

**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
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice	Seine River	PC
MOSES, Jamie	St. Vital	NDP
NAYLOR, Lisa	Wolseley	NDP
NESBITT, Greg	Riding Mountain	PC
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

Wednesday, November 25, 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.

Please be seated.

### ROUTINE PROCEEDINGS

#### INTRODUCTION OF BILLS

##### Bill 68—The Legislative Assembly Amendment Act

**Hon. Kelvin Goertzen (Minister of Education):** Good afternoon, Madam Speaker.

I move, seconded by the Minister of Finance (Mr. Fielding), that Bill 68, The Legislative Assembly Amendment Act, be now read for a first time.

*Motion presented.*

**Mr. Goertzen:** This bill will amend The Legislative Assembly Act to clarify that the Speaker is responsible for tabling the annual report of amounts paid to members of the Assembly, rather than the Minister of Finance, as is currently the case. Since the Speaker is responsible for approving these payments, it is more appropriate for the Speaker to be the one to table the report.

It also removes the requirement for reports on severances paid to MLAs to be included in the Members' Allowances Office's report, as these payments are already reported by the Speaker.

Thank you very much, Madam Speaker.

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

##### Bill 214—The Universal Newborn Hearing Screening Amendment Act

**MLA Uzoma Asagwara (Union Station):** I move, seconded by the member for St. Johns (Ms. Fontaine), that Bill 214, the universal newborn hearing screening amendment, be now read a first time.

**Madam Speaker:** It has been moved by the honourable member for Union Station, seconded by the honourable member for St. Johns, that Bill 214, The Universal Newborn Hearing Screening Amendment Act, be now read a first time.

**MLA Asagwara:** I'm honoured to bring forward this bill today which will offer parents the opportunity to have their newborns tested for congenital cytomegalovirus, or CMV, the most common non-genetic cause of permanent hearing loss in children, as part of their regular newborn hearing screening.

Many newborns, both symptomatic and asymptomatic, go undiagnosed, which can lead to complications later in life. If CMV is identified quickly, newborns can be offered antivirals that are more effective the earlier that they're started. In 2019, Ontario became the first global region to implement universal screening.

As of today, I'm asking, and I'm pleased to bring forward this bill—and I'm asking, rather, that it receive unanimous support of the House to make sure that Manitoba can become the second jurisdiction to do the same.

Thank you.

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

**Ms. Nahanni Fontaine (Official Opposition House Leader):** Madam Speaker, on a point of order.

**Madam Speaker:** On a point of order.

#### Point of Order

**Ms. Nahanni Fontaine (Official Opposition House Leader):** Madam Speaker, I rise on a point of order.

The rule I wish to draw to your attention and that we hold is being violated is rule 2(8)(a).

That rule states, and I quote, 2(8) Specified Government Bills: in order for government—for a government bill to be specified, the following actions must take place: (a) first reading must be moved no later than the 20th sitting day after presentation of the Throne Speech. End quote.

Proper following of this rule would mean—means, should the government intend to introduce legislation

and that it be specified, it would have to be introduced and distributed today, Madam Speaker.

However, the Pallister government has refused to distribute more than 20 pieces of legislation in this Chamber that were introduced on November 2nd, Madam Speaker. This is in violation of the rule noted above and fundamentally runs counter to the nature and structure of the proceedings of this very House.

I bring to your attention to the comments of the Clerk of the Legislative Assembly that were made in the Standing Committee on the Rules of the House on June 26, 2015, regarding rule 2.

The comments made in committee serve to underline that rule 2 is meant to, and I quote, "allow ample opportunity at every stage for consideration and deliberation" of bill debate.

The force of this commentary regarding the intent behind drafting of rule 2, as well as the proper sense and interpretation to be given to the rule, are clear, Madam Speaker. There ought to be ample opportunity at every stage of bill debate for consideration and deliberation by members of this Chamber.

What's more, Madam Speaker, the Clerk stated in summary, and I quote: So all of this together is the new proposed rule 2. Lots of different pieces of it, but it works together to find an integrated balance between the start of a session, the end of a session, the introduction of bills and the measured and complete consideration of bills. End quote.

I would emphasize the statement the complete consideration of a bill as being central to the Clerk's point.

