

**Second Session - Fortieth Legislature**  
of the  
**Legislative Assembly of Manitoba**  
**DEBATES**  
and  
**PROCEEDINGS**

**Official Report**  
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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Fortieth Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
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ALLUM, James	Fort Garry-Riverview	NDP
ALTEMEYER, Rob	Wolseley	NDP
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<i>Vacant</i>	Morris	

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Tuesday, August 13, 2013**

*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. Speaker:** Are we ready to proceed with Bill 300?

**An Honourable Member:** Yes.

**SECOND READINGS—PRIVATE BILLS**

**Mr. Speaker:** Yes. Okay. We'll call Bill 300, The Brandon Area Foundation Incorporation Amendment Act.

**Bill 300—The Brandon Area Foundation  
Incorporation Amendment Act**

**Mr. Drew Caldwell (Brandon East):** I move, seconded by the member for Kirkfield Park (Ms. Blady), that Bill 300, The Brandon Area Foundation Incorporation Amendment Act; Loi modifiant la Loi constituant en corporation «The Brandon Area Foundation», now be read a second time and referred to committee of this House.

*Motion presented.*

**Mr. Caldwell:** Before beginning my remarks, I'd like to welcome to the House the executive director for the Brandon Area Foundation, Laura Kempthorne, who's in the audience, and the vice-chair of the foundation, Mr. Phil Weiss. And thank you very much for attending today to the House.

I want to say to begin my remarks that I very, very much appreciate folks coming in from Brandon. You know, there's an old joke around here that it's two hours to get to Winnipeg but it's 20 hours to get

to Brandon for members—people travelling west. So, it is a—oftentimes a hardship for people to get to the city, and I'm just really grateful that you made the effort to come out today and to be with us for our deliberations on this very important bill that is going to place the Brandon Area Community Foundation in very good stead moving forward into the future to create opportunities for the foundation to broaden the level of engagement it has in western Manitoba.

The foundation itself, Mr. Speaker, just for members who don't know, it is the oldest community foundation in the province of Manitoba—the oldest philanthropic organization in the province of Manitoba. It's 43 years young this year. I'm sorry—second oldest community foundation in the province, 43 years young. It began with an endowment from the Secter family, Gwen and Joseph Secter, in honour of their silver anniversary 43 years ago. And I think it's worth noting and putting on the record the folks that were the founding board of the foundation. And it was Joseph Secter, Stephen Magnacca—who was a very distinguished mayor of Brandon a number of years ago, most famous, probably, for creating and building the Western Manitoba Centennial Auditorium—Reg Lissaman, Robert Addison Clement and Vic Rosenman were the five original directors of the Brandon Area Community Foundation in its beginning year.

I also want to, as I'm acknowledging the founding members, would like to put into—on the record the current executive and board of the Brandon Area Community Foundation. The foundation is chaired by Mr. Brett McGregor; the past chair 'perses', Murray MacMillian, my history teacher at Neelin High School when I was a kid; Vice-Chair Phil Weiss, who's joining us here today; secretary is Diana Waterman; treasurer is Manon Pascal; and directors are Barb Webber, Brian Cottom, Bev Cumming, Harvey Laluk, Bob Patterson; and Mayor Shari Decter Hirst serves in an ex-officio capacity on the foundation board.

Mr. Speaker, this bill will provide the opportunities for the foundation to thrive into the future. The provisions of the bill changes the name of the organization from the Brandon Area Foundation to the Brandon Area Community Foundation to reflect a desire and a drive to be more

regional in nature and assist those very many communities that are around the city of Brandon. The provisions also will assist in modernizing the board in providing for the appointment of board members, the minimum number of board members reduced from nine to six and the board members are now to be appointed or elected in accordance with the foundation's bylaws.

Also, the specific requirements to publish the foundation's annual audit in the newspaper is replaced with the general requirement to make the annual audit available to the public. We're doing this to help the organization streamline their own operations and give them the ability to direct more resources into the community, into the philanthropic purposes that the community requires and away from administration—administrative cost. And while I'm mentioning that, I should say that the foundation itself has made a commitment to manage their administrative costs within a 1 per cent threshold of their total assets, which is an amazing, amazing efficiency and, I think, a real credit to the professionalism of the organization and how it is handled its asset base over the years.

Mr. Speaker, over the years I've had the pleasure to be part of a number of projects that the Brandon Area Community Foundation have supported. We do have a very strong history of philanthropy in western Manitoba and in Brandon. The list of community organizations and community projects that the foundation has supported is breathtaking in scope, quite literally breathtaking in scope. I'm going to mention a few of them, but there's a couple I want to mention a bit in depth because we are, in fact, working with the foundation and other stakeholders in a number of these projects.

And one I wanted to mention because it's a very, very important and a critical need in Brandon is in the area of affordable housing. And the Brandon Area Community Foundation has been working closely with the Canadian Mental Health Association, the City of Brandon, the Brandon Energy Efficiency Program and the Province of the Manitoba in supporting the STEPP homes in Brandon, the Solutions to Eliminate Poverty Permanently homes that are being built in Brandon in training young adults in Brandon for careers into the future. The goal of the STEPP program is to eliminate barriers that prevent low- and low-to-medium-income families from moving into home ownership because of the high costs and the inability to raise a down payment, and we have

successfully built a number of STEPP homes in Brandon with more to come. There's one under construction right now.

And this involvement of the Brandon Area Community Foundation as well as the other partners in creating affordable housing opportunities and ownership—housing ownership opportunities in Brandon—is really an outstanding contribution that changes the lives of families in a very, very meaningful way. It changes the lives of children. It changes the lives of the adults, the mothers and fathers of these families, and builds neighbourhoods and builds community. And I think it's a real credit to the organization that they are engaged in this particular program because it is a very transformative experience for people's lives and, more broadly speaking, transformative for the neighbourhoods in which these homes are built in.

\*(10:10)

So, I want to make specific mention of that because housing is a very important priority of this government. We have built and redeveloped almost a thousand units in Brandon since we've come into office. And we've got a lot more work to do but with partners like the foundation it really does show the depth of community support in Brandon and western Manitoba for the construction and development of affordable housing, Mr. Speaker.

This last year we did—I asked for a list to be prepared for me. I wasn't quite prepared for the sheer volume of projects that the foundation's been involved with since 2012. And I'm sure that my colleagues—other colleagues will put on the record, as we go through the hour, those particular organizations, but I do want to note a few of them while I do have the floor, Mr. Speaker. The foundation is contributed hundreds of thousands of dollars. I won't do the individual amounts for these organizations, but the Assiniboine Community College capital campaign for that outstanding campus that we're developing in the north hill of Brandon, the foundation has been central to that campaign; the Andrews Field baseball diamond that was constructed in the flats, they've been involved in that very actively; Brandon Civic Senior Citizens Incorporated.

Outside of the city of Brandon, in Birtle, there's—the foundation has been supporting the Birtle playground development; Hartney collegiate—a \$5,000 contribution to Hartney collegiate in the Hartney Bursary Fund; as well as the Hartney pool—

swimming pool finance committee—Hartney is very—obviously very active in developing opportunities for young people in their community; the Hamiota school parent advisory council; Ducks Unlimited has been supported by the foundation.

Another important contribution is to the Provincial Exhibition of Manitoba, and we are debating in this Chamber a resolution supporting the Provincial Exhibition of Manitoba and their fine work on the Dome Building. And I expect to bring that resolution back to the Chamber so that members opposite can support, by vote, the Provincial Exhibition of Manitoba and their fine work and the fine work of their volunteers in raising funds for the Provincial Exhibition of Manitoba and Display Building No. 2. But the foundation has been a leader—the Brandon Area Foundation has been a leader in building our community and putting the community first each and every time. I think that's an important lesson for all of us in this House, particularly when we get blinded by partisan blinkers, Mr. Speaker, and forget that our job is to represent the communities that we live in and build our communities.

So, Mr. Speaker, with those very few words, I do want to conclude by, again, thanking the executive director and the vice-chair for being here as we debate this this morning, and to, more importantly, commend them for their very good work and let them know that the government of Manitoba certainly appreciates your hard work on behalf of Manitobans and on behalf of Brandon and western Manitoba. Thank you.

**Mr. Reg Helwer (Brandon West):** I'm very pleased to rise today to speak in favour of Bill 300, the Brandon Area Foundation incorporation act, and to welcome Laura Kempthorne, who I've known for many, many years, and Phil Weiss, my neighbour, who has been involved with many, many things over the years, and glad to see he's putting his talents to use for the Brandon Area Community Foundation.

I'm a little surprised at the time it's taken for this bill to come forward. If we weren't in the emergency sitting of this government in this Legislature, then when would this have happened? Perhaps in the fall? I'm not sure. This was—apparently I've been attacked in the media for delaying this bill in second reading, which just—is introduced today, so I'm quite surprised, Mr. Speaker, that it's taken this long for this very important bill for the Brandon Area Community Foundation to come forward to—for

consideration on second reading and debate in this House.

So, indeed, it is important for the community. It's important to support Brandon, and this foundation does indeed do that and has for many, many years. I have been to many of their golf tournaments and donated much of my own money to this foundation and, indeed, when I look through their annual report, I see many friends that have done the same type of thing. And, of course, there is the Helwer Family Fund listed in there that was created many years ago, and we're pleased that we can help this foundation do the good work that they do in Brandon and area.

They are a very effective manager of their funds, Mr. Speaker. And, indeed, I have been on other organizations; I've been invited to be on the Brandon Area Community Foundation several times, but one of my rules is that I only allow myself to be on two volunteer organizations at a time. And one of those that I was on at that time was the Brandon hockey, Brandon Youth Hockey Association in prior years.

And we had the Brandon Area Community Foundation come and speak to us about managing Brandon hockey scholarship funds and the types of things that they could help us with, because as you amalgamate some of those smaller groups in—together into larger entities, you are able to create greater efficiencies and, indeed, better returns. *[interjection]* Ah, but amalgamations on your choice. Yes, I hear the minister across the floor saying amalgamations are fun, but this is—are good, but this is all on choice, I must say, not forced amalgamations. People are invited to be part of this, and if they don't choose to, then that's their own business. And, indeed, I know that Brandon hockey dealt with that issue and decided not to become part of the foundation at this year. They may have at this point; I'm no longer a member of Brandon hockey, so I don't know the direction they've gone with that.

