I'm hopeful that passing this bill this morning will be appreciated by the board, by the staff and, most importantly, by the thousands of Manitobans that are served by the good work going on at Mount Carmel Clinic.

The clinic is a not-for-profit community health-care centre committed plainly and simply to helping families live healthier lives. Mount Carmel Clinic works together with people, families and our communities to enhance lifelong health and well-being. The people at Mount Carmel Clinic are truly walking the walk, and they're on the front lines and they understand that social determinants truly affect health outcomes, period. And that's why Mount Carmel Clinic offers a wide range of services addressing needs in the community from mental health to child care, to housing and social status, and they take a very unique approach given that each of their patients, each of their clients is unique, and they do their best to take into account each person's history and priority.

Mount Carmel Clinic's history is integrated very deeply with the history of our city and our province. The clinic was created in response to Winnipeg's immigration boom of the late 1800s and the early 1900s. At the time, Winnipeg was quick to recognize the economic need and the economic gain from immigrants, but Winnipeg was painfully slow at times, Mr. Speaker, to recognize the social needs of new people coming to Winnipeg. And as immigrants arrived in Winnipeg by the thousands, the majority concentrated in the North End and the West End where, in fact, many newcomers still do make their first home in our city.

Physical isolation coupled with prejudice led many newcomers to have to develop business, professional, social and religious institutions of their

own. And, of course, in Manitoba we know it was this way with many groups: the Mennonites, the Icelanders, Jews, Ukrainians, Poles, Germans and a multitude of others who came to join us here in Manitoba.

And, despite the growth of a vibrant and active community, one thing above all remained a problem, and that was access to affordable health care. And while those who couldn't afford to pay for services could still visit a hospital with outpatient facilities, the quality of care was uneven and the treatment was always not what we might expect.

Individual hospitals actually tabulated numbers and records including the ethnicity of each patient, and even would produce reports of that for the local media. And as you can imagine, an outbreak of tuberculosis or diphtheria or influenza was not unusual with cramped housing, with overcrowding, and that information could be used in a number of different ways. On the good side, one could suspect that sort of information would be used to push for better housing. Unfortunately, it wasn't always the case in Winnipeg, and detailed information like that would often be used by people to further their own prejudices about various people.

And it was this environment that prompted the Jewish community in Winnipeg to establish Mount Carmel Clinic. The clinic began in a house on Pritchard Avenue in the North End in 1929, and it moved into a new facility funded by the Jewish community at 120 Selkirk Avenue, very close to where the clinic is located today. By 1948, the clinic had just two staff members, the legendary Anne Ross who was the nurse, and a bookkeeper-secretary.

And by this time, while the economic conditions of Winnipeg's Jewish community had improved like that of many other Canadians and it lessened the need for the service of the clinic among the Jewish community, there was an even broader need for the work of Mount Carmel Clinic in the surrounding area. And, under the forceful, strong, brilliant leadership of Anne Ross, the emphasis of the clinic changed and it became a strongly community-orientated service catering to the needs of the community in which it was situated.

And Anne Ross herself spoke about what health care was like in 1948, that at the time it really dealt with only the physical affliction without regard for the contributing factors of the illness. And Anne Ross was a pioneer and saw it was necessary to deal

with all of the determinants of health if you truly wanted to build a healthier community.

And over the next 20 years under the guidance of Anne Ross and many, many strong members of the community, the clinic truly came into its own. And what was just a passive service at once dispensing care to those who came through the doors, became an active agent for change in the community.

The clinic established a regular roster of volunteer doctors who gave public health nurses the option to refer patients directly to Mount Carmel Clinic instead of a hospital setting where many felt uncomfortable. Home visits were increased, helping to ensure proper follow up on treatment and to provide information about preventing illness in maintaining good health. Home immunization programs meant families didn't have to travel with one or more young children in tow—which probably every parent in this Chamber, Mr. Speaker, can appreciate—and it increased the likelihood that children would receive preventive care at the right time and reduce the incidence of preventable diseases in our communities

*(10:10)

During the same period, Mount Carmel Clinic took the lead role in providing family planning information, mostly to young and low-income women. It may be hard to imagine now, but taking the step to provide this type of counselling and information took great courage. At that time providing birth control information was a direct violation of federal law.

Immigrants continued to arrive from around the world, and joined by indigenous people moving from their home communities, they came here hoping that Winnipeg would provide greater opportunities. For many we know that any advantage to city life was also paired with cultural changes that made adjustment difficult, and it meant many of the newly arrived were living in poor housing conditions without proper nutrition or even proper clothing.

And we know, Mr. Speaker, those conditions were especially hard on children. The clinic began to see more and more cases of upper respiratory and ear infections and families found that even if they were able to get medical care for their children it wasn't always possible for families to get the necessary follow-up care.

In the face of this need, Mount Carmel Clinic created a day hospital. Children came to the clinic each day for treatment but could return home at night to keep the family together. An additional benefit of daily visits was the connections the families made with the staff. They learned about life in Winnipeg and how to cope with the issues that city life brought with it.

Mr. Speaker, medicare arrived in the 1960s, thanks to Canada's greatest Canadian, Tommy Douglas, and many in the community said that perhaps the clinic had outlived its usefulness. Well, this proved not to be the case. Patients came in growing numbers for many reasons, but underlying the clinic's continuing relevance to the community was one thing above all, and that was an appreciation for the dignity and the respect given to each client. And at this time a variety of programs became available including not just counselling, but a milk fund for at-risk pregnant women, free dental care, pharmacy and a day nursery.

By the early '70s, the clinic moved into a larger space—in fact, their current location at 886 Main Street. During that same period the clinic continued to play an advocacy role in issues perceived as health-related, which included both improved housing and the ongoing struggle to control the price of milk to keep it within affordable levels for families.

And, Mr. Speaker, that community-centered approach pioneered by Anne Ross back in the 1950s has continued to thrive. As the needs of the community have changed, the clinic has responded to meet those needs. The clinic has expanded to five buildings, all located within the Point Douglas North End community.

Services provided today include over 25 major health services, including new programs such as the multicultural counselling program, the diabetes and hepatitis C clinics, Teen Clinic, the mothering house, Sage House and the parenting support student program.

I want to talk about Sage House for just a moment because I learned quite a bit from the folks at Sage House. You talk about being on the front lines; these are people who work every day with the victims of sexual exploitation, and it was actually very helpful to get advice from Sage House to see the people that are out there as victims and not criminals.

And that's why I was certainly proud to speak about the Nordic model of prostitution being followed in Sweden and other countries with a very, very high level of equality and high level of protection of women, and I was very proud to be the only provincial AG who stepped up in light of the Supreme Court's decision on prostitution, and in the unlikely partnership with former MP Joy Smith, which wasn't something many people saw coming, were able to convince the federal government to come up with better prostitution laws, which, I believe, will protect the victims of exploitation. And I do thank Sage House and Mount Carmel Clinic for that wise and timely advice.

The legacy of Anne Ross lives on, not just in the spirit of the clinic, but also in a building that bears her name. The Anne Ross Day Nursery dedicated in her honour now has its own building adjacent to the clinic with space for 48 children. That building is currently expanding, and I understand there'll be 16 new infant spaces opening in fact, Mr. Speaker, this month, which is something to celebrate.

It becomes very clear that Mount Carmel Clinic's focus on the promotion of good health and prevention of illness leads to positive results, not only for the personal well-being of patients, but for the economic well-being of the health-care system and the clinic itself.

Of course, this bill will modernize the board structure to go from a minimum of 25 board members to a minimum of 12 and a maximum of 15 and will modernize the wording. Mount Carmel Clinic's celebrating 90 years of service this year and we're hopeful they'll celebrate at least another 90.

Thank you, Mr. Speaker.

Ms. Jennifer Howard (Fort Rouge): Mr. Speaker, it's my pleasure to get up this morning to speak to this private member's bill and to speak to the achievements of Mount Carmel Clinic, but also to the achievements of community health clinics all over the city of Winnipeg and in general.

My colleague the member for Minto (Mr. Swan) gave an excellent, I think, account of the history and founding of Mount Carmel Clinic. He talked about how this was a vision of people who were once newcomers to this community, the Jewish community, to help other people who are newcomers. And the role of Mount Carmel Clinic in our city ever since its founding has been to reach out and to provide health care and services to

populations that often have trouble accessing the health-care system. And they've done that work proudly for, I think, a century, coming up on a century, if they haven't already celebrated their 100th anniversary.

I was very fortunate before I was elected to work as the executive director of the Women's Health Clinic in Winnipeg, which is also a community health clinic. And in that work and in work that I had done previously in the realm of health care and health policy, I came to know the community health clinics in Winnipeg, but community health clinics all over the country. And many of the stories are similar. They rise up, they come together as a need in the community, as people who see a problem and decide that they're going to wade in and try to fix it, and they start these institutions. And these institutions tend to become hubs of innovation in health care. They are places where people are free to try new approaches, to experiment. They're a little less, perhaps, shackled from doing that than some of the mainstream health-care institutions are.

And I think, certainly in the last decade, the Winnipeg Regional Health Authority, other health authorities have come to even more appreciate that approach and to try to emulate it in other clinics, like the ACCESS centres and QuickCare clinics, which also, I think, try to embrace this notion of responsiveness to patient needs.

One of the hallmarks of community health clinics like Mount Carmel is the notion of patient-centred care, the idea that when you are trying to develop a health-care system that you put the needs of the patient at the centre of that thinking, not the convenience of the providers. And that is revolutionary often in the health-care system.