Completeness, Madam Speaker, requires consideration at all stages, including first reading. It is, simply put, necessary to have the text of the bill before a member in order to consider it a first reading.

However, the actions of the government undermine that very possibility. By withholding distribution, for no logical, technical or substantive reason, the text of legislation that has been introduced, the Pallister government is preventing MLAs from considering the text of that particular legislation and they are preventing MLAs from deliberating about the various merits or demerits of the bills introduced.

I want to emphasize, Madam Speaker, the motivation of the Pallister government as being central to the reason why the rule I cited above is in fact being violated.

\* (13:40)

The reasoning offered in the press by the Government House Leader (Mr. Goertzen) as to why the bills have not been distributed is as follows, and I quote, Madam Speaker: The reason we had to do it is to prevent or avoid what happened in the spring this year, where we had another seven or eight days of ringing of bells so that we can't bring in legislation. End quote.

But this is—*[interjection]*—simply irrelevant. *[interjection]*

Sorry, Madam Speaker, I'm having trouble. The Finance Minister is chirping as usual.

The bills have been introduced and—*[interjection]*

**Madam Speaker:** Order.

**Ms. Fontaine:** —could, if distributed, qualify for the deadline.

What's more, the Government House Leader further stated in the press, and I quote: These bills aren't going to be voted upon for months. End quote.

But this is further evidence of the attempt to undermine the rules of the House. There can be no consideration of these bills for extended periods of time, Madam Speaker. This would clearly undermine the intent of the rule, which was to allow for ample opportunity at every stage of debate for consideration and deliberation of bills. This would eliminate consideration and deliberation at the first stage of the bill.

I would add one final point with regards to the longstanding traditions and practices of this House and other Houses across the country, Madam Speaker. After canvassing every legislature and House of Commons, we have discovered there has never been in modern legislative history a government such as the Pallister government, that hid and withheld the text of legislation for months on end for nearly two dozen bills.

There is simply no precedent for such a far-reaching act on behalf of the Pallister government. What's more, it has no precedent in this very Chamber, Madam Speaker. While individual bills have been withdrawn—*withheld* for days at a time to modify technical or substantive matters, never have dozens of pieces of legislation been withheld for months that have impact on every aspect of the government's operations, from education and child care to justice and other matters central to government's work.

Finally, Madam Speaker, I would note the Pallister government has never claimed it needed to withhold the text of legislation in order to meet the specified bill deadline prior to this year. We have used these rules since 2016. The Pallister government's actions show it has acknowledged that distribution of legislation was part of meeting the specified bill deadline. That is the practice of this House, and we ought to be guided by this practice and convention while interpreting the rule I cited above.

As a result, Madam Speaker, of the clear commentary made on this rule by the Clerk in 2015, on how past practice has shown the government has, every year, distributed legislation that it has introduced in order to meet the specified bill deadline, and as a result of the clear fact this situation has never been permitted this Chamber before, I request you find the government's actions to be in violation of rule 2(8)(a).

It is clear that, in order to pass the three-part test to qualify as a specified bill, first reading must be moved today. But moving that bill's first reading clearly requires distribution of the text of the bill as for the reasons I have outlined, Madam Speaker.

In the absence of distribution today, I request that you find the government's legislation to have failed to meet the first part of the test of rule 2(8)(a), and therefore not be considered specified under our rules of this House.

Miigwech, Madam Speaker.

**Madam Speaker:** The honourable Government House Leader, on the same point of order.

**Hon. Kelvin Goertzen (Government House Leader):** Yes, Madam Speaker, on the same point of order.

The Opposition House Leader acknowledges within her comments, that within our rules the requirement is that distribution of bills happen prior to second reading. So, Madam Speaker, if she is—on a prima facie case of it—has not made her point of order.

She does reference a committee hearing—a committee of the rules, several years ago, which I was in attendance at. Madam Speaker, I do not believe the Opposition House Leader was in attendance at that meeting.

And she talks about the intention coming out of those meetings. I can speak up to the intention coming out of those meetings, having been significantly involved with it, including the Minister of Justice

(Mr. Cullen), who was involved as well, Madam Speaker, and members of the NDP at that time and also the member—still the current member for River Heights (Mr. Gerrard). The intention of those rules was to develop a date by which bills could be introduced, and they would be guaranteed, not passage, but that they would come to a vote, a democratic vote, in the Assembly. That was the intention of those rules. And in exchange, the opposition could select a handful of bills to hold over for several months if they didn't agree with the bill and they wanted to make that point to the public. Those were the intentions of those—of the new rules that came into place prior to the 2016 election.

