

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

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Forty-Second Legislature**

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

## LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, October 29, 2020

*The House met at 1:30 p.m.*

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

Good afternoon, everybody. Please be seated.

### ROUTINE PROCEEDINGS

**Madam Speaker:** Introduction of bills? Committee reports?

### TABLING OF REPORTS

**Hon. Jeff Wharton (Minister of Crown Services):** I'm pleased to table a response to written question No. 3 from—the member of—from the member of Fort Rouge.

**Hon. Scott Fielding (Minister of Finance):** It's my pleasure to rise today in the Assembly to table the fidelity bonds crime insurance.

**Madam Speaker:** Ministerial statements?

### MEMBERS' STATEMENTS

#### Yvonne Savard

**Mr. Dennis Smook (La Vérendrye):** With the world in the middle of a pandemic, COVID-19 has shown us that volunteerism is more important now than ever.

I rise in this House today to honour an individual that has donated many hours to serving her community and the many committees she volunteers on.

I would like to congratulate Yvonne Savard from La Broquerie, one of the recipients of the Sovereign's Medal for Volunteers. Yvonne was one of 10 Manitobans chosen to receive a volunteerism medal from Governor General Julie Payette. These medals were presented at Government House in Winnipeg by Manitoba's Lieutenant Governor, Janice Filmon. Created by the Crown, the Sovereign's Medal for Volunteers is bestowed in recognition of

significant, sustained and unpaid contributions to one's community.

In the past 12 years, Yvonne has served in many capacities. At the Le Chalet de La Broquerie she acts as a chauffeur to drive seniors to Winnipeg for medical appointments and errands. She is also a member of a committee that prepares meals at St-Joachim Parish for grieving families. At Christmastime she is part of a group that makes tourtière, meat pies, to sell as a fundraiser and uses the money raised for activities for seniors.

Yvonne is also president of the Le Papier de Chez Nous, a francophone community newsletter published five times a year. This free periodical is especially popular with seniors who enjoy reading local news in their mother tongue.

Yvonne also volunteers for the Canadian Red Cross at blood donor clinics or staffing a donor information booth at Clearspring mall.

These are just some of Yvonne's volunteer roles. I know she enjoys helping others and in return derives pure joy from what she does.

I would ask all members to help me and congratulate Yvonne Savard for all she does for her community.

Thank you.

#### Khalsa Aid

**Mr. Mintu Sandhu (The Maples):** I would like to take this opportunity to recognize Khalsa Aid for their exceptional work they have accomplished since their founding in 1999.

This international organization was established by Sirdar Ravinder Singh Ji, who was struck by the plight of refugees in Kosovo. Singh watched news about the refugees and was inspired by the Sikh ideology sarbat da bhala, which means well-being for all. Sarbat da bhala means that our communities for—humanity for others must transcend race, gender and borders. Madam Speaker, we all deserve to have our needs met, especially in the midst of adversity.

Khalsa Aid supports victims of famines, floods, earthquakes and war. Since 1999, Khalsa Aid has helped millions of people, including those impacted by the civil—Yemen civil war as well as folks affected

by hurricanes in Nepal, Australia and the Caribbean. The work that Khalsa Aid does is far-reaching and has had a positive impact on the lives they have touched.

Even through the COVID-19 pandemic, Khalsa Aid has continued to help communities worldwide. In April, I was honoured to join the organization in the delivery of food kits to the families in need. Their—through their acts of kindness and selflessness, they are easing the burdens that many people are carrying during this time.

Madam Speaker, this organization is an example to all of us how we can serve our communities.

Khalsa Aid, you are a shining example of what it means to serve our humanity. Today, we are celebrating your immense contributions to the international communities.

Thank you.

### **Greensite Recycling**

**Mr. Andrew Micklefield (Rossmere):** I rise to congratulate Greensite Recycling for showing that recycling can be good for the environment and business at the same time. Fuelled by curiosity, innovation, old shingles and dead trees, Greensite Recycling on Springfield Road saves money, keeps reusable materials out of landfills and creates green products used across the province.

It all began in 2009 when roofer John Krueger discovered technology able to grind shingles to make ingredients used in road construction. He pursued the idea, and now this shingles-to-roads technology is used by the City of Winnipeg and being tested by the Province. One test site will use shingles from 45 house-roofs instead of sending them to the dump, where they will take over 300 years to break down.

Greensite can also crush giant downed trees and grind them into landscaping mulch and playground material. Home builders, factory manufacturers, Hutterites, arborists, tree service companies, waste transfer companies, farmers, roofers and governments are all working together, saving money and the environment, and creating and using green products in the process: a variety of mulches, pellets and ground-up wood products.

Greensite is living proof that a little curiosity and innovation can turn a profit from waste previously sent to landfills. I invite members to join me in recognizing this example of local green technology outpacing older paradigms and providing greener products at better prices.

### **Laura Hazlitt and Gina Smoke**

**Mrs. Bernadette Smith (Point Douglas):** We are all one tragedy away from being underhoused or homeless. This is the guiding philosophy of Laura Hazlitt and Gina Smoke, two outstanding Manitobans.

Laura and Gina have been supporting Mama Bear Clan for a combined three years. Every Sunday, with the help of their family and friends, they prepare and distribute meals to people who are underhoused or experiencing homelessness.

Sandwiches, fruit, granola bars, juice and hygiene products are just some of the items distributed to the village. Laura and Gina often do this out of their pockets, with some help from family and friends. This past Thanksgiving, they prepared over 200 hot meals which they distributed to the village.

Their goal is to raise awareness and reduce stigma. They want us all to know that people experiencing homelessness are just like you and I. There are many reasons people lose their housing—addictions, trauma, mental health, relationship breakdown, job loss—but there's no—that—but that is no reason for us to be afraid of helping and doing our part to feed our community.

Laura and Gina are planning a fundraiser, tentatively named hibernate with the mama bears, which will encourage people to spend up to 12 hours and donate to Mama Bear Clan to help support and feed the village. They do outreach and go to communities where people are living in tents. They also collect warm clothing that they share and they give to the village.

I encourage all Manitobans to support this life-saving work that Laura and Gina are doing, and to help me congratulate them and say thank you for doing their part in helping to feed those less fortunate and those that are underhoused and experiencing addictions.

Miigwech, Laura and Gina.

### **Rett Syndrome Awareness Month**

**Ms. Cindy Lamoureux (Tyndall Park):** October is Rett Syndrome Awareness Month, and today is the official light Canada purple day. I wanted to use this opportunity to speak a little bit about Rett syndrome. According to the Manitoba Rett Syndrome Association, Rett syndrome is a rare genetic neurodevelopmental disorder noted almost exclusively in girls. It is caused by an abnormality in

a gene known as MeCP2 gene, which is located on the X chromosome.

Some development typically appears normal up to six to 18 months of age, then a period of stagnation, of regression follows, during which the child loses purposeful use of hands, replacing it with almost constant repetitive hand movement associated with the decline in motor and language functions.

\* (13:40)

Most children suffer from frequent seizures, irregular breathing patterns and scoliosis. Many children are misdiagnosed with autism or cerebral palsy. There's no treatment or cure for Rett syndrome.

Madam Speaker, I want to encourage people to check out the Rett Syndrome Association website at [www.rettsyndrome.mb.ca](http://www.rettsyndrome.mb.ca), where you can find ways to get involved. And I also want to give a big, big shout-out to Ema Guimond for sharing her story with us this year. Although she doesn't have a physical voice, her story is being heard.

And lastly, Madam Speaker, tonight, in celebration of light Canada purple day, I want to encourage everyone to wear their purple masks and light up their houses in purple.

Thank you.

## ORAL QUESTIONS

### Federal Money for Education Provincial Spending Inquiry

**Mr. Wab Kinew (Leader of the Official Opposition):** Madam Speaker, COVID is having a terrible impact on schools in Manitoba. Teachers are being run off their feet. There's been a tremendously negative impact on students, many of whom are only in class half of the time, sometimes one third of the time. Other students are in classrooms where there's a teacher present for only 50 per cent of the day.

And then there's the families, the parents, who are worried about outbreaks like the one we heard about recently at Collège Louis-Riel.

We know what the solutions are that are needed: hire more teachers, hire more staff and rent more classroom spaces.

We also know that the federal government provided \$85 million to the Province to be able to implement these sorts of measures. However, FIPPA proves that the government does not have a plan to

spend the federal education money to make schools safer.

When will the Premier start to invest in our children and their educations?

**Hon. Brian Pallister (Premier):** Well, we started long before COVID, Madam Speaker. In fact, last year's budget alone represented over \$300 million more investment in education than the previous government ever made.

Since that time, of course, as a consequence of COVID, additional investments have been made. We've announced \$100 million of additional safe schools funding. We're partnering with educational leaders around the province to address the issues that must be addressed through COVID.

And we thank the front-line workers and all the educational leaders in the province for the teamwork they're demonstrating in working for the goal of a better education system and a safer one for our children.

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

**Mr. Kinew:** The key word there is announced. They may have announced some money, but none of it is finding its way into the classroom, Madam Speaker.

We asked through the freedom of information process to provide a breakdown. Show us the plan. Just let all Manitobans know, how is that \$85 million in federal education funding going to be spent.

And what was the reply from this Premier's government? There is no plan. That money is sitting there.

There is no plan to ensure that there are more teachers in the classroom. There's no plan to ensure that there is physical distancing for students to match the code orange restrictions. And there's no plan to guarantee to those worried and anxious parents that their kids will be kept safe at school.

The Premier has the money, he just doesn't have a plan. He's months late for class.

When is he going to show up with a real plan to protect students in Manitoba?

**Mr. Pallister:** Well, again, Madam Speaker, there he goes again.

This is a time for unity. This is a time to work together. The member doesn't want to be on Team Manitoba along with the educational leaders of our

province, along with our principals, our trustees, our school division leaders, our education department officials and, in fact, the teachers of this province, too, who are definitely working harder with the adaptation that's required to deal with the situation as it is, Madam Speaker. But that adaptation is happening. The member should adapt his questions accordingly.

The fact is that countries around the world are experiencing a resurgence in this second wave. This is not a time for partisanship and divisiveness. This is a time to stand together and address the challenges of COVID, and that's what we'll continue to do.

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

**Mr. Kinew:** Madam Speaker, for months, we have been standing with parents and teachers and students, who've been asking for a safe return to schools that also guaranteed a high quality of education. We were doing that in the summertime while the Premier and his ministers were at the lake.

Here we are in November and there still is no plan to use the \$85 million that the federal government provided. Typically with this government and this Cabinet the excuse is they can't find the money, but in this case, the money is just sitting there, sent to them by the Prime Minister Trudeau that they attack in all their fundraising emails, but they're too proud to even admit today that they do not have a plan to use that federal funding.

There are kids who have a teacher for half the day. There are kids who are being sent home from school until November 9th. There are demands province-wide for this money to be used to help schools return more safely than they have to date.

When will the Premier listen to those calls and bring forward a plan to use that federal education funding?

**Mr. Pallister:** Well, here we go again, Madam Speaker. The member chooses—as opposed to getting with Team Manitoba and demonstrating his understanding of the importance of focusing on problem-solving, he finger-points instead. How sad, and this is a continuation of the series of behaviours that show that he's willing to throw everybody else under the bus if it serves his purposes.

Madam Speaker, we don't work that way. We work together with educational leaders.

The member keeps talking about spending Ottawa's dollars. Ottawa's dollars represent less than

3 per cent of the money we've already dedicated to education in this province. Madam Speaker, we'll have no trouble investing Ottawa's dollars. The member needs to invest in a little preparation for his own questions in this House.

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

### **Health-Care System Number of ICU Beds**

**Mr. Wab Kinew (Leader of the Official Opposition):** Madam Speaker, I'll just go ahead and table the documents. I'll just table these documents so that the Premier can perhaps reflect on the fact that he ought to ensure that that \$85 million that he begged Justin Trudeau for ought to be sent to the classrooms where the students could be guaranteed more physical distancing and a higher quality education.

We also know that the cuts that this government and that this Minister of Health and this Premier implemented over—*[interjection]*

**Madam Speaker:** Order.

**Mr. Kinew:** —the past few years have caused a tremendous, tremendous disservice to our health-care system as we try to respond to the pandemic.

Again, through freedom of information research that we've conducted, we see that there are fewer intensive-care-unit beds in Winnipeg today than there were in January 2017. That's a major concern, Madam Speaker.

As ICU beds fill up, the Premier needs to answer to Manitobans: Why did he cut the number of ICU beds in Winnipeg?

**Hon. Brian Pallister (Premier):** Well, at a time, Madam Speaker, when Manitobans are benefitting from the collaborative teamwork approach of this government, the member puts green on evidence, raw on evidence, untested on evidence, unproven on evidence and a willingness to put false information on the record in evidence, on a daily basis.

Madam Speaker, less than 3 per cent of the funds for education in our province are going to come from Ottawa's support. We thank Ottawa for that additional funding. It will be helpful. It will be invested, and it will be invested in ways that protect the best interests of our children, which is our focus, while the member's apparent best interests are in himself and himself alone.

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

**Mr. Kinew:** It's amazing it took the Premier until Thursday of this week to recognize that his blame-Manitobans approach was not working. Now he wants to come and sing Kumbaya in the Chamber, but he still can't answer the basic question: why did he cut intensive-care-unit beds in the city of Winnipeg?

Madam Speaker, I'll table the documents for him that track ICU beds. Here's an interesting note: they perfectly track the emergency room closures that this government and that Minister of Health implemented under the Premier's orders.

It turns out, when you close emergency rooms and you cut health care, you end up with fewer ICU beds. We have fewer ICU beds in Winnipeg today than there were three years ago, and now Manitobans are paying the price as the pandemic worsens.

Can the Premier explain to the people of Manitoba why he decided to send them into a pandemic with fewer ICU beds?

**Mr. Pallister:** Madam Speaker, 3375 tests yesterday for COVID. The last two days have been our two highest test totals. The highest case numbers in almost all of the United States, most of Europe, and the member is trying to score political points here in the House instead of getting with Team Manitoba and working on solving the problems that we're focused on solving, Madam Speaker.

\*(13:50)

We're investing over half a billion dollars more this year on—in Health, Madam Speaker, than the members opposite ever did. And we're focused on getting results. We're focused on improving a situation that's unprecedented, while the member focuses on his petty self-interests.

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

**Mr. Kinew:** Well, Madam Speaker, here's the problem with the Premier's cut-first-and-then-dodge-questions-later approach. Dr. Roussin has warned us that restrictions that will be imposed are directly correlated with how full the ICU beds are in various regions of the province. Fewer ICU beds as a result of this Premier's cuts means that restrictions and lockdowns will be imposed more quickly in Winnipeg.

On the other hand, had this government actually chosen to invest in ICU bed capacity over these past few years, rather than to cut them, perhaps we would be in a stronger position to be able to fight the COVID-19 pandemic.

It's long past due that the Premier add ICU bed capacity in Winnipeg.

Can he commit to reversing his cut to ICU beds, to guaranteeing that he will step in to assume control of the Parkview Place nursing home and that he will bring forward, finally, a real plan for testing and contact tracing in Manitoba?

**Mr. Pallister:** The NDP brought us into a situation a few years ago where we were having billion-dollar deficits annually, where investments were made in health care that are half a billion less than they are this year—half a billion less, Madam Speaker. Thank goodness that we were able to prepare for this pandemic by replacing the rainy day funds—\$800 million—that the NDP raided during good times.

Madam Speaker, the member talks about investing money that would have been gone long ago—billions of dollars gone if the NDP had stayed in power, because they brought us the highest spending and the lowest result outcomes.

So, Madam Speaker, instead of that record, we're setting up new testing sites at King Edward this weekend. We've got additional sites planned for U of M and Assiniboia Downs in the near future. Appointment booking system that helped 736 people make the appointments just yesterday.

Madam Speaker, we're making investments in focusing on COVID while the member worries about himself. We're worrying about Manitobans, and we're making sure we find solutions for Manitobans.