And we heard from my colleague, the member for Minto (Mr. Swan), some of the ways that that has manifested itself at Mount Carmel, things like the Anne Ross Day Nursery, which at its time was a revolutionary thought, to put—(a) to put a daycare anywhere, but certainly to put one in a community health clinic, and it came from health-care providers recognizing that people were being prevented not only from accessing health care, but accessing education and accessing employment because they didn't have good, safe care for their kids. And so they provided that, and I think through that also found that these children, who often came from families of low income, families that were experiencing marginalization and oppression in the community,

this also gave an opportunity for these kids to get early childhood education, which we didn't maybe know then, but we do know now is a tremendous predictor of future health and success. What happens in those first three years is often key to the development of a child into adulthood. It's a tremendous amount of pressure when you have small children to realize every day that in those first three years you hold their future in your hands.

But, you know, another thing that the Mount Carmel Clinic has recently taken on—and I've had the pleasure of getting to know about this project—is something called the Mothering Project. And this extends Mount Carmel's history and extends their practice of doing things that are innovative, that are experimental, that may seem a bit risky and, again, are patient-centred. And this comes, again, from direct experience serving women in the clinic who have children who are in the child and family services system, children who have been apprehended or children who have constant contact with the system.

And often, you know, these mothers come into this program and they are not perfect individuals. They, many of them, struggle with mental illness, struggle with addiction, struggle with other problems in their life. And the Mothering Project takes these folks that come in where they are at, without judgment and builds on the connection between a mother and a child as an opportunity for change.

*(10:20)

And I have seen that in work that I was privileged to deal with women who were in transition and trying to upgrade their literacy skills and often those women had similar stories. They had lived lives fraught with domestic violence. They had lived lives fraught with addiction. Most of them at one point or another had lost their children into the child and family services system. But that connection to their children was most often the driving force, the impetus to change in their lives, and I think it is true that none of us change our behaviour for other people. You do have to—if you're going to make a lasting change, it has to be something you do for yourself. But for many, many people, that bond with their child is what gets them through the door, and I think the Mothering Project has recognized that. And that project is working with the health-care system, with the Child and Family Services system, to build the capacity of these moms to get their kids back and to have healthy families. And that couldn't happen if

Mount Carmel didn't exist, and it couldn't happen if they didn't have child-care spaces built right into that clinic.

My colleague the member for Minto spoke about Sage House, which has been another tremendous example of reaching out to work with people who work in the sex trade, folks who don't get to access the mainstream health-care system, and when they do, are often faced with tremendous barriers and tremendous judgment.

The—one of the binding philosophies of community health centres has been this vision of health care and this analysis of illness as something that is rooted in social justice or the lack thereof. You cannot divorce substandard housing, you cannot divorce poverty from health care—from the provision of health care. You cannot take away the place that somebody lives, their experience every day either going to a job that makes them unwell or not having a job, you can't divorce that from their experience of health care and their experience of health, and places like Mount Carmel know that. And they address not only the symptoms that somebody walks in the door with, but they get to the root causes of those issues, and they advocate for a more just and equal society where people have access to housing and have access to fair income.

You know, community health centres, we have a lot to thank them for. These were the places and—including nursing stations in the north, these are the places nurse practitioners came to be. I remember early when I worked in health policy, talking to someone who had experience in the north and said, you know, it's funny, nurses seem to get smarter the farther north you go. They are allowed to do more when you're in a northern—suddenly, concerns about scope of practice melt away when that nurse is the only person who is providing care. And community health centres were early adopters of this model, had nurse practitioners before we called them that. They were nurses who used all of their skills to provide care.

This may be an inappropriate story but I'm going to tell it.

An Honourable Member: Leave.

Ms. Howard: Thank you.

The first—my first day on the job at the Women's Health Clinic will live in my memory forever. I hope the next first day on the job is not like this. But I

happened to arrive on the day when we were offering pap smears to anyone who walked through the door. It was community-pap-smear day; it was a way to get women in and screened for cervical cancer. And we know the incidence of cervical cancer, and it is a pernicious and deadly disease, but very treatable if it's caught early. But women don't get screened, particularly women who live marginalized lives.

So we were doing this, and nurses were the ones that were providing this test, which was unusual; mainly doctors do this, and we had student nurses there who were learning to do this. So I, first day on the job, I was going to go in the clinic, see how things were going, chat to the staff, be open and approachable until the senior nurse who was demonstrating the procedure to students needed a volunteer for that procedure and offered me this opportunity. And I said, no, thank you very much. I think as your boss, this may put us in a difficult relationship to start off with.

But I did appreciate the ability that day of the Women's Health Clinic to reach out, and that's what community health centres do. That's what Mount Carmel has done through its history, and I'm so happy to be able to give them another vote of confidence today. Thank you.

Mr. Kelvin Goertzen (Steinbach): Mr. Speaker, just briefly, because I—*[interjection]*—it's a tough act to follow, I know, and I won't even attempt to. I know when I can't match the member for Fort Rouge (Ms. Howard), and that's been many times in this House.

I know the member for River Heights (Mr. Gerrard) would like to speak, as well.

I want to, first of all, just thank the member for Minto (Mr. Swan) for bringing forward this bill. We've had discussions about it, certainly Mount Carmel Clinic asked for the amendments to changes. We've heard them come to committee. We certainly put words of appreciation for the work that they do on the record at committee. We echo those words, again, today for the fine work that happens at that facility in terms of ensuring that individuals receive the services that they need within the community. I appreciate the fact that the member for Minto has had discussions with us and worked with us in a collaborative way to ensure that this bill passes third reading, which it will do before 10:30 today.

And I look forward to hearing other comments from the member for River Heights.

Hon. Jon Gerrard (River Heights): Mr. Speaker, I speak in the spirit of all-party co-operation to support Mount Carmel Clinic and this bill to advance and to take Mount Carmel Clinic to the next step, as it were.

I want to recognize the phenomenal work that Anne Ross and all the pioneers who started the clinic did and set it on a track to look not just at treating those who are sick, but looking at how one starts to prevent problems of sickness and how to keep people healthy.

There are many wonderful programs at the Mount Carmel Clinic. I mentioned at second reading the Mothering Project as a really good example of the work that is being done to help mothers and to reduce the number of kids being taken away at birth and apprehended and being put in care.

There's been some very good work with the Assertive Community Treatment program, the Wiisocotawin program and I think that's a really important support for people with mental health issues, and coupling that with the efforts to help people with housing and being preventive in terms of mental health.

There are important programs in midwifery and diabetes and in many other areas, and I think the ongoing work of the clinic certainly deserves recognition, and I want to personally extend a thank you to all those who work at Mount Carmel Clinic and contribute to the good work that the clinic does.

So with those few remarks, I'll sit down and hopefully we can pass this and have it become law soon.

Mr. Speaker: Is there any further debate on this matter?

Is the House ready for the question?

Some Honourable Members: Question.

Mr. Speaker: The question before the House is concurrence and third reading of Bill 300, The Mount Carmel Clinic Amendment Act.

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

SECOND READINGS—PUBLIC BILLS

Bill 207—The Participation of Manitoba in the New West Partnership Act

Mr. Speaker: As previously agreed, we'll now move to second reading of Bill 207, The Participation of Manitoba in the New West Partnership Act.

Mrs. Heather Stefanson (Tuxedo): Mr. Speaker, I move, seconded by the member for Morden-Winkler (Mr. Friesen), that Bill 207, The Participation of Manitoba in the New West Partnership Act; Loi sur la participation du Manitoba au nouveau partenariat de l'Ouest, be now read a second time and be referred to a committee of this House.

Motion agreed to.

Mrs. Stefanson: I think, you know, I was pleased to see the previous bill passed throughout the House for—pass third reading in the House, and I think that while we're in the spirit of co-operation, Mr. Speaker, I think it's time that members opposite see the light of day when it comes to this bill.

It's been introduced several times in this House and it's been introduced several times for a reason, because I'm always hopeful that members opposite will see the light of day and see—in the spirit of co-operation I hope to see that this bill pass through second reading into committee today. And I look forward to hearing the comments from members opposite in support of this bill, because it is a very important bill for Manitobans, for our economy and for businesses and for employees and jobs in our province.

* (10:30)

So, I hope that members opposite will finally see that it is time to support entering—to support the entering into discussions and negotiations with members from the governments of Saskatchewan, BC and Alberta in hopes of joining this, the New West Partnership, Mr. Speaker.

We know, unfortunately, that the government of Saskatchewan, because of some of the rules that apply in Saskatchewan, that, as a result of our—this government, this NDP government, not being a part of the New West Partnership, it has, in fact, hurt Manitoba businesses. And we think we need to look only at the examples of Minty's Moving, Leech Printing and TL Penner Construction, Mr. Speaker, who—some of whom are considering opening satellite offices in Saskatchewan so that they can participate and—in tendering processes with Saskatchewan Crown corporations and government contracts there, which, right now, they are precluded from doing so because we are not part of the New West Partnership in Manitoba.

So, that is not good. When Manitoba businesses are looking to set up satellite businesses in other provinces to be able to do business within those other

provinces and with those Crown corporations and provincial government contracts, Mr. Speaker, it's not good for the economy here in Manitoba when businesses are looking to expand elsewhere. And it's also concerning that some of these businesses may consider moving elsewhere in its—in their entirety in order to be able to bid on those contracts.

So those are just a few examples, Mr. Speaker, of why it's so important to support this bill, to support Manitoba businesses that are looking at ways to do business with our western provinces. We need the Premier (Mr. Selinger) and members opposite—we need them to abandon their policy of trade isolation. We need them to seek partnerships with the other western provinces. We can no longer afford, as a province, to isolate ourselves here in Manitoba from our other western partners. There are areas of procurements where this is—it's very important for the future of jobs and the growth of our economy here in Manitoba.