However, more recently, the NDP have decided to change that intention and have now, for two or three years, undertaken in the spring a blockade of legislation by ringing the bells in the Legislature and wasting time in the Legislature, in addition to taxpayers' money, for hours and hours, days and days, Madam Speaker, to stop bills from being introduced and democratically debated and voted upon. Those were the—that was never the intention of the new rules.

So the government, instead of waiting until the spring to introduce those bills, have introduced them now in the fall, so the opposition and all Manitobans have a much earlier understanding of the legislation. Even if the bills aren't distributed, they'll still be acknowledged much, much sooner than they would've been before, to avoid the blockade of the NDP that they no doubt would've put up.

Now, Madam Speaker, the Opposition House Leader spoke of unprecedented actions in the parliamentary history. I think it's unprecedented that an opposition would ever spend days, dozens and dozens of hours, blockading legislation and democratic debate during a pandemic, a once-in-a-100-year pandemic. But that is what the Opposition House Leader did.

So, clearly, she's wrong not only on the facts, because our rules clearly state that bills need to be distributed before a second reading, but she's clearly wrong on the intention of what the rules are to do, but also, I would think, on the spirit of what Manitobans would expect an opposition to do in a pandemic. It's certainly not to hold the Legislature hostage while work is trying to be done.

Now, in conclusion, Madam Speaker, if the Opposition House Leader wants to talk about the rules—and I've extended this invitation to her many times—I'm happy to speak to her about the rules. I'll

send her a Zoom invitation this afternoon, and she can accept it, and we can discuss the rules, how they can operate for all parties and independent members in the Legislature. But she does not have a point of order. The rules were followed. The spirit of the rules are followed, and what Manitobans would expect us to do in a pandemic has been followed as well.

**Madam Speaker:** The honourable member for River Heights, on the same point of order.

**Hon. Jon Gerrard (River Heights):** I want to add that there are clearly two very different interpretations of the rules, and that you, as Speaker, will need to take a very careful look at this before you make a decision.

There are legal and ethical issues. The legal issues surround the interpretation of the rules. I was at the meeting that the House leader for the government mentioned, and it was the intention, indeed, to have the first reading of the bills before the said date. It was, of course, not the intention of—at that point, or not the expectation, that we would have the time and the government legislative agenda being hijacked for a number of days, indeed, I think a week, at one point, at least.

\* (13:50)

However, the—we didn't, at that meeting, look carefully at the issue of tabling of bills and when they would be tabled. And that was in part because the tradition has always been that the first reading would be when you would table a bill, and that, although there were rare exceptions, these were so rare that there wasn't a serious consideration one way or another, quite frankly, of whether the tabling of the bill would or would not be required before this date.

So I think that the interpretation presented by the NDP is a legitimate interpretation. I would suggest, because today is the date, that it might be important, even though it's complex, for the Speaker to rule today. But if the Speaker decides not to rule today, then I suggest that the government should table all the bills today so that they don't risk losing so many pieces of legislation if the government loses on the Speaker's ruling.

I think it's important that the government have note of this risk now and—so they're made aware of it so if the government does lose the ruling and doesn't table the bills, then the—they are taking that risk that those bills might not be mandated to be completed by the date and the end of June.

Those are the remarks that I wanted to put on the table, Madam Speaker. The decision is in your hands. It is an important one, and we are all awaiting your decision, just as we are all awaiting the tabling of those bills so that we can see what's actually in them.

Thank you.

**Madam Speaker:** I thank all honourable members for their advice respecting this point of order that has been raised.

This does happen to be similar to a subject matter of—a matter of privilege that I have taken under advisement about distribution of government bills, and that matter of privilege has not been ruled on yet, so I am going to take this matter under advisement so that I can further peruse Hansard and report back to the House and await the determination in that matter of privilege.

\* \* \*

**Madam Speaker:** Committee reports? Tabling of reports? Ministerial statements?

## MEMBERS' STATEMENTS

### November

**Mr. Andrew Smith (Lagimodière):** Madam Speaker, I rise today in recognition of Movember. This and every November is dedicated to the awareness of male health crises across the globe. According to recent statistics on the Movember website, and I quote, men die on average six years earlier, due largely to preventable situations.