But I am pleased that the Brandon Area Community Foundation has been so effective in management of their funds and, indeed, in the distribution of those funds. It is very effective on what they do with the funds in Brandon and the region. The—it doesn't have to be a lot of money that they give, but a deed—is indeed a great deal of money that they do donate annually, mostly from the proceeds of the capital but sometimes from the capital, and it just depends on the particular endowment whether they're disbursing the capital or perhaps the interest and the returns.

So it is very important to see where they give their money, and I think that they have a number of applications they get from around the community and they are all, of course, very valid applications. It's very difficult to look through and see which ones you are going to disburse the money to, but the board and the past boards have been very good at that, Mr. Speaker.

I've had many, many friends that have been on the board and have just spoken in glowing terms in their experience there, and not just how they have evolved on the board and developed it and made sure that everything is working well but in terms in the experience of giving the money to these community areas that are important.

And some of them are large—we see the ACC capital campaign—and others are a little smaller—you know, the Sun Fund for Kids, that type of thing—but all very, very important places that we can donate money from the private sector from community foundations and have a tremendous effect. So it doesn't have to always be a large amount of money but, indeed, can be very effective to see some of these smaller disbursements go out.

And then, of course, we see many of the large and not-so-large companies in Brandon, and individuals, that have supported this foundation recently. Meyers Norris Penny gave a generous gift in kind of office and furnacing—furnishings for over past 10 years to the Brandon Area Community Foundation, and Meyers Norris Penny has a tremendous track record of donations in the community and support of the community, of course. That is their original head office, and though now much of their head office operations are in Calgary, they still see Brandon as the place that they were founded and they want to make sure that they have an effect, and they indeed have an impact on that community.

And so it's great to see that again Meyers Norris par—Meyers, Norris and Penny and their partners are coming forward to support the Brandon Area Community Foundation, as they have many, many times in the past. And I know they have had board members and many people served on the board in that regard.

So to go through the experience of this board, like Mr. Weiss is now, is something that not only enables you to help the community and support them, but it also develops the individual personally because you have contact with a great number of

people on the board that have done a wealth of things, Mr. Speaker.

And Brett McGregor, who is, I believe, the current chair or president, is one of those people who has a wealth of knowledge and ability, and it's great to see that he is putting forward his time to help the foundation, because I have great regard for Brett. He is a part of a large operation in Brandon, a large business—in Brandon-size, anyway, Mr. Speaker—and that business, the Guild Insurance, has been very effective and very, very successful, and it's great to see someone like Brett will be able to carry that on and carry it forward, because if we don't have successful businesses and individuals in the community, then organizations like Brandon Area Community Foundation, well, then they run out of money, because it's those successful individuals that contribute the money to organizations like this in order for the organizations to go out and help other people.

\*(10:20)

So, indeed, Mr. Speaker, the more money that we can keep in individuals' pockets, the more money that we can keep in businesses' pockets, those pockets then donate to the community, and I know members opposite often speak in derogatory terms about business and they're always out for themselves. Well, when I see, in our business, the number of applications that come for donations every day, it is truly astounding, and that requirement, that request for donations, has grown enormously over the past dozen years. It's just astounding how many requests businesses get for donations, how many requests organizations like the Brandon Area Community Foundation get for donations. It's just really quite astounding that you really have to set up a process to handle those requests because they're all valid. They're all great organizations that are looking for money, and you really have to pick and choose how you're going to support those organizations, where you're going to donate the money because the money in a business is not endless like it seems to be with this government. The money in a business, the money in an individual's pocket, is all defined, and you only have so much. You can't necessarily go out and tax people like the government does with the PST just to bring more money in and make more announcements and do more ribbon cuttings.

Organizations like the Brandon Area Community Foundation often fly under the radar, Mr. Speaker. They do great things and they do great

things with other people's money, and it is one of those things that we need to celebrate, the opportunities that community foundations have to support the communities. And they do these things, they do these great things, often without a lot of recognition. You know, they give money out and they release their annual report. You may see a little bit of information in the media about it that they've given some money here, they've given some money there, but it's not something that they strive for recognition at every ribbon cutting like we do see with the government. It is something that they do because it needs to be done.

And, indeed, the Brandon Area Community Foundation has found a need in Brandon and community, obviously, and they've done very, very well. So I'm pleased to see this legislation finally come to the floor, and I'm sure that we will probably see it pass, and the Brandon Area Community Foundation will go on and they'll continue to be successful and I wish them all the best and, indeed, I wish Laura and Phil all the best in the organization. They do great things, and I'm sure they will continue to do so, Mr. Speaker. Thank you.

**Hon. Jennifer Howard (Minister of Family Services and Labour):** It's always a pleasure for me to get a chance to speak in this House about my hometown, a place I called home for almost 30 years, and to reflect on the great generosity of that community. And I was reminded of that generosity recently when I had the opportunity to visit Brandon and take a tour of the new Y that's being built there, which I know is one of the projects that the Brandon and area foundation—I guess now we have to start calling them the Brandon and area community foundation—has also been involved in, and that project, of course, supported by three levels of government but also tremendously supported by the citizens of that area. I think when I was talking to the executive director there of the Y, Lon Cullen, he told me, and I think the number is accurate, that when he figured it out, the per capita contribution to that project was about a thousand dollars for every citizen in the region that was going to be using that facility, which is quite an incredible contribution, incredible show of generosity and community spirit.

And when you—I would encourage anybody who gets the opportunity to take a tour of that facility. It's a facility that anyone would be proud to have in their community and that I was a bit jealous of and hoped to be able to visit when it's open. When I was in that facility, I was reminded of the old swimming pool at

the Y where I learned to swim, which at the time I was learning to swim, I felt was like the width of the English Channel, but, certainly, when I was an adult and visited that pool, it was not quite that big as I remembered it.

But the new pool facility at the new Y is just spectacular, and it's—the consideration that's gone into every design element of that in terms of accessibility not only for people with disabilities and the seniors who are going to use it, but for families, which—new eyes in which I see the world—but the very large, generous family change room that's a very accessible place where families can go and you can take up all the room that you need to. It seems that little people take up eight times their height in room when you're trying to get them ready to go swimming and not feel bad that you're taking up anybody else's space. So that is just one project that the Brandon Area Community Foundation is helping to see to fruition.

You look at the amount of money that this foundation has been able to invest in community projects not only in Brandon, but all of southwestern Manitoba, over \$1.25 million in grants, and that's quite a legacy from a foundation that started with a \$25,000 gift. And we've talked about some of the projects that they have been responsible for helping. I want to talk in more detail about one that they've supported, which is Canadian Red Cross injury prevention program that works specifically with newcomers in the community. And Brandon, of course, like many, many communities in Manitoba has seen tremendous population growth in the last decade or so, much of that due to the tremendous growth in newcomers to Manitoba and also to, I think, the ability, the unique ability really in Manitoba to take people who come to Manitoba and to the Brandon area to work for a temporary amount of time at the Maple Leaf plant and give those people an opportunity to become lifelong citizens of Manitoba, to stay in the community, to invest in the community, to own homes, to send their kids to school.

But part of that, although grow—population growth is a great thing for any community it also creates challenges. And the Brandon Area Community Foundation has been a part of addressing those challenges and one of the things that they have been investing in is this injury prevention program which works with newcomers on how to prevent injuries in Canada, simple things that probably many of us take for granted like calling 911 when

something happens. Many, many countries in the world there is no such service, so knowing that you can get help by calling 911, that is something that people who are new to Canada need to know about; basic home safety, what—you know—standards of infant and child safety are in Canada, how to keep kids safe; how to use car seats appropriately and seat belts and bike helmets and water safety; all of these things that are important. We know that certainly for children one of the leading causes of injury and death for children are accidents and many of those accidents are preventable. So I want to commend them for working with the Red Cross to make that kind of information available to newcomers to Brandon.

I also note that, like The Winnipeg Foundation, this foundation also has a youth program that helps to get young people engaged in charitable giving, in philanthropy. And these programs are so powerful because they not only engage youth in raising the money, they engage the youth in deciding where that money goes. And when I was working at the Women's Health Clinic we often received visits from these groups that were working with the Winnipeg Foundation who would—they were high school committees and they took their work extremely seriously. They had a certain amount of money to invest and they went in site visits, they talked to organizations, they decided what they wanted to use their money for, and we were—at the Women's Health Clinic—lucky to be the recipient of many of those grants that helped us put on teen health clinics that helped us do those kinds of things that were so important to young people. And so I'm really pleased to see that the Brandon area community foundation has a similar program and all the high schools in Brandon participate in that program. And I think that this continues on generation by generation the spirit of generosity, the spirit of giving and the spirit of community engagement that really is a hallmark in Brandon.

And I want to tell sort of a personal story. I was also recently reminded of the generosity of Brandon, and I spent my time in Brandon working for many non-profit organizations. And anybody who's done that work as a volunteer—paid staff knows that you're asking people for free stuff all the time: for help to borrow their truck to move the chairs, for someone to make some muffins for the meeting. You spend a lot of your time relying on the kindness and generosity of others.

\* (10:30)

And one of the—there's something that had happened while I was in Brandon is that there had been these horrible leaflets put on people's cars, horribly hateful leaflets, very homophobic material, talking—essentially making this bad and, we know, false argument linking gay people to all kinds of disease and crimes. And the CBC was interested in doing a story on this and wanted to come and do an interview. And at that time in Brandon there was really nobody who was willing to go on air and use their name. And I thought it was an important thing to do because I knew that, really, the only way that people who are going to spread such hatred are going to win is if they succeeded in making us scared.

So we went on the radio and we did this interview and afterwards I was ready for an onslaught of criticism from people—it was the first time I had come out publicly. And that night the phone rang and I answered the phone and the person on the other end of the phone said, is this the Jennifer Howard that was on the radio today? I said, okay, you know, here we go. I'm ready. I'm steeled for this. And I said, yes, it is. And he said well, I'm so and so and I just want to commend you and thank you for doing this and, by the way, I own a business and anything you need for any of the events that your community is doing, you let me know and we'll provide it.

And for years and years afterwards—the business that they owned was a bakery—we had great cakes and buns and sandwiches and donuts for every event that we put on. And it was an important lesson to me about assumptions, and it was an important reminder to me that I lived in a community that was generous in spirit, a community that celebrated diversity, that was open-minded, and a community where, you know, although there were some examples of prejudice and there were some examples of hatred, there were many, many, many, many more people who were interested in creating a community of peace, a community where we could all live in safety. And it taught me to try to go forward in the world, which I don't—don't make this standard every day, but to try to go forward in the world expecting the best of people I don't know and assuming the best of their intentions. And when you do that, sometimes you're disappointed but most of the time you're not, and I think it's a better way to go forward in the world than assuming that everybody has bad intentions and the worst of everyone.