To me, this is a no-brainer, to support this piece of legislation. We brought it forward five or six times now, Mr. Speaker, and I'm hoping that members opposite will see fit to support this passage of this bill so that we can do what's in the best interest of the province of Manitoba to ensure future growth in our economy and that those jobs can be created right here at home.

Thank you very much, Mr. Speaker.

Mr. Speaker: The honourable minister—oh, pardon me. Questions?

Hon. James Allum (Minister of Education and Advanced Learning): I thank the member for recycling this bill again. It's probably the only recycling that we ever see out of the opposition, not noted as environmentalists in any way.

Could the member opposite tell me, the agreement that's been in place since 2010, could—that's six years. I'll give her the benefit of the doubt. Could she give us five things that the New West Partnership has accomplished in the last five years?

Mrs. Stefanson: Mr. Speaker, I'm hoping that by recycling this bill, in fact, that members opposite will see—see fit to support it and finally to do the right thing for jobs and the growth of our economy here in Manitoba.

It is a no-brainer to support areas of procurement, where—areas of health care I know that have been aided out in BC, Mr. Speaker. You know,

it's had a very positive impact. I can go on and on and on about the positive impacts that a trade agreement has had and I look forward to—there's been many things.

There's been many negative, as I've already indicated, many negative things that have resulted and had negative impacts on businesses in Manitoba as a result of not joining the new 'mest' partnership, Mr. Speaker.

Mr. Rob Altemeyer (Wolseley): Mr. Speaker, I'm hoping the honourable member could describe to the House the potential impacts on government in Manitoba's ability to provide future public services based on the dispute settlement mechanism included in this so-called New West Partnership.

Mrs. Stefanson: Mr. Speaker, it's not a so-called New West Partnership Agreement; it is a New West Partnership Agreement that exists today. And what's the important thing that we need to mention here is that we're not part of that. And by not being a part of that is having a negative impact on jobs and—growth of jobs and growth of our economy here in Manitoba because of this government's refusal to join with the New West Partnership.

Mr. Allum: Since she couldn't articulate five things that the New West Partnership has accomplished, nor could she answer my friend from Wolseley's question, I wonder if the member could just indicate for us how many jobs have been created as a result of this New West Partnership over five years. Could she tell the House what that number might be?

Mrs. Stefanson: I think the important part of this is how many jobs have been lost here in Manitoba as a result of not being a part of that agreement, Mr. Speaker. We know of three businesses so far that have come forward: Minty's Moving, TL Penner Construction and Leech Printing, who are looking to expand in Saskatchewan so that they can be—they can do business with government Crown corporations there. It's having a negative impact here in Manitoba and that's the important part of this.

Mr. Andrew Swan (Minto): As the member has mentioned, I'll use the western term: This isn't the first rodeo that this bill is seeing in this House. I wonder if the member has now consulted with the Association of Manitoba Municipalities about the additional obligations that this act would put on some of our municipalities to advertise municipal contracts across the west, and the fact that local businesses and individuals may not get the municipal

work that they and their families have counted on for years or even decades.

Mrs. Stefanson: I thank the member for the question. I think I've met with the Association of Manitoba Municipalities many times over my 15 years of being elected in this Chamber, Mr. Speaker, and I know that they are concerned about jobs in our economy here in Manitoba. They have expressed concern over many things including forced amalgamation by this NDP government.

And so there has been many concerns that the Association of Manitoba Municipalities have said in various meetings that I have had; the concern is with this NDP government.

Mr. Altemeyer: I'm very concerned, Mr. Speaker, that the member bringing this idea forward is completely incapable apparently of answering a very simple question. The dispute settlement mechanism in these trade agreements can be exceptionally dangerous to government and the well-being of the people.

You need only look at a situation like the Ethyl case where a foreign US-based corporation was able to successfully sue our federal government and have an environmental protection order reversed, which—and had to pay compensation to the company.

Will the member please describe for the House how does this mechanism work under the New West Partnership and what protections can she promise to Manitobans they're not going to get hurt by it?

Mrs. Stefanson: Mr. Speaker, what's dangerous is this NDP government that goes door-to-door in the last election campaign. They knock on people's doors; they promise not to raise taxes, and their first available opportunity, they raise those taxes. They increased the PST from 7 to 8 per cent and they did so by taking away people's right to vote. It is—it's unfortunate that members opposite think that that's the way to govern this province.

And I can tell you that Manitobans don't like that. I've been going door to door over the last number of months. I've heard clearly, as members opposite apparently have, and the member for St. Norbert suggested in a caucus meeting that he's hearing it too, that Manitobans are tired of this same old NDP government.

Mr. Dave Gaudreau (St. Norbert): Yes, Mr. Speaker, what I heard on the doorsteps this weekend was that they actually like our plan. I got a

ton of sign locations on Sunday and they're happy with it.

What Manitobans are telling me is they're concerned about the reckless plan from the opposition. And I'd like to know, from the member opposite, if now she supports Saskatchewan's plan to cut millions of dollars from health care because their province is under now a \$471-million deficit, a swing of \$534 million from their original projection. If that's something she supports, and if she thinks that the New West Partnership is going to help Saskatchewan improve their bottom line, or is she looking after their province over Manitoba?

* (10:40)

Mrs. Stefanson: Mr. Speaker, I'm glad to hear from the member from St. Norbert, and he says one thing to the Free Press and another thing here and another thing in his caucus. It's a bit of a gong show over there, but I do thank the member for the question today.

In fact, the New West Partnership would be a very positive thing for jobs and our economy here in Manitoba. It's having a negative impact by us not having—not being a part of that agreement right now. It's having a negative impact on businesses in Manitoba. By having a negative impact on those businesses, that has a negative impact on job growth and the growth of our economy.

So I hope that members opposite will see fit to support this bill. It's time to pass this bill through the Legislature.

Mr. Altemeyer: Mr. Speaker, let's find out just how little the honourable member knows what she's talking about.

Can she please describe to the Chamber what the concept of national treatment means in the context of trade agreements?

Mrs. Stefanson: The arrogance of members opposite, Mr. Speaker, is exactly what I'm hearing door to door about why they want an NDP—a new government here in the province of Manitoba. It's unfortunate that members opposite are not going to support this bill. There are many positive things to do with it and it would be a—it would be very beneficial to the province of Manitoba to the growth of our economy and jobs in our province.

So I hope that members opposite see fit to support this. They're—it's time to see the passage of this bill so that we can work with the provinces of

Saskatchewan, Alberta and BC, and work with them to ensure that businesses in Manitoba have the opportunity to grow here in the province of Manitoba, not in other provinces.

Mr. Altemeyer: How about the concept of most favoured nation? Does she know what that means?

Mrs. Stefanson: Mr. Speaker, I thank the member for the question.

I—again, I encourage members opposite to support this bill. It is very important for the province of Manitoba. It is very important for the future growth of our economy, and I hope that members opposite will—again, this is an important issue. And I know that members opposite, it's unfortunate that when they don't know much about this agreement that they see fit to attack personally. That's not something that we do in Manitoba. It's unfortunate that members opposite see fit to resort to personal attacks, and that's just why that members opposite, you know, they say one thing, they do another, and it's unfortunate for the province of Manitoba.

Thank you.

Mr. Allum: Mr. Speaker, you know this Q & A has been very instructive for the rest of us. The member, in answering the question, I think is 0 for 10, but I'm not quite sure, and what she's clearly demonstrated is not only are we a better government, we're better in opposition when we're in government than they've ever been.

But, Mr. Speaker, here's a lob ball for her: Can she tell me how many press releases have been issued by the New West Partnership in the five years that it's been in power—or it's been going?

Mrs. Stefanson: Mr. Speaker, if the members opposite want to talk about the number of press releases that have been issued in the last number of years, they need only look at their own press releases that they have issued over the years and re-announced—and re-announced—and re-announced—so many programs over the years, and with very few results to be seen.

So I think it's unfortunate, Mr. Speaker that members opposite, I guess, are obviously not going to support this bill. It's unfortunate and it's a sad day in the province of Manitoba.

Thank you.

Mr. Speaker: The time allocated for the questions has elapsed.

We'll now resume the debate on this matter.

Hon. Melanie Wight (Minister of Children and Youth Opportunities): Thank you, Mr. Speaker, I appreciate it. I'd like to thank the member opposite for bringing this up again.

I always like the opportunity to have a chance to put on the record the facts of what is happening in Manitoba and in our plan and vision for the future as well. So any chance to get to do that I'm grateful for.

I could speak to the idea of asking someone to answer questions and then being a—considered a personal attack when they aren't answered, but I don't think that's a personal attack at all. It's simply that we're asking some very important questions about the New West Partnership and hoping for an answer, but were unable to receive it.

So, I would like to speak about what we're doing in Manitoba. One of the things that member opposite mentioned was job creation, and she was concerned about the job creation that was going on, perhaps unaware that in Manitoba, in 2015, who was the No. 1 job creator? Was it Saskatchewan? No. No, it wasn't, Mr. Speaker. It was Manitoba. Manitoba, the No. 1 job creator in the country in 2015.

And where did most of those jobs get created from? They were private investment, because, Mr. Speaker, we have been working in every area of the province, not just in three provinces or two provinces or the province next door. We are working across the entire country and, of course, into North America, across the world. You know, we're doing trade deals with places like China.

So, it's something that we want to make sure that we continue to do across the whole country, and I think our success rate has been clear when you look at the job-creation rate in Manitoba. Manitoba exports to the western provinces accounts for 43 per cent of our total interprovincial exports, and so we clearly already do have a very strong western integration. We've signed, even with Saskatchewan, a 100-megawatt deal in firm power sales with them on top of a 25-megawatt deal that we have with them, and we want to, of course, continue that strong relationship on the western side. But we can't do that at the expense of the rest of the country. We are in the centre of Canada, and as—that is a location that's just tremendously helpful for us, both east, west, north, south, and we intend to continue to make sure that that continues. Over 50 per cent of Manitoba's exports go to Ontario and Quebec.