During the next 15 years alone, if left unchecked, prostate cancer rates will more than double, especially in older males. Younger men have to be concerned as well, as testicular cancer is the most commonly occurring cancer in men aged 15 through 39. There's most likely someone you know who has been or is being affected by this. Right here, on our own Legislature, we have one such person, the member from Brandon West, who is a testicular cancer survivor.

In the area of mental health, 75 per cent of all suicides are men, and a sobering fact that every minute a man dies by suicide somewhere in the world, which equates to 1,440 preventable deaths daily, or 525,600 per year.

Since 2003, the Movember movement has globally funded more than 1,250 men's health projects, with the goal of reducing early male deaths by 25 per cent by the year 2030.

For their mission, they're uniquely poised to gather experts worldwide to collaborate on initiatives that will bring better care, treatment and support to men who need it. They take a three-pronged approach to what they fund, focusing on the largest and biggest killers. With increased funding to mental health and suicide prevention, as well as greater awareness and treatment of both prostate and testicular cancer, they strive not only reach their goal, but to exceed it.

In order to reach their goals, they need our support. You have—may—noticed a change in my appearance lately, as I have grown a beard and decided to keep it through the month of November in support of the awareness of Movember, and I might even keep it—

**Madam Speaker:** The member's time has expired.

**An Honourable Member:** Leave.

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

The honourable member for Lagimodière, to complete his statement. *[interjection]*

**Mr. Smith:** As I said, Madam Speaker, I—

**Madam Speaker:** Order, please.

Just so everybody is aware, that is an emergency alert that was happening across Canada. And I believe there was a news release that went out about that. So that was to take place at 1:55, and I believe that's what that was.

The honourable member for Lagimodière, to complete his statement.

**Mr. Smith:** As I said, I may continue with this beard on past November and into further months, but we'll see, I haven't decided yet.

I'm just asking all the members in the House to support Movember not only this year, but in the years to come, and anybody who can grow facial hair to grow facial hair to support all the men who have overcome these afflictions and, of course, those who have not.

### **Government's Child-Care Record During Pandemic**

**Ms. Danielle Adams (Thompson):** Today, I want to bring attention to how badly this government has handled child care leading up to and during the pandemic.

We discovered several weeks ago that this government provided early-childhood educators with masks that were 10 years old when their shelf lives are only three to five years. They then told centres they had to prove they received the expired masks before they would receive the new PPE.

This government has done a child-care review that they are keeping secret; they've based legislation on this review. They're not consulting with anybody. They're trying to break the child-care sector so they can bring in private, for-profit child care.

We know what happens when the private sector is involved with child care: wages go down and quality goes down. This is why we want—this is why they don't want Manitobans to see the legislation.

This government has floated the idea of extending the Christmas vacation. However, a longer Christmas vacation also means more costs for child-care centres and families. Despite these impacts, the government has failed to mention if there will be any supports for child-care centres or parents.

Even before the pandemic, this government was failing parents and child-care centres. Child-care centres have had their operating grants frozen for the past four years, despite growing costs. They've cut ISP funding for children with disabilities, they've laid off child-care co-ordinators.

They have done nothing but mix messaging on the pandemic. On multiple occasions, the minister has told the public one thing and had her staff tell child-care providers the other.

This government, instead of investing in child-care centres, created an \$18-million fund for home daycares that has spent less than 1 per cent of its money. Instead of saying this program was a failure, the government doubled down on it, and added more money to their failed home daycare program.

This government has somehow managed to fail both families and child-care providers. Families want quality, affordable child-care in Manitoba.

Thank you, Madam Speaker.

**Madam Speaker:** Order.

### **Member's Words of Encouragement to Manitobans**

**Mr. James Teitsma (Radisson):** Today, I am speaking candidly and directly to all Manitobans. There can be no doubt that the last few months have

been especially difficult: greater restrictions, increased hospitalizations, more deaths.

We're tired. We're stressed. Often, we're lonely.

I don't know about you, but for me, when I'm tired and stressed I tend to get a bit cranky. But we don't have to stay that way. We can decide to do better. We can resolve to be our very best.