#### **Parkview Place Personal-Care Home Government Oversight of Facility**

**MLA Uzoma Asagwara (Union Station):** During a pandemic, we have a Health Minister who is committed to deflecting, denying—

**Some Honourable Members:** Oh, oh.

**Madam Speaker:** Order, please. Order.

I'm going to allow the member to start her question again.

**MLA Asagwara:** It's a shame, and I think it's indicative when members opposite stand up and applaud the bare minimum of simply having a Health

Minister versus having a Health Minister who shows up and doesn't deflect and deny and deflect some more.

This minister avoids media, he refuses accountability and when he does show up, Madam—*[interjection]*

**Madam Speaker:** Order.

**MLA Asagwara:**—Speaker, he misleads Manitobans. He said there was a full-time doctor at Parkview. Wrong. The minister said there's cohorting at Parkview. Also wrong. Oh, I guess he just meant simply the end table in-between residents. And he said the deaths were unavoidable.

It's time for the minister to step up and start the—stop deflecting.

When will he step in and take over control of Parkview Place?

**Hon. Cameron Friesen (Minister of Health, Seniors and Active Living):** Madam Speaker, the dull repetition of erroneous information does not make it any more right. That member and the opposition has continued to put unfactual information on the record, and it endangers Manitobans to do so.

There is a chief health operations officer in the WRHA. If the member would like to have her phone number, I could arrange it, and that individual would be able to tell the member that cohorting is in place at Parkview Place.

Will they cease and desist on this campaign of misinformation that endangers all Manitobans?

**Madam Speaker:** And I would just like to indicate my apologies to the member for misgendering with a pronoun.

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

### **The Maples Personal-Care Home Request for Inspection**

**MLA Uzoma Asagwara (Union Station):** Thank you, Madam Speaker.

Madam Speaker, testing done at Maples personal-care home showed at least 69 residents had COVID-19. That's over a third of all residents at that PCH.

The minister needs to take action now to make sure that we do not have another situation like at Parkview. He needs to make sure that there are more

staff at that personal-care home and that the staff have access to adequate PPE at all times.

He needs to make sure that the residents are actually being cohorted and not just separated by a bedside table.

Will the minister send a team in to inspect Maples care home today?

**Hon. Cameron Friesen (Minister of Health, Seniors and Active Living):** I could provide assurances that cohorting is under way at Maples. I'm not sure it would make a difference with this opposition party.

However, here are the facts when it comes to Maples. All residents are isolated—*[interjection]*

**Madam Speaker:** Order.

**Mr. Friesen:** I would have assumed that the Leader of the Opposition would want the information that I'm trying to provide.

All residents are isolated in their rooms. All residents have been tested. All resident rooms are private. Cohorting of positive patients is under way and active. The long-term-care WRHA team has worked on-site to confirm on-site medical coverage in just the last few days. In total, 170 staff have already been tested and the results are pending.

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

### **Revera Personal-Care Homes Testing of Residents for COVID-19**

**MLA Uzoma Asagwara (Union Station):** Sadly, Madam Speaker, we know the situations at Parkview and Maples, they're not isolated. There are at least 16 personal-care homes with outbreaks in Manitoba.

The residents—the number of residents, rather, found to have COVID at Maples PCH is not an outlier. It means that we need to be doing asymptomatic testing of all residents at our PCHs, especially the ones operated by Revera.

The government could do this and help stem the tide. This is what the government can do to protect people, and that's what we want to see on this side of the House.

Will the minister act? Will he order testing for all residents at Revera personal-care homes?

**Hon. Cameron Friesen (Minister of Health, Seniors and Active Living):** The member knows that

already there's broad asymptomatic testing that is in place for long-term care when there is—when—long-term-care facilities when there is a positive case.

The member asked, will the government act? The government has been acting, will continue to act in the best interests of the residents of these personal-care homes. It's why we brought our one-worker, one-personal-care-home-site designation. It's why we brought the visitation shelters. It's why we provided PPE to the workers. It's why we have nurses and doctors right now responding at the Parkview Place and other manors.

Madam Speaker, this government has taken action to protect Manitobans. It will continue to do so.

### **Provincial Parkland Sale of Cottage Lots**

**Ms. Lisa Naylor (Wolseley):** On Monday, I presented the House with briefing notes received through freedom of information. The Pallister government has directed the Department of Conservation and Climate to develop a strategy for the sale of leased provincial park cottage lots inside provincial parks.

On Monday, the minister said she was unaware of any such plans, yet just yesterday the minister's spokesperson admitted to CBC that this is, in fact, their plan.

Is the minister really completely unaware of her own government's plans to sell off parkland, or was she just misleading this House?

**Hon. Sarah Guillemard (Minister of Conservation and Climate):** I appreciate any question that allows me to get up and speak about our beautiful parks and the investments our government have made.

\* (14:00)

Madam Speaker, I do not agree with the NDP's stance that private investments are dangerous. Our government works with all Manitobans, all potential partners, to improve and enhance parks for all users for generations to come. We will not privatize parks, but we are going to enhance the experience of all users, unlike what the NDP did for years by punting this and ignoring any improvements.

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

**Ms. Naylor:** Madam Speaker, again I will quote from the minister's own briefing notes: The department has

government direction to achieve a system for the sale of leased provincial park cottage lots.

I am gratified to hear today that the minister is now aware of this plan from their own department. But this is putting parkland owned by all of us up for sale, but only to those who can afford to pay tens or hundreds of thousands of dollars.

Will the minister apologize for misleading this House and, more importantly, will she abandon her plan to sell parkland?

**Mrs. Guillemard:** I would advise that the member opposite might consider apologizing for, really, fear mongering when it comes to our provincial parks. She's making up facts and making up her own ideas of what is to happen based on her own fears that are not—*[interjection]*

**Madam Speaker:** Order.

**Mrs. Guillemard:** —they are not in fact. Madam Speaker, I'd be happy to sit down with the member and go over some of her ideas for our provincial parks, although her government had 17 years to improve them and didn't make one single improvement within our parks.

So, Madam Speaker, I'm going to ask that members of the opposition stop attacking private investment and start working with all Manitobans, because they, too, are going to enjoy the enhancements that our government makes in provincial parks.

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

**Ms. Naylor:** While the minister stands up very clearly and proudly for private investors, I stand up for parks and for Manitobans who want the freedom to enjoy parkland.

The minister has put our parks under review, exploring selling off park assets, and we caught the government red-handed. That's the defensiveness we're hearing today. Cabinet has directed the department to develop this plan to sell off parkland, to sell cottage lots inside our provincial parks. Once these lands are in private hands, they are lost to the public and only those with deep pockets will be able to pay. This is a huge mistake. It's one the minister can still fix.

Will she abandon her government's plans to sell off parkland?

**Mrs. Guillemard:** I would really encourage the member opposite to sit down with our private and

commercial operators within parks, and she'll find out very quickly they are not the bogeyman that the NDP claim that they are. They are the ones that have kept our parks running and provided services, and I am thankful for all investments within our parks and across Manitoba.

### **University of Manitoba Possible Strike Action**

**Mr. Jamie Moses (St. Vital):** We know the Pallister's government has attacked our post-secondary institutions. We know these attacks have real consequences—consequences for students, for educators, faculty and for families.

The University of Manitoba Faculty Association is having a strike vote starting tomorrow, and it is caused by the interference from this Premier (Mr. Pallister). The last time the Premier interfered at U of M it caused a strike.

Will the Premier stop interfering with University of Manitoba today?

**Hon. Scott Fielding (Minister of Finance):** And we are not the employee in the current situation. We encourage both sides, and we're hopeful both sides can come together for an agreement. We, as government, set a broad mandate for things, and we also know that in this current environment, the COVID, where we're losing revenues—about \$3 billion in expenditures, one of the highest in the country—has an impact in terms of these things.

We encourage everyone to take a all-hands-on-deck approach when we look at labour-related issues.

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

**Mr. Moses:** Madam Speaker, we have obtained a letter from the Minister of Finance to the University of Manitoba, which I now table. In this letter the minister demands that wages of the faculty at University of Manitoba be frozen and a 2.5 per cent workforce cut, as well. This interference is what is potentially leading to another strike at U of M. It is simply wrong.

In a pandemic is not a time to be cutting tuition—cutting funding for universities and freezing wages.

Will the minister stop interfering at U of M?

**Mr. Fielding:** Obviously, the member wasn't listening to the first part of my comment. We aren't the employer in respect to this situation. The government has, as under the previous NDP government, as

well, sets broad mandates in terms of its negotiations. That's a process that's ongoing.

We know that all governments are focused on spending as much money for supports for people during the pandemic. We've seen the public service all—take a all-hands-on-deck approach to this. We would anticipate that would happen with university professors as well.

**Madam Speaker:** The honourable member for St. Vital, on a final supplementary.

### **Post-Secondary Education Tuition Increase Concerns**

**Mr. Jamie Moses (St. Vital):** This interference is hurting students and families as well, now, too.

We've learned through freedom of the information that the government is telling universities and colleges to plan on raising tuition yet again. Colleges will go up by \$250 per student; 3.75 per cent increase for universities. That's hundreds of dollars from the pockets of families in the middle of a pandemic. And it will be harder to get an education for these folks.

Will the Premier and the minister stop these cuts? Will he reverse the plans for tuition hikes today?

**Hon. Scott Fielding (Minister of Finance):** Our government is very proud of the supports we give to priority areas like health, like education and social services. In fact, since coming to office, we're spending, on an annual basis, more than \$427 million in the education system—more than the NDP ever did.

That's a commitment we've made. That's a commitment that our government will continue to have with a commitment of \$1.6 billion to the education system over the next four years, Madam Speaker.

### **Correctional Facilities COVID-19 Spread Prevention**

**Ms. Nahanni Fontaine (St. Johns):** Hundreds of Manitobans who reside in correctional facilities are in isolation because of COVID-19. As we've seen in our personal-care homes, governments' responses matter, Madam Speaker, and can mean the difference between a contained threat and a full outbreak of COVID-19.

Unfortunately, jail—correctional facilities have already seen a significant spread within 40—or, with 45 people infected at last count, Madam Speaker.

What additional steps is the minister taking to protect Manitobans and stop the spread of COVID-19?

**Hon. Cliff Cullen (Minister of Justice and Attorney General):** I do appreciate the question. It gives me a chance to certainly correct the record and talk about all the good work that we have been doing with our public health officials since day one of the pandemic here in Manitoba.

Manitoba Justice staff all—in fact, all across Justice—have been working very co-operatively with Manitoba Health and their recommendations they have brought forward. Obviously we're trying to keep the population, in terms of numbers, as low as possible to prevent spread within our facilities.

So certainly, when it comes to the admission, we've brought in new ways to manage the population when it comes to admissions. We've created new ways to manage populations within our existing facilities. This includes stopping visitation and reducing movement within our facilities.

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

**Ms. Fontaine:** At last count, 34 residents of Headingley Correctional Centre and Agassiz Youth Centre have tested positive for the virus. Staff at multiple facilities have also tested positive. The situation is deeply unsettling for everyone involved.

The Pas Correctional Centre, thankfully, has not had a case, but the situation is tense. On Monday, a standoff erupted in this facility, which is already over capacity. Residents and staff are on edge, Madam Speaker.

What steps is the minister taking to protect Manitobans at The Pas Correctional Centre?

\*(14:10)

**Mr. Cullen:** Obviously, we're working very closely with Manitoba Health officials, certainly in Winnipeg and in northern Manitoba, as well. Any time there is a positive outbreak, certainly those cohorts are isolated so that would minimize any chance of and transmission within our facilities.

Clearly, we're working, again, with the people in that facility in The Pas. We're working closely with Manitoba Justice staff all across our facilities. And, certainly, we're using the latest technology in terms of cleaning. We're using medical PPE in a lot of our facilities as well.

Staff have full access to PPE and inmates also have PPE available to them as well.

**Madam Speaker:** The honourable member for St. Johns, on a final supplementary.

**Ms. Fontaine:** The incident on Monday at The Pas correctional facility is a startling reminder that Manitobans are worried about COVID-19. In other facilities, Madam Speaker, there is a real fear for the ability of this virus to be contained.

And for places like The Pas Correctional Centre, the facility is already at or near capacity. Should the virus make its way into this facility, there really is nowhere to go with this overcrowding and the operations of double-bunking. That simply is a recipe for disaster, Madam Speaker.

And so I ask the minister: What is he doing specifically and proactively to protect Manitobans at The Pas correctional facility and, really, across all of our correctional facilities in Manitoba?

**Mr. Cullen:** Madam Speaker, we've taken very proactive steps right from day one in terms of developing protocols, processes. We knew there was going to be challenges in our corrections facilities. We have those protocols and those processes in place, again, working properly with our public health officials. Manitoba's been a leader in terms of getting PPE into our facilities and proper cleaning.

Madam Speaker, while the NDP keep talking about fear and the politics of fear, we're going to do what's right in terms of protecting our inmates and protecting our staff.

### Maples Collegiate COVID-19 Cases

**Mr. Dougald Lamont (St. Boniface):** This week, in all likelihood, Winnipeg will run out of ICU beds due to this government's catastrophic mismanagement of COVID-19.

A reporter just asked this government a simple question, how many confirmed cases of COVID in Maples Collegiate, because there were conflicting accounts. Absolutely basic information that parents, students and staff should all have a right to know.

I table the response from a provincial spokesperson which says the Province is picking and choosing what to release because they don't trust the media.

What public health expert advised the Premier his government should mislead the media and public

about true COVID numbers, and does the Premier see that misleading and undermining the media in a pandemic is dangerous?

**Hon. Brian Pallister (Premier):** The member for Ottawa-west is speaking from a pretty weak stage, Madam Speaker, about undermining transparency.

He's part of a party that just shut down Parliament for over a month and a half so they couldn't have a debate. He's also part of a political organization that covered up the SNC-Lavalin affair as long as it could and then fired the Justice Minister of their own government for actually standing up for transparency. So I don't think the member speaks with any authority about transparency.

Let's talk about what we're doing for COVID. I think that's what Manitobans care about, Madam Speaker: 3,375 tests yesterday. That's the highest ever. We are continuing to advance more testing sites. We're improving the wait times and reducing them so Manitobans don't have to wait so long to get tested. We're increasing the ability to track by contracting with Red Cross and Stats Canada.

We're taking steps to address COVID, while the member appears to be focused on issues of his own weakness, Madam Speaker.

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

**Mr. Lamont:** I've touched a nerve with the member for Costa Rica-north.

On Monday, the Premier said that thoughtful Manitobans are making sacrifices, tough sacrifices, while other people are doing dumb things. *[interjection]*

**Madam Speaker:** Order.

**Mr. Lamont:** And those dumb things are— *[interjection]*

**Madam Speaker:** Order.

**Mr. Lamont:** And those dumb things are endangering all of us. I table the interview, Madam Speaker.

So much for being kind and not stigmatizing. It's quite clear the people endangering Manitobans are sitting across from us: the Premier and his ministers.

The Premier also said a government can't protect you from this virus. Did he actually mean his government won't protect you from this virus?

How can the Premier justify this colossal abdication of responsibility?

**Mr. Pallister:** First of all, I assure the member that when I go away—a year ago, my wife and I did—we pay for it, as opposed to the Aga Khan vacation that the Prime Minister charged to the people of Manitoba.

As far as issues that matter to Manitobans, Madam Speaker, I would again—*[interjection]*

**Madam Speaker:** Order.

**Mr. Pallister:** —suggest that what Manitobans care about is COVID, not people trying to score petty political points in here, as the member has just done yet again. Get with Team Manitoba. Wash your hands. Wear a mask. Stay home when you're sick. And if you haven't got a better question than those last two, stay home anyway.

### **Increase in COVID-19 Cases ICU Bed Capacity Inquiry**

**Hon. Jon Gerrard (River Heights):** Madam Speaker, intensive-care units in Winnipeg are near capacity. We know peak use of ICUs occurs at seven to 12 days after individuals first develop symptoms.

In the last two weeks there's been a dramatic increase from 100 new COVID cases per day, seven to 12 days ago, to an average of 182 cases per day in the last three days.

With this 82 per cent increase in cases, we expect a surge in the need for ICU care in the next two weeks.