So, I just want to join with the other people who've spoken today in commending this foundation,

the board, the donors, the organizations that they fund who work so hard to make Brandon a great community. Many of the organizations they fund are arts communities. It's not always known that Brandon has a tremendously vibrant arts scene—music and film and theatre—and this foundation helps to support those things, helps to support Brandon, helps to make it a great city to live in and all of the surrounding communities a great part of our province. So kudos to the foundation and we're very pleased that this bill will hopefully go to committee today.

**Mr. Cliff Cullen (Spruce Woods):** It's certainly a pleasure for me to rise and speak to Bill 300 today. Certainly Bill 300 and the foundation—Brandon Area Foundation will have an impact in a number of my communities as well. So I certainly want to first of all welcome both Laura and Phil to the Chamber today, and thanks for making the trip to Brandon, and we certainly look forward to passing this legislation into committee to get to the—things done that need to be done to tidy this—tidy up the operations there.

So clearly it's an important piece of legislation, there's some housekeeping items for the foundation, and I think it's important as we move forward, Mr. Speaker. Clearly, in terms of a name change to the Brandon Area Community Foundation, I think it's important. And I just had a chance to read through the 2012 annual report this morning, and clearly there's a lot of other communities outside of the community of Brandon that are—benefit the good work of the foundation, and it was certainly reassuring to see that.

It's good to see the history behind the Brandon foundation, and, clearly, as things evolve we do have to make changes from time to time to the framework for these organizations, and we're certainly happy to assist the foundation in making those changes going forward, Mr. Speaker.

Mr. Speaker, the community foundations play a great role in the province of Manitoba and across all of Manitoba. I know, certainly, in some of my communities are involved in their own specific foundations. Some of those foundations are looked after by The Winnipeg Foundation, as one of the umbrella organizations. I remember going to Killarney—the community of Killarney—who celebrated their 25th anniversary of their foundation just a few years ago, and I was asked to say a few words. And it was certainly good, because to look

at the money they had turned back into that community and the area around Killarney was just overwhelming.

And it really speaks to the foresight of people in the community that have the vision to put together foundations to support the—their communities; and quite frankly, Mr. Speaker, to support organizations and individuals within that community that require financial assistance so that they can continue to do the good work that they do.

And, Mr. Speaker, at that time I remember a conversation I had with my father and it was shortly after I got out of university and I took agriculture in university—and he said, you know, when I get home—and he said when's the best time to plant a tree? I, of course, with full of knowledge from university I said, well, obviously that's in the spring; you should be planting your trees in the spring, that's the best chance for them to grow and flourish. He said well, yes, that might be right, he said, but really the best time to plant a tree is 25 years ago and then it would have the full ability to grow and flourish. So that's really what these foundations are able to do.

And certainly if the Brandon foundation now is 43 years old, you can see now that they now have tremendous capacity to give back into their community—and not just their community but communities around Brandon, Mr. Speaker.

So really it's certainly a pleasure to discuss foundations this morning in this regard, Mr. Speaker. And these foundations, for the most part, in most of Manitoba, are run by volunteers. And it's the volunteers that make these decisions going forward. They obviously spend their time and volunteer their time to make these foundations work.

And I think a challenge that I always find interesting—the challenge for some of these foundations, you know, they do have some money to give away on an annual basis and clearly there's a lot of request for that very limited resources that they're going to give away. And the challenge must be for those committees how do we decide which individual, which projects, which groups will be allocated funding. And how much funding do we allocate to those specific individuals or groups or projects.

And my hat goes off to those each and every year that I see those foundations and the work they do and those decisions they make.

Clearly, Mr. Speaker, the onus is on all of us, I think those that are involved in the foundation and I think us as legislators as well—is to spread the good word around to Manitobans, individual Manitobans, to the business community, what a great asset these community foundations are and how much they can actually benefit the communities at large.

Mr. Speaker, I know our local—it's the Glenboro and community foundation—I was at their annual presentation back in June. And obviously they've evolved over the years quite significantly. And they can—have set up specific projects within their community. And a lot of it is—goes back to education for their students.

I know there was some assistance from the Province of Manitoba a few years ago to go set up these education grants as part of the foundation and it's worked out very well. And there was tremendous support from the community to match those grants as well.

And so each and every year there's quite a number of graduates from high school who are allocated grants out of the foundation and it's been a very, very positive experience for the foundation and to have those students there to recognize, you know, the good work that the foundation does. So it's important to see that and see the work that is done and important for us that may think about contributing to the foundation as we go forward.

And clearly the idea of the projects that can fall under the foundation are just unlimited. And in fact I know the local foundation—they've set up a number of different categories for giving money to the foundation; there's certainly—there's a health-care foundation, there's a component of it, there's a component for seniors, there's a church component as well. They've just set up a component to deal with sports and sports facilities within the foundation. And also even one for cemetery care, Mr. Speaker.

So clearly what the—these foundations are doing there is identifying needs within their communities where money can be allocated and establishing that so that the people will have a purpose in terms of where they give their money to, Mr. Speaker.

Just looking at the Brandon foundation 2012 annual report, I see the foundation has assets of \$7.2 million, Mr. Speaker, which is fairly substantial of course—of which a good portion of that is used for investments and then in turn when the investments

can be used as donations and grant recipients—grants to various recipients.

\* (10:40)

And clearly the list of donors on there is quite impressive, and we look at not just individual donors but also various organizations throughout the communities are supporting the foundation. And, as well, the business community is supporting the foundation. And I know the Brandon and area community foundation do get support from a lot of people outside of Brandon, and it would certainly—encouraging to see a lot of my communities, as well, are the benefactors from the Brandon and area and foundation.

I look at the 2012 grant recipients listed in the annual report. There was over 60 projects and groups that were funded through the foundation in that year, and the grants ranged from anywhere from \$250 up to \$50,000 for the Sense of Home campaign, which was very important and very worthwhile campaign that was taken in part in Brandon and the area around Brandon too. A lot of the citizens in the area recognized the important role that that Sense of Home campaign undertook and of—clearly the foundation recognized how important that was going to be to the community as well, Mr. Speaker.

You know, in terms of education, Mr. Speaker, I think it's very important that we certainly promote the great work that foundations do and the opportunity that we—you know, also during life and I guess during death as well, we can contribute back to our communities.

And I want to talk about one individual. It was a bit of a surprise, I think, for the community, but this—one of these unassuming fellows in our community, a fellow by the name of George Notman, who just recently passed away—one of those fellows I got to know quite well. We worked together for a number of years, but one of those individuals that you didn't think would have very much in terms of assets. And when he passed away, clearly he had received some pretty good advice and took that advice and he did have quite a bunch of—quite a few assets when he passed away. And the community was certainly the benefactor of that and the community foundation was a great benefactor of that.

So, clearly, the donation that he made to the foundation will be able to used in the community for years and years to come. And it's great to see people

thinking about their community and thinking about their community for many years to come.

So, with that, Mr. Speaker, I thank the people that—in the foundation, the great work they do. I do want to mention Brett McGregor currently serves as the chair of the foundation. Brett is actually a constituent of mine, and I thank him for his good work in all the projects that he volunteers with as well.

And we look forward to passing Bill 300. Thank you very much, Mr. Speaker.

**Mr. Dave Gaudreau (St. Norbert):** I want to welcome our guests here today in the gallery and thank the member for Brandon East (Mr. Caldwell) for bringing this resolution forward. You know, I'm really proud to say that our government works with groups like this to make things happen in Brandon and, you know, that we actually do have a lot of investments in Brandon.

You know, I visit Brandon regularly. I was out there, actually, just a few months ago with the workplace health and safety review that I undertook on behalf of the minister. And, you know, I know that the member was saying that some of the people from Winnipeg feel it's a long drive; I actually feel it's very close.

And he keeps us updated regularly on what's happening in Brandon. I mean, his passion for Brandon and his vision for Brandon is second to none. I mean, the amount of work and effort that he puts in and the vision that he has for Brandon is amazing. You know, he talks—we talk about vision for Brandon, and, you know, I heard the member for Brandon West (Mr. Helwer) saying that, you know, this resolution could've been brought forward a lot sooner. I guess I question as to why he didn't bring it forward. We've heard a lot of resolutions debated in this House over the last while from the Conservative side of the House that have been very negative and very—you know, they're nothing to talk about good things. So, you know, he had the opportunity to bring this forward, too, so, you know, if he claims that it was, you know, delayed in any way, I mean, they're the ones that are holding up the House and delaying things. So, I think it's very interesting that he talks a big game about how negative the—we are, but meanwhile they're the ones holding up the House.

You know, they always talk about how we like to cut ribbons on our side of the House. Absolutely,

Mr. Speaker, any day of the week we will cut a ribbon rather than cut services—what they talk about. You know, the investments that we've made in Brandon, I mean, there's such a long list of what we've done in Brandon recently and in partnership with groups like this.

But you look at Brandon University, you know, we talk about the investments that have—going on there. That university has expanded and grown underneath our government and the initiatives that we've done. The field house at Brandon was just redone.

We talk about personal-care homes in Brandon that we built. We talk about things like the CancerCare clinic that opened up in Brandon that they didn't have, you know, under the previous government in the '90s. Now, you—they have—they can get cancer care right there in Brandon. You know, they now have an MRI in Brandon. All these investments are possible because they have a member like the member from Brandon East who brings forward their concerns to us and we look at what's going on and we invest in Brandon.

I mean, you know, underneath the—of government that was before us, the Conservative government, Brandon peep—residents of Brandon used to pay higher hydro rates. They had a two-tier system for hydro rates. Everybody in Winnipeg one—paid one and everybody outside of Winnipeg paid another. You know, and now the member, the Leader of the Opposition's suggesting two-tier health-care rates as well. So I think it's a little rich that the member for Brandon West is talking about how the member for Brandon East isn't representing. I mean, the member for Brandon East has done so much for Brandon and his community. You know, it's just amazing of how highly he speaks of this community and the amazing things that he's done.