If there ever was a time to put the interests of others ahead of our own, it is now. If there ever was a time to be patient and kind, it is now. If there ever was a time to FaceTime a friend or phone a senior or talk—distantly—to your neighbours, it is now.

For those of you who are people of faith like me, I ask that you always remember who really is in control. And I ask that you pray. Pray for your faith communities. Pray for your government representatives. Pray for your province. Pray that God will be merciful to us all. Pray that, on behalf of all Manitobans, this pandemic may be stopped.

Let's focus on what we can control instead of worrying about what we can't. No one is ever perfect in this life. Nevertheless, we can each strive to be our best.

Our doctors and nurses and other health-care workers are doing the very best they can. Our teachers are doing the best that they can. Your government is doing the best that it can, even though we are all tired, even though we are all stressed.

What I am asking today from each and every Manitoban is for you to be the best that you can. I have faith that we will get through this pandemic. I have hope that we will come out of it stronger than most. But my focus for these next weeks, and what I hope is yours as well, is to show love.

\*(14:00)

### Guru Nanak Dev Ji

**Mr. Mintu Sandhu (The Maples):** November is a significant month for the Sikhs. It is a month of pride. Sikhs in Canada and around the world celebrate Gurburab, the birthday of Guru Nanak Dev Ji, founder of the Sikh religion and one of the greatest symbols of peace, unity and social justice.

Today I would like to honour Guru Nanak Dev Ji. On November 30th it is the Guru Ji's 551st birthday.

The Guru Nanak Dev Ji was born in the year of 1469 in Rai Bhoi Ki Talwandi village, located in the Punjab, India, now in Pakistan. His birthday is cele-

brated with—coincides with the celebration of the full moon in the Katak month of November.

In 1499, the Guru set out on his sacred mission to spread the message of compassion and peace with all of humanity.

The Guru made the majority of his journey by foot, travelling more than 28,000 kilometres in his lifetime.

Three important teachings Guru Nanak Dev Ji has taught us, including Vand Shaako, the sharing of food and other resources; Kirat Karo, to work honestly; and Naam Japo, to pray to your God in good times and in bad.

To my NDP colleagues, you embody each of these teachings from Guru Nanak in the work you do. I also want to acknowledge all Manitobans who embody these values and make it their life's work to share with others and to truly work from a place that shows you have listened to community needs.

Madam Speaker, the teachings of Guru Nanak Dev Ji are important today, as they were hundreds of years ago. These values of sharing food and resources, to work honestly—

**Madam Speaker:** The member's time has expired.

**An Honourable Member:** Leave.

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

The honourable member for The Maples, to complete his statement.

**Mr. Sandhu:**—and to pray are important always and especially now during the COVID-19.

Thank you, Madam Speaker.

**Madam Speaker:** The honourable member for Lac du Bonnet.

The member for Lac du Bonnet needs to unmute his mic.

### Manitoba Curling Week

**Mr. Wayne Ewasko (Lac du Bonnet):** I've got the double mute on here, Madam Speaker, so here we go.

I thank my PC team for the opportunity to rise today to speak about the great sport of curling and to promote Manitoba Curling Week, which will take place this coming January 17th to the 23rd.

Our family has been immersed in the game for quite some time. My wife Tracey and I, along with our

boys, Brayden and Jarvis, our siblings, our parents, have all been involved in the game for many, many, many, many years. This is no different than thousands of stories of families across this great province of ours who absolutely love the sport of curling.

We also have many members in the House that have or do participate in the sport of curling, including our Justice Minister and our Premier (Mr. Pallister), who both have a provincial championship to add to their extensive resumes.

Madam Speaker, curling, just like every sport, has been affected by this coronavirus. CurlManitoba's executive director, Craig Baker, along with his staff of Tracey, Elaine, Laurie, Connie, Rob, Amy and Krysten, had provided their affiliated clubs with the return-to-play guidelines over the summer.

The clubs had been adhering to those guidelines and were thrilled to be back on the ice for October. CurlManitoba has been diligent on keeping the clubs informed on changes and updates since COVID began in March, and I am proud to be part of a government which introduced the Bridge Grant funding to aid businesses, recreation centres and not-for-profits during this difficult time.