Can the minister tell us the projected need for ICU spaces two weeks from now, and can the minister tell us what he's doing to make sure the projected large increase in ICU capacity can be achieved?

**Hon. Cameron Friesen (Minister of Health, Seniors and Active Living):** We can absolutely provide the assurance to the member for River Heights that exactly the kind of analysis that he points to is the analysis that is currently under way by health officials, weighing our capacity to continue to do things like our surgeries and procedures catch-up while we do other things.

The good news about our system, of course, is that we have the availability to flex our capacity up if we need to pause other things, and that gives us additional capacity in the system.

I would also take note of the fact, though, that the Leader of the Opposition has shown he can subtract

but not add. The number of ICUs is actually up in Manitoba.

### **PTH 9 in West St. Paul New Bridge and Walkway**

**Mr. Shannon Martin (McPhillips):** Madam Speaker, PTH 9 is a vital part of the transportation network, as over 10,000 vehicles travel it daily, linking residents and businesses north of the Perimeter Highway.

Our government recently completed the construction of a new bridge over the Grassmere drain at Highway 9 in the RM of West St. Paul.

Can the Minister of Infrastructure advise what improvements have been made to the bridge and, more importantly, how will this support safety in this community?

**Hon. Ron Schuler (Minister of Infrastructure):** Madam Speaker, I'd like to thank the MLA for McPhillips for that fantastic question.

Our government invested in a new bridge on Main Street over the Grassmere drain in West St. Paul—not just a new span bridge, but also a separate new walking bridge. All of this to replace a 100-year-old box culvert that was a flood hazard and had outlived its life expectancy.

Madam Speaker, West St. Paul waited 17 years for this project. Our government delivered.

### **COVID-19 Case at Keeyask Generating Station Spread Prevention Across Northern Manitoba**

**Ms. Amanda Lathlin (The Pas-Kameesak):** We recently got news of all what we feared: a positive COVID-19 test result at the Keeyask site. This is deeply concerning as 760 people are working at this site, many of them from other northern communities.

We're really concerned that infections at this site could send the virus into our remote communities all across the North.

What is the government's plan to contain this threat?

**Hon. Jeff Wharton (Minister of Crown Services):** And, again, protecting the safety and well-being of the staff, working at the Keeyask project site, Madam Speaker, and the residents, of course, in the local communities is our No. 1 priority, and again, Manitoba Hydro's No. 1 priority.

**Madam Speaker:** The honourable member for The Pas-Kameesak, on a supplementary question.

**Ms. Lathlin:** Madam Speaker, the chief of Tataskeyak Cree Nation, Chief Doreen Spence, says that their community is simply stretched to the limit and does not have the space to provide isolation should members bring their—bring the virus to their community. The chief public health officer says there's a heightened chance of an outbreak should COVID make its way into remote and isolated communities.

Will the minister put forward exceptional supports to address the concerns of our northern First Nations?

\* (14:20)

**Mr. Wharton:** Manitoba Hydro has been working closely with senior public health officials, Madam Speaker, who are providing direction and guidance on the measures undertaken at Keeyask site as well as KCN communities. There's been ongoing communication, very, very good communication, with communities surrounding the Keeyask site. As we know, we have a number of local community members working at Keeyask. Our No. 1 priority is their safety.

**Madam Speaker:** The honourable member for The Pas-Kameesak, on a final supplementary.

**Ms. Lathlin:** Madam Speaker, the situation at Keeyask and surrounding communities reminds us how inadequate health care is in too many of our northern and remote communities. Our First Nations across Manitoba are working to get additional nurses and deploying more testing, but it is always a challenge.

Will the minister and the Pallister government take action to ensure all northern First Nations have what they need to address this crisis?

Ekosi.

**Mr. Wharton:** I'd certainly like to commend all the folks up in Keeyask that have been doing a wonderful job ensuring that this facility does get up and running, even though it was the biggest boondoggle in Manitoba history, Madam Speaker, that Manitobans will be saddled with for generations to come.

But, again, let's focus on the people that are up there right now. Number one concern, Madam Speaker, is their safety. I can tell you that Manitoba Hydro is working very hard, in collaboration with all communities, the staff and workers at that site.

Where the NDP got it wrong with protecting Manitobans, we'll get it right.

**Madam Speaker:** The time for oral questions has expired.

### Speaker's Ruling

**Madam Speaker:** I have a ruling for the House.

On March 11th, 2020, the honourable member for St. Johns (Ms. Fontaine) raised a matter of contempt regarding the government's introduction of Bill 18, The Summary Budgeting Act.

The member stated that the government misled the House by introducing legislation opposite to intentions previously expressed in the House. In doing so, it is the member's opinion that the government showed contempt for this House, and it made it difficult for her to perform the duties of representing her constituents and advocating for local institutions. The member concluded her remarks by moving, and I quote, that this matter be moved to an all-party committee for consideration. End quote.

The honourable member for River Heights (Mr. Gerrard) spoke to the matter of contempt before I took it under advisement, and I thank all honourable members for their advice to the Chair on this matter.

I would note that it is rare to see a matter raised as an issue of contempt in the House rather than privilege. There are individual protections for members that are provided by parliamentary privilege, while the House as an institution is protected by collective privileges. These privileges provide the absolute immunity for members to do their parliamentary work while also providing the necessary means by which the House discharges its functions.

Where contempt differs from privilege, according to page 60 of Bosc and Gagnon's House of Commons Procedure and Practice, third edition, is that any conduct which offends the authority or dignity of the House, even though no breach of specific privilege may have been committed, may be referred to as contempt of the House. Contempt may be an act or an omission. It does not have to actually obstruct or impede the House or a member; it merely has to have the tendency to produce such results.

Joseph Maingot states on page 225 of Parliamentary Privilege in Canada that contempt is more aptly described as an offence against the authority or dignity of the House.

As noted on page 81 of Bosc and Gagnon, the House can claim the right to punish as a contempt any action which, though not a breach of specific privileges, tends to obstruct or impede the House in the performance of its functions, obstructs or impedes any member or officer of the House in the discharge of their duties or is an offence against the authority and dignity of the House, such as obedience of its legitimate commands or libels upon itself, its members or its officers.

Given that contempt is not clearly defined in the same way as privilege is, in a 2013 ruling, Speaker Reid thought it helpful to share with the House a listing of actions considered to be contempt, as found on pages 70 and 71 of the 1999 report of the United Kingdom Joint Committee on Parliamentary Privilege. This is a very lengthy list but, for the purpose of the matter before us, I would like to point out that it includes deliberately attempting to mislead the House or a committee by way of statement, evidence or petition as an action that could be considered contempt.

In raising this matter, the member of St. Johns stated that members of the government misled this House and its members by asserting that the autonomy of local organizations needs to be respected, and then introducing legislation contrary to this statement.

The issue of deliberately misleading the House has been raised many times and, accordingly, Manitoba precedence and the procedural authorities provide useful guidance in this area. It has been ruled by several Manitoba Speakers that a member raising such an allegation must provide proof of intent. The rulings of previous Manitoba Speakers have been very clear and consistent. Speakers Walding, Phillips, Rocan, Dacquay, Hickes and Reid have all ruled that, in order to find allegations of deliberately misleading the House as a prima facie means proving that the member purposefully intended to mislead the House by making statements with the knowledge that these statements would mislead.

As explained by Speaker Hickes in a 2011 ruling, a burden of proof exists that goes beyond speculation or conjecture but involves providing absolute proof, including a statement of intent by the member involved, that the stated goal is to intentionally mislead the House, as it is possible members may have inadvertently misled the House by unknowingly putting incorrect information on the record.

In 2007, Speaker Hickes also ruled that providing information showing that facts are at variance is not

the same as providing proof of intent to mislead. As well, Speaker Dacquay ruled that, without a member admitting in the House that they had stated the goal of misleading the House when putting remarks on the record, it is virtually impossible to prove that a member had deliberately intended to mislead the House.

The House of Commons Standing Committee on Procedure and House Affairs, in its 50th report, released in 2002, made some very important points about misleading and deliberately misleading. The report stated, and I quote, intent is always a difficult element to establish in the absence of an admission or a confession. It is necessary to carefully review the context surrounding the incident involved and to attempt to draw inference based on circumstances. Any findings must, however, be founded in facts and have evidentiary basis. Parliamentary committees charged with examining questions of privilege must exercise caution and act responsibly in drawing conclusions. In the words of Parliamentary Practice in New Zealand, it must be established that the member, in making the statement, knew at the time of the statement was made, that it was incorrect, and in making it the member intended to mislead the House. End quote.

From the description provided, it is not clear that the House has been obstructed or impeded in the performance of its functions, nor have members of the House, or House staff, been impeded in the discharge of their duties. Nor am I convinced that the authority and dignity of the House have been compromised.

I must therefore advise the House that I am not convinced that an act of contempt has been committed, and I would therefore rule the motion out of order as contempt of the House.

## PETITIONS

### Dauphin Correctional Centre

**MLA Uzoma Asagwara (Union Station):** Madam Speaker, I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

(1) The provincial government plans to close the Dauphin Correctional Centre, DCC, in May 2020.

(2) The DCC is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

(3) Approximately 80 families will be directly affected by the closure, which will also impact the local economy.

(4) As of January 27, 2020, Manitoba's justice system was already more than 250 inmates over capacity.

We petition the Legislative Assembly of Manitoba as follows:

\* (14:30)

To urge the Minister of Justice to immediately reverse the decision to close the DCC and proceed with the previous plan to build a new correctional and healing centre with an expanded courthouse in Dauphin.

This has been signed by many, many Manitobans.

Thank you.

**Madam Speaker:** In accordance with our rule 133(6), when petitions are read they are deemed to be received by the House.

**Mr. Diljeet Brar (Burrows):** Madam Speaker, I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

The provincial government plans to close the Dauphin Correctional Centre, DCC, in May 2020.

The DCC is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

Approximately 80 families will be directly affected by the closure, which will also impact the local economy.

As of January 27, 2020, Manitoba's justice system was already more than 250 inmates over capacity.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Justice to immediately reverse the decision to close the DCC and proceed with the previous plan to build a new correctional and healing centre with an expanded courthouse in Dauphin.

This has been signed by many Manitobans.

Thank you.

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

The background to this petition is as follows:

The provincial government plans to close the Dauphin Correctional Centre, DCC, in May 2020.

The DCC is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

Approximately 80 families will be directly affected by the closure, which will also impact the local economy.

As of January 27, 2020, Manitoba's justice system was already more than 250 inmates over capacity.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Justice to immediately reverse the decision to close the DCC and proceed with the previous plan to build a new correctional and healing centre with an expanded courthouse in Dauphin.

This has been signed by many Manitobans.

#### **Vivian Sand Facility Project—Clean Environment Commission Review**

**Ms. Cindy Lamoureux (Tyndall Park):** I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) The Vivian sands project is a proposed silica sand mine and processing plant to be built in the RM of Springfield. The overall project includes mining claims of over 85,000 hectares, making it the largest claim ever given to a single company in Manitoba's history. It is larger than the city of Winnipeg, which is 46,410 hectares.

(2) The amount of dry, solid sand mined and produced per year according to the EAP is 1.36 million tons, and much of this sand will be used in fracking.

(3) A major concern of the proposed mine and plant is that, if developed, it could contaminate the Sandilands aquifer, using both carbonate and sandstone aquifers, which covers much of southeastern Manitoba. It has excellent water quality and is the water source for tens of thousands of Manitobans, including many municipal water

systems, agriculture, industry, private wells and an abundance of wildlife and ecosystems. Further, people in the Indigenous communities that are potentially affected by this were not afforded the required Indigenous consultation from either federal or provincial government officials.

(4) The sustainable yield of the combined sandstone and carbonate aquifers has still not yet been established by provincial authorities.

(5) The mine could cause leaching of acid and heavy metals and pollute the aquifer, as it will go down 200 feet into the Winnipeg formation of the sandstone aquifer. There is concern that the shale, which separates the carbonate and sandstone aquifers will, when exposed to injected air from the CanWhite Sands extraction process, turn to acid.

(6) An additional concern with the proposed mine and plant is the potential to pollute the Brokenhead River and the aquatic food chain leading to Lake Winnipeg.

(7) Residents in the area have also expressed fears of being overexposed to silica dust during production, as there has been a demonstrated lack of safety and environmental procedures by the CanWhite Sands Corporation during the exploratory drilling phase. Signage and fencing has been poor; identifying the required mine claim tags were missing; there were no warnings for silica dust exposure and no coverings to prevent exposure of the silica stockpiles to the elements.

(8) Residents' concerns include the fact that boreholes, which should have been promptly and properly sealed, were left open for a year. The drilling of hundreds of improperly sealed boreholes yearly create significant risks of surface contamination, mixing of aquifer waters and drainage of surface fecal matters into the aquifer.

(9) There is also a risk of subsidence around each borehole and a result of sand extraction.

(10) There are also potential transboundary issues that need to be addressed as the aquifers extend into Minnesota.

(11) This project should not proceed, as no licensing conditions and mitigation measures will alleviate the risk to all Manitobans and the environment since CanWhite Sands Corporation plans to use an unprecedented mining technique with no established safe outcome. The corporation has gone on record indicating that it does not know how

to mine for the silica in the water supply and "need to develop a new extraction methodology that has never been done before."

(12) Contamination of the aquifers and the environment is irreversible, and there are many surface sources of high purity silica that can be extracted without endangering two essential regional aquifers.

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the provincial government to undertake a combined review of the Vivian Sand Facility processing plant and the mining/extraction portion of the operation as a class 3 development with a review by Manitoba's Clean Environment Commission to include public hearings and participant funding.

(2) To urge the provincial government to halt all activity at the mine and plant until the Clean Environment Commission's review is completed and the project proposal has been thoroughly evaluated.

This petition has been signed by many Manitobans.

#### **Dauphin Correctional Centre**

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

The background to this petition is as follows:

(1) The provincial government plans to close the Dauphin Correctional Centre, DCC, in May 2020.

(2) The DCC is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

(3) Approximately 80 families will be directed—directly affected by the closure, which will also impact on the local economy.

(4) As of January 27, 2020, Manitoba's justice system was already more than 250 inmates overcapacity.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Justice to immediately reverse the decision to close the DCC and proceed with the previous plan to build a new correctional and healing centre with an expanded courthouse in Dauphin.

And this petition has been signed by many, many Manitobans.

#### **House Business**

**Ms. Nahanni Fontaine (Official Opposition House Leader):** Madam Speaker, pursuant to rule 33(8), I am announcing that the next—that the private member's resolution to be considered on the next Thursday of private members' business will be one put forward by the honourable member for Transcona (Mr. Altomare). The title of the resolution is Better Supports for Schools, Teachers, Students and Families.

Miigwech.

**Madam Speaker:** It has been announced that the private member's resolution to be considered on the next Thursday of private members' business will be one put forward by the honourable member for Transcona. The title of the resolution is Better Support for Schools, Teachers, Students and Families.

\* (14:40)

#### **Dauphin Correctional Centre**

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

The background to this petition is as follows:

The provincial government plans to close the Dauphin Correctional Centre in May 2020.

The D-O-C is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

Approximately 80 families will be directly affected by the closure, which will also impact the local economy.

As of January 27, 2020, Manitoba's justice system was more than 250 inmates overcapacity.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Justice to immediately reverse the decision to close the DCC and proceed with the previous plan to build a new correctional and healing centre with an expanded courthouse in Dauphin.

And this petition, Madam Speaker, has been signed by many Manitobans.

**Ms. Malaya Marcelino (Notre Dame):** I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

The provincial government plans to close the Dauphin Correctional Centre in May 2020.

The DCC is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

Approximately 80 families will be directly affected by the closure, which will also impact the local economy.

As of January 27, 2020, Manitoba's justice system was already more than 250 inmates overcapacity.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Justice to immediately reverse the decision to close the DCC and proceed with the previous plan to build a new correctional and healing centre with an expanded courthouse in Dauphin.

This has been signed by many Manitobans.

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

The background to this petition is as follows:

The provincial government plans to close the Dauphin Correctional Centre, DCC, in May 2020.