The member for Brandon West was talking about how there was choices in amalgamation. He's all for choice, he said. Well, let's look at his choices. He's had the choice to hold us in the House all summer and try to reverse funding for flood proofing his own community. I mean, this whole debate that we're having all summer is about spending money to flood proof Brandon and the Assiniboine valley area. But his side of the House doesn't want to have—I, you know, they don't want to hear it. They don't want to have the increase in the PST. But you know what that increase is going towards is flood proofing his

very community, Mr. Speaker. You know, I think it's just a little rich that they talk about, you know, how we're holding up things. You know, he chose to vote against funding for his very community. I mean, Victoria Avenue in this budget, we're going to be redoing Victoria Avenue. You look at the 18th Street bridge; he voted against that. You know, we brought the 18th Street bridge.

And all of these things that we invest in come together with community groups like this, you know, with the Keystone Centre. Mr. Speaker, you know, we invested in that; and the dome that's behind the Keystone Centre, we're investing in that. You know, we're investing in the culinary arts institute at the ACC, which this group is fantastic and works with ACC. You look at the funding that they've done; you know, they talk about all of the capital campaign that they put ace—\$8,000 into with their grants. And you know, we're investing in ACC. Underneath the times when they were in power ACC was being cut. And you look at the recent investments, 2.5 per cent more to Brandon University. Well, their proposal was to cut. And if you look at what happened in other provinces, in Alberta and Saskatchewan, what have they done? They've laid off professors and teachers and they've cut these facilities.

We're investing in these facilities and we're investing in Brandon, Mr. Speaker. I think that—and it's all because of the member for Brandon East (Mr. Caldwell), to be quite frank. He is a very passionate member of the—of this Legislature and he brings it in. So I'd like to make sure that we recognize the member for Brandon East for all his hard work and I'd really like to thank the community organizations like this that do all this hard work in the community and make a very big difference to who we are as a province and to better Brandon all the time. And I know that they work very hard with member for Brandon East. Thank you very much.

**Mrs. Bonnie Mitchelson (River East):** Mr. Speaker, I'm pleased to put a few words on the record in support of Bill 300, The Brandon Area Foundation Incorporation Amendment Act, and really praise the organization for coming forward and wanting the word community put into their legislation.

And, you know, this isn't about us or any member of the Legislature. This is about a community and an organization that shows the generosity and the compassion for people and organizations, non-profit organizations in their

community that do such good work. And if it wasn't for the generosity of the business community and that very first donation of \$25,000 that has grown this foundation in the community to what it is today and the good work that it's been able to do, we wouldn't have some of the activity and some of the organizations that do that good work. So I just want to reiterate, this isn't about us in the Legislature. This is about a community that has grown, an organization that has grown and has done very good things.

\* (10:50)

We talk about businesses coming together and leaders within the community that has driven the process and has created the foundation and the money to put back into the community, and that's what community is all about. It's giving back. And whether the donations to the foundation are large or small, it is a commitment by leaders within the community, by volunteers within the community and ordinary individuals within the community that make it happen.

So I want to say congratulations to all of those over the years that have done such good work. And, Mr. Speaker, it's not about government. It's not about individuals in the—[interjection] I would hope that the member for St. Norbert (Mr. Gaudreau) would listen rather than again show the disrespect that he just showed in his comments that he put on the record. This isn't about any member of the Legislature. This is about the community, an organization that is community-driven, and I commend them for coming forward and for continuing to do the work that they do for Brandon and the surrounding area.

So congratulations to them and all the very best as they move forward.

**Ms. Sharon Blady (Kirkfield Park):** It is a pleasure to speak to this piece of legislation brought forward by the member for Brandon East (Mr. Caldwell), and it is very important to retain the focus really on the organization. I've had the pleasure, like other members of this Chamber, to help shepherd through this kind of sponsoring legislation where really this is about the work that the community is doing, and it—how they invest and support in their community.

And I had the pleasure, before entering into this line of work, of working in Brandon. I was in the faculty of arts at Brandon University. I taught in the gender and women's studies program as well as the

Aboriginal and visual arts studies program, and I know how strong the Brandon community is in terms of how it supports itself. It's also wonderful to see how, in modernizing this legislation, the term community is being added because that's the other thing too is that Brandon, like so many other places, doesn't just end where the city limits end. It's about the larger community, the integration, and to see that this organization allows people within the community to keep reinvesting in the community is phenomenal, whether it is things that are addressing the increasing growth to the area.

I mean I was so pleased to see their participation in the SmartStart injury prevention program with the Red Cross and how it equips newcomers and their families to reduce and prevent injuries because one of the things that we've seen happen these past few years in Brandon is the immigrant community grow, and that's brought a wonderful wealth and richness to the community, everything from increased arts and cultural activities, wonderful selection of restaurants that I remember were not there when I first moved into the city. To see that happen, it's just wonderful, and the fact that the Brandon Area Community Foundation will now be able to do more things.

Again, that modernizing legislation that just facilitates this kind of growth is something that really needs to be commended, and I'm pleased to see their partnership with the member for Brandon East (Mr. Caldwell) because I do know of his passion for the community and the long-standing passion. But again, it is really about the partnerships that this organization has formed and how this legislation will allow them to continue to build those partnerships and continue to enrich a city that I know and that I love and that I wish I had as much time to visit as I did before. But I can say I don't miss the two-hour commutes on the Greyhound to get to my lectures, but I do miss the drive out there. And I do miss all the friends and family that I have out there.

That's the one thing about Brandon for those that have not had the time to be out there, it is a really wonderful place and that part of what makes it wonderful is the kinds of investments that the community is able to make. And the community as individuals, as families, they can't do that unless they have a foundation like this to facilitate that process. So I would like to commend them for all the work that they are doing and I would like to say that I really hope that the amendments to this legislation really do help you facilitate and grow and keep doing

what you're doing because not only does Brandon and the larger area benefit from it, but really we, as all Manitobans, benefit from the work that you do.

So thank you very much, Mr. Speaker, and I really look forward to the unanimous passage of this bill.

**Hon. Jon Gerrard (River Heights):** Mr. Speaker, just very briefly, I support this bill which has come forward from the foundation and wish them many successful years in the future.

**Mr. Larry Maguire (Arthur-Virden):** It's my privilege to be able to put some words on the record in regards to this Bill 300 as well, the Brandon Area Foundation. It's—if we look at the report it's—I'm very proud to be able to look at this report and look at all of the people that have made—that have been recognized donors in this foundation. This bill just allows simply a cleanup of some housekeeping that needs to be done that you have to pass in the Legislature because of the act, and I'm very proud to be able to speak I hope unanimously in this House on it.

Although I must say that the member from St. Norbert was certainly biased in his view in regards to this process and in an area where this is not about government, clearly, it's about the citizens of the communities. I'm very proud that the community I grew up in, Elgin, is one of the towns that's named in this donor group, the Elgin Community Fund, places like the Hartney Flying Club, the RM of Whitewater. And some of the people in memory of in this are good friends of mine, or have been in the past, as well: Mr. Dahl, Mr. Stillwell, young Ritchie Campbell and Mr.—Councillor Lougheed. Mr. Speaker, for four of the six that are named there, I knew them all personally and I know that this is a tremendous asset to the community of Brandon, but also all of southwest Manitoba.

And I think that it's incumbent upon us to be non-partisan in dealing with an issue like this and provide a great opportunity for the board of directors simply to be expanded and to allow them to continue to work clearly with the great work that this foundation is doing, and also look at the contributors that will continue to support this project. And with that, I just hope that this bill could be passed unanimously.

**Mr. Speaker:** Is there any further debate on Bill 300?

**Some Honourable Members:** Question.

**Mr. Speaker:** House ready for the question.

Question before the House is second reading of Bill 300, The Brandon Area Foundation Incorporation Amendment Act.

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

**Mr. Kelvin Goertzen (Official Opposition House Leader):** Is it the will of the House to make it unanimous, Mr. Speaker.

**Mr. Speaker:** Is it the will of the House to call passage of second reading of this bill unanimous? *[Agreed]*

Bill has passed second reading unanimously.

**Mr. Goertzen:** Is it the will of the House to move directly to private members' resolutions.

**Mr. Speaker:** Is it the will of the House to proceed directly to private members' resolutions? *[Agreed]*

We'll call it 11 a.m. The hour being 11 a.m., it's time for private member's resolution, and the resolution we have before us this morning, sponsored by the honourable member for Concordia, entitled "Strong Public Health Care".

## RESOLUTIONS

### Res. 32—Strong Public Health Care

**Mr. Matt Wiebe (Concordia):** I move, seconded by the member for The Maples (Mr. Saran),

WHEREAS universal health care is a point of pride for all Manitobans and all Canadians and is indeed one of the things that defines us as a nation; and

WHEREAS all Manitobans should have the right to access health-care services based on their medical need and not on their ability to pay; and

WHEREAS in the 1990s, in addition to eliminating over a thousand nursing positions from Manitoba's health-care system and experimenting with home-care privatization and user fees, the provincial government of the day introduced two-tier health care, allowing patients who could afford it to pay user fees to private clinics to get faster surgery, making other patients wait longer; and

WHEREAS Manitoba was forced to pay a total of \$2.3 million in federal penalties for breaching the Canada Health Act by introducing two-tier health

care, money that could have been invested in front-line care; and

WHEREAS a thorough study by the Manitoba Centre for Health Policy on the failed 1990s two-tier experiment found that wait times got worse in the public system as a result of a parallel for-profit system; and

WHEREAS the Leader of the Official Opposition (Mr. Pallister), who was part of the government that introduced two-tier health care in the 1990s, has once again called for American-style, two-tier health-care system that would allow those who can afford it to pay user fees to get faster care, calling it a system we need.

THEREFORE BE IT RESOLVED that members of the Legislative Assembly of Manitoba be urged to pledge to protect universal health care for Manitoba families; and

BE IT FURTHER RESOLVED that all members of the Legislative Assembly of Manitoba be urged to reject two-tier health care and illegal user fees.

\* (11:00)

**Mr. Speaker:** It's been moved by the honourable member for Concordia, seconded by the honourable member for The Maples,

WHEREAS universal health care is a point of pride—dispense?