All November and December events have been postponed until the New Year. Those will be re-scheduled once they resume curling in this province. All provincials are still scheduled to happen for now, but the provincial Scotties has been pushed back two weeks from the original date.

The Manitoba Open, the largest bonspiel in the world, has been postponed for now and hopefully will be rescheduled for later on in the season, depending on the pandemic.

I was thrilled that our provincial government declared the third week of January every year as Manitoba Curling Week, and I continue to encourage all members of the Legislative Assembly to visit and support their local curling clubs. Let's hurry hard and sweep out the virus so we can get back to the sport so many people love—

**Madam Speaker:** The member's time has expired.

Oral questions—

**An Honourable Member:** Leave.

**Madam Speaker:** Oh, is there leave to allow the member to complete his statement? *[Agreed]*

**Mr. Ewasko:** Thanks to the Assembly.

Let's hurry hard and sweep out the virus so we can get back to the sport so many people love and give last year's championship teams a chance to defend their titles.

Thank you, Madam Speaker, and I ask leave to be able to enter the list of CurlManitoba's board of directors, as well as their names of their staff, into Hansard.

**Madam Speaker:** Is there leave to include those names in Hansard? *[Agreed]*

*CurlManitoba staff: Amy Coggan, Tracey Ewasko, Rob Gordon, Krysten Karwacki, Connie Laliberte, Laurie Macdonell, Elaine Owen; Craig Baker, executive director.*

*CurlManitoba board of directors: Scott Barenz, Grant Brown, Lynn Fallis-Kurz, Ian Fordyce, George Hacking, Keith Johnston, Jason Krieser, Darren Oryniak, Jill Proctor, Ken Stevens, Jill Wilkinson, Bradley Zander; Ray Baker, president.*

## ORAL QUESTIONS

### Personal-Care Homes Labour Shortage

**Mr. Wab Kinew (Leader of the Official Opposition):** Madam Speaker, people are terrified. That's a quote that we've heard recently in relation to the situation that families, seniors and staff at personal-care homes across Manitoba are feeling these days.

The situation at the Fairview care home in Brandon is of particular concern because we're hearing that folks there don't have the necessary protective equipment in order to deliver that care for seniors. While paramedics are entering that facility with full N95 masks, face shields, gowns and gloves, the health-care aides just have the very simple generic masks.

Now, the situation is so bad there, staff feel that they can't go home safely at the end of their shifts to greet their families.

So why is the Premier failing to protect our health-care workers? Why does he continue to refuse to hire and train more staff?

**Hon. Brian Pallister (Premier):** Well, we've actually done that, Madam Speaker, hired and trained more staff, and we have 700 already enrolled in a Red River community college program which will assist in addressing the issues the member has just raised.

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

**Mr. Kinew:** Madam Speaker, unfortunately that program won't help the Fairview care home in Brandon. And just yesterday, we shared a proposal from Assiniboine Community College that could have actually made a difference for PCHs in Brandon, the Westman and, of course, the Parkland. The Premier still refuses to respond to that.

We know what the situation is in the interim. Until they step up and fund these programs, until they step up and hire more workers, we have seniors who are living with the coronavirus in their care homes. We have staff who are worried about bringing the virus home to their families. We have paramedics who are being pulled away from other important work to help stabilize the situation in long-term care here in Manitoba.

We could've long ago prepared for this second wave.

Will the Premier admit today that the cuts he has made to health care in Manitoba are making long-term-care homes more vulnerable to the second wave of COVID?

**Mr. Pallister:** The member's acknowledged the challenges that are very real, but he's failed to acknowledge the co-operative response that has made those challenges something we can face together. Moving staff is part of our response and absolutely will continue to be; training additional people.

Regardless of where they're trained—the member makes the false statement, ACC, et cetera, et cetera. It's false, Madam Speaker. People want support on the front lines. They're getting that support and they're going to continue to get that support as we move forward.

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

**Mr. Kinew:** I'm looking at a document here that disproves what the Premier is trying to put on the record here. This actually shows the vacancy numbers across the Prairie Mountain Health region, and I will table this. I know the Premier won't actually look at the proof, but perhaps the MLAs for Dauphin, for Riding Mountain, for Swan River would like to look at the level of understaffing in their communities.