And when it comes to just jobs and trade, I mean, in the last 10 years, Manitoba's exports increased \$4.1 billion. Our unemployment rate remains one of the lowest in the country. These are the things that the people of Manitoba care about. They want their families and the people in them to be working, to have jobs, Mr. Speaker. There's very few things that are more important to people than the basics of being able to work. People want to be able to provide for their families, and that's what we're doing in Manitoba.

It's really interesting; the TD Economics Provincial Forecast noted that Manitoba's balanced approach to growing a diversified economy is, ah, bucking the trend of other prairie provinces, projected to be one of the top performers in the next three years across the country, Mr. Speaker. You know, I understand why the opposition only has a negative plan. There's no vision. There's no plan of how they're going to continue the growing of Manitoba that this government has done, and I can see why. It would be hard to compete with what we have been able to do through a recession and two major floods in our province, and yet, still, we are one of the top performers in the country.

I know, recently, because of CentrePort—I'm not sure if the opposition is aware of CentrePort, but we invested significantly in CentrePort. Part of it comes into some of my constituency, actually, and it's a 20,000-acre foreign-trade zone inland port, and it is the country's first and the largest, and it has direct access to national—international rail, truck and air cargo operations.

*(10:50)

And why should the people of Manitoba care about that? Well, the deal recently done with Mexico is a great example of why. Because of CentrePort, we were able to make a trade deal with Mexico that cuts out the US. So, you know what that does? It means that Manitobans are going to get fresh fruit and fresh vegetables at a lower cost. And you know what? That helps every Manitoban. That's the kind of vision that our government has, and always geared, Mr. Speaker, always geared to what is actually going to help the Manitoba people, what is going to help the working and middle class people in Manitoba who need us to remain on their side and working to continue the growth in this province.

You know, we have a highly diversified economy. We have a very diverse export base. We have the highest share of exports to the rest of

Canada and a below average reliance on the US and other international exports. And it takes a government that's committed to working in partnerships with all of our businesses, with all of our people in the province, to make sure these kinds of things continue to happen. We work with people like New Flyer and Winpak to expand their operations, to create jobs. We work with Canada Goose to support new jobs in Manitoba, 300 of them. We work with Shaw Communications to moving to Winnipeg and planning to create 500 new jobs in Winnipeg. We work with Loewen Windows, with Valeant. We are doing all kinds of work as well on the electric buses, Mr. Speaker, and looking to expand that, certainly, in trade deals across the country and into the US, I'm sure. We're going to continue to develop strong national agreements on international trade that reduce trade barriers between the provinces and the territories across the country.

So I guess I would say that most of Canada's premiers, Mr. Speaker, are focused on breaking down trade barriers in Canada, not building them up. That's not what we're trying to do. We're committed to full labour mobility in Canada. And we were, in fact, the first province to pass the labour mobility legislation in 2009. And you can probably google that if you need to, you know, find out more about it, and members opposite could look that up to see what that is.

So we're not only pursuing, as I've mentioned, our opportunities domestically, but certainly internationally. And I mentioned earlier China. Our exports to China have grown from 1.7 per cent of total exports in 2003 to 8.2 per cent in 2013. And you know what, in spite of not having the New West Partnership in place, Manitoba has, now, the third largest share of exports to China because we have a vision that isn't just centred in three provinces to our west. We love those three provinces and we're happy to continue to do great business with them, but Manitoba is focused on being able to continue to build our trade across the country, across North America and across the world, Mr. Speaker. And we are proud of how that helps Manitoba families ensure things like getting lower food costs; things like, oh, keeping their jobs and building those jobs.

So I would just like to end with that note that we have a vision, Mr. Speaker, that puts us continually on the side of what matters to Manitobans and what is going to keep our province moving forward in what are, globally, very difficult times. And I'm very, very proud to be a part of that team.

Hon. Jon Gerrard (River Heights): Mr. Speaker, a few comments on this bill. I just want to note that Manitoba Liberals are strong supporters of working co-operatively and in partnership with people in Saskatchewan, Alberta and BC. In contrast, the NDP have shown that they are, categorically, an-unwaveringly opposed to the New West Partnership, which has been brought forward many times.

We look—we talk about job creation in Manitoba—the NDP do, indeed. But the problem is the most recent number of people employed in Manitoba is fewer than the number of people employed in Manitoba in June of 2013 when the government hammered Manitoba businesses with the increase in the provincial sales tax. Why has the number gone down? Explain that.

The NDP in this debate have been exposed as isolationist and as seeing only danger in working together with Saskatchewan, Alberta and British Columbia. Indeed, they are afraid of being partners with our fellow Canadians living in our adjacent provinces.

Manitoba Liberals, in contrast, see the opportunity that occurs in a larger market, not only Manitoba but Saskatchewan, Alberta and BC, the significant potential for jobs and for economic growth with this larger market for our businesses.

There is no doubt that the opportunity is there to work co-operatively with people in Saskatchewan, Alberta and BC. People in Saskatchewan and Alberta and BC are not our enemies. They are people that we can work together with co-operatively, that we can share ideas, we can share developments, we can look at the ways in which our businesses work together better.

The NDP, going back to '87, have imposed the job-killing payroll tax which has already resulted in the movement of many jobs and business activities from Manitoba to Saskatchewan and Alberta and BC. Let us move the situation around, turn the situation around, seek the opportunities for our businesses here so that we can see a growing economy, we can see a growing number of jobs here instead of what we've seen since June 2013, which is, in fact, a net loss of jobs and a sad situation.

So Manitoba Liberals, as I have explained numerous times in this Chamber, would get rid of the payroll tax. We would do that in a fiscally responsible way. We would make sure that we're

balancing the budget and then moving on to get rid of the payroll tax.

We want to create not just a short-term look at what's going on—which is forever changing under the NDP as we know with the experience with the PST—that it is—they're saying one thing one day and another thing another day, and it's very hard for businesses in this province to plan properly if you've got a government which is so wishy washy and so changeable. And so, you know, in some ways difficult to understand really where they want to take the economy.

Mr. Speaker, you know, this is an important piece of legislation. I want to make sure that everybody has a chance to vote on this legislation, and I hope everybody will support this legislation because we need to be partners effectively with people in Saskatchewan and Manitoba and BC, and we need to be partners just not in terms of business, but in terms of environmental issues and in whole variety of other areas.

It is a critical turning point. Is it a turning point that the NDP have decided that they want to turn away from for year after year after year? And, Mr. Speaker, on—from the point of view of the Manitoba Liberals, we want to turn toward working with other people in other provinces making sure that our businesses have opportunities, making sure that we have competitive bids, which the NDP in so many circumstances seem opposed to, and we hear another story today about Manitoba Hydro not even having competitive bids.

So that the reality, Mr. Speaker, is that we need to turn away from the isolationist fearful approach of the NDP toward a more open, engaging, co-operative approach that will benefit Manitoba in our environment that will benefit Manitoba in our businesses, that will benefit jobs, will benefit us in terms of prices and will be a good benefit for us here in Manitoba.

I'll sit down, so we can have a vote.

Mr. Allum: Mr. Speaker, if he wanted to have a vote, he should have sat down a few minutes ago. But what we saw is a remarkable half-hour of a new coalition in this House between the Liberals and the Conservatives in this House and a race to the right wing to please corporations and banks at the expense of the working people, middle-class families of Manitoba.

That was one of the most ironic, most dispiriting, most—

* (11:00)

Mr. Speaker: Order, please.

When this matter's again before the House, the honourable Minister of Education will have nine minutes remaining.

RESOLUTIONS

Res. 3-Protecting Strong Public Health Care

Mr. Speaker: It's 11 a.m. It's time for private members' resolutions, and the resolution under consideration this morning is entitled Protecting Strong Public Health Care, sponsored by the honourable member for Fort Rouge.

Ms. Jennifer Howard (Fort Rouge): I move, seconded by the honourable member for The Pas (Ms. Lathlin),

WHEREAS public, universal, high-quality health care is a top priority for Manitoba families and the provincial government will continue to invest in protecting and improving front-line services; and

WHEREAS the Throne Speech shared many smart, strategic and forward-thinking investments as it was grounded in the values and priorities of Manitobans to improve the care, health and well-being of Manitoba families; and

WHEREAS the provincial government is investing in health care by building more health facilities; hiring and training more doctors, nurses, paramedics and other front-line professionals; enhancing the Emergency Medical Services system, including moving towards reduced ambulance fees; and investing in initiatives like QuickCare clinics that help provide more options and better access to care for Manitobans; and

WHEREAS the provincial government is investing in unique new programs that will provide better parenting support, youth mental health services, addiction supports, home care for seniors and CancerCare support from the moment of diagnosis all through treatment; and

WHEREAS the provincial government will continue to invest in health care supports in the North, including making it easier to access healthy foods; and

WHEREAS the Leader of the Official Opposition (Mr. Pallister) wants to impose

dangerous cuts that would threaten services on which Manitobans rely and would transform the provincial system into American-style, two-tier health care where the wealthy can pay to jump to the front of the line; and

WHEREAS even after stating that two-tier health care is a better way to do things, the Leader of the Official Opposition didn't offer any vision for home care, personal-care homes, family doctors or nurse practitioners.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba commend doctors, nurses, paramedics and other crucial front-line workers who provide top-quality care for Manitobans and deserve support; and

BE IT FURTHER RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to continue to invest in its vision for even stronger public, universal, high-quality health care for all Manitobans; and

BE IT FURTHER RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to continue to reject the calls of the Leader of the Official Opposition to privatize health care that would endanger the health of all Manitobans.