The DCC is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

Approximately 80 families will be directly affected by the closure, which will also impact the local economy.

As of January 27th, 2020, Manitoba's justice system was already more than 250 inmates overcapacity.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Justice to immediately *[inaudible]* DCC and proceed with the previous plan to build a new correctional and healing centre with an expanded courthouse in Dauphin.

This petition has been signed by many Manitobans.

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

The background to this petition is as follows:

The provincial government plans to close the Dauphin Correctional Centre in May 2020.

The DCC is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

Approximately 80 families will be directly affected by the closure, which will also impact the local economy.

As of January 27, 2020, Manitoba's justice system was already more than 250 inmates overcapacity.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Justice to immediately reverse the decision to close the DCC and proceed with the previous plan to build a new correctional and healing centre with an expanded courthouse in Dauphin.

This has been signed by many Manitobans.

**Mr. Adrien Sala (St. James):** I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

The provincial government plans to close the Dauphin Correctional Centre in May 2020.

The Dauphin Correctional Centre is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

Approximately 80 families will be directly affected by the closure, which will also impact the local economy.

And as of January 27th, 2020, Manitoba's justice system was already more than 250 inmates over capacity.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Justice to immediately reverse the decision to close the Dauphin Correctional Centre and proceed with the previous plan to build a new correctional and healing centre with an expanded courthouse in Dauphin.

This has been signed by many Manitobans.

**Mr. Mintu Sandhu (The Maples):** I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

(1) The provincial government plans to close the Dauphin Correctional Centre, DCC, in May 2020.

(2) The DCC is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

(3) Approximately 80 families will be directly affected by the closure, which will also impact the local economy.

(4) As of January 27th, 2020, Manitoba—

**Madam Speaker:** We seem to have lost sound. I would just ask the member to just hold on for a second 'til—see if we can recover the sound.

Can the member try again? It seems like the sound disruption might be from his end. If not, what we'll do is we'll move on to the next member, and we can come back and complete this one if we can reconnect.

So I will call on the honourable member for Point Douglas.

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

The background to this petition is as follows:

(1) The provincial government plans to close the Dauphin Correctional Centre, DCC, in May 2020.

(2) The DCC is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

(3) Approximately 80 families will be directly affected by the closure, which will also impact the local economy.

(4) As of January 27th, 2020, Manitoba's justice system was already more than 250 inmates over capacity.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Justice to immediately reverse the decision to close the DCC and proceed with the previous plan to build a new correctional and healing centre with an expanded courthouse in Dauphin.

And this is signed by Melanie Betanyak [*phonetic*], Joyce McGinnis—[*interjection*]

**Madam Speaker:** Order.

**Mrs. Smith:** —Patti Eilers and many, many other Manitobans.

**Mr. Mark Wasyliw (Fort Garry):** I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

(1) That the provincial government plans to close the Dauphin Correctional Centre, DCC, in May of 2020.

(2) The DCC is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

(3) Approximately 80 families will be directly affected by the closure, which will also impact the local economy.

(4) As of January 27, 2020, Manitoba's justice system was already more than 250 inmates over capacity.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Justice to immediately reverse the decision to close the DCC and proceed with the previous plan to build a new correctional and healing centre with an expanding courthouse in Dauphin.

And this has been signed by many Manitobans.

\* (14:50)

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

And the background to this petition is as follows:

(1) The provincial government plans to close the Dauphin Correctional Centre, the DCC, in May 2020.

(2) The DCC is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

(3) Approximately 80 families will be directly affected by the closure, which will also impact the local economy.

(4) As of January 27, 2020, Manitoba's justice system was already more than 250 inmates overcapacity.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Justice to immediately reverse the decision to close the DCC and proceed with the previous plan to build a new correctional and healing centre with an expanded courthouse in Dauphin.

And this petition is signed by many Manitobans.

**Mr. Mintu Sandhu (The Maples):** I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

(1) The provincial government plans to close the Dauphin Correctional Centre, DCC, in May 2020.

(2) The DCC is one of the largest employers in Dauphin, providing the community with good, family-supporting jobs.

(3) Approximately 80 families will be directly affected by the closure, which will also impact the local economy.

(4) As of January 27, 2020, Manitoba justice system was already more than 250 inmates overcapacity.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Minister of Justice to immediately reverse the decision to close the DCC and proceed with the previous plan to build a new correction and healing centre with an expanded courthouse in Dauphin.

This has been signed by many Manitobans.

Thank you.

**Madam Speaker:** Grievances?

## ORDERS OF THE DAY

*(Continued)*

### GOVERNMENT BUSINESS

**Hon. Kelvin Goertzen (Government House Leader):** Madam Speaker, could you please call for debate the government resolution sponsored by the honourable First Minister and titled Renewed Canada Health Care Partnership.

**Madam Speaker:** It has been announced that the House will consider the government resolution entitled Renewed Canada Health Care Partnership being brought forward by the honourable First Minister.

### GOVERNMENT RESOLUTION

#### Renewed Canada Health Care Partnership

**Hon. Brian Pallister (Premier):** I move, seconded by the member for Radisson (Mr. Teitsma), that

WHEREAS protecting health care is the most important priority of both Canadians and Manitobans; and

WHEREAS the federal government must become a full funding partner with provinces and territories to protect health care and ensure Canadians and Manitobans receive the health care they need when they need it; and

WHEREAS health-care funding provided by the federal government has decreased nationally to its lowest levels since the passage of the Canada Health Act; and

WHEREAS the growing funding imbalance in the federation has come at a time when health-care needs and costs are rising faster than provincial and territorial governments can afford and federal health transfers are insufficient to meet those demands; and

WHEREAS the COVID-19 pandemic has demonstrated an immediate need for increased health-care investments across Canada, now and into the future; and

WHEREAS the federal government has failed to respond positively to repeated provincial and territorial requests to increase Canada Health Transfer funding; and

WHEREAS the federal government has both a national obligation and an opportunity to resume its role as a true funding partner to ensure Canadians get the health care they need in a timely manner; and

WHEREAS wait times for needed health services are increasing and Manitoba's population is growing and aging.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba call upon the federal government to become a full health-care funding partner and increase the Canada Health Transfer to protect health care for all Canadians.

**Madam Speaker:** It had been moved by the honourable First Minister, seconded by the honourable member for Radisson,

WHEREAS—

**An Honourable Member:** Dispense.

**Madam Speaker:** Dispense.

**Mr. Pallister:** Madam Speaker, this is a fairly rare opportunity for members of the House to rise together in what I hope will be unanimous support for a common sense resolution, that all provincial premiers have agreed as a high priority and are all of them asking their legislative assemblies to support. And so across the country, if we can get that unanimous support from every provincial legislature, I believe that unanimous voice will give us the great opportunity to get the federal government to do the right thing.

The demand for health care in our country has never risen faster than it is now. Federal support for health care has never been lower, and wait times have never been longer. Madam Speaker, priority surgery wait times have doubled and tripled in the last 25 years in our country, this is a long-term problem, but it's going to be exacerbated by an aging population, and accelerated by the realities of COVID-19.

Waits from first referral to seeing a specialist, for example, Madam Speaker, have more than tripled in almost every province in the country. And how important is that to a family that's waiting, waiting for a test, for a lump to be examined, or waiting for the result of that test which those times have tripled as well, waiting everyday in fear?

We can address this issue, Madam Speaker, and we must. There is unanimity among all researchers; there is zero research to support the federal government's position that it can continue to decline in terms of its support for provincial delivery of health care.

The Institute for Fiscal Studies and Democracy, the Conference Board of Canada, the Parliamentary Budget Office, the Fraser Institute, the C.D. Howe Institute. Across the spectrum, Madam Speaker, they're all saying the same thing. Federal spending on health transfers has grown inversely with actual health-care costs. Health-care costs have gone up; federal support has gone down.

Madam Speaker, it's clear. If health care is slow, think Trudeau, because that is the problem right now

and we need to stand together and we to make this change happen.

Madam Speaker, we have premiers from all across the political spectrum. We have Liberal premiers, we have an NDP premier, we have Conservative premiers who have all come together and unanimously agreed that we must stay standing together. COVID is making everything worse. There are half a million Canadians right now waiting for procedures. The delay is going to cost even more in human suffering, and an actual investments necessary to address unaddressed situations that have been delayed.

It would be great to get this approved today. I'll keep my remarks to that, Madam Speaker. I'd encourage members to, please, let this come to a vote and show our unanimity on this issue. This is an opportunity for all of us to stand together in a compelling way and say to Manitobans we want shorter wait times for you, we want better care sooner.

The only reason, Madam Speaker, that someone would try to talk this out today and not support is, frankly, if they want longer wait times, and I don't think that's a defensible position. I ask all members to come together today and support this resolution.

**Mr. Wab Kinew (Leader of the Official Opposition):** I hope to catch the Premier (Mr. Pallister) with a few quick comments here.

So, first I'd like to indicate that we will let this resolution come to a vote today because we believe that that's important. And second, we will support the resolution as tabled here because we believe it's an important measure.

Furthermore, we are going to amend the resolution to improve it, to make it even stronger, because we know that Manitobans don't just want new funding for health care to be sent from Ottawa. They want to make sure that every single dollar passes right through the provincial government and reaches the bedside.

\* (15:00)

And so our super-friendly amendment will be designed with just that in mind, to guarantee that in writing today there is a commitment on the part of this government that every single dollar—should their entreaties to the federal government be successful—that every single dollar sent here by Ottawa will actually reach the bedside and result in better care for

seniors, better care for young families and better care for kids right across Manitoba.

Now I cannot resist, Madam Speaker. I did note that the Premier has a little catchphrase there where he says that if health care is slow, you better blame Trudeau. I love a good rhyme when I hear one. That's why it's snowing all week, because the members opposite have been clapping for me time and time again as I rise in my place here. But everyone knows I love a good rhyme. So I just want to point out to all those assembled on this side and on the opposite side that if health care ain't any faster or sump'n, then you must blame the Pallister government, so.

We're having a bit of a Kumbaya moment here in the Chamber, but I do think it's very important that we point out that this resolution was brought forward today on the same day when, in question period, we raised two very important points. And I'll thread this needle and tie it back into the government motion here today.

We raised: (1) that there is a commitment from the federal government to send \$85 million in new education funding to make schools safer in Manitoba, and we released a FIPPA document that showed that there is no plan to use any of that money. It seems to me that, you know, if I were the First Minister, if one of my colleagues were the Minister of Education (Mr. Goertzen), we would know exactly what the plan is to use that \$85 million in education funding that the federal government has provided.

And the fact that the Premier (Mr. Pallister) and the Education Minister refuse to respond to the FIPPA, that proves there is no plan to spend that new federal funding, suggests that what they're, in fact, planning to do is to let it just sit in general revenue, let it just be used for other purposes which have nothing to do for education.

And so that's why we're amending the resolution today to provide with greater specificity that any new federal funding must flow through the provincial government and result in new health-care investments for all the people of Manitoba.

The second thing that we raised in question period today that is germane to the topic at hand is the cuts to ICU bed capacity here in the city of Winnipeg.

Now, the FIPPA, which I tabled previously, shows that we had 73 intensive-care-unit beds in Winnipeg in January 2017. Today, according to the top nurse at Shared Health in public comments, there are 71 ICU beds within the system.

But if you study the information within that document, you see that there was also a dip over the past few years where, first, it went from 73, down to 69, and then to the mid-60s in terms of the total number of ICU beds before this government scrambled and slowly got us at a lower level, but at a slightly less bad lower level than they were previous to that.

What's particularly interesting is that it perfectly corresponds to the timing of the emergency room closures that the former minister of Health was the architect of, and that the Premier signed off on at the Cabinet table. Again, you look at one of the low points of when we had the fewest ICU beds across Winnipeg in our health-care system, which serves people across Manitoba, that was in July 2019. When I think back to July 2019, while this government was sitting around the Cabinet table, cutting health care and closing emergency rooms, the members on this side—some of whom weren't even elected yet—were standing on the steps of Seven Oaks emergency room fighting for intensive-care capacity in that hospital.

The members on this side of the House were standing on the steps of Concordia Hospital fighting for more ICU beds to stay there and serve people close to home. And the members on this side, some of them at that very moment were deciding to put their names on a ballot to stand up against the terrible health cuts of this government, and I'm sad to—and I'm very glad to say that many of them did get elected as a result.

And so we have a government that has continuously cut health care. They've made health care weaker in Manitoba. Now, if we were just, you know, in normal times, that would have been bad enough but what that had the net effect of doing was weakening the health-care system at the worst possible moment: right prior to the arrival of the novel coronavirus, which, of course, causes the disease COVID-19 and resulted in a pandemic.

Now I would note that over the past eight months, Manitobans have made tremendous sacrifices in order to respond to the pandemic. Our kids are going to school, in some cases one third of the time if they're high school students. Kids in the Louis Riel School Division, in the so-called duplex and triplex classrooms, have a teacher for only 50 per cent of the day or 33 and a third per cent of the day. You cannot tell me that those children are receiving the same quality of education that the rest of us received when we went through the school system prior to them.

So those children are making a sacrifice and we owe it as legislators to commit that we are going to make it up to them by guaranteeing a strong education for them in the future and that that commitment to improve their education will follow them right through their post-secondary careers and into the workplace with intensive academic and professional supports.

We also know that seniors are making a tremendous sacrifice in Manitoba today. It's very, very sad. We look at a personal-care home like Parkview Place. We're approaching, unfortunately, almost 10 per cent of the one-time residents of that place passing away. It's a very, very tragic number.

We see many other personal-care homes across Manitoba now struggling without breaks. Today, we heard again about problems at Bethesda, and they announced that KeKiNan, which is in the constituency of my great colleague from Point Douglas, is now experiencing an outbreak as well.

Many of these homes are managed by Revera. Many others have, you know, been managed by other organizations but across the board, we need direct action. We need interventions. We need new investments made by this government. And so those seniors who are having to live through this crisis are making a tremendous, tremendous sacrifice.

And, of course, you've got the small-business owners, many of whom are hanging on by a thread already, and with the prospect of further restrictions on the horizon are deeply concerned about whether their job-creating businesses are going to be able to see through the end of the year. They're worried about are they even going to make it to Christmas season, never mind are they going to make it through the next year. And so those folks are making a tremendous sacrifice. Those businesses are taking a hit on their revenue in order for all of us to be able to advance our shared public health goals of flattening the curve together.

What has been lacking—one area that we have not seen a group of Manitobans step up is at the Cabinet table of the Pallister government. We have seen Manitobans from all walks of life, in some very inspiring ways, banding together and stepping up, and yet we have a government that is sitting on \$85 million in federal funding designed to reach people in the classroom.

We have a government here in Manitoba that saw fit to cut health care, not just last year in the ICU bed

cuts that I previously outlined, but even at the beginning of this year, in the budget they brought forward this year in March of 2020, cut the budget for public health. And then they still had the nerve and the temerity to stand up and say that somehow this budget, which was a total fail, which was a complete fail, was absolutely somehow going to help Manitobans get through the pandemic.

Well, you know, I'll leave it to the Finance Minister and to the Premier (Mr. Pallister) to explain how a cut to the public health budget actually would help us get through the greatest public health crisis that any of us can remember. They failed in a major way to step up and to help Manitobans.

So again, you know, the Premier brings forward his resolution today, calling on Ottawa to increase health funding for Manitoba. Great. But let's make sure that it actually reaches Manitobans.

The big, live concern that every Manitoban who's been paying attention to provincial politics over the past few years has is that, if Ottawa were to send another half billion, one billion, two billion dollars in funding to the Province for health care, the real concern that everybody has is that zero of that new appropriation would actually find its way into the health-care system, and more likely what you would see is that this government would pour that into general revenue, pull back on their previous appropriations for Health and then make cuts or changes to budget line items in other areas.

\* (15:10)

That's exactly what their doing to education right now. What is to prevent them from doing the same thing in the health-care system should they receive new federal funding?