Take the Gilbert Plains personal-care home as just one example. Unfortunately, we know that there is an outbreak there, and what this document proves: that

there is 39 per cent vacancies for health-care aides in that facility; 62 per cent vacancies when it comes to nurse practitioners. And that was before the pandemic. We see that the situation gets even worse at this late hour.

Will the Premier admit that his cuts have harmed long-term care and will he commit to doing the right thing by hiring back everyone that he's fired so far?

**Mr. Pallister:** Well, the member's wrong on so many things, Madam Speaker, you won't allow me the time to respond to all of them. I'll just simply say that he's wrong in respect of the labour shortages. Those have been there for years. There have been unfilled positions for years under the NDP.

\* (14:10)

But also, Madam Speaker, there were wait times to get into PCHs, to find a way to get into PCHs under the NDP, that are gone now. And the fact is that there were many, many rural communities who didn't have physicians and were searching for them who have them now.

And, Madam Speaker, the reality is that we've invested more in health care than the NDP ever did. And we'll continue to focus on making those investments work while we battle this horrible virus together with those on our front lines for the good of all our citizens.

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

#### **Education System Staffing During Pandemic Placement of B.Ed. Students in Classroom**

**Mr. Wab Kinew (Leader of the Official Opposition):** Madam Speaker, the Premier's failure to prepare for the second wave of the pandemic is clear. It's almost as obvious as his failure to understand the basic principle of inflation.

We also know that he failed to prepare our education system for the second wave. Teachers are at the edge, Madam Speaker. They're talking about retiring or resigning within this school year. We have so many parents who are worried, not just about the safety of their children, but also about the quality of the education that those students are receiving.

We've brought forward a sensible proposal to help address this: bring those teachers-in-training who are in the final year of their B.Ed. programs into the classroom a few months early. That would help expand the pool of teachers that could be hired. That

would help add substitute teachers to the system. But, above all else, it would help to guarantee safety and quality in education.

Will the Premier commit today to implementing this proposal that we've made?

**Hon. Brian Pallister (Premier):** Well, I do appreciate the member coming up with an idea. It's a refreshing thing to hear from him.

And I will tell him that, of course, we've already been acting on it, and I'm sure he learned about the fact we were acting on it and then decided to bring it forward as an idea after he learned of that, Madam Speaker. But that's okay, because it's more productive than actually putting false information on the record.

I will also remind him that we are No. 1 of any government in the country on investing in education and health care and social services, and we plan to continue that way.

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

**Mr. Kinew:** Unfortunately, Madam Speaker, no one in Manitoba believes this Premier or his government when it comes to education or when it comes to the second wave.

We've heard it all before from this government, and yet what we haven't seen is action. What we haven't seen is more teachers in the classroom. What we haven't seen is an approach to this school year that would actually guarantee the safety of everybody involved, including those families who are sending their kids to school each and every day, but also to guarantee a strong quality of education.

We know that the \$85 million in federal funding would more than pay for bringing all those final-year teachers-in-training into the classroom for the second half of the school year.

When is the Premier going to implement this plan?

**Mr. Pallister:** I appreciate any question or preamble from the member opposite on truthfulness, Madam Speaker. After all, the member knows that his own record is not one that testifies to authenticity or consistency with the facts or transparency.

But, Madam Speaker, our record is quite the contrary, and so I say again to the members of this House, we are leading the country in investing in social services, education and health care of all provinces. We plan to continue to do that. We'll

continue to work to fight COVID. And, Madam Speaker, that is what Manitobans expect from us and that is what they will get with this government.

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

### **Children's Nutrition Council Funding Request**

**Mr. Wab Kinew (Leader of the Official Opposition):** Madam Speaker, it's pretty clear that the Premier has no idea how to actually bring more teachers into the classroom, so perhaps we can move on to another important need in the school system, which is the need to provide kids who are hungry with a meal.

Now, we know that the member for Radisson (Mr. Teitsma), and probably many of the other members of the PC caucus, don't want to feed hungry kids, but what educators tell us is that if you give kids a solid meal at the start of the school day they learn so much more.

Unfortunately, the children's nutrition council funding has been frozen for years. That's in spite of increased need as a result of the pandemic. They've asked this government for more funding. So far this government has refused.

Will the Premier simply end the funding freeze, commit to new funding for the children's nutritional council and make sure that every kid in Manitoba who needs a solid meal at the start of the school day can get one?