Mr. Speaker: It's been moved by the honourable member for Fort Rouge, seconded by the honourable member for The Pas,

WHEREAS public, universal, high-quality health care is a top priority for Manitoba families and the provincial—

An Honourable Member: Dispense.

Mr. Speaker: Dispense? Dispense. The resolution is in order.

Ms. Howard: Mr. Speaker, it's my pleasure to rise today to bring this resolution to the House.

You know, when I was looking at this resolution, I was reminded that I think this was actually the topic of my first private member's resolution in this Chamber, so I guess it is fitting that it is the topic of my last one, as well. Although this is my last speech, so, you know, I don't want to strain the opposition to be too nice to me yet. You have time, although you have been very generous to me, not only since I said I'm not running again, but throughout my career.

I—you know, it's fitting that this is the last resolution I'm going to bring to this House because it is health care and the provision of publicly funded health care that was, really, I think as I've said before in this House, my first experience of what government can do to change the lives of its citizens.

As I've spoken before in this House, I was born with a disability that required several surgeries when I was a child, long terms of rehabilitation, visits to physiotherapists, trips to Toronto and Winnipeg to see doctors and specialists, a long stay here in Winnipeg at the Children's Hospital. And, you know, my family is, like many working families in this province, both of my parents worked. They worked hard. But there was not a lot of money left at the end of the month and, certainly, had it not been for the publicly funded system where I got the best care in the country, I got to see specialists that were renowned internationally, had it not been for the fact that we all, as a society, decided that it was worthwhile to put our money together—that's what taxes are—put our money together to make sure that every citizen could get access to good quality health care, had it not been for visionaries like Tommy Douglas and others, my family—probably I would not have received such excellent care and my family would have been driven into bankruptcy and poverty as a result of that.

And I—you know, in our family we have those kinds of conversations around the table about politics and government and policy and laws, and I knew from an early age that the reason why we didn't get a bill for the services that I was provided with was because there had been a decision, because politicians and governments had decided that who we were as a people was to be a people that looked after each other, that it was integral and is integral, I think, to not only the Canadian identity, but the way Manitobans see ourselves: that we don't believe that how much money you have should determine what kind of health care you get or how quickly you get that health care.

But, you know, the argument about opening up our health-care system to more for a profit involvement is an old argument. It is an argument that has gone on since before the founding of medicare and all the time since. And every time there is difficulty within the health-care system—and I'm sure we are going to hear all about the difficulties from the opposition, and I am not one to tell you that everything functions perfectly in the health-care system. I know that there are challenges. I know that

wait times continue to provide challenges to families. I know not everybody gets the level of care that they're looking for. I also know the system is incredibly responsive to those needs. I know it from first-hand experience and I know it from the constituents that I get to speak to.

But these arguments are old, and I want to just unpack them. People who propose for-profit health care, they use the same basic three arguments. They tell us that it's going to be quicker; you're going to get what you need quicker if we have more for-profit health care. This argument has been reduced to dust because the reality is that people providing that care—nurses and doctors and technicians—are the same people. Unless you expand the number of people, having them provide that care in several different places may not actually get you the reduction in wait lists that you're looking for.

In fact, it's often been found that introducing private, for-profit health care can increase wait lists, unless you do some of the things that we have done and ensure that if you are introducing other models of health care, you also ensure that doctors and nurses and technicians, people who work in that system, are not being bled off from other places.

Proponents of for private health care will also tell you that it's cheaper, which is demonstrably false, and we have proven that time and time again. When you have a profit motive in health care you have to make money; you have to return money to shareholders and to owners, and when you do that the system pays, whether that is us paying through our taxes or through user fees; people pay for that.

When we took the Pan Am Clinic into the public health-care system, which was opposed by members of the opposition, I remember those debates. We found immediately we were able to get a savings of hundreds of dollars per each cataract surgery, a savings that amounted to millions of dollars just by bringing them into the public health-care system.

And we have found since that clinic has become a centre, a hub for innovation and has grown remarkably. And I, you know, give members opposite the chance now to take back their words at the time that this was a mistake, that this was an error, that all we were paying for was bricks and mortar and we should have just left it alone. Had we left it alone, we would have spent more money than we needed to on those services and we wouldn't have the incredibly fine institution that the Pan Am Clinic is today.

People will also say—who support for-profit health care—that it's better, of higher quality. The private sector can do a better job than the public sector; that is a constant refrain from those who will push an agenda of privatization. And I think that is not to disparage people who work in health care. These folks are dedicated to the well-being of their patients, the health and well-being of their patients, but we also have several examples. We only have to look south of the border to what a for-profit health care can do to damage the health and well-being of people, particularly the most vulnerable people among us.

You know, the strength of our medicare system is the widespread support it's received from the Canadian public, and that's why, Mr. Speaker, those politicians and political parties, who in their heart of hearts do believe that a for-profit system is better and higher quality and cheaper, don't usually come out and say it. Because they know that, you know, in Canadian politics promising two-tier health care is kind of like the third rail. It's not something that you go about doing if you hope to form government. That's why I appreciate the honesty of the Leader of the Official Opposition (Mr. Pallister), who's clearly said that this is something we need to do. This is a better way to do things.

* (11:10)

And one of the arguments we may hear this morning—I know we've heard in the past—is, well, people already pay to get faster service. They go different places and they pay to get it. And I don't dispute that that happens. And I'm not going to prejudge the decisions that people make when they're faced with a health challenge. But I will say, if that's the argument that is made today, really, what that argument says is, well, if a little queue jumping is okay, then we should embrace that and make that the hallmark of the entire system. And that is a false and phony argument.

Let's take a moment, trip back in time, if you will, to talk about what happened the last time that the purveyors of privatization across the way had their hands on the health-care system. There were many, many attempts and examples of introducing private health care. They attempted to privatize a portion of the home-care system. That led to a strike by home-care workers, people who are immensely dedicated to the care and well-being of their patients, who knew that it was so important that they stop this that they went on strike. And several of us walked

with them. That failed, that experiment. You know why? Because the Filmon government couldn't find a provider of home care that could do it as well and as cost-effectively as the public system did.

This former government, the last time they were in, were fined by the federal government for violating the Canada Health Act for allowing people who had the money to get faster access to service. They were fined for several months by the federal government for doing that, spent health-care dollars paying those fines, rather than change their ways.

And I think perhaps one of the most telling examples of what they did in often—in office was how they treated the provision of abortion services in the community, which is something I will tell you it took us too long to fix but we did fix. And when they were in office and the court told them it was unfair to women to make them pay for abortions in a clinic when that service was provided free of charge in a hospital, did they listen? Did they change their ways? No. They changed the law so that they would not have to cover those services, so that women who needed abortions would continue to have to pay. And they did not address that.

And today, Mr. Speaker, we have a man who would be premier who is the darling of the anti-choice movement. And we have candidates who are running for that party who have made it their life's work to deny women that choice. And I would say, I would submit, that the women of this province will never let you turn the clocks back on our right to choose whether we will be mothers. It will—they will never allow it.

Thank you very much, Mr. Speaker.

Mrs. Myrna Driedger (Charleswood): I appreciate the opportunity to stand and talk to this resolution today. And I do want to take a moment to wish the member for Fort Rouge (Ms. Howard) well. I have enjoyed having our, you know, debates here in the House. I do respect her passion for what she has brought here. I respect the contributions she's brought to the debate. And I want to wish her and her family well in their new move. I think she has been a person that has contributed a lot to that caucus, and I think they will feel a very big void when she is no longer in that caucus.

I would say, though, however, Mr. Speaker, a number of the things, the comments that the member has made is—are a number of comments that I just cannot support. There were many, many errors in

what she has put forward. And I would like to take the time to outline some of that.

Mr. Ted Marcelino, Acting Speaker, in the Chair

Mr. Speaker, the person that wrote this private member's resolution is so far removed from what is—for having the knowledge of what is actually happening on the ground. I don't know who wrote that, but the reality is not what was put forward in the comments in this resolution. When I read this resolution, I thought, you know what, there is nothing in this but delusion and spin. And, if MLAs on that side of the House had been listening to their constituents, they must be hearing what the truth is, because certainly what is put forward in this document is so far from what is actually happening out there.

We are all getting calls about the challenges in health care, and there are many. Glossing it over like this with rhetoric like this is so disrespectful to what is actually happening on the ground, and I'm surprised that somebody would actually have the gall to use some of these words in here because this is so, so far from being accurate. And I wish I had more than 10 minutes because I'm—I will need more than that to outline all of the failures of this government in health care, but I will do my best to put some of them forward.

For two years in a row now, we have had the longest ER waits in Canada. There are horror stories that come out of ER waits. And we've all heard them, and I'm sure they have on that side of the House. Mr. Speaker, in some of the waits that are seven hours, 10 hours, somebody could fly to Europe in that period of time. That's how long we wait here in Manitoba to have the access to a doctor in an ER. And they've had a long time to address this. Their big promise in 1999 was to end hallway medicine. Well, we've gone from hallway medicine to highway medicine to taxicab medicine to waiting-room medicine to, you know, waiting on ambulances to absolutely no medicine in many cases. And there are a lot of cases where there is no medicine that is happening in this province. Long ER waits is certainly one of those.

Ambulance fees: We pay the most in all of Canada for ambulance fees. They've gouged people for 17 years, and now they decided they're going to copy what we have already put forward, and that is a commitment to lower ambulance fees. Why they didn't do that—they've had 17 years to do it, but they chose to go ahead and gouge. We put forward a

platform, a policy that we will reduce ambulance fees. Now they seem to be following suit.