**Some Honourable Members:** Dispense.

**Mr. Speaker:** Dispense.

Is it the pleasure of the House to consider the resolution as printed in today's Order Paper? *[Agreed]*

*WHEREAS universal health care is a point of pride for Manitobans and all Canadians and is indeed one of the things that defines us as a nation; and*

*WHEREAS all Manitobans should have the right to access health services based on their medical need and not on their ability to pay; and*

*WHEREAS in the 1990s, in addition to eliminating over 1,000 nursing positions from Manitoba's health care system and experimenting with home care privatization and user fees, the Provincial Government of the day introduced two-tier health care, allowing patients who could afford it to pay user fees to a private clinic to get faster surgery, making other patients wait longer; and*

*WHEREAS Manitoba was forced to pay a total of \$2.3 million in federal penalties for breaching the Canada Health Act by introducing two-tier health care, money that could have been invested in front line care; and*

*WHEREAS a thorough study by the Manitoba Centre for Health Policy on the failed 1990s two-tier experiment found that wait times got worse in the public system as a result of a parallel private, for profit system; and*

*WHEREAS the Leader of the Official Opposition, who was part of the government that introduced two-tier health care in the 1990s, has again called for an American style, two-tier health care system that would allow those who can afford it to pay user fees to get faster care, calling it a "system we need".*

*THEREFORE BE IT RESOLVED that all members of the Legislative Assembly of Manitoba be urged to pledge to protect universal health care for Manitoba families; and*

*BE IT FURTHER RESOLVED that all members of the Legislative Assembly of Manitoba be urged to reject two-tier health care and illegal user fees.*

**Mr. Wiebe:** I'm very proud to bring this very important private member's resolution before the House this morning, and it is an important issue and one that we certainly feel on the government's side of the House that it is an absolutely vital issue to debate and discuss here in this Legislature. And it is a bit of a sad commentary, I think, on where the debate is here in Manitoba, or where it's been pushed to by members of the opposition, that we would even need to bring a resolution like this before the House. But here we are, and it's been very clear over the last short while since the new Leader of the Opposition has taken his role, on where they stand, and we know, of course, their track record, but now we know a little bit more about where they stand.

But before I get to that, Mr. Speaker, I'd like to just talk a little bit about health care and the idea of universal health care in Manitoba, and I think it's absolutely central to the Manitoba experience, the Canadian experience. I think we are a province here in Manitoba of selfless givers, of those who are willing to give of themselves to help those who are less fortunate. Manitobans understand that we are better as a province when we all work together and when we ensure that all Manitobans have at the very least their basic right to good health care taken care of by the Province. I think it's the most basic step

that we can take to ensure healthy communities and safe communities, vibrant communities, places where Manitobans can feel safe and can build a better future for themselves.

So why is it important then to bring this particular PMR before the House this morning? Most Manitobans would think this is an absolute no-brainer. I think the last few words that I put on the record would be seen as most Manitobans as the absolute basic starting block of why we call ourselves Canadians and, indeed, how we see ourselves as Manitobans.

We are bringing this private member's resolution before the House because the Leader of the Official Opposition (Mr. Pallister), who may have been a bit of an unknown, who is maybe not known to most Manitobans—most people probably don't—wouldn't recognize him if they saw him walking down the street, and, indeed, some of us on this side of the House, myself included, don't know much about his political history. I was fairly young in the 1990s. You know, I've heard stories but I don't really know. I'm learning more, of course, but I don't really know, you know, exactly what his position was in the 1990s. But, thankfully, the Leader of the Opposition has been very helpful in clearing up where he stands today, and it was just on May 28th of this year that the Leader of the Opposition went on a local radio show to proclaim that two-tier health care was a system that we need. He said, you know, when asked whether Manitobans should be allowed to cut the line to buy services, he said, I think that's what Manitobans want to see—very, very clear, Mr. Speaker.

Now, he may be alone in his extremist views as compared to most Manitobans, but I don't think he's alone in his own caucus. The member for Tuxedo (Mrs. Stefanson), for instance, has been very clear in her views when she said patients should be allowed to purchase these MRI services, and he's absolutely out of touch in this regard, Mr. Speaker. Their caucus is out of touch in this regard, and he's stuck in the '90s, I believe, with no new ideas, and he is willing to try the same failed policies that the Filmon government forced on Manitobans the last time that he was in this place.

Now, we as—on the government side of the House, Mr. Speaker, are willing and ready to meet future challenges head on and together. We recognize that health care is an important facet of, again, why we call ourselves Manitobans and

Canadians. It shapes our identity and it's important to who we are. But we understand there's challenges within the system but we are willing to meet those challenges head on. We want to ensure that all Manitobans have equal access. That includes our rural, our First Nations people. We need to cut the wait times for critical procedures, and we are finding those efficiencies within the system to ensure that's possible.

We want to make sure that all Manitobans have access to a family doctor, and we've indeed made that pledge and put those resources in place to ensure that we can meet that goal by 2015.

And our plan sees more seniors staying at home, more family doctors offering same-day or next-day appointments, more QuickCare clinics, Mr. Speaker, while also getting better value with fewer RHAs and fewer executives.

You know, Mr. Speaker, we all have health-care stories to share, and in preparing for this private member's resolution and speaking with some of my family and some of my friends and with my wife and just reflecting on some of the ways that health care has impacted our lives, and we all have stories of when tragedy and unexpected events have taken us by surprise and impacted our families.

But we also must remember—and when talking to my wife, in particular, talking about the good times—and the good times. And our family, just recently, of course, we've had two young children. My son now is 15 months, my daughter is almost 3 and—3 years old. And these are good times for us, these are happy times. They're not without their struggles. They're not without their worries. But the one worry that we didn't have, Mr. Speaker, when planning our family and building our family, was the health-care bills and the costs associated with giving birth here in Manitoba.

This, you know, again, is one of the things that I think if you talk to any Manitoban on the street, would say, it's an absolute basic right that those who are expecting, they shouldn't have to worry about this. There's enough pressures on new families that they shouldn't have to worry about how they'll pay the bill, how they'll provide the medical care for their child for the first crucial two years.

But, of course, we see—we don't have to look far—we see in the United States a two-tier system, okay. So in the United States there is a for-profit health-care system. If you can't afford that, well,

there is other charities and other ways to get health care. So you could look very, very easily to the United States and see just what happens when you have that kind of two-tier health-care system that the Leader of the Opposition is talking about.

In the United States, private insurers are through the workplace, primarily—are there to provide health care for individuals. But we know that in 2011 only 62 per cent of women in the United States were covered by their private plans that actually had maternity coverage. So 62 per cent of women who had private insurance—they had their insurance, they did what the government expected them to do, they had a solid, well-paying job, they've got their insurance, and they still were not covered for maternity coverage.

In the United States the average total price charged for a pregnancy and newborn care was about \$30,000 for a traditional delivery and \$50,000 for a C-section. Commercial insurers are paying out an average of \$18,000 to \$27,000 for this coverage.

This system, Mr. Speaker, does not work. And this is not simply us saying this, here in Canada, this is every western democracy in the world who has looked at the United States system and has seen that it's the most expensive. It delivers—it does not deliver the best care. And we see here in Canada that we have a better system, that we can do better.

But the Leader of the Opposition wants to drag us back. He wants to take us back to the 1990s. He wants to pull us back to those failed experiments in the 1990s.

And we see a better way forward. We see that offering better care by hiring 3,100 more nurses, 500 more doctors, and by lowering wait times and offering more services close to home is the right path forward. We understand that hospital administration costs, which used to be among the highest in Canada, today are among the lowest here in Manitoba.

And we pursued ideas such as bulk purchasing, generic drug pricing reforms, administrative streamlining and other innovative projects, to get better value for taxpayers' dollars.

\* (11:10)

Is our system perfect? No, Mr. Speaker, it is not. It requires constant investment and constant innovative thinking. I believe the best path forward is universal health care. And when we work together as

Manitobans and when we come together to ensure that all Manitobans have care, we are better together.

Thank you.

**Mr. Cameron Friesen (Morden-Winkler):** It's my pleasure to rise this morning in the Chamber and to be able to speak to this resolution that's been brought in by the member for Concordia.

And I notice in the resolution that one of the very first points that's recorded there is, whereas all Manitobans should have the right to access health services.

And, Mr. Speaker, I think we can concentrate right there as this resolution begins and agree wholeheartedly with the member for Concordia that, indeed, all Manitobans do have a right to access health services.

And in the months that have preceded, we, as an opposition party, have continued to stand up in question period, in the departmental Estimates process. We've published news releases and spoken to the media, we've brought members of the public into this Chamber and had them present in the gallery to talk about all those times and in all those cases where Manitobans, even though they have the right to access health services, were not able to do so. And we've been able to bring to light the fact that in the province of Manitoba, to a greater and greater extent, we have a system that does not produce opportunity for Manitobans to access it.

We are dealing with doctor shortages from one side of the province to the other—north, south, east and west. We are dealing with ER closures. We are dealing with inflated offload times for ambulances at ER. We are dealing with wait times, when it comes to diagnostic testing and accessing a specialist, that exceed the national average.

And all of these things, Mr. Speaker, should give us cause to question. They should give us pause. We should consider what it is that this government is doing and why it is in the time that they have had, they have not been more effective in getting to the root of some of these things.

I know they're very quick to whitewash the situation and very quick to try put on a brave face. Very quick to try to quote statistics that they like and very quick to move away from statistics that would not prove a point that they had already decided in their minds. But, Mr. Speaker, the facts are there,

and they are ones that we want to put on the record this morning in the context of this debate.

When the member for Concordia (Mr. Wiebe) talks about the fact that they do want to create equal access for all Manitobans—the minister has actually said the she promises Manitobans a health-care system that they can rely on; a current, accessible and responsive system for all Manitobans. But they NDP has failed to provide that, and it is Manitobans who are losing out as a result.

As a matter of fact, Mr. Speaker, even when it comes to accessing the health-care system, it's a recent report by the Conference Board of Canada that indicates that Manitoba scored the only failing grade out of any Canadian jurisdiction when it comes to accessibility in the system.

We have raised this point in question period. We have raised this information with the minister. She has never provided a response to this. This is the kind of way where she just steps very carefully around the kind of statistical information that she doesn't like, that produces problems for her, that she's uncomfortable with. And yet we score the only failing grade when it came to accessing the system. So that could mean waiting to see a doctor, waiting to see a specialist, waiting to embark on a treatment plan—and that is worrisome, Mr. Speaker.

And that included categories of difficulty accessing health information or advice and not receiving needed care. And, Mr. Speaker, nowhere is that inability to receive the care that one needs more clear than when it comes to ER closures and downgrading of ER services across the province.