Great rhetorical question to which we provide the answer in the form of an amendment today. And so that's why we're putting into black and white and just saying again, let's all stand together, let's ensure that there's better funding for the health-care system in Manitoba, but let's make sure that that money doesn't end up as being an accounting error or some kind of bookkeeping trick that this Minister of Finance (Mr. Fielding) and this Premier can get away with while people in personal-care homes, people in intensive care and people right across Manitoba never, ever see an improvement in their health care.

I'm sure people in Roblin know the truth of that statement. People in Roblin voted for the Conservatives for generations. And how did they get

rewarded for that loyalty? They had their emergency room cut by this heartless government.

You have people in Shoal Lake, Manitoba, who have voted time and time again for the Conservatives in their provincial elections. And how were they rewarded by that? Well, they had their diagnostic services cut.

You have people in the constituency of the member for Radisson (Mr. Teitsma), who, without knowing the terrible ideas that he adheres to, voted for his party. And how were they rewarded by that? Well, they not only lost their emergency room last year, they not only lost the intensive-care-unit beds in their community last year, but this year, during the pandemic, are losing CancerCare service in their community.

That is why we need this government to commit in writing that they will spend every new dollar that the federal government earmarks for health care on the actual health-care services themselves, because it has been the prerogative of this government up until now to claim an interest in the well-being of Manitobans but then to govern solely with motivation adhering to the almighty dollar. That's wrong; they should put the people first, Madam Speaker. They should put the people first. They should put the children first. They should put the seniors first. Put the elders first. Try that for a change.

And so we definitely support the idea because, again, as we look ahead to hopefully, you know, having my great colleagues sit around the Cabinet table, I would like them to have a federal government that is willing to be a stronger partner in the funding of health care. I would endeavour to think of the great initiatives and investments in primary prevention and secondary prevention and tertiary prevention that my colleagues could come up with, how we could find new and innovative ways to improve health care for everybody in Manitoba where, instead of, like this government, trying to cut intensive care units and emergency rooms and service delivery programs, that we could actually have a government that went out into the community where people live, and using diet, exercise, nutrition, cutting-edge technology, found ways to keep people healthy at home, to keep people healthy in the community, to allow seniors to age in place, to find out great ways so that we can keep people healthy so that they never get sick, that they never have to visit the emergency room, that they can stay out of the hospital.

Imagine if we'd been making those investments for the past number of years, and then the pandemic arrived. Imagine if our ICU capacity was—had a huge amount of slack right now. Perhaps we wouldn't be confronted with restrictions. Perhaps we wouldn't be confronted with lockdowns.

And so I really do think it would be a great idea if the federal government were to become a greater partner in the funding of health care in Manitoba. But I think that that idea would only reach its full fruition, its full realization, if there was an NDP Cabinet in Manitoba to oversee the local distribution and delivery of health-care services in the keystone province.

Sadly, I can't move that part of my statement as an amendment, but I am introducing the following amendment here today.

I move, seconded by the member for Union Station (MLA Asagwara),

THAT the resolution be amended by adding the following at the end:

BE IT FURTHER RESOLVED the provincial government commits and will ensure that every single federal dollar provided for health-care funding, whether required by agreement or otherwise, is spent at the bedside in Manitoba, is not placed in general revenue and further commits there will be no corresponding, matching or other reductions in health-care funding in Manitoba by the provincial government; and

BE IT FURTHER RESOLVED that a copy of this resolution be sent by the Clerk of the Legislative Assembly of Manitoba to all Canadian provincial and territorial assemblies, premiers, as well as the federal Parliament and the Prime Minister.

**Madam Speaker:** It has been moved by the honourable Leader of the Official Opposition, seconded by the honourable member for Union Station,

THAT the resolution be amended by adding the following at the end:

BE IT FURTHER RESOLVED the provincial government commits and will ensure that every single federal dollar provided for health-care funding, whether required by agreement or otherwise, is spent at the bedside in Manitoba, is not placed in general revenue and further commits there will be no corresponding, matching or other reductions in

health-care funding in Manitoba by the provincial government; and

BE IT FURTHER RESOLVED that a copy of this resolution be sent by the Clerk of the Legislative Assembly of Manitoba to all Canadian provincial and territorial assemblies, premiers, as well as the federal Parliament and the Prime Minister.

The amendment is in order. Debate is open.

The honourable member for—oh, apparently, according to our rotation, the honourable member for Brandon East.

**Mr. Len Isleifson (Brandon East):** And again, I always look forward to bringing forward some words in the House and especially when it comes to health care.

As I mentioned this morning, I spent 21 years in health care. And unfortunate that the Leader of the Opposition said that if they were in Cabinet, they'd make some changes, but they had an opportunity, because 17 of those 21 years they were in Cabinet and nothing was done. So, I mean, that's just empty words.

But I do remember back, though, back in 2016, when I first rose in this House and mentioned the fact that good governments have to make some very difficult decisions.

Today is no different, as we continue to build a stronger Manitoba by making decisions that are necessary to ensure we are building a stronger Manitoba with sustainability and with quality of services for our citizens. We do know that there is light on the horizon because of the work of this current government, and I'm pleased to hear the supports, hopefully by everyone in the House together today, as we stand in unity to approach the federal government and increase those federal health transfers that are much needed. Not just in health care in general, but, I mean, this—there is no doubt that this pandemic—this novel corona pandemic has created some huge challenges within the health-care system across the entire country. To say that the year 2020 has been a challenge would be definitely an understatement.

I can remember quite clearly that the news briefing on March 12th, when the Department of Manitoba Health, Seniors and Active Living and the public health officials announced that Manitobans were experiencing their first presumptive positive case of COVID-19 in the province.

That was also the date—or very close to the date when we started our future as the World Health

Organization declared that the outbreak was an actual pandemic and measures were put into place that changed the lives of everybody to help reduce the risk to all Manitobans and in limiting the spread of COVID-19.

With COVID, without COVID, priorities maintained by this government is definitely the health of all Manitobans. Protecting health care is the most important priority of all Canadians and all Manitobans, and as I mentioned this morning, our government is committed to providing better health care sooner for all Manitobans.

Our government values the work that we do as partners with the federal government to deliver reliable health care to all Manitobans, however, that health-care partnership between Manitoba and the federal government has definitely diminished over time.

The challenges presented by COVID-19, such as increasing wait-times, increasing prescription medication costs and the unique needs of our aging population have demonstrated a need for increased health-care investments across Canada now, today, tomorrow and into the future.

It's challenging. The federal government has failed to respond positively to repeated provincial and territorial requests to increase the Canadian health transfer funding. We must work as partners with the federal government to deliver reliable health care to all Manitobans. However, as Manitoba's health-care needs and expenses have increased that we've all witnessed, this partnership between Manitoba and the federal government has declined.

\* (15:20)

There is plenty of documentation showing that the funding provided through the Canada Health Transfer has decreased nationally from approximately 50 per cent to 22 per cent of all dollars spent by the provinces and territories. Right now, we are at the lowest levels since the passage of the Canada Health Act.

Our government strongly believes that the need for health-care funding has never been greater and that 'sustanchewated'—sustained partnership will ensure better health care for all.

We are calling, and again I'm happy that the opposition is standing up, and I hope our friends in the Liberal Party will stand up as well and help us call on the federal government to fulfill its national obligation

to become a full health-care partner. Help us to increase the lives and the value of our lives of our Manitobans, but all Canadians by increasing and becoming a true partner in the Canadian health transfer area.

So, again, Madam Speaker, I know others want to speak on this. I have plenty to say, but, you know, we, as a PC government, have made a \$2-billion health-care funding guarantee which is already \$648 million more than the last NDP budget. We have our health-care funding guarantee that's the first of its kind and it begins immediately and we've already seen work in that field.

Again, I look forward to voting on this resolution today, having it come passed, and moving forward and truly becoming an actual partner, or having the federal government become an actual partner with us here in Manitoba.

I thank you for your—the opportunity to speak.

**MLA Uzoma Asagwara (Union Station):** I appreciate the opportunity to speak to this motion. We are certainly in support of the motion, especially with our amendment.

I agree with our leader and my colleagues in that we know that this amendment is necessary and that it strengthens the motion, actually, and it puts in a mechanism for accountability and to reassure, certainly, you know, members on this side of the House, but I think just generally Manitobans. It reassures them that the government will put every single dollar directly where it needs to go, and that is to ensuring that Manitobans have the health care that they deserve and ensuring that, you know, potentially millions of dollars—and we've seen this from this government—that millions of dollars aren't left unspent, sitting in, you know, pockets, in other places, rather, instead of, you know, investing in health care in a way that not only addresses the crisis of the day, which is this pandemic that we're all navigating, but also sees Manitobans receive health care that is really looking to the future, that is really ensuring good health-care outcomes across the board well down the road.

Madam Speaker, I think that something we saw in the House today, actually, really speaks to the importance of an amendment like this. I'm sure that maybe not all of our colleagues are aware—the ones who are virtual, rather unfortunately, wouldn't have been able to be in the Chamber when it took place during question period, but, you know, it was

interesting to me that in simply just saying that we have a Minister of Health, the members opposite decided to use that moment as an opportunity to stand up and obnoxiously applaud the minister as if simply being the Minister of Health is the bare minimum, is their standard, I guess, in terms of what it means to be a good leader in that capacity.

I think that, you know, given the fact that we are in the midst of a pandemic where we're seeing increasing numbers of people dying, where people are grieving their loved ones, where people are making tremendous sacrifices to deal and navigate with this pandemic, it's—I think it's actually disappointing that members opposite would behave in that way. I think that they should raise the bar and raise the standard in terms of their expectations for a minister responsible for the health of Manitobans during an unprecedented crisis.

So, Madam Speaker, I think this amendment speaks to something that, you know, we saw displayed in the Chamber today, but I think it also speaks to something that Manitobans are aware of, and it's the concerns as to how those dollars would be spent.

I've heard from a number of folks in my own constituency, and interestingly enough, I actually had a conversation with a constituent just a couple of weeks ago. This person messaged me over social media and really wanted me to hear her concerns around this government's calls to the federal government to get more federal health-care dollars.

*Mr. Doyle Pivniuk, Deputy Speaker, in the Chair*

She agreed that the federal government should provide increased federal health-funding dollars, but her concern was that, you know, without being specific as to how this government should spend those dollars, they would do what we know they have done in the past, which is not spend those dollars, keep that money elsewhere, not put that money directly into supporting Manitobans.

And I listened to this constituent, I heard what she had to say, and I, quite frankly, understood her concerns. Her concerns are valid, and I was really grateful that she felt comfortable bringing those concerns to me as her representative.

And so, you know, I rise today not only to share my own concerns and the concerns that I know we share in our caucus and the reason why we brought forward that particular amendment, but to make sure that the concerns of Manitobans, of my constituents, are also heard in this House. You know, we represent

thousands and thousands of people. I represent almost 22,000 people in Union Station, and whenever someone raises an issue with me—and we don't always see eye to eye on every issue—but, certainly, I make a point of ensuring that their voices are heard.

So I think it's important to also contextualize where this amendment comes from, and so I'd like to spend just a couple of minutes reflecting on some of the decision making of this government in terms of their health-care cuts and why it's so important for us to be aware of that.

You know, it's clear—it's clear to me anyhow—that investing in health care hasn't actually been the top priority for this government, and at this point, you know, I understand that they probably want, you know, a lot of those federal dollars to backfill some of the money that they've cut. They've left some, you know, created some disastrous gaps in our health-care system.

I think right away of, you know, the folks at St. Boniface Hospital who are navigating a few COVID outbreaks at that facility, and courageously a lot of those health-care workers brought forward to us—before the pandemic—that due in part to the government's decision making in health care and their cuts and closures et cetera, that the nurses there, health-care workers there, were working, you know, without the capacity they needed, that they were short-staffed, working exorbitant amounts of mandated overtime, and they were really concerned about the—not only the immediate, the acuity around the issue, but certainly they were concerned about what that means for outcomes down the road. And so, you know, that's an example of a health-care facility, major tertiary hospital, here in Manitoba, that went into the pandemic not as well-positioned as they should've been to react and respond to the pandemic due to this government's cuts.

I certainly understand and I know that health-care workers at that hospital—and I would imagine Manitobans generally, being aware of what's happening at St. Boniface—would certainly hope that an amendment that we've put forward, the amendment we put forward, would be taken strongly into consideration because they will directly benefit from those dollars being allocated directly to the bedside. You know, it's those health-care workers that have been raising the alarm bells around the consequences of the government's decision making that, you know, I know are hoping and waiting not only for increased

federal health-care dollars, but for the government to do the right thing in how they spend it.

And, you know, I'm just going to list off a few of the cuts that this government made that we know are impacting people now during the pandemic. We think about the cuts to long-term care—we spoke about that earlier in the day—but, you know, I also—I think about the cuts that impact people really directly, like the privatization of occupational therapy and physiotherapy, so the fact that, you know, older adults, folks on a fixed income, are no longer able to access those services, those resources within our public health-care system. I think about those folks; I think about how that affects their health-care outcomes. How does that affect them long-term down the road?

\* (15:30)

You know, these are all areas that the government should be investing in and ensuring that our public health-care system is bolstered and supports those in our communities who are most vulnerable to crises in our health-care system, to pandemics, to issues that arise where we need to make sure that we're doing our job as legislators, that the government's doing its job to protect those Manitobans and to equip our health-care system with the ability to adequately respond and to be proactive. And, you know, investing those health-care dollars from the feds in a way that addresses root issues will help to do that, and that's something that I'm really proud to say and to know that our caucus has been—since I've been elected, certainly, and before that, I'm well aware of—advocating for investment in addressing root causes.

I was happy to see, actually, in a—in previous session that the government—there's a member opposite, or I think maybe even the Premier (Mr. Pallister)—used the language, we have to address the root causes. Finally, they caught up to what we were saying. So that was—that's a good thing, and it's a good sign, and I think that we should all be using that language. We should all be, you know, focused on addressing health-care and health-care issues in a way that has long-term positive health outcomes and investing those dollars in a meaningful way that addresses the root causes, that addresses childhood trauma, that addresses health-care issues.

You know, very early on in a preventative way is the way in which we're actually going to see that, you know, paid back into our system in terms of lowering some of the health-care costs attached to not addressing those areas of concern for folks.

And, you know, I think of the recent report that was released, the Manitoba Centre for Health Policy, in terms of type 2 diabetes in Manitoba, and we called on the government at that time to do their part in terms of investing and making sure that the needs of Indigenous children, Indigenous communities are being met appropriately in terms of cultural needs, are being met adequately in terms of proper resources.

And, you know, I think of that as an area where, you know, federal health-care dollars can be invested and directed in a meaningful way to make a positive impact. It's unacceptable what we're seeing and I know that—I was actually asked by a reporter, well, it's happening across the country, which, to me, kind of dismisses the fact that here in Manitoba, we have an opportunity to invest our dollars in a way that's going to have really immediate but also long-term benefit to so many, and it's important for us that we recognize the inequities in our health-care system and that we invest meaningfully to address them.

And so I would ask, and I would implore this government to reflect on that study. The research is extensive, but it's very concisely captured in just about four pages, and that's just one example of a way that the government can take those federal health-care dollars, invest them, you know, directly where they need to go and have positive health-care outcomes for communities that experience deep inequities in our health-care system. It doesn't have to be that way. Manitoba can really be a leader in the ways that we address health care. Manitoba can be a leader in how we navigate this pandemic and how we allocate resources from the federal government.

And I think that, you know, there's enough smarts in this Chamber and in the members who represent all 57 constituencies that we can come up with strategies that are really effective. I know that my colleague, for example, the member for Notre Dame (Ms. Marcelino), is always researching, always reading, always learning, is big on that. You know, we've got great minds, people who are dedicated to the health and the wellness of Manitobans, and so we need to work collaboratively and collectively toward that.

So, you know, there's just a couple of other things that I want to be able to touch on before I hear from—we hear collectively from some of our other colleagues on this motion. But I do want to talk about this notion that's come up a few times in the Chamber—it came up today—around fear mongering. And I want to put a few words on the record in regards to that.