They have grossly mismanaged the personal-care home file in this province. It is a crisis right now, and it is going to become a catastrophe because they made such a mess of this file.

This government chose not to build PCH beds and, in fact, in 2012-13, they cut back millions of dollars of funding from personal-care homes and from home care. What we have now are 1,200 people waiting on a waiting list that are panelled, waiting to get into personal-care home beds. But there are no beds, so these frail, elderly people are stuck in acute care hospitals where, you know, superbugs exist, where a total environment that is not good for frail, senior, elderly people, and that's where they're stuck because this government actually had a policy not to build PCH beds.

Then we have the Minister of Health (Ms. Blady) stand up here and talk about, oh, we're planning, we're planning. No, they did not plan anything. They talked about something that could've been 10 years down the road; they never acted on it. The first home-care beds—personal home-care beds that are going to come on stream are not for two more years, and that's only 41 beds in Winnipeg. That's all. We need, right now, according to the WRHA and according to the Manitoba Centre for Health Policy, 250 beds a year, every year 'til 2036. Where are we going to get those beds? What is going to happen to these people? What—you know, that's the big question. We're going to go from a crisis to a catastrophe because of the gross mismanagement by this government on this particular file. And it is frightening, Mr. Speaker. I think that is going to be one of the biggest challenges that we have.

Manitoba's the only province in Canada without a dedicated stroke unit. Manitoba was the last province in Canada to put forward digital mammography machines after we pushed for it for I don't know how many years. Years and years. And then finally the government is starting to dribble them out, but they're sure not moving at a very high pace.

When I look at the resolution itself, the government is taking credit for hiring and training more doctors. Yes, they may be doing that, but doctors don't want to stay in Manitoba. Over 2,300 doctors have fled this province under this government. Two thousand three hundred. We have a revolving door. Doctors come, but doctors don't

want to stay, and this government hasn't figured out what to do to address that. They talk about, you know, hiring and training more nurses. I would like to ask them: What are they doing right now? We've got the worst nursing shortage in history. There was a lot of howling—

Some Honourable Members: Oh, oh.

Mrs. Driedger: And, interesting now, there's a little bit of peeping from the other side. There is a nursing shortage in Manitoba right now of over 1,800 nurses. That is almost triple what it was in 1999. In 1999 they howled about it. Right now it's almost triple that and not a peep from this government, not a single word about what they are doing and a western–southwestern Manitoba is in crisis right now. We are absolutely in crisis because of the nursing shortage.

* (11:20)

Maybe these members over here better find out how much in millions of dollars are being spent on overtime right now. Maybe they better be—and the member who put the resolution forward should be looking at how many private duty nurses are holding up our health-care system. They trash private health care; that is the reason some of the hospitals in Manitoba and home care is actually able to provide service right now, because millions of dollars are being spent on private duty nurses that are being brought here from British Columbia, Alberta, Saskatchewan, all over Manitoba. If it wasn't for those private duty agency nurses some parts of our health-care system would be collapsing right now. But they don't acknowledge that. Thank goodness we have those nurses or we would be even in more of a mess than we already are.

Mr. Speaker in the Chair

We have the highest infant mortality rate in Canada. We have the highest child poverty rate in Canada. We have patients from Swan River, Winnipegosis, Gimli travelling hours and hours three times a week for dialysis. Some of them are old, they're sick and they have to be on highway medicine to access care. And they're travelling one and a half to two hours one-way, and then all the way back after they've spent a day getting dialysis somewhere because we don't have enough dialysis beds that are open, and we don't have enough dialysis nurses. Why don't they talk about that?

They have made such a mess of midwifery training that we now have only 56 midwives in Manitoba. They ignored a program that was

developed in the '90s; they let it collect dust. All of the works on midwives were done in the 90s under the former government, and this government chose to ignore all of that and then they have made a mess of it in 17 years. Now we've got midwives that might be going on strike in Manitoba because of the incompetence of this government.

Mr. Speaker, there are so many failures by this government and, you know, another one I might throw in is the issue of home care where we have a huge shortage of health-care aides in home care. And the Auditor General just criticized this government for their mismanagement of home care, and it goes on and on and on. They have failed Manitobans, and with them in government again they will continue to fail.

Thank you.

Ms. Amanda Lathlin (The Pas): Families are telling us that they want the Province to keep investing in our high-quality public health-care system so that everyone can get the high-quality care they need. Our NDP team agrees.

We have a record of investing in front-line health care. We're building more health facilities, hiring and training more doctors, nurses, paramedics and other front-line professionals, and investing in new—in unique new programs that will improve things like addiction supports and home care for seniors.

Our NDP team is investing in more doctors, nurses and other front-line workers who provide top quality care for Manitobans. We're working to make sure every Manitoban gets a family doctor, and we're also making steady progress on building more clinics, and have hired over 732 more doctors to get the job done. We have also hired 3,714 nurses, but we aren't done yet.

Our NDP team is also investing in unique new programs that will provide better parenting support, youth mental health services and addictions supports. For youth mental health we've invested over \$10 million to prevent youth suicide, a critical and important issue that hits close to home.

We're also making it easier to eat healthy in the North by subsidizing healthy foods in the store and by helping our communities grow their own food. Last week I had the honour to tour the LED plant factory through the Northern Healthy Foods Initiative in OCN. And I also had the opportunity to see Cross Lake community raising chickens. It's

actually a fun family project for these families in Cross Lake.

This important program will prevent preventable measures against diabetes. In fact, I just learned last week that OCN has the highest rate of amputations in Canada. We're making steady progress to improve northern health care in partnership with the federal government and northern Manitobans, including First Nations. I've had the honour to attend a meeting with OCN government and federal government representatives to discuss a partnership to address health care on reserve. This meeting was held in spirit of Jordan's Principle.

As part of our plan to ensure every Manitoban has access to a family doctor, we're providing free medical school for individuals who practice in First Nations and other remote communities. We created the northern—the new northern remote family doctor residency program. These new doctors will train in the North and return for at least two years of service in northern communities. We cover the tuition for nurse practitioner students who agree to work in rural and northern communities, including First Nations. We're expanding opportunities for Aboriginal education with scholarships for Aboriginal medical students who return to their communities to work and nurse training spots reserved for Aboriginal students at U of M and at UCN.

We're investing in new and improved health-care facilities that will mean fewer trips to southern Manitoba for northern families. We've created kidney dialysis centres in Norway House, Garden Hill, Berens River and near Peguis First Nation, and we're the first province to build dialysis on First Nation communities. And we're also committed to building First Nation health centres in Grand Rapids and Moose Lake, and we're building nurse residences in Easterville and Grand Rapids to help recruit and retain staff. Also, we're building a new addictions treatment centre in Thompson that will provide better mental health and addictions services for youth and families in the North, and we're also building a new culturally appropriate primary health-care clinic in The Pas.

As the MLA in my constituency, I was given the task to address mental health and addictions services in northern Manitoba. I suggested to the community meeting that was held that we create a committee of stakeholders that specialize in mental health and addictions services. It was first initially thought that

the gap in services was this big, but as soon as we started gathering committee members that consisted of RCMP, the Kelsey School Division, CFS, mental health workers, community leadership, community members, we started to realize that after three meetings and expressing the services that we offer in our communities, we started to realize that this gap was actually much smaller than we thought.

So, with that, our goal of these stakeholder meetings is to promote awareness of these services that exist in Manitoba and share it with our—in northern Manitoba and share with our communities. On Monday, I'm looking forward to chairing our last meeting and provide a goal and plan to provide wraparound services of all these for mental health and addictions for our Northern Manitobans.

In closing, the Conservatives cut nearly \$8 million from northern hospitals when they were last in government, especially hurting First Nations communities, and the Liberals promised to cut \$33 million in student aid, replacing it with grants program worth only \$10 million. That will make it harder for northern students to become nurses and doctors in their communities. These aren't the priorities of hard-working northern Manitobans.

Thank you.

Mr. Cliff Graydon (Emerson): Mr. Speaker, it gives me great pleasure to stand to speak to this resolution today. I'd like to thank the member for Fort Rouge for what she has contributed to the well-being of Manitobans. We don't always agree on things, and I understand that it's good if people don't always agree. I think we all have the same goal: the best that we can supply for Manitobans. And we look forward to doing that.

The beginning of this resolution is certainly something that I can support, where she says the public, universal, high-quality health care is a top priority in Manitoba. Of course it is, and we agree with that, and we'll continue to invest in protecting and improving the front-line services, and we certainly will do that.

* (11:30)

However, in the next WHEREAS, we believe that forward-thinking investments as—should be grounded in the values and priorities of Manitobans to improve the care—the health-care and the well-being of the Manitoba families. Unfortunately, they haven't been in the past.

Wait times that were promised a long time ago not to exist are existing more and more today than they ever were. The—and as been pointed out by my colleague, that hallway medicine was a big issue a number of years ago, 17 years ago to be exact, that it would be abolished, and it's certainly a lot worse than it was at that time.

The wait times are a lot worse. The ERs throughout rural Manitoba, 30 of them closed; that's not progress. That's not the progress that this member for Fort Rouge (Ms. Howard) has said in her first, in her very, very first, PMR that she felt should be a priority in the province.

And today with her last PMR, she's reiterating the same thing as she's leaving, but her legacy is she didn't accomplish what her goal was to begin with. The goal was to provide these services. Thirty ERs are closed in rural Manitoba. The hardships that that puts on our rural Manitobans can't be put into words in this House sufficiently, and I'll bring—maybe bring that a little further along to the reality of today of what is really taking place.