And I know that in this hour I will have colleagues that stand to speak more specifically about incidents in their communities when it comes to ER closures and downgrading of those services, but, Mr. Speaker, let me just say that emergency rooms across this province are increasingly closing and we have ambulances continuing to clog up parking lots instead of getting back into community where they can respond to the next emergency.

As of February, we indicated—already going back to February—at that time there were 17 rural hospitals, ERs, closed or downgraded. And those communities include Baldur and Birtle, Erickson, Reston, Rivers, Rossburn, Wawanesa, Benito, McCreary, Winnipegosis, Emerson, seven regions in Gladstone, McGregor, Pembina Manitou, St. Claude, Vita and Whitemouth. And since that time, of course,

Mr. Speaker, as you've been in that chair and we've stood here on this side of the House, we've indicated many more communities that are at risk, including Altona and Teulon, Boissevain, Killarney and Pine Falls.

As a matter of fact, Mr. Speaker, just yesterday I rose in this Chamber and made my colleagues aware of the fact that Altona was closed another two days this last weekend in the ER with no notice to the community other than a single sign posted in the window of the ER room that said, if you need ER services, go to Boundary Trails hospital.

Well, Mr. Speaker, Boundary Trails hospital is a half an hour drive, and increasingly, the inability of this minister to act and repair this situation has led to worry and speculation and concern in these communities. Will those emergency services be there when and if they need it? And that is a fair question to ask. And it is a question that the minister has not been able to provide a satisfactory answer for.

Matter of fact, Mr. Speaker, all of this proceeds from the fact that we have too few physicians in this province, and CIHI continues to report that Manitoba has one of the lowest doctor-retention rates in Canada. For physicians who registered in Manitoba between 1995 and 1999, there are only 31 per cent of those who still continue in practice today. And the minister might say, well, that's a long time back. But compare it to other parts of Manitoba. As a matter of fact, the national average is 58 per cent. We are half of the national average when it comes to retaining doctors in Manitoba.

As a matter of fact, there are only 50 per cent of all physicians in Manitoba right now who are U of M graduates. That means that we have trained doctors here, 50 per cent of whom have left to go practise somewhere else, some to Saskatchewan and BC and Alberta, some to Ontario. But the fact of the matter is, at the same time, 180,000 Manitobans continue without a family doctor, even while the member for Concordia (Mr. Wiebe) says that we're working towards it; we're getting there. One hundred and eighty thousand Manitobans without a family doctor.

Mr. Speaker, there's so much to say. When it comes to diagnostic tests and surgical procedures, Manitobans don't enjoy prompt access. The Fraser Institute, their latest annual report on wait times indicated that Manitobans wait on average 15.4 weeks when it comes to being seen by a specialist and beginning treatment, that interval, who—people who have been seen by the specialist

and now they're waiting to begin whatever treatment plan has been prescribed. National average: 9.3 weeks.

And we wait longer for diagnostic tests. Waiting for MRIs is 14 weeks right now, and it's twice as long as the NDP's promise of eight weeks. We know that in the last weeks that the Health Council of Canada has revealed that when it comes to hip replacement surgeries, we lag behind. Only 56 per cent of those surgeries are being performed within the benchmark time period. These are statistics that are coming out from independent, respected authorities who are studying the data. This minister says they collect data; this is what they do. Here are independent agencies studying the data, pointing back and saying you're not doing well.

Of course, we know what the situation is when it comes to ERs and ambulances loading off patients. Those off-load times are longer than ever. They're more than 70 minutes in average right now. We know that the WRHA incurs fines of over a million dollars per year now because they can't drive the number down, and the new targets that the WRHA sets aren't even beneath the threshold at which those fines would begin to be assessed. So we're not getting there. It's like getting a speeding ticket, and then the police officer says, drive away and don't speed any longer; and you reduce your speed from 120 kilometres an hour to 112 kilometres an hour and expect not to get the next ticket. You are still going to get a ticket at 112 kilometres an hour, and yet the minister says, well, we've set a new target that we're going to try to reach.

Mr. Speaker, there's so much more that I know colleagues of mine will say. We have front-line workers in this province who work hard under very unenviable conditions. We wish that the minister could work as hard. We wish she could be as successful in her role as our front-line workers are. She has enjoyed 6 per cent annual increases to the Health budget. She has enjoyed some very enviable conditions in which she could get the work done to make our system better, and that work we're still waiting for even now, and I welcome the comments of other members who will put comments on the record with respect to this resolution.

\* (11:20)

Thank you, Mr. Speaker.

**Hon. Theresa Oswald (Minister of Health):** Yes, good morning, Mr. Speaker. It's my privilege to rise

today to speak on the resolution brought forward by the member from Concordia. I thank him for this thoughtful resolution and am proud to have an opportunity to speak to it.

I can imagine that members opposite would surmise that I have some feelings about this issue, and they would not be wrong in that regard. But I'm going to tell a story this morning, a story, Mr. Speaker, that I've actually told once before in public and so for my colleagues that have indeed heard this story before, I apologize. It's only 10 minutes. But it's the best way, I think, that I can describe to you how I truly feel about the issue of the privatization of health care.

The story itself actually begins 24 years before the point at which I'm going to begin my story, and that is on a day when a really dear friend of mine, the best of friends, one might say—and I've checked with Connor *[phonetic]* already before I tell this story, because this is a story about Connor's *[phonetic]* cousin. My dear friend had a baby, and, of course, it was the greatest joy. He was a bit of a miracle, to be honest. And they were overjoyed to have him arrive in their lives and, like all new parents, they spoiled him beyond measure. And all was right with the world, or so it seemed, until something started to go terribly wrong in the day-to-day dealings with this young boy. And it wasn't long before he was diagnosed with cystic fibrosis, news, of course, that no parent wants to hear. And the prognosis was not good. Certainly, 24 years ago and some, that was the case. Better now, but still not a story that any parent wants to hear about their child.

And so some years after that, as this boy grew up, vivacious, interesting, odd, some might have called him—I think Connor *[phonetic]* might—but splendid. He was watching the news, just a young guy at that time, and that was around the time when the gene for cystic fibrosis was isolated, and there was much on the news about this. And on her way out to the cottage, my dear friend got a phone call from her son, who was at the lake, and said, mom, on your way out to the lake, you know, after you go to Costco, could you pick up one of those genes for me so that we can get this thing all solved? And he was this fabulous kid, and these were the kinds of peculiar things that he would do. Just pick me up one of those genes on the way out to the lake. Maybe they have them at Costco now, who knows.

Bringing up this child was challenging, of course. There were therapies and protocols and

medications that were expensive, but the parents, of course, would do—stop at nothing to provide an enriching, fabulous life for their son, and they did exactly that. Everything's a tradition in that house. Tuesdays are a celebration in that family even yet, and we are so privileged in my family to be taken in as part of their family. We spend Christmas Eve with them and celebrate the joys of extraordinarily great cooking and listening to Liam Neeson, who's a dish, reading *The Polar Express* to all of us, and it's a treasure in our lives. And that's what we did that Christmas.

And a few days later, at the beginning of January, this young man, who is now a university student, awoke coughing and throwing up blood, and his mom and dad ran to the bathroom and it was a horror scene that no parent should ever experience, God willing. And he was rushed to the hospital where he sat in a coma for several weeks. He was at HSC in a surgical care unit, and those of us that loved him most and the family most spent lots of time there. I would go there before work with some coffee and I would go there at lunch time with some soup from our cafeteria. I'm reasonably sure that that was the only thing that the parents ate all day long. And so it was my pleasure to do something during that time.

And during that time you got to know people in the lounge—in the adult lounge. There was a woman in the lounge over those weeks that was there with her husband. It was really cold in January, obviously, and I remember her because she had this enormous fur coat. I personally didn't think it was a very attractive fur coat, but I knew that it was expensive, to be sure, and she wore that coat every day, and she needed it. It was freezing outside and she was all alone. And I was given pause thinking about all of the financial benefits that this woman must have, and yet she was by herself as she awaited some good result for her husband.

There was another boy in the waiting room at that time. He was from Sierra Leone. He had just come to Canada. He had witnessed his parents being murdered and his neighbours being murdered and saw unspeakable suffering that I cannot imagine any child should have to endure. He was there with a friend, and I'm also sure, Mr. Speaker, that he didn't have a coat at all, but he was there every day tending to his friend.

There was a First Nations family there, and there were many of them. And there was a loge that the

large 20-plus family could go to as they awaited the serious outcome for their loved one. It was at that time I realized that First Nations people probably get this thing right when they wrap around each other during times of crisis.

And we spent lots of time talking to each other, and grieving with each other and praying and hoping with each other. And I watched one day as the woman in the fur coat got the news that her husband had died. And the staff at the HSC surgical unit was so compassionate. And they'd been so professional, of course, in their clinical duties—extraordinary, I would say. They were so compassionate and tender with her; she, who was all alone in this terrible moment of grief.

And in a few days after that we got the news that none of us wanted to get, and that was that Dane [*phonetic*] had died. It was unspeakably sad, Mr. Speaker. No parent should ever have to go on that journey. Clearly, to speak of it even now is a little much.

But I left that experience, Mr. Speaker, with a very strong impression that the people that are working on our front lines are second to none. They deal with these kinds of sadnesses every single day. And yes, there are triumphs intervening, thank God, but it was not to be on that day for friend's son and for my friend's family.

And once we got through the aftermath of the funeral and everything settled down, I was left with the impression that the extraordinary care that those nurses and doctors gave to those people's loved ones—those people in the family lounge—the clinical care, the compassionate care was not discriminatory, Mr. Speaker, and it should not matter and it must not matter. If you have a fur coat or if you have no coat, you should be entitled to the same excellent, high-quality care no matter what your life circumstances.

And it's for that reason—not partisan politics, not because I don't like members opposite. That doesn't have anything to do with any of that. It's because of what I've seen and what I've felt in my heart's core and what I truly believe must be true for us in Manitoba and for all Canadians. It is our Canadian pride, Mr. Speaker, that we have universal publically accessible health care, and we all have to work together to protect that. There are wolves at the door that want to change that. It should be the nature of your health, not the size of your wealth that determines the kind of care that you get. And I say

that because Canadians deserve no less, because Manitobans deserve no less, because Connor's cousin deserved no less, and because that's what motivates me to come to work every single day.

Thank you, Mr. Speaker.