I think it's really important for members opposite to not see expecting accountability, demanding accountability from the government as fear mongering. I think that that's a language and that's a tactic that is unproductive, and it's perfectly reasonable for us as opposition members to push and call for the government to be accountable to Manitobans and, quite frankly, to amplify the concerns of Manitobans who quite rightly have questions that they want answers to. You know, again, and again and again we've said, throughout this pandemic, Manitobans have done a great job of showing up and doing their part, of making sacrifices, staying home when they're sick, you know, staying home when we were in further restrictions, doing their part.

And that effort hasn't been matched by the government. And now Manitobans are asking some pretty tough questions, but, you know, the government has to provide clear answers. Manitobans deserve that. And that reassures them, makes them feel like the government has a plan, reassures them in knowing that if the government were to receive, you know, more federal health dollars, the government would allocate those dollars appropriately.

And so I would encourage members opposite to not see questions in regards to the decision making on their part or calls to be accountable as fear mongering. See it as an opportunity to reassure Manitobans. See it as an opportunity to lead and to, you know, provide the information that Manitobans deserve to access.

And, you know, one of the other points that I wanted to make today is around the importance of putting people ahead of profit. I think that's a really important point for us to make. I think it's a really important area for us to focus on; that it is so important for this government to spend those dollars in a way that prioritizes the people of Manitoba and does not prioritize profit over citizens.

We know that the outcomes of privatizing the health-care system— aspects of our health-care system—only creates greater gaps in our health-care system, only perpetuates health inequities. That's not the direction this government should be going in. We've seen some of the negative impacts of their decision making. We've seen what's happened with Dynacare as an example, you know throughout this pandemic, just ridiculous wait line—wait times in line for seniors and families.

You know, I've had people reach out to me and tell me that they've had to put their children who are

well past the point of being toilet trained in diapers in order for them to be able to stand in line for hours and hours and hours whether it's in clinics or in COVID-testing lines. You know, this issue around Dynacare is an example of what can happen when we put profit over people.

You know, the government supported them shuttering a number of clinics, which created inequities in terms of how people can access clinics for lab work. Winter is coming, winter is here, basically, and I know that those are concerns that people have. How are they going to access the health care they need when it's 30 below?

So, you know, I really think that when we're talking about how these federal dollars are going to be spent, you know, directed to the bedside, it is so important that we recognize that our public health-care system needs those funds.

It is our public health-care system that requires that direct investment to make sure that we're closing the gaps in terms of the health inequities in this province. That benefits absolutely everybody. If we move our health-care system in Manitoba in the direction of equity, it benefits absolutely every Manitoba. That's what it does. We need to stop perpetuating inequity and start moving toward health-based equity initiatives.

So I think I'm going to leave it at that. I want to thank—because I actually haven't done that yet, had the opportunity to do that yet—but I wanted to thank all of the folks in the Clerk's office, all of the Legislative staff for their hard work during this pandemic. We see you, we appreciate you. The pages, I know it's got to be unusual, you know, in here wearing masks every day and doing the work that you're doing, but everyone's doing a fantastic job. I feel tremendously grateful to be able to work here and represent the constituents of Union Station and also to be able to work alongside just tremendous staff who have made sure that we're able to do our jobs throughout this pandemic. So, thank you.

### House Business

**Mr. Deputy Speaker:** The honourable Government House Leader, on House business.

**Hon. Kelvin Goertzen (Government House Leader):** You're absolutely right, Mr. Deputy Speaker.

On House business, I would like to table the Estimates order for this upcoming Estimates period.

\* \* \*

**Mr. Deputy Speaker:** 'bate can continue. Any speakers?

\* (15:40)

**Mr. Dougald Lamont (St. Boniface):** You don't need to be born in a barn to recognize this motion has more than a whiff of bovine scatology. This proclamation is really crafted to gaslight Manitobans about the true state of health-care funding in Manitoba.

Now, to be clear, maybe the Premier (Mr. Pallister) is forgetful when he calls on me, when he, you know, he says—asks me to join Team Manitoba. I have said several times in this House, and I have said it to the Premier's face, we support more federal funding for health care.

But there are some very serious problems with this bill—or, sorry, this motion—because it has a series of statements in it that are categorically false. And second, we have absolutely no confidence that if this government were actually to receive any funds—extra funds from the federal government, that they would actually apply to health care, because the record of this government is that they have received hundreds of millions of dollars more for health care and billions of dollars in new transfers, and for three years at least, the actual spending on health care was either cut or frozen.

So I table a chart of federal transfers of—to Manitoba from the period of 2001, 2002 to the fiscal year of 2008 to 2019. Now, I'm often loathe to defend the NDP, but it is worth saying that one of the reasons why the NDP struggled to balance the books is that for six years under the Harper Conservatives, federal transfers to Manitoba were either frozen or cut—frozen or cut. They increased health-care funding, but they cut everything else continually in order to keep funding absolutely flat. That is—though that's—this is not a question of opinion; it's a question of fact. That is what the books of the federal government say.

The other is that in the process of presenting how they spend money—I heard the Minister of Finance (Mr. Fielding) saying it; I've heard the Premier say it many times—two years ago, the Premier was saying that they were spending \$700 million more than the NDP ever did.

Yet today, we're hearing that they spent less than the NDP ever did. The fact is that the budget went up in one year, was frozen for three years, and then it's gone up again, slightly. But during that period of time, every single year, federal 'fendra' funding went up by

3 per cent. In addition to that, there was another \$400 million from the federal government.

So let's be honest about what's actually happening. I've heard members in this House say that federal funding's been cut. It's not true. And I'll also correct the member for Brandon East (Mr. Isleifson), who made the claim that—as this proclamation does—that federal funding is the lowest ever—it's ever been, that it's at 22 per cent. Well, in this House, the Premier has said it was 19 per cent. The fact is, it's been going up. It's been going up because the federal spending has been going up every year and the provincial funding for health care has not.

There's been a bait and switch when it comes to this government, and they do it for education, they do it for health care, and they do it for infrastructure and municipalities. They promise one thing—they say we're going to do something, we promised this in the budget. But what do they actually spend it? Something completely different. There is a massive chasm between what they say and what they do.

Now, when it comes to health-care changes, it's important to know why our federal health-care changes—our federal health-care funding formula is the way it is. There were two major changes that reduced the amount of money coming to Manitoba, specifically for health funding. One was under the Harper Conservative government.

The Harper Conservative government unilaterally, without talking to the provinces, without negotiating with the provinces, said, we're going to take it from 6 per cent increases every year to 3 per cent increases every year. When the then-premier of Manitoba said, well, what are we going to do? The minister of Finance, Jim Flaherty, said raise taxes. That's what he told them. And the current Premier (Mr. Pallister) said, Manitoba is so flush with tax funds, it's not going to be a problem. He defended that cut.

I will add, that was only one of the major changes, because there was another change which was much bigger. It was a—and there was an article about it in *The Globe and Mail* which I will table, that in the federal budget of 2007, the Harper government announced that the Canadian health transfer would be allocated on a strict, equal, per capita basis, beginning in 2014. Which means their funding would be developed regardless—delivered regardless of income, demographic, geographic or other conditions of the province.

What was the result of this? The new formula will take money away from most provinces while delivering an enormous windfall to Alberta. Based on estimates for 2014-15, Alberta will receive \$954 million more under the new formula than the current formula, \$235 for every man, woman and child in the province. Every other province will lose money.

As follows, Ontario lost \$335 million. British Columbia lost \$272 million. Quebec lost \$196 million. Newfoundland lost \$54 million. Manitoba lost \$31 million. Saskatchewan lost \$26 million. Nova Scotia lost \$23 million. New Brunswick lost \$18 million and Prince Edward Island lost \$3 million.

So every single one of those provinces was faced with a choice: either cut or run a deficit in order to be able to cover the Conservative government's cuts to health care. Not—and this is not a cut in increases, this is an actual cut in funding.

Now, who voted for that? It was in 2007. It took effect in 2014, but who was an MP in 2007 for the Conservative government? The Premier, Brian Pallister, voted for that—

**Mr. Deputy Speaker:** Order. *[interjection]* Order. I just want to remind the member that if you address anybody by their constituency name or by their position.

**Mr. Lamont:** The member for Costa Rica north. Oh, I got away with that. That is the fact. Who voted for that change to cut Manitoba Health funding to seniors? It was the Premier. Who voted to cut funding that would reduce funding calculations that would help rural and northern communities in Manitoba? The Premier. *[interjection]*

And I hear some chirping from across the way. They—and this isn't—this is an—I will actually correct the members: when changes were made in the 1990s, the federal Liberal government ensured that have-not provinces like Manitoba did not suffer cuts because they made up for it by increased transfers. It was a—it is a fact, because the entire—*[interjection]*—because, and again, I will challenge—I will challenge the members across the way. The idea—

**An Honourable Member:** Can you table that?

**Mr. Lamont:** I will absolutely table it. The idea that the PC government of the 1990s was somehow forced to make the changes they did. Let's remember, they were first—they were elected long before the federal

Liberals ever were. They began those cuts long before the federal Liberals ever did.

So who voted to cut to reduce funding to rural and remote communities that were in Manitoba? It was the Premier (Mr. Pallister). Who voted to cut based on how sick people are? The Premier. Who voted to ignore Manitoba's diabetes cases, kidney cases, and multiple sclerosis? The Premier. These were all—these were all formulas that were considered prior to 2007 when the Premier, the—and other Conservative MPs, including Premier Jason Kenney of Alberta, all voted to cut funding to every province but Alberta.

Now, since 2015, federal transfers are up by about \$1 billion and the entire reason for this phony proclamation is so the Premier can pretend he has no choice but to cut. He wants to blame the NDP, he wants to blame the federal government because nothing is ever, ever the Premier's fault; he's helpless. You'd think that somebody else had been running the province the whole time.

But it was this PC government that closed ERs, fired nurses, fired lactation consultants, sold off labs. It was this government that saw cataract and hip and knee replacement wait-lists grow and get worse year after year after year since they've been elected. And why have they been able to justify this? In part, because it was an NDP plan that they just—that they were bringing in, that the plan to cut ERs—to close ERs, the plan to cut EMS stations 'rin' rural areas was all part of an NDP plan.

So it was justified, and there are—and I've heard—I hear the Premier often and other members of his government justify what they did by saying, well, the NDP did it too, while also complaining that they're trying to clean up the NDP's mess.

It is this government that cancelled a life-saving-drug program that deprived seniors who are on insulin from 'begaining' inexpensive medication, that took away cystic fibrosis medication from people. It was a life-saving medication.

\* (15:50)

This entire scheme is based on the premise that the Premier and his government and other premiers have no choice but to cut. They—they're not in control of their provinces. They're not in control of their budgets. They're forced to do this.

What the Premier and his caucus have been telling Manitobans is they have to cut health care because they have to. The reality is the Premier and

the PCs are cutting health care because they want to. The federal government has increased health-care transfers every year. They added another \$400 million. But in August, there were programs that still hadn't been launched that were promised years ago: education, health care, infrastructure. The federal government has offered up money that has made its way to the province but has never reached teachers or doctors or nurses or municipalities.

The Parliamentary Budget Office had a report about how provinces like Manitoba have hoarded money instead of spending it. And it's clear this is a unified strategy on the part of Conservatives to gaslight Manitobans and demand funds from the federal government while actively cutting and privatizing.

Even the last weeks, even in the midst of this pandemic, they have been firing senior management in health care and forcing hundreds of others to reapply for their jobs.

Now we've responded to this. We recognize that there's a need for funding. But the problem is, we do not have confidence that this government won't just use it for what they've done before—to pay for tax cuts. One of the measures in this budget is to take the taxes off of gold bars for people who invest in them. Very relatable. I'm sure there's lots of people across Manitoba who are going to save big from that. But that's the sort of gift to the wealthy that this government has done, taking money and borrowing to pay for tax cuts, putting tax cuts on our credit card that we're going to have to pay for later. It's the opposite of fiscal responsibility.

We have a Minister of Finance (Mr. Fielding) who undermines finance. We have a Minister of Health who undermines health. We have a Minister of Education (Mr. Goertzen) who undermines education. The list goes on.

**An Honourable Member:** I'm feeling left out.

**Mr. Lamont:** Good.

There is an idea—Mr. Deputy Speaker, I have a particular dislike for people who take the approach of con men, people who prey on the vulnerable. There is an idea that con men take advantage of what is the worst in people: their greed or their gullibility. The reality is that con men prey on people who they think of as marks and as suckers. They take advantage of the best in people. They take advantage of people's trust. They take advantage of the fact that people assume that most people will tell the truth.

This is a profoundly dishonest motion. My colleagues and I have no intention of dignifying this attempt to manipulate Manitobans with a vote for or against it. To be blunt, Manitobans shouldn't have to tolerate this complete bullshit anymore.

**Some Honourable Members:** Oh, oh.

**Mr. Deputy Speaker:** Order.

**Mr. Lamont:** I apologize.

**Mr. Deputy Speaker:** I just want to remind the member that the—unparliamentary language. And I would have the member apologize to this Chamber.

**Mr. Lamont:** I did apologize.

**Mr. Deputy Speaker:** I didn't hear it.

**Mr. Lamont:** I apologize for the unparliamentary language.

**Mr. Andrew Micklefield (Rossmere):** I appreciate the opportunity to stand and support this worthy motion today.

Mr. Deputy Speaker, it comes as no surprise to anyone in this Chamber that health care is something that we all treasure, that we all take seriously. I do want to remind everybody here and those listening or maybe reading that actually our government has invested more into health care than the former government ever did, that we've done more to help health care than the former government ever did, that we're doing more to help Manitobans, more to protect the health-care needs of our province. And I'm proud to be part of this government; I'm proud to stand up for what we're doing.

But it is a partnership and, obviously, if we want health care in this country, no one level of government can go it alone. No one level of government should be expected to shoulder a disproportionate part of the weight.

So, Mr. Deputy Speaker, it must be brought to the attention of everybody, as the Premier (Mr. Pallister) has rightly done this afternoon, that the federal government simply is not pulling its weight when it comes to a partnership. A partnership is not a partnership if the other party is not doing the part that they said they would do.

If you've ever been on a team or had a project with someone and you're the one doing all the work, it's not just disheartening, it's ineffective. And so, if we want an effective, sustainable health system for Canadians, Mr. Deputy Speaker, the federal government must

step up, the federal government that has no problem spending all kinds of money on all kinds of things.

And it wasn't lost on me, and I'm sure it wasn't lost on many of my colleagues, Mr. Deputy Speaker, to hear the Liberal member previously, before he swore, to hear him talk about people being taken advantage of. For a Liberal to talk that way is beyond the pale, it's astounding that he would point the finger as a Liberal at other members of other parties.

Mr. Deputy Speaker, the federal government, the present Liberal federal government simply is not stepping up to play. We stand in solidarity with Manitobans. We stand in solidarity with the interests, not just of ourselves, our parents. My parents are Manitobans. My family members are Manitobans. I have family members in other parts of Canada and I don't want to see the health-care system deteriorate, struggle or face times that are uncertain.

One example, Mr. Deputy Speaker, I mention in passing. As the federal government contemplates broadening the euthanasia laws, pardon me, well, maybe not medically assisted death laws, it was part of the discussion that money could be saved by widening these laws.

Mr. Deputy Speaker, I register grave concern over those kinds of conversations. We need to find ways to move health care forward. We need to find ways to do it together. But the federal government backing out of financial partnerships while handing the provinces not only the bills, but the expectations, is unfair, it's unreasonable, it's not right and it's that that we stand up against.

I'm happy to vote in favour of the Premier's motion, and I certainly hope that the opposition members with their amendment have not made it one of those conditional amendments where they'll only support it if it is indeed done the way that they would like it.

Thank you, Mr. Deputy Speaker. I certainly appreciate the opportunity to speak to this.

**Mr. Deputy Speaker:** Is there any further speakers?

**An Honourable Member:** Yes. Mr. Deputy Speaker.

**Mr. Deputy Speaker:** Oh.

**Mr. Tom Lindsey (Flin Flon):** I want to put a few things on the record here. I've been, certainly after listening to the member that just spoke, he's somewhat confused, obviously. It was the federal PC government that initially slashed the transfer

payments for health that left the province really struggling. And I believe, as pointed out by another previous speaker, that this Premier was a part of that government.