Hiring and training more doctors, nurses and paramedic, it's a great idea—a great idea—but the one thing that you have not been able to do is retain the doctors. You haven't been able to retain the nurses, and when the member talked about two-tier system we have agency nurses and we have other nurses. Is that a two-tier system? I don't quite understand that part of it. It—but perhaps—perhaps—it can be explained to me by someone on that side of the House. I would suggest that that is almost a two-tier system.

And then we take a look at we're moving towards reducing ambulance fees. I can say to you, Mr. Speaker, that that's a fallacy, that's a distortion of the truth. The truth is, after the amalgamations of the RHAs in Manitoba, supposedly to save money, what happened was the southeast RHA, the ambulance fees went from \$300 to \$400, and today they're \$500. That's moving in the wrong direction.

I'm sorry, but the member for Fort Rouge is out of touch with reality of what's happening in the province. However, she was in touch with that reality when she decided that the leader of her party wasn't listening anymore and only had the interests of his own in getting re-elected, not the interests of Manitobans, and publicly she stated that, and today, now she says that he's the best thing since sliced bread. My goodness, what a contradiction that turns out to be.

When we talk about mental health in Brandon, it had been promised—been promised—four years ago that Brandon would have a restorative justice court, very, very important. But the member from Minto, at the time, said, no, no; no they don't need that; they can come to Winnipeg. The inconvenience of someone coming from Winnipeg with a couple of guards, with a couple of RCMPs driving from Brandon to Winnipeg, not knowing how long they're going to be in Winnipeg, how long they're going to be tied up. But wait times aren't important to the members on that side of the House. We know that in the health-care system and in the justice system. For those that have health issues it's not a problem for them either: Just tie up resources.

When we listened to the member from The Pas, and she has some very, very good points about diabetes and the health issues in The Pas—and they're very, very expensive—we do agree that there needs to be a supply of the proper nutritious food at an affordable price. And we saw a bill brought forward earlier today. It was a private member's bill by the member from Tuxedo, the New West Partnership. We believe in partnerships, and we will work with our partners. However, the members on that side of the House had an opportunity to work with a partner in setting up a greenhouse in Grand Rapids. That greenhouse was bought and paid for three years ago—bought and paid for three years ago—and for the member for The Pas (Ms. Lathlin), for her information, I want her to know, Mr. Speaker, that it's still laying on the ground in Ontario. It was never erected.

That is the record of your party. That's the record of the NDP. We talk a good talk; we get the partners that come forward; they put their money up front and it's never, never acted on. Unfortunately, that will change going forward. There could easily be a greenhouse sitting at The Pas right now hooked up to Tolko and utilize the spare heat, utilize the CO₂ that's going up the stack and provide employment. But no, they did not act on it. They're not interested. They're just interested in talking about it.

So they say they want to invest in health care. But really, the truth is that they haven't. The results speak for themselves. Then it's also difficult to understand this member when she says that she knows what the Leader of the Opposition wants to impose. She knows that. She doesn't even know what her leader wants to impose, for goodness' sakes. She admitted that publicly. She stepped out of her caucus to admit that she doesn't know what the leader of the

government today wants to impose, and yet she can read someone else's mind, Mr. Speaker. So, what—after she's blindsided her leader, after she blindsided him, stabbed him in the back publicly, now comes out to pat him on the back to try and make it all good as I move on into a new career.

So, Mr. Speaker, I would suggest that if health care really was a concern, a real concern for the NDP party, we would not have the wait times that we have. We would have doctors in rural Manitoba. We would have ERs open. We would have the hospital open in Altona that was closed because of the mismanagement of this government.

Just recently, one—and it's been referred to as one of the best operating theatres in rural Manitoba, not being utilized because of the mismanagement. And when we talk about, we pooled our money so that everyone could have a service, it was and it is a great idea, but you need to manage it, and you have not been able to manage it. We've seen that by the—your doubling the debt with your current leader in the last six years. That is horrendous; it's unacceptable, and you will find that out going forward.

Thank you, Mr. Speaker.

Mr. Dave Gaudreau (St. Norbert): The member opposite, I just want to correct some facts; he put false information on the record here. He's talking about doctors; we actually have a net gain. I know they have a hard time understanding net. It means that there's more practising today than there was when they were in government, 732 more, to be exact.

Let's look at—what—their record when they were in government. When the Leader of the Opposition was in government, 1,000 nurses were driven away from the province; 117 doctors left this province; that was a loss. On their best year, they recruited zero—zero—that was their best year. Every other year they lost doctors, Mr. Speaker. They cut 15 medical school spaces and they cancelled investments on all hospital construction, expansion and renovation.

So the member opposite wants to talk about forward thinking; he was saying forward thinking. What about the helipad that's coming to the ER at HSC? How do you build that without—with the cuts that they're talking about? How about all the nurses and doctors, the net gain of nurses? We've hired 3,714 nurses more in Manitoba than when they were in power. To be accurate, from 1992 to 1999, when

the members opposite were in power, 1,573 less nurses than there are—that left the province during their reign, Mr. Speaker.

So the member opposite wants to talk about being out of touch; he's also—the member for Emerson's (Mr. Graydon) also the same member who said, if you're getting bullied on the Internet, just don't go there. Talk about being out of touch with reality, Mr. Speaker.

* (11:40)

Mr. Speaker, they're the members who stood up and—stood and voted against protection for students. They voted against Bill 18, an antibullying bill. But that's not a surprise because they're the biggest bullies in this Legislature.

He talks about—he's asking why the member opposite that put forward this wonderful resolution was reading minds. She didn't have to read minds; she just listened to CJOB where the member opposite, the Leader of the Opposition, put his two-tiered health-care plan on the record. But maybe technology escapes the member for Emerson because he doesn't like the Internet and he doesn't want to go there, and I know the radio might be a little hard for him to dial in. So that's okay; I'll forgive him on that.

They always tell—Saskatchewan, Mr. Speaker, right now, which actually today they announced that they were off their budget projection by \$534 million, whoops—whoops. They missed it by \$534 million. Now, what they're doing to answer their budget woes, a cut of \$45 million to the health-care region in Regina alone. Regina's health-care region is getting \$45 million worth of cuts. That's what the Leader of the Opposition would do if he came into power. He'd tout Saskatchewan. He holds Brad Wall to a higher standard and he thinks that he's the best premier in the country. That's what we would see from a Conservative government.

The Liberal Party isn't any better. You want to know what they did in BC? They have fees every month. So, if you make 22 to 24 thousand dollars, it's \$25.60 a month for your health-care card; if you're \$24,000 to 26,000, it's \$51.20 every month for your health-care card; if you make between \$26,000 and 28,000, \$76.80 every month for your health-care card; if you make 28 to 30 thousand, \$102.40 for your health-care card; if you make over \$30,000, it's \$150 a month for your health-care card. That's \$1,800 a year underneath what a Liberal government would do because—and that's actually 6 per cent of

that person's earnings, because that's what they charge for health care in BC. So they want to talk about other systems, that's what you would get underneath the Liberal government, Mr. Speaker, \$471 million in corporate giveaways and people pay every month for their health-care card. Not in Manitoba; it's free here.

And you know what else is free here, cancer care drugs, a commitment that we made and we followed through on to treat people with cancer. And they voted against it. Shame on the opposition. Shame on the member from Emerson and shame on all of them for voting against it.

They talk about better health care, when they were running in 1999 they were going to close down the hospital that the member for Charleswood (Mrs. Driedger) represents. They were going to close the Grace. That was their plan. They closed all the ERs in the city to evenings. So only a couple of ERs—sorry—were open and they closed most of the ERs. That's the plan from the opposition.

So they have no right to get up and be all self-righteous about how we were talking, Mr. Speaker, because their plan is a plan of cuts. They want to talk about beds; we've added more beds. How are they going to put forward their plan of cuts and add more beds? I would love to see how they can balance this. I haven't seen a plan from the Leader of the Opposition. He talks about all these cuts, but then he talks about building. It's false.

For 10 years in a row all we've heard from the opposition is cuts, cuts, cuts, and now all of a sudden he's saying oh, we're going to continue to build. Mr. Speaker, oh, we're going to build. Because you know what? He knows that's what Manitobans want. They want our plan, and he's realized it. Oh, look at that, just a little too late; but I don't believe him, I don't believe it for one second. His record shows cuts. His record shows fruit flies in the ERs and his record shows less beds in the hospital. They closed floors in the hospital, full wings of the hospital with beds that were closed underneath that government. Our team is working for more.

They want to talk about—he's talking about paramedics, Mr. Speaker? Eighty per cent of the paramedic workforce was volunteers underneath the Leader of the Opposition and the opposition. Now 80 per cent—81 per cent, actually, of the paramedics are professionals in a workforce that's full time. We also brought in STARS helicopter to help people in the rural areas to get them to the ERs faster for

treatment. We're building the helipad so they can get faster treatment to get to the hospital in Winnipeg.

Underneath their plan, none of that could be built, Mr. Speaker. It's false from the other side to call for all of these cuts and say that they would be able to invest in more beds, more nurses, more doctors, helipads and more personal-care homes, but we're going to cut everything. We're going to cut taxes.

Some Honourable Members: Oh, oh.

Mr. Gaudreau: And as you can hear from the other side, they're obviously—I'm hitting a nerve because the other side here is chirping away. And let them chirp because you know what? That shows that the other side of the House knows that the Leader of the Opposition's plan, it's all about cuts. Ask him what his plan is. Let's have him roll it out. How's he going to cut taxes? And he's going to give away corporate money, but he's going to build hospitals and he's going to build personal-care homes. I'd like to see how this is going to work. Let's see that. I would love to know. Because it's so false for them to say one thing and promise another, and it's ridiculous.