**Hon. Brian Pallister (Premier):** Two points, Madam Speaker: (1) we created, as a government, a forward-thinking home nutrition program in advance of the challenges COVID presented. In addition to its ongoing challenges, it created the challenge of having children not be in schools for some time, as you remember. And so a home nutrition program that reached out to assist people to have the skills and the materials to feed their own children in their homes was launched.

Millions of dollars was invested in co-operation and partnership with a number of other agencies. Madam Speaker, that program's been very successful in assisting people in need, and we'll continue with that program.

As well, I would remind all members of the House that it was just three weeks ago that our health officials were projecting that we would have 1,000 cases per day by December 6th. They have now revised

those projections, and we are significantly below that amount, below half that amount.

And so I would say to Manitobans, thank you for respecting the need for us all to join on the team together to fight COVID and not to do as the members opposite are trying to do, to score political points during a pandemic. That would be the wrong thing to do. We're doing the right thing instead, Madam Speaker. *[interjection]* Don't need it.

### **Fire and Paramedic Services Funding Reduction Concerns**

**MLA Uzoma Asagwara (Union Station):** Madam Speaker, our first responders are doing amazing work, including their remarkable interventions in dealing with personal-care homes that are falling apart.

Unfortunately, fire and paramedic services aren't getting the support that they need. The City has told the Province that it needs more ambulances and more service members. The minister's solution: propose a cut of \$1.5 million in next year's budget. Shared Health wrote the City on September 23rd of this year, saying that they would be applying this funding cut in the next fiscal year.

I ask the minister: Why is he cutting front-line services in the middle of a pandemic?

**Hon. Cameron Friesen (Minister of Health, Seniors and Active Living):** The member's assertion is false, but, Madam Speaker, this does give me the opportunity to say how we are partnering with paramedics and first responders.

And just last week, in the province of Manitoba, we opened our very first screening site on COVID-19 that is dedicated to health-care workers and first responders, making sure that those people understand how they are supported and cared for during this pandemic.

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

**MLA Asagwara:** Madam Speaker, our personal-care homes are falling apart, and because of this government's actions, personal-care homes are forced to rely on ambulance services for basic supports.

Thanks to a paramedic who posted on Reddit, we all heard the horrible stories of what happened at Maples Personal Care Home, and first responders have long signalled to the minister that they need more supports and that they're at their breaking point.

Service levels demand—service level demands, rather, are at an all-time high, and first responders are taking incredible risks to keep public safe during this pandemic. The minister's thanks to those first responders and front-line workers: a \$1.5-million cut.

I ask the minister: Will he back down from his plan for funding reductions in Winnipeg's fire and paramedic services?

**Mr. Friesen:** I'm pleased to answer the member's question about mathematics. In five years, in the city of Winnipeg, this government has increased funding to the WFPS by a whopping \$46 million. I would note that, in the same period of time, the City of Winnipeg has reduced its own funding for the service by \$1.6 million.

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

**MLA Asagwara:** Madam Speaker, the funding letter reads, and I quote: A sustainability reduction amount of \$1.5 million will be assigned to the Winnipeg fire and paramedic service, effective April 1st, 2021, and that Shared Health will be working to achieve this funding reduction. I table copies of this letter.

Manitobans need these front-line services now more than ever, yet this minister's priority is, unfortunately, to cut more from our health-care system while we're in a pandemic and despite the fact that COVID is likely going to be with us for many, many months to come.

The minister can always make different choices. The minister can make a different choice today.

Will he do so and abandon his plans for funding reductions in Winnipeg—

**Madam Speaker:** The member's time has expired.

**Mr. Friesen:** Madam Speaker, it's very challenging for the member to try to portray a \$46.2-million increase on four years of funding as a cut. That is very difficult for the member to assert.

\* (14:20)

So, I could be helpful and show them the graphs that indicate a \$46-million increase—*[interjection]*

**Madam Speaker:** Order.

**Mr. Friesen:** —even at the same time when Winnipeg has reduced its own funding for their service by \$1.6 million.

But there is one area of reduction that I should speak to. There is a reduction. It is the reduction of the ambulance fees for all Manitobans by this government.

### **Investing in Canada Infrastructure Program Provincial Application Deadline**

**Mr. Matt Wiebe (