So it's somewhat odd that now he's standing up and saying, well, the federal government should give more money. Where was he 'champoning' standing up as a champion of Manitoba when he was part of the federal PC government? Well, he wasn't. He wasn't there at all.

I agree with the gist of this motion that the Premier's put forward, Mr. Deputy Speaker, that the federal government does need to contribute more to health care in this province. But I also fully support the motion that the Leader of the Official Opposition (Mr. Kinew) put in that we need to know that that money is actually going to be spent on health care in this province.

\* (16:00)

I'm sure that many members have heard me speak about health care in the North, and the shortcomings that are there very specifically because this Premier, this Minister of Health, this government and every one of those PC members that is sitting as part of this government has wilfully destroyed health care in northern Manitoba.

There is no chance in Flin Flon for families to have babies. There is no longer OR services in Flin Flon. There's many other services that have been cut. And now, here we are in the middle of a pandemic, and because we've learned that even minor procedures have declined by some 28 per cent in hospitals in northern Manitoba, more people from the North are being forced to come to Winnipeg for even minor surgeries. In the middle of a pandemic, they're coming into those very hospitals, some of which have been declared red zones.

In fact, Mr. Deputy Speaker, I just had a constituent stop in my office in Flin Flon today to tell me that they had to go to Winnipeg for a husband's heart surgery. It was delayed two or three days and then finally cancelled altogether. They're now on the hook for some \$1,500 worth of expenses that Northern Patient Transportation won't cover. Because flights only leave Flin Flon Monday, Wednesday and Friday, there's any number of people, seniors, people that need injections in their eye, that have to fly down on a Monday. Some of them are fortunate; they can get their appointments for Tuesday and fly back Wednesday. Some of them, their appointments are

Wednesday. They have to fly down Monday and can't return home until Friday. And this government, this Premier (Mr. Pallister), this Minister of Health, believes that offering them \$65 for one night in a hotel and a few bucks for food are more than enough.

Well, Mr. Deputy Speaker, I'm not sure what kind of hotel you'd get in this city for \$65, but I'm pretty sure it's not one you'd want to stay in, nor would I. And yet this Premier thinks that's good enough for people from the North.

Oh, I should mention that they only get that \$65 if they bring an escort. If they come by themselves, they're still able to travel by themselves, they get nothing.

So we've sent letters to the Minister of Health, the CEO of the Northern Health Region, Dr. Roussin, Lanette Siragusa, asking that even if it's temporary during this time of COVID that they could look at funding Northern Patient Transportation in a more adequate manner so that people in the North are not being denied their constitutional right to health care.

And do you know what we've heard back from each and every one of those people? Absolutely nothing. Not one word. Not even the courtesy to say no. Just totally ignore people in the North, totally ignore people who need health care, people who can't get it in their home communities.

This government touted that their whole plan was going to be care closer to home. Well, for people in the North, there is no care closer to home. In fact, there's less care closer to home.

So I really want to commend the Leader of the Official Opposition (Mr. Kinew) in bringing forward this amendment, because if the federal government does come through with more money to support health care, to support health care in Manitoba, we need to make sure that we can see—that Manitobans can see—where the money has been spent. It cannot just go into general revenue and get lost in this Premier's zeal to have a balanced budget or a surplus while people are being left out.

And that's what this Premier and so many of these ministers seem to ignore is people which is really a shame, Mr. Deputy Speaker, because it is the people of Manitoba that should be foremost in the minds of this government but it isn't. It—there are things that are foremost in the minds of this Premier and this government are money and the Premier wants to be able to say that he balanced the books in this province and look what a hero he is and I see—can't tell what's

happening in the Chamber but I see members on Zoom clapping for that because clearly they don't care about people either and they should, each and every one of them, be ashamed of themselves, their families should be ashamed of them, their constituents most assuredly should be ashamed of them and should make sure they never vote for them again because people do matter in this province, Mr. Deputy Speaker.

So we want to make sure that this resolution passes because at least there's some hope then that some more money will flow to the bedside, to the care for people in Manitoba.

We've seen nothing but cuts while the government members stand up and say, no, there's been no cuts, it's—but we know. I mean, we've had any number of documents presented over the terms of this government that clearly showed there was less money being spent on health care than there was years before. We've seen where they budgeted money to be spent on health care and then underspent it, and certainly when it comes to things like Northern Patient Transportation, this government's interpretation that we can only follow what was originally written in 1995 is just plain wrong. The world has changed, Mr. Deputy Speaker, since 1995. How many people went for MRIs in 1995? Well, nobody. Nobody from northern Manitoba.

So, as health-care systems have gotten better for people in the south, it has again left people in the North further behind. There's communities—some of the fastest growing communities in Manitoba right now are communities like Cross Lake, and they're trying to find funds to build a new hospital to care for those folks at home, not in Winnipeg. We've asked this government repeatedly when the member from The Pas-Kameesak was the MLA for that region, she asked: since I've become the MLA, we've asked this provincial government to step up and help these Manitobans. But they refused.

I just learned the other day that the nursing station in Cross Lake is supposed to have 16 nurses. They currently have six. There's 23 cases of COVID in Cross Lake at last count. What is this government prepared to do to help those people in northern Manitoba? So far what we've seen is nothing.

So, I won't belabour the point too long. I'm sure that others want their opportunity to speak to this as well. As with other things, sometimes, that we've supported from the NDP to get passed through with this PC government, it's not everything that we'd like

it to be, but it's the best we can hope for from this bunch which is, in itself, a shame.

\* (16:10)

I just want to make a compliment—or a comment about fear mongering. Certainly, the member from Union Station talked about it in her speech, and, you know, since we've been elected in 2016, for myself, we've heard that term from these government ministers and backbenchers.

And the really sad and disheartening part is from the election in 2016 until today, everything that we said that we were afraid might happen has, in fact, happened. We tried to warn people that there would be cuts to health care with this Premier (Mr. Pallister), with this government. And we were told, oh, you're fear mongering. And yet here we are today with health care in a disaster in this province, nowhere more so than in northern Manitoba.

So I certainly hope that the federal government steps up to the plate and provides more money to this provincial government, but then I strongly encourage this provincial government to spend it on health care.

Thank you, Mr. Deputy Speaker.

**Mr. Deputy Speaker:** Is there any further speakers?

**Mr. Ian Bushie (Keewatinook):** It's my pleasure to put a few words on the record in regards to the resolution and the amendment going forward. Thank you.

One of the issues for my constituency, my riding, my community, is the ability—or the inability to actually have medical services available to all of my constituency.

First Nation communities often fall between the cracks, and there's always an argument and discussions over jurisdictional issues and exactly who and at what level and which level of government's responsibility it is to provide just simple medical care.

I get reminded of a situation of Jordan River Anderson, who last week would have been 21 years old. And those of you that are unfamiliar with Jordan's situation, he was born with multiple disabilities, spent two years in hospital because they could not agree on who would pay for his services, whether it be provincial or federal. So he was unable to go home just based on a jurisdictional argument as to who was going to provide this Canadian child, this Manitoban child, who was going to provide and pay for his medical services.

Tragically, Jordan died at the age of five, and as I mentioned, last week he would have been 21 years old. So we've missed the opportunity to have Jordan grace our province and our country with the knowledge that he would have brought forth.

So what that did is that ignited a movement to uphold the human rights that's—should be given to every Canadian, every Manitoban. And it became the basis of Jordan's Principle.

And the basis of Jordan's Principle is to ensure that there are no jurisdictional issues over funding for First Nations children in this country and also in this province. It was 'unaninsly' passed in Ottawa, but sadly, it hasn't been implemented to the degree that it should.

And it took for the caring society to take it to the Human Rights Tribunal to push the issue, and that now became the basis of a program in many First Nation communities simply called Jordan's Principle.

And in that program, First Nation communities are now using it to the best of their ability to help not only on the medical side of care for First Nation children, First Nation communities, but just in care in general, and it's to ensure that our communities would never have those jurisdictional boundaries and those jurisdictional issues when it comes time—when it comes time to medical care.

So that reminded me, then, of the Premier (Mr. Pallister) going to Ottawa to ask for more money for health care. And this resolution is kind of the formal way now of asking for that, and asking for the support of this Chamber and this House and this government, as well as members on this side of the Chamber, to support that motion, to support their resolution to go out and ask for more money for health care.

And I applaud the amendment by our leader on this side of the Chamber to just simply ask the question and pose the amendment to the resolution to say that, if you are going to get and request additional health dollars, that is actually spent in health and the accounting of that.

And if people recall, the Premier was asked that question at one time when he asked about additional funding, and was just asked simply the question, well, are you spending already the health dollars that you have in your area on health? And again, as I mentioned in my Throne Speech debate, shut down that line of questioning.

And simply a matter of commenting back that, well, they're only asking that question because the federal government wants credit when they do something positive, when they contribute money, they want credit for that. And I see this now as the Premier's way of trying to get credit for himself in this way.

But again, by that way of thinking, that goes against the whole basis of Jordan's Principle. And, I only want to do this because I have an alternative—or an ulterior motive to be able to do that. I want to be able to get the credit for getting additional monies in Manitoba with no commitment to say that those additional monies are actually going to be spent on health.

And further to that point, for my communities, my First Nation communities, our northern communities, to know that those health dollars could, in fact, be spent on health in the North.

And I applaud my colleague, the esteemed member from Flin Flon, for raising that issue about health care in the North and how health care in the North has longly been ignored. Health care in First Nation communities has longly been ignored. It's been always pushed off as a federal responsibility for First Nation communities, when First Nation communities and First Nation community members are members of Manitoba, and they are Manitobans, and they are taxpaying citizens of Manitoba. And they should be treated as such when it comes to health care, when it comes time to a number of different programs, but in particular, on this issue we're talking today is health care and being able to be treated with the equal amount of respect that they would receive in downtown Winnipeg, in Morden, Steinbach, in Brandon.

And it can't be said enough some of the issues that my constituents go through.

And I've mentioned this again in my Throne Speech debate, about the Island Lake communities and the demographic and the population of 10 to 15 thousand people living up there and still no hospital facility.

So it begs the question: is health care as it is today and health-care dollars as they are today being spent in those communities, being spent in those northern, remote communities, in Indigenous communities, just for simple health care? Not to ask for anything magnificent, not to ask for a specialized facility, but

to ask for a hospital facility, but also the infrastructure to go with that and not be set up to fail.

*Madam Speaker in the Chair*

I'm reminded of an issue in one of my other communities, Berens River, where they were, in fact, set up to fail. They were given dialysis units to be able to service their communities and service their community members, but no infrastructure, no training, no staffing for those. And then they got removed. And then told simply that we told you you couldn't do it. So that, to me, was not an investment in that community. That was not showing support for that community. And it still begs—and there was many, many discussions they had back and forth as to exactly what happened to those beds and where did they go, because they definitely didn't go to another First Nation community.

\* (16:20)

So when we talk about being able to truly spend health dollars in health, in First Nation communities, in northern communities, it's just a simple matter of—I hear the government across the way talking about spending wisely, more bang for their dollar and those kind of things, but they will not invest it in hospital facilities or medical facilities in northern communities but will still pay \$25,000 to \$30,000 to medevac a patient out. Just in the sheer volume of medevacs out of those communities, does that not justify proper medical facilities in those communities? It seems like a no-brainer to be able to say that's the case.

Dialysis numbers in our communities are astronomical. The reports that have come out just in recent weeks about the diabetes rates in First Nation communities and, in particular, diabetes rates in First Nations children. So why are we not spending health dollars to be more proactive in that regard, more proactive to spend that money today rather than spend it on health care later on?

Let's make those proper investments today that will in fact help our health system later on; investments in things like dialysis units, dialysis beds, hospital facilities—hospital-like facilities, if not hospital facilities—proper medical care, proper medical treatment. Instead, we're spending all those dollars on travel and the uniqueness of being up in the North rather than spending that money on investment in the North. It's investment on coming down south, transporting our communities and our people down south.

When people talk about additional dollars coming into the communities, additional health dollars, I'm reminded of an analogy that was made to me about the transformation versus transmutation, and if you've ever seen that toy, the Transformer, it still—you can take that Transformer, make it into a robot and then make it into a car, but it's still the same pieces that make that up, so there's nothing additional in that; it's just something that came back looking like something different.

So we look for a transmutation instead of a transformation of those health dollars. Transmutation means you've brought something new into it, that you want to contribute something additional, not just recycled the same program over and over again and cut one program, leave it cut for a year, and then call it reinvestment later on and be able to do as a reinvestment and say we're putting more money in, when, at the end of the day, it's not more money; it's the same dollars, just recycled under a different line item, and it does no more to invest in the North than it did before.

So I just wanted to take that opportunity to put those few words on the record, and I am in support of this motion. I'm in support of this resolution to ask for additional health dollars, but again, imperative on the fact that those additional health-gear dollars are spent on health care in this—in these communities and in our province, not something that's simply just recycled and said—put into general coffers and put someplace else, say, great, we've got this new program that we reinvested in. Well, you haven't reinvested; you've just recycled those health dollars that you asked for because you didn't really put them through to health.

So with that, Madam Speaker, I'd like to thank you for allowing me the chance to put these few words on the record.

Miigwech.

**Ms. Nahanni Fontaine (St. Johns):** I just want to put a couple of words on the record as soon as I get my—there I go.

In response to the Premier's (Mr. Pallister) motion here, Madam Speaker, I just want to begin by saying miigwech to health-care providers, to—miigwech to folks that are on the front lines every single day doing the best work on behalf of all Manitobans at what is an unprecedented time and something that none of us have—most of us have not seen in our lifetime.

I think that there is—for the most part, there's been such an appreciation for health care, those that work within health care, but we have seen that throughout this pandemic, that level of understanding and gratitude and appreciation for Manitobans that work within health care just grow exponentially. I know that for myself personally, and I know that for our NDP caucus, we cannot say *miigwech* enough for those Manitobans that are working on the front lines of health care during this time.

I just want to share, just personally, you know, as we are in the midst of several personal-care homes being hit with COVID-19, my own grandmother is at Riverview. And I just want to share that Riverview has been so extraordinary from the very beginning of when we went into lockdown, and on behalf of the Fontaine family, I just want to say *miigwech* to everybody that works at Riverview.

One of the things that they did, because none of the seniors and elders—you couldn't visit them like everybody else in Manitoba, but what they did is on each of the units and each of the floors they bought iPads. And so we would, as a family, have every Tuesday at 4:00—we would have a FaceTime session with my—our grandmother.

Now, of course, she's 86, I believe—87, and so she doesn't quite know what FaceTime was, but it was good to be able to interact with her and she liked it. And she has a particular caregiver there who is so kind and so loving, and she engages with our little family discussions with our grandmother. And it was so beautiful and something that we appreciated so much because we don't have access to our elders and seniors. So I really, really do want to say *miigwech* to everybody at Riverview on behalf of us here.

Madam Speaker, I will say this: it is one thing for folks to say *miigwech* and to show appreciation and to say words of thanks to those that are on the front lines of the health-care system, and then it's quite another then to not give those that are on the front lines the tools and the resources, the infrastructure and, quite honestly, just the money that they need to be able to take care of Manitobans, to be able to keep Manitobans safe, to be able to keep all of us safe within the whole infrastructure of the health-care system.

So, Madam Speaker, I support our NDP caucus amendment brought forward by our leader, that we support the motion, we support the motion that our health-care system would be comprehensive and robust and would be able to support the work that

needs to be done within the health-care system. But I think that it is important that we cannot just say thank you in words and express breath without giving the resources to the folks that are on the front lines.

And so I hope that members opposite will support our amendment in ensuring that all of the dollars that the Pallister government gets from the federal government goes—every single penny—goes to Manitobans at the bedside. I think that is so important and so fundamental, to ensure that all of our personal-care homes, all of our hospitals, that they have the supports that they need, they have the dollars that they need, they have the infrastructure, they have the people that they need to do the work that they need to do.