**Mr. Larry Maguire (Arthur-Virden):** It's my privilege to be able to stand and speak to this resolution, Mr. Speaker. Strong Public Health Care is the—what the title of the member from Concordia has labelled this resolution.

\* (11:30)

And before I comment on that, Mr. Speaker, I want to say to the minister, as well, we all have, certainly, compassionate cases like she has just described that we are aware of in our own families, as well—my own father in that circumstance. In a dire emergency, people get access to the hospital system. And I must commend all of our front-line workers in Manitoba for the fine work that they do.

The problem, Mr. Speaker, is getting people into the system, and that is a concern that I hear daily in re—when I'm in different areas of my constituency. Certainly, it was the case in Melita on Saturday, when we're looking at shortage of doctors in southwest Manitoba. My colleague from Morden-Winkler has just indicated some of the combined sources of sharing of doctors and emergency personnel that we have in places like Boissevain and Killarney right now. I know that Deloraine and Melita are working closely in my corner and may have to have shared services there, from what I hear, in the very near future. And I leave that to the fine, capable hands of the people that are administering those areas to come up with those.

But when it comes to strong public health care, Mr. Speaker, I have to say that that is what's needed, but it's not what Manitobans are getting now. They're not getting strong public health care even though they are paying for it, and they are paying for it in their taxes. They're paying for it in their taxes and they expect to be able to get the health care that they have had access to in past, many decades ago, I suppose, this government's been in power for 14 years. And I know that they came in in 1999 with a promise—a promise—as big as the one that they basically said they wouldn't raise PST in this last election. In 1999 they said—and one of their five-point platforms was we will fix health care in six months with \$15 million. Well, I would say that's almost as big a lie as these—as saying we won't

increase the PST or we won't increase the three major taxes or we won't do away with the referendum on the taxpayers protection part of the balanced budget legislation.

So that's why Manitobans are skeptical. That's why they challenge me to come to the Legislature and try to put forth the view that this system is broken, Mr. Speaker, and it needs great help. It's not from the front-line personnel that I—that the minister talked about and that I've talked about in this House many times. I certainly applaud those who are on the front lines trying to do their very best. But we've got situations all over right now, and I'll use a couple in my own constituency where I know personal-care homes have been—beds have been closed, 20 per cent of them in one facility, in the last two weeks. And nurses have been taking from that area to put into the hospital, and in the hospital, yet, there are persons taking up beds who should be in the person—who are waiting to get into the personal-care home.

So, Mr. Speaker, I urge the government to check into some of these things and find out why they have this shortage when they continue to talk about the number of new people they're training, the new doctors they're training. They're leaving Manitoba as fast they're being trained because they can get more money elsewhere. They can get better working conditions in other areas as well, and I can give you a case in point in the—in southwest Manitoba which is growing right now. We have a growing oil industry and a strong agricultural community and we have young people moving into southwest Manitoba, and so there is a great need for more health care, better health care in that area of the province as well, and yet they're struggling to be able to keep the regional health authority fully manned, I guess, if you will, for managers and health-care personnel in those areas.

Mr. Speaker, I am appalled by the fact that from a meeting that I had—I believe it was in '08—in Virden, where we were short, down to two doctors, and I've mentioned this in this House many times. The then-minister, the minister of today was the minister then, and she said, well, we're training all of these doctors. We're—got more doctors than we've ever had in Manitoba. Well, 2,200 doctors have left Manitoba under her watch—2,200 doctors. How in the world can we continue to think that we're doing a good job when we can't even retain the ones not of them—not just the ones that my colleague indicated that were training at the University of Manitoba, even only 50 per cent of them are staying. We need

to do more about that, and I'll talk about that on Thursday morning in a resolution that I'm bringing forward then.

But the situation that we're faced with today is we can't even keep the foreign-trained doctors or international doctors that are coming to Manitoba to be here as well. And I've got a case in point where I know that there are nurses right now that are leaving my region to go to Carlyle, Saskatchewan. They're going to Estevan. They're going to towns just across the border in Saskatchewan. Thus, this has just been exacerbated by the fact that the government's increased the PST, but it's because they can't get the overtime in Manitoba that they want to work. Yet we're bringing in nurses under other programs, contract nurses to fill those overtimes when local people won't be given the overtime to do the work. The government knows this, Mr. Speaker. They are very aware of it. And so I'm bringing it to their attention again here in this House today because this is just one of the things that needs to be corrected.

Yes, we'd like to see more doctors in our regions. And maybe nurse practitioners are the government's answer to be able to find affordability in their system, Mr. Speaker. But that does not provide the emergency services that we need in rural Manitoba as well as here in the city of Winnipeg. It's not just a regional issue. This is across the whole province.

And so I want to make sure that, Mr. Speaker, that in regards to some of the quotes that the member from Concordia brought forward in this bill, you know, we—do we want to be based on their right to access health services based on their medical need and not on their ability to pay. Well, believe me, Manitobans are paying the price today for the broken health system that we have in this province.

And so I just want to say that there are many ways of increasing the deliverability of the services that we have in this province, Mr. Speaker, but the government has acted—if they know how to do this, they are acting very, very slowly in getting it done, and the results are not coming forth in the amount of people that we're able to retain. If we could retain—and I've said this back in '08, I said it in the press and I say it here in the House several times—if we could even retain 10, never mind 15, per cent of those 2,200 doctors that have left Manitoba since 1999, then we wouldn't have a medical shortage in Manitoba and we'd be able to keep our emergency rooms open. Or maybe it's the government's plan that

this is the only way they can balance the books in those areas is to short some of our rural locations of the medical needs that they need.

Thank you.

**Mr. Dave Gaudreau (St. Norbert):** I'd like to thank the member for Concordia (Mr. Wiebe) for bringing forward this resolution. You know, health care is obviously one of the things that Canadians identify with most as being Canadian is having accessible, free, good health-care system.

I have to totally disagree with the member for Arthur-Virden (Mr. Maguire)—obviously not a surprise—that we do have a strong health-care system here in Manitoba. I know that there's work to be done. But I ask the members opposite how they propose to do that work with \$52 million worth of cuts in health care that their Leader of the Opposition proposed in this budget.

I find it absolutely insincere from them to come around and they—petition after petition, they talk about, you know, the applied behavioural analysis, they bring petitions forward for that. But I think that they're just using those folks. I think it's very glib of them, actually, to be doing that, because they're using those folks to try to gain some political ground. Their plan has no proposition to help these folks. If they were to cut \$52 million, that would mean that the people that we already have in place that help these people would be cut as well.

You can't—I would like to know where the members opposite get these free doctors and nurses. This is obviously some fantastic pool of people that they think exists somewhere in the world that are willing to work for free. We know in the last election when they talked about hiring more nurses that they actually—the funding that they had put in their budget line—I know we're not—they're not good with numbers, but the funding that they had in the budget line was actually funding half of the nurses. So they're going to get nurses to come and work here for half of the cost. And that's—that would be fantastic, I guess, if we could find these free doctors and free nurses.

You know, and then the member for Arthur-Virden was talking about how 2,500 or 2,200 whatever doctors—the number they used—left Manitoba. They include some of the doctors that have died, Mr. Speaker. They're including the deaths of people that they have left Manitoba. You know what? The actual truth is that we have a net gain of

doctors. In fact, while the Minister of Health (Ms. Oswald) was speaking, I was just perusing my—the press releases. And now, in Manitoba, we have 2,599 doctors, 61 more this year than we did last year and 562 more since 1999.

\* (11:40)

So they want to talk about all this stuff and how terrible it is here and how horrible the system is. It's actually just totally erroneous for them to talk about that stuff. You know, they criticize the cuts but then they say that they would do something completely different to the health-care system. They would slash and burn the health-care system, Mr. Speaker. You know, it's hypocrisy at its best.

If they had a real plan, you know—they want to talk to us, they say that, you know, we—they have a plan. Well, let's hear it. The \$52 million worth of cuts is not a plan that's going to help build the medical system.

We know there's work to do but you need to provide resources for that work to be done, and resources include having more nurses, and more doctors, and providing them with facilities to work in.

Do you think that when they didn't invest in any capital health-care spending in the 1990s, that you think that the doctors would stay here with crumbling hospitals? Is that what a doctor wants? Doctors from—you know, we're trying to recruit doctors from all over the world, and they're going to come here and work in a crumbling health-care facility that has leaky roofs and hasn't had an investment put into it for 10 years? That is what it was like in the '90s. It's no wonder doctors left.

But you know what? We're bringing more doctors in because we're investing in health-care facilities. We're investing in technology. We're bringing MRIs—more MRIs in the province than ever before. We've invested in Brandon. We—I just talked about that in my previous speech. You know, we're talking about having a better health-care system. You know, we have to invest in that to have that happen.

And then—I do agree with the member opposite from Arthur-Virden, you know, he talked about how the southwest Manitoba is growing in population. Obviously he's not working off of his Leader of the Opposition's notes, because the Leader of the Opposition says everybody's leaving Manitoba in droves. But then you have members opposite saying, well, we need more resources because people are

coming, and there's—it's building, it's growing, it's bigger. Just like Brandon, building, growing, bigger. It's kind of a theme through the province when we're in government, building, growing, getting bigger.

But when they're in government, you know, cutting, leaving—what was it? Thirty thousand people left the province, net every year, the equivalent to the size of the stadium.

Well, you know what, Mr. Speaker? We're not taking that approach. We're investing in health care. You know, we've invested in nurse practitioners. And I know the member from Morden and Winkler got up and criticized that program, saying that we only have so many. You know how many we had only in the '90s? Zero. So whatever we do now is an improvement.

You know, they talk about the health care that they would like to have in their area that, you know, that sometimes there's a doctor shortage. Well, how do you propose that that doctor shortage be fixed? Cut \$52 million? Close facilities? You know, that's what they did when they were in power. They closed facilities and they cut deeply, they cut doctors, they cut nurses, they cut. That was—that's the party of cuts. It's PC stands for progressive cuts, I guess, Mr. Speaker.

You know, I have a story to share. When I was down in Bismarck, North Dakota last year. I was sitting in a hot tub with a bunch of people in Bismarck. And one of the couples there was telling me that they declared bankruptcy, Mr. Speaker, that year because of their medical bills. She had some issues and they had to do scans on her brain, and all this, and to find out all of the—what the diagnosis. It cost over a hundred thousand dollars. And they're a family of modest means, like me and like most of the people on our side of the House. A family of modest means, they're not rich and have foundations, like, you know, the member for Brandon West (Mr. Helwer), talks about, that his family has got this big foundation set up. They can't afford that and, you know what? They had to declare bankruptcy. When I shared with her, that in Canada, we have a medical system where she wouldn't have had to declare bankruptcy in Manitoba. You know what she said? Wow, I would love to live there.