You know, on our side of the House, we believe in the people of Manitoba. We have implemented a cancer-care plan where people get free cancer-care drugs. We have the fastest treatment in Manitoba for cancer care, Mr. Speaker. People go—the fastest treatment, from diagnosis to treatment, that is the fastest in the country. Yet the opposition, they vote against this every time. You know, we've covered the drug costs. We're investing in digital mammography across this province. We've hired more nurses. We've hired more doctors. We've built more clinics, ACCESS centres. We've built the QuickCare clinics. And every single time, they vote against those investments. So I'd like to know how the members opposite plan on paying for this. I would like to know this plan. I would like to hear how they think that they could pay for a plan of building when they talk all about tax cuts and corporate giveaways. They promise a half a billion dollars in tax cuts. Where's this going to come from? We all know on this side of the House that those cuts are going to come from services that Manitobans depend on. Those services are going to be cut, and what we're going to see is a two-tier health-care system, which the Leader of the Opposition is now trying to one—run away from saying that on CJOB, that he would have a two-tier system where the rich could buy their way to the front of the line.

They have governed for the 1 per cent; we govern for the rest of Manitobans. Ninety-nine per cent of Manitobans, we look after. They want to talk about the 1 per cent and be able to buy their way to the front of the line. That's their plan for their rich friends. We don't believe in that plan, Mr. Speaker. We believe in a solid health-care system that protects every Manitoban and that people can get quality health care not by the size of their wallet, by having a health card in their hand. And the health card in Manitoba is free. It doesn't have a charge like the Liberals have done in BC; it doesn't have fees in the system for that. You can come and you can get free, quality health care in our province, and that's what we believe in. The other side of the House, all they talk about is two-tier cuts to the system. And they say they're going to build, but that is false because you can't build without putting investments into place, and on our side of the House, we're building.

Look around the province. Look at the new woman's health-care centre being built right now at the HSC. Look at the helipad. Look at the expanded ER at the HSC, Mr. Speaker. Look at the cancer-care treatment facility at the Victoria hospital in my area. You look at every single hospital on this province, and there's investments being put into it by our side of the House. And every single time, the opposition voted against those investments. Shame on them.

Mr. Dennis Smook (La Verendrye): I'd like to start by thanking the member from Fort Rouge for all her years in the public service. Even though on a lot of occasions we probably didn't agree over the last four years that I've been here, in the public service, it takes a lot of effort to do that, so I'd like to, you know, thank her for that. I'd also like to thank Mr. Speaker for all he's done over the last number of years. I know he's been here a lot of—lot more years than I have, and since I've known him, he's done a job and I'm appreciative what he's done.

But I'd like to speak a little bit on the member's resolution today. It is a pleasure to rise today and discuss the record of NDP health care. All Manitoba families deserve safe, high-quality health care close to home. The member from Fort Rouge brings forward important issues of our current health system. However, what will endanger the health of all Manitobans is another term of NDP government and their broken promises. Mr. Speaker, we have cause for concern in Manitoba.

We could be doing much better at improving health care for Manitobans, but this government is all

talk and no action. And there are hundreds of examples of this. We just have to look at their record over the last 16 years, from hallway medicine to highway medicine to closed ERs.

* (11:50)

Mr. Speaker, Manitoba has the highest ERs, the longest wait times in the country. The average wait time at an ER in Manitoba is 5.7 hours, compared to that of the national average of 3.1. Concordia Hospital has the longest ER wait times at seven hours for a physician initial assessment in the country. The St. Boniface Hospital, Manitobans are waiting 6.9 hours for initial assessment by a physician. And at the Victoria General Hospital and Grace Hospital, Manitobans are waiting at least 6.3 hours. How much longer is this NDP government going to ask Manitobans to wait at ERs?

I would also like to now speak on something that I know a lot about. It's the ER in the community of Vita. This has been closed for going, almost four years that this has been closed. What was supposed to be a 30-day closure has now turned out to be almost four years. What is that for an ER wait time, how many—like, people have to wait four or five years to get in there or do they have to get in their car and drive half an hour, an hour, two hours to get to an ER that's open? This is not fair. This is going exactly against what everybody is talking about today, that people should have quality health care close to home.

I have met with three different ministers over the years and they all have made promises about reopening this ER, but every one of them has broken that promise. There's been no progress made on reopening the ER. But what there was supposedly supposed to happen was in May of '13 after the ER was closed for a number of months, the Health minister said, well, the best thing we should be doing for the community is we're going to put a pilot project for a collaborative emergency centre in Vita and this is going to be something that's great because you don't have your ER that's open. So this—we're going to use this as a test project because it's working in three or four other provinces, and it's proven itself.

Well, we're still waiting for that pilot project, Mr. Speaker. I've talked to the minister, I don't know how many times, and it was on their advice that this was going to be something that would solve some of our problems. But just more broken promises; nothing is happening.

The member from Fort Rouge talks about doing great things in the health-care system or what they have done. Well, I have yet to see some of those great things because in my community we've had nothing but broken promises.

Personal-care homes, the NDP continues to promise seniors more personal-care homes, but yet our waiting lists are at all-time highs. When are they going to start addressing these issues?

This province with this NDP government is the worst province west of the Maritimes for stroke care. Not only do we have a lot of rural ERs that are closed, we have no stroke centres. So, when people out in the rural part of the province need care, they can't get it in a timely fashion.

This NDP government is failing Manitobans. It has made promises and it has constantly broke promises. We are hoping that in April things will change. Manitobans are tired of all these NDP broken promises. I know that my colleagues also have some concerns from the other areas of the province, so I'll let them continue speaking.

Thank you.

Mr. Doyle Piwniuk (Arthur-Virden): Mr. Speaker, I rise today to give a few words on this private resolution here. I want to also thank the member from Fort Rouge for all her services in, as an MLA and all she's done for her community and her constituency and for Manitoba. I know we don't agree for everything that we, all our ideas and stuff, but you know, she's done a lot of work and a lot of respect for, from her constituency and actually I have, my apartment's actually in her constituency. So when I stayed here for—

An Honourable Member: Did you vote for her?

Mr. Piwniuk: I vote at home.

And so, Mr. Speaker, I just want to let you know that, I just want to give a few words here about our health-care crisis that we're facing right now. You know, the NDP government wants to put on the—pass this resolution about how important health care is for Manitobans, but they're failing Manitobans. They're—especially they're failing Manitobans in rural Manitoba.

From the southwest corner, there is such a crisis happening right now. Every day, I get phone calls from constituents talking about the stories that they had to endure about going about ER closures. And one particular story that I remember, recall, was a

lady, one of my constituents. She has a husband who has respiratory problems. And, actually, their kids, her two boys, actually inherited the same—some of the similar respiratory issues too. And one of her sons actually had a emergency respiratory condition that she had to rush him to the ER. When he got to the ER in Melita, Manitoba, it was closed. There was a sign on the door saying please drive to Virden, Manitoba, as the ER is open there.

So the thing was, they rushed to—they put their child back in the car, in the vehicle, rushed to Virden. As they were driving to Virden, the biggest concern was, is this boy going to make it. And that was her—this constituent's issue was if she's going to make it to Virden and what happens if the ER in Virden's closed.

So she was contemplating on phoning 911 to get paramedics to respond to meet her partway there, but as she thought, you know, as she got closer, as she was thinking more and more, by the time the paramedics, knowing that the wait times for paramedics was long, she decided that she would just drive to Virden. And she said that was the one of the most scariest things that she had to endure, you know, not knowing if her child was going to make it.

Luckily, everything happened that worked out. You know, they got the child to Virden, and, thank God, the ER was open for them to do any kind of procedure on that child. And the biggest concern she had, what about next time? What about next time, Mr. Speaker, the child has another situation? When you consider that it took almost an hour to get that child to—even to an ER was very disturbing for that family.

Also, there was also the concern that she had was driving quickly, you know, to get to that child to that emergency. What is the danger that these individual emergencies are going to be causing to our private vehicles, trying to rush their loved ones to the hospital? That is a very concerning issue that we have. Plus, in this NDP government, the conditions of the roads that we have to drive on in western Manitoba is also deplorable that it also creates a lot of issues to health-care concerns in safety.

When we also look at the southwest corner, when you consider the amount of ERs that are closed and the amount of occupations, that our industry is actually made up of agriculture and oil industry, and those are the two largest industries that are in most highest risk when it comes to occupation safety. And

with the amount of activity that we had in the oil patch in the past, that was a big concern because not only do we statistically have that amount of population in our riding, but we actually have a lot of people who come into the area to work in crews that are not counted in the population census. And this is where the people, they still need the emergency ER services.

But, when you consider that all our—when the ER closures are happening in rural Manitoba, the next place a lot of times that people have to drive to is the city of Brandon. And then what that causes is a backlog in ER wait times. Because, now, if the ERs are closed in rural hospitals, then more people are going to Brandon, and then that also causes a backlog in the wait times.

And when you consider, you know, the average wait time in Manitoba is six hours, then you would

have more emergency situations where people from Brandon have to go to Winnipeg for emergencies. And, again, there's a backlog in Winnipeg. And when you consider that some of the hospitals, like Concordia Hospital, is more than seven-hour wait time, this is unacceptable to Manitobans. And we need better health-care system in our province.

And when you consider, too, that the other thing, too, is paramedics, the concern that we have also in rural Manitoba is the wait time for paramedics. When you have a person in Pierson who is about an hour away from the ER in Virden, Manitoba—

Mr. Speaker: Order, please. When this matter is again before the House, the honourable member for Arthur-Virden (Mr. Piwniuk) will have four minutes remaining.

The hour being 12 noon, this House is recessed and stands recessed until 1:30 p.m. this afternoon.

LEGISLATIVE ASSEMBLY OF MANITOBA

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