And so, Madam Speaker, I just wanted to put those quick little words. I know that we have a couple of other—of our wonderful colleagues that would like to put a couple of words on the record.

*Miigwech*, Madam Speaker.

**Ms. Malaya Marcelino (Notre Dame):** Can you hear me?

**Madam Speaker:** Yes, we can, but if the member happens to have her headset, that would help.

**Ms. Marcelino:** Madam Speaker, I am pleased to support the Premier's (Mr. Pallister) resolution presented today with the amendment moved by the member for Fort Rouge (Mr. Kinew). This amendment will ensure that every federal dollar provided for health-care funding is spent at the bedside in Manitoba and not placed in general revenue. This is a very important amendment because the government, to date, has not been transparent with the funds that the federal government apportions to Manitoba.

\* (16:30)

On this side of the House, we constructively encourage the Pallister government to take a page from their provincial cousins, other provincial Conservative governments in Ontario and Alberta that are transparent with how they use federal funds by clearly posting on their government websites just how these federal monies are spent.

The Alberta PCs even account to the dollar how much each school in their province received from the federal government, specifically for the safe re-opening of schools. And this transparency is in stark opposition to the Pallister government who, in the recent freedom of information document tabled by

the member for Fort Rouge, shows that not even a single dollar of the \$85.4 million that the federal government sent to Manitoba specifically for the safe re-opening of schools to protect our children, to protect our school staff and teachers, to prevent community spread, has been earmarked for shoring up COVID safety measures for Manitoba schools.

Moving earmarked federal funds for health care to general revenue is not right. Why not? Simply because those funds might not all get spent on the health-care needs of Manitobans. If federal money for health care is moved to general funds, there will be less money to be spent on health care because general funds will surely get depleted through this government's agenda of reckless tax cuts. Tax cuts means less government revenue and less resources to fight the pandemic. And in the government Throne Speech, they did clearly indicate that despite the pandemic, they would continue on this path of reckless tax cuts.

I'm reminded of our chief medical officer of health's oft-repeated words. Prefacing public behaviour in a pandemic, Dr. Roussin always says now is not the time to blankety-blank. If Dr. Roussin were the chief public policy officer of economic health, he would say, now is not the time—now is not the time to pursue a reckless agenda of tax cuts and wholesale public sector layoffs.

But we don't have economic experts at the helm. We have a PC government at the helm that, come what may, even in the face of a global health pandemic and economic depression not seen since the Great Depression, this government would lead with debunked supply-side ideology and squander our province's shared resources and deplete general revenue through more tax cuts. It's a given. It's proven politically palatable that most people, most citizens, would be thankful for more tax cuts. That is, until they find out what they stand to lose from significant tax cuts: closed emergency rooms, closed CancerCare centres, insufficient PPE stockpiles. The Throne Speech promises the reckless removal of the education portion of property taxes. What will we lose here? School nutrition programs for children, adult crossing guards that protect our kids at busy intersections, losing school buses, losing educational assistants support for kids that need one-on-one attention?

My fellow members, the amendment of—to the resolution today is important because it will assure that this government will spend every single red cent

of federal funds to Manitobans' health-care needs and not to fund reckless tax cuts.

COVID has put the greater public's focus on the disgraceful state of our health-care sector as it pertains to elderly care. This amendment would help ensure that federal monies can go to making much needed dramatic improvements to the system of care for our elders. This amendment would ensure that federal monies can go towards increasing staffing for personal-care homes, for health-care aides and nurses, for seniors and persons with disabilities that live in long-term care due to their complex health-care needs and for home-care needs. This would mean so much to personal-care-home residents, to nurses, to health-care aides, to housekeeping and administrative staff who work in long-term care, and it would mean so much to all the families who support long-term-care residents.

And in light of how COVID is spreading with deadly consequences each day for long-term-care residents, this amendment would speak to the life-and-death consequences of what results when governments, not just here in Manitoba but across the country, allocate too few resources to this sector.

We are seeing that staffing shortages and funding inadequacies result in the preventable spread of infection and death, and the impacts of decades of government underfunding for the care for our elderly is now staring us in the face in the form of thousands of unnecessary, untimely, unnatural, preventable and, yes, avoidable deaths of seniors across Canada here and in our province.

It's a national disgrace that, to date, 81 per cent of COVID-19 deaths in Canada were from residents in long-term care, nearly the double—nearly double the average of other developed countries. And it's a national disgrace that Canadian Armed Forces personnel had to take over long-term-care facilities this past spring. And right here in this province, our COVID long-term-care deaths make up most of the deaths due to COVID.

And yet, believe me, I'm not here to blame. All members here got elected to represent our community and our—and their concerns, to bring our community voices to this Legislature and address their concerns with effective and responsive policy, and as members we, every single one of us, are appalled at what is happening to our seniors in long-term-care homes due to COVID.

As members we—every single one of us—want to prevent further avoidable deaths, and as members we—every one of us—want to strengthen our respective communities, specifically are communities' capacity to care for our elders who we all—every single one of us—recognize have built this province and deserve dignity and the best health care in their later years.

Last week we saw that the Health Minister was loudly criticized for saying that seniors' deaths in long-term care were unavoidable. His comments were met with dismay by seniors advocates and the general public, and they were challenged on an evidentiary basis by gerontologists and epidemiologists across the province and across Canada.

The minister has defended his comments and has tried to provide context for his comments. Perhaps because I am the daughter of a former Cabinet minister, and I've seen the kinds of demands, pressures and unattainable expectations which responsibility entailed on my own mother when she served in Cabinet, I give the Minister of Health a little more room than others might.

I agree with the minister that there is no jurisdiction in Canada that has not been able to prevent these deaths and that because these seniors' deaths in long-term care are, indeed, unavoidable, because—because—because the system we have in place to care for our elders now is so fragmented and underfunded that we were not ready for a COVID.

Our system to care for elders in long-term care, in home care, in supportive housing, and in hospital is so fragmented and underfunded that even before COVID and even without COVID, we had a long way to go to improve the living conditions of vulnerable seniors and folks with disabilities.

To make their living conditions and the working conditions of those who care for them to be more humane, more government attention to policy, more of our province's shared resources need to be placed here to address this fragmented system of elderly care in Manitoba.

As for constructive criticism that the minister keeps explicitly asking for from the opposition, I urge him to mind the call of senior advocates in the province. They ask that this government collectively join other provinces in negotiating with Ottawa to include long-term residents' care as part of core funding under the Canada Health Act and to tap into the \$40 billion Ottawa has currently set aside for senior housing creation and renewal.

I also urge the government to reconsider their elimination of the seniors health and aging branch, their elimination of the Manitoba Council on Aging and the caregiver advisory council. The branch and the councils had key roles focused on research, development of policy, monitoring, community engagement for seniors and by seniors in the province.

So I would urge this government to reconsider these choices and include resources to fund efficient oversight, research and policy that the department focused on seniors' issues provided quite well for many years.

Again, each of us on this side of the House are fully prepared to support the Premier (Mr. Pallister) and his resolution with a friendly amendment that will ensure that every single federal dollar provided for health-care funding is spent at the bedside in Manitoba and not placed in general revenue. If you were to spend it all on health care anyway, why would you oppose our amendment?

Thank you, Madam Speaker.

**Hon. Kelvin Goertzen (Government House Leader):** On House business, Madam Speaker.

**Madam Speaker:** On House business.

**Mr. Goertzen:** Could you canvass the House to see if it's the will of members to not see the clock until the votes have been concluded on the amendment and on the main motion?

**Madam Speaker:** Is there leave to not see the clock until the votes on the amendment and the main resolution have been conducted? *[Agreed]*

**Ms. Danielle Adams (Thompson):** I'm just wanting to put a few words on the record. I do support this motion with the amendment attached, and the reason we need this amendment is this government needs to show their receipts.

We have seen time and time again that this government has underfunded and cut essential services in our province, and it's time that they show the receipts and how they're going to spend this money. It can't just sit in general coffers and be used for tax cuts for the wealthy.

There's been cuts to health care since they have taken office. We have seen cuts to—with closures of the emergency rooms all over Winnipeg, the closure of the ER in Roblin. There have been cuts to—with privatization with 'dynatab.' We have seen that they

have been cutting essential services with ambulances in rural communities.

\* (16:40)

This is why they need to show their receipts. That it has—they have to be accountable and held to a higher standard. They are the government, and people are looking to them for leadership.

This government—it's quite funny as they're talking about the federal government needing to step up; they're not stepping up. This is their opportunity. We have seen that they privatized Lifeflight, which has cost lives in northern Manitoba. The way they've treated northern Manitobans is—been absolutely disgraceful and it is evident, as the fact that I am sitting here today, and not the former member of Thompson.

Now, Madam Speaker, the member for Brandon East (Mr. Isleifson) indicated he was in health—worked in health care prior to becoming an elected member. I do hope he's talking to the Minister of Health about the importance of wearing masks and how it is not a valid point that you shouldn't have to wear a mask if we are asking our children to wear masks.

Just because—what this government needs to remember is just because you say it, doesn't make it true. You need to show where it is happening. The PCs are sitting on over \$18 million for child care, and they haven't spent any of that money. So, without this amendment, there is no guarantee that they're going to spend the federal money on to—the federal money on health care instead of it just sitting there.

In northern Manitoba, we have no ICU beds. There are none. The people in northern Manitoba that have to be admitted to hospital due to COVID are being sent to the South, which is already taxed; they're already running out of ICU beds. Long-term care in the North is—there's not enough long-term-care beds. There is growing and growing wait-lists.

This government needs to show up and do its job and show the leadership. I'm still waiting to hear from the Minister of Health on the plan for expanding testing sites in Thompson. I asked weeks ago for that plan, as there was an outbreak declared at the YWCA and I got told, don't worry, we're on it. Well, what are you doing? Northerners deserve answers.

You—the government is weeks behind in contact tracing. It's time to step up and show leadership. Stop closing the ERs, start investing in health care and stop

blaming other people for your failures. The Premier (Mr. Pallister) was in federal government when he voted to allow the federal government to cut transfer payments to the provinces, and I didn't—there was no mention of that from the other side.

It is time for—there needs to be more dialysis beds in the North. The member for Keewatinook (Mr. Bushie) indicated that the government had borrowed, without permission, the dialysis beds from Berens River and what has happened to them? Where did they go? They made an announcement there was going to be more dialysis beds in Thompson and there's been no indication that there are those beds here.

It is time for the government to show up and do its job. It's time for the government to show its receipts. And this is what this amendment does.

It's time for there to be a hospital in Cross Lake. There's—it's time to have a hospital in the Island Lake region. It's time for there to be improvements to northern patient transport.

I have constituents that are met—that send me emails and messages all the time that—the failure of the northern patient transport program. As the member for Flin Flon (Mr. Lindsey) indicated, \$65 for a hotel is not okay. In Thompson, with the flight—reduction in flights, it's only one day a week, Monday to Friday, so if you have an appointment on a Monday, you have to fly to Winnipeg on Friday. That is not okay. And largely, you can't get a flight on a Tuesday or a Thursday, so if you have an appointment on Wednesday, you're flying out Monday.

That is—there's nobody in southern Manitoba that has to leave two days before their appointment to get to their doctors. That is not acceptable. We need to have an MRI in northern Manitoba, and this government is not showing up. There needs—we need to ensure that there's better access to health care. Many First Nations communities are citing that their cases are coming because people are having to go to Winnipeg for medical treatment. If there was better services for—medical services in northern Manitoba, less people would have to travel to the South.

And with that, I conclude my remarks and thank you for taking—thank you.

**Madam Speaker:** Is the House ready for the question?

**Some Honourable Members:** Question.

**Madam Speaker:** The question before the House is the amendment on the government resolution Renewed Canada Health Care Partnership.

Is it the pleasure of the House to adopt the amendment?

**Some Honourable Members:** No.

**Madam Speaker:** I hear a no.

#### Voice Vote

**Madam Speaker:** All those in favour of the amendment, please say yea.

**Some Honourable Members:** Yea.

**Madam Speaker:** All those opposed, please say nay.

**Some Honourable Members:** Nay.

**Madam Speaker:** In my opinion, the Nays have it.

#### Recorded Vote

**Ms. Nahanni Fontaine (Official Opposition House Leader):** Madam Speaker, a recorded vote, please.

**Madam Speaker:** A recorded having been called, call in the members.

For the information of all members, for virtual sittings of the House we are required to conduct votes in a different manner than during normal sittings of the House.

For members in the House, the vote will be conducted in a manner similar to our previous practice. For this part of the vote those in favour will stand to be counted first, followed by those against.

\* (16:50)

I will note for members that we have modified this system in one respect. Once the page states the name of the member standing to be counted, the Clerk will acknowledge that the member has voted by repeating the member's name rather than saying aye.

Once the count in the House is complete, we will conduct an alphabetical roll call of members participating virtually. For this part of the process, the page will call each remote member's name alphabetically, and then each remote member must audibly state their vote, responding clearly with either I vote yes or I vote no. The Clerk will then respond with the member's name followed by yes or no.

Finally, after the bells stop ringing for any vote, the moderator and the table will need to take a moment to verify that all members listed as remote are actually

present on screen and in their seats and are therefore eligible to vote.

This delay should be brief but is necessary to confirm who can vote, because for remote members, being seated before the camera is the equivalent of members being in their assigned seats in the Chamber when the bells stop ringing.

The question before the House, then, is the amendment on the government resolution.

#### Division

*A RECORDED VOTE* was taken, the result being as follows:

#### Yeas

*Adams, Altomare, Asagwara, Brar, Bushie, Fontaine, Kinew, Lathlin, Lindsey, Maloway, Marcelino, Moses, Naylor, Sala, Sandhu, Smith (Point Douglas), Wasyliw, Wiebe.*

#### Nays

*Cox, Cullen, Eichler, Ewasko, Fielding, Goertzen, Gordon, Guenter, Guillemard, Helwer, Isleifson, Johnson, Johnston, Lagassé, Lagimodiere, Martin, Michaleski, Micklefield, Morley-Lecomte, Nesbitt, Pedersen, Pivniuk, Reyes, Schuler, Smith (Lagimodière), Smook, Squires, Stefanson, Teitsma, Wharton, Wowchuk.*

**Deputy Clerk (Mr. Rick Yarish):** Yeas 18, Nays 31.

**Madam Speaker:** The motion is accordingly defeated.

The question now before the House is the amendment—pardon me, the question before the House now is the government resolution brought forward by the First Minister on Renewed Canada Health Care Partnership.

All those in the Chamber in favour of the motion, please rise. *[interjection]* Oh. Okay. You may all be seated.

Is it the pleasure of the House to adopt the resolution brought forward by the First Minister?

**Some Honourable Members:** Yes.

#### Recorded Vote

**Ms. Nahanni Fontaine (Official Opposition House Leader):** A recorded vote, please.

**Madam Speaker:** The honourable Official Opposition House Leader has called for a recorded vote.

A recorded vote having been called, call in the members.

The question before the House is the government resolution brought forward by the honourable First Minister, entitled Renewed Canada Health Care Partnership.

**Division**

*A RECORDED VOTE* was taken, the result being as follows:

**Yeas**

*Adams, Altomare, Asagwara, Brar, Bushie, Cox, Cullen, Eichler, Ewasko, Fielding, Fontaine, Goertzen, Gordon, Guenter, Guillemard, Helwer,*

*Isleifson, Johnson, Johnston, Kinew, Lagassé, Lagimodiere, Lathlin, Lindsey, Maloway, Marcelino, Martin, Michaleski, Micklefield, Morley-Lecomte, Moses, Naylor, Nesbitt, Pallister, Pedersen, Piwniuk, Reyes, Sala, Sandhu, Schuler, Smith (Lagimodière), Smith (Point Douglas), Smook, Squires, Stefanson, Teitsma, Wasyliv, Wharton, Wiebe, Wowchuk.*

**Nays**

**Deputy Clerk (Mr. Rick Yarish):** Yeas 50, Nays 0.

**Madam Speaker:** The motion is accordingly passed.

The hour being past 5 p.m., this House is adjourned and stands adjourned until 1:30 p.m. on Monday.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Thursday, October 29, 2020**

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