You know what? We hear the members opposite talk all the time about cross-border shopping, how they're going to run to the States. You know, it's so erroneous because—[interjection] The member from Emerson talks about going to the States. You know

what? You couldn't make it past my riding on the \$8 it would cost you more in the PST. If you can shop for 800 bucks, which is what the federal government—I know they don't like the f-word, but the federal government raised the cap, so the duty free, they get \$800 now. It would cost an extra 8 bucks, Mr. Speaker.

You know what happens with that \$8? It goes back into health care. So the member for Emerson (Mr. Graydon) says everybody's going to drive across the border and shop and save that money. Well, first of all, they wouldn't save, because with—you have to be there 48 hours, you need a hotel, food, gas. You're not saving anything. But, you know, they want to go across. And I have no problem going across for a vacation, Mr. Speaker. I don't go down there to do my massive shop like they talk about, saving them a whole \$64 dollars.

But you know what happens, Mr. Speaker? If that continues—if their plan continues, you know what happens? The health-care system will falter here. So it's nice, you can go down to the States, you save your \$64, but you're not putting money back into the health-care system that we all depend on. So they'll go shop in the US, but then they come back here and use our wonderful, free health-care system.

You know, the member for Emerson, he, you know, he's—he was around in the '50s and '40s and, you know, one day he's going to need medical assistance when he falls and breaks a hip and, you know, like, when my father had both of his hips replaced it was free. He didn't have to declare bankruptcy or sell his house or mortgage everything for the rest of his life. He—enjoying his retirement because he had free, quality health care, and you know what? I was at the lake with them this weekend and he was playing with his nieces, his granddaughters—sorry, my nieces, his granddaughters—and they were playing in the water and he was out swimming, enjoying a great life, and you know what? He's not bankrupt because of it. Now, if we have the two-tier health-care system that the members opposite are suggesting, he would have been bankrupt. He would've had to have spent all of that money on getting hip replacements rather than being able to enjoy life. You know, they talk a big game, but, you know, they really—they have no credibility when it comes to this.

You know, the Leader of the Opposition talks about tough love, but what's tough love? Tough love means people dying, Mr. Speaker, or they don't get

free cancer-care drugs or they don't get hip replacements. A two-tier health-care system we have—we only have so many surgeons in the province to do these procedures. So now what he's proposing is that the rich people jump the line, take that procedure and then the poor people wait. So as long as you're rich you can keep getting to the front of the line, but the people who are getting free health care would wait and wait and wait and wait. And I know they say, well, they would bring more doctors here, but that wasn't the case in the '90s and it's not the case now. With \$52 million in cuts you're not going to bring more doctors here. That's just erroneous and false of them to say that.

You know, they want to talk about—they have big lip service that they pay to this stuff. You know, it's just—all they do is talk about falsities they put on the record. You know, they don't like using the F word, the federal government. You know, they don't want to admit that the federal government is actually decreasing the funding that's coming to Manitoba for health care, that's why our plan is coming up.

Now they see—because they don't count new people who come to the province, the 125,000. Per capita we're getting less funding from the federal government—*[interjection]* You can hear them chirping on that side, and, like I said before, Mr. Speaker, a bunch of pigeons knocking around the chess board—chess pieces because, you know, they don't have an argument so they just knock it all over and they flap around like they won.

But, Mr. Speaker, we have a good health-care system. I stand behind our doctors, our nurses and we have the best Health Minister in the country. She had to clean up their mess from the '90s and she's done a fantastic job of it, and I stand behind our health-care workers and I look forward to more years of our investments in health care.

Thank you very much.

**Mr. Cliff Cullen (Spruce Woods):** First of all, I think the member for St. Norbert had better go back and do his homework. Like, if he is serious about the comments he just made, he better go and have a look at his own government's budget.

The 'provinc'—the federal government is not decreasing transfers to the Province of Manitoba. They are—*[interjection]* No, why you better—you better—you're going to have a chance to correct the record next time you get up and speak.

There has to be some accountability with what they're saying, Mr. Speaker, and clearly the—their rate of growth in terms of transfer payments may not be increasing and that's really where the concept is, but don't be lee—misleading Manitobans by statements like that that the federal government is cutting back on their transfers to Manitoba. The NDP government has seen record growth in transfers from Ottawa over the last 'thir'—10 years that they've been in government, unprecedented amounts of money transferred to them not just for health care, but for other transfers. And that's a sign that they haven't been able to grow the economy, quite frankly, and if they rely on that government money from the federal government and from our cousins across the country, it's actually quite depressing what they're saying.

And we know the NDP's answer to everything is to spend more money. It's always about spending more money. It doesn't matter what the question is, oh, don't worry, we're spending more money. Well, we're spending more money on health care. Yes, they are.

But, Mr. Speaker, what about results? We on this side of the House are concerned about results. The NDP have dumped more money into health care, highest per capital in almost anywhere in the country, and what do we get? Manitoba scored the only failing grade out of all Canadian provinces and territories when it comes to accessibility in the system, and that was the Conference Board of Canada said that. So here we are, the NDP are dumping more money into the system than ever before and we came—we come out dead last. That's unfortunate.

\* (11:50)

I think it's time for the members to take a drive around and see what's happening out in the real world, Mr. Speaker, and I know the minister gets up and she talks about in her press release this morning about these increase in doctors. Well, the reality is we've got—a few months ago we had 17 ERs closed in rural Manitoba, and that number—I'm not even sure what the number is today. It changes day by day, but I can tell you certainly in my riding for instance the communities of Glenboro and Carberry are sharing on-call services because of a shortage of doctors.

We now have larger centres like Killarney and Boissevain sharing on-call services because of a shortage of doctors, Mr. Speaker. We know that the Prairie Mountain region is 16 doctors short, and that doesn't include Brandon. The statement in their

report says that Brandon are looking for ongoing—ongoing is how they phrase it, so obviously they're considerably short in terms of their doctors in the community of Brandon as well.

So here we are. The NDP dumping more and more money into a system, and the system is getting more fragile as we go forward, Mr. Speaker. And that's really what it's about. It's about getting value for the money that we're investing in health care, and I think that's the point that we're trying to make in terms of accessibility to health care. We firmly believe that Manitobans, all Manitobans, it doesn't matter where they live, should have accessibility to health care.

The minister, the current Minister of Health (Ms. Oswald) with our NDP government, we have created a two-tier health system, Mr. Speaker, and it's two-tier in terms of accessibility. So we're finding many rural and northern people don't have accessibility to the health care that other Manitobans have.

You know and we know the wait times have gone up in various categories. The wait time in emergency rooms. We've got ambulances waiting in the outside of emergency rooms to deliver the patients, Mr. Speaker. So here we have a government who's bent on spending more money but not having a look in terms of what they're actually doing in terms of getting for value. And we've come to a point where we're in crisis management in terms of health care in Manitoba, certainly, especially in rural Manitoba.

We've been asking the government to put together a plan how they're going to fix health care in Manitoba in terms of delivering health care in Manitoba. No plan has been put on the table, Mr. Speaker. They're so busy managing a crisis, the day-to-day crisis in health care that they haven't got their head around how to deliver health care better in Manitoba, and that's really where the government should be heading. I thank you very much for the opportunity to put a few words on the record regarding this resolution. Thank you.

**Mr. Wayne Ewasko (Lac du Bonnet):** It gives me some great pleasure to stand up and put a few truths on the record, Mr. Speaker, after listening to the past 53 or 54 minutes of, in some cases, from the government side, some rhetoric being put on the record.

We take a look at the resolution brought forward from the member from Concordia, and again, Mr. Speaker, as many members on our side of the House has already put on the record, we do agree with a couple of points that is stated in this resolution, and the one—the second point here, it says: whereas all Manitobans should have the right to access health services. We absolutely, 300 per cent wholeheartedly agree with that statement in regards to the various accessibility to all Manitobans in the province.

We start to talk about the various things that the government of the day has actually failed to do. They've been in government now for 14 years, and we're seeing many things that are happening not only in the rural communities but also in the city where services are not being provided in a timely manner.

We're looking at outside of the Perimeter. We're looking at 17 ERs closed down to name even a few that are disrupted services, you know, in my riding, in my constituency. We've got Pine Falls. We've got Beausejour, Lac du Bonnet and then many, many more in other constituencies across the province.

And what's disheartening is the fact that this government continues to pat themselves on the back for all the great work that they're doing, and, you know, it's a—besides of what the government is doing, we do have to commend a lot of the nurses and the doctors and the front-line workers who are there on a day-to-day basis.

We have our ambulance attendants, our EMS services, of course, that are there, that are picking up that slack that this government is seeming to be putting them through, and as far as slack goes, it's sort of a—one of those interesting words, because what we're finding is that whether it's health-care aides or nurses, doctors, EMS services, they're all really getting overloaded. And, basically, it comes down to management, and I think that is the biggest problem with this government.

I mean, we take a look at the fact that this government is getting Fs across the board in regards to accessible health-care system, and when the members across the way on the government side get a chance to stand up and, you know, say a lot of the good things that they're doing, what do they do? They end up spending seven, eight minutes out of their 10 minutes talking about the '90s. What about the here and now, Mr. Speaker? We just want to see what is going on for hard-working Manitobans in regards to accessibility to their health care in the

future. I'm not seeing the positive stuff that they're talking about.

As a matter of fact, they don't even want to stand up and talk about the positive stuff. They'd rather stay in the '90s and look in that rear-view mirror.

Now, the Health Minister often talks about how they're increasing their doctor rates and that, but, in fact, Mr. Speaker, back—if you take all the physicians that were hired between 1995 and 1999, there's actually only 30—actually, 32 per cent are

still practising in Manitoba today, which is approximately—

**Mr. Speaker:** Order. Order, please.

When this matter is again before the House, the honourable member for Lac du Bonnet (Mr. Ewasko) will have five minutes remaining.

The hour—one hour allocated for the discussion of private member's resolution has expired. The hour being 12 noon, this House is recessed and stands recessed until 1:30 p.m. this afternoon.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Tuesday, August 13, 2013**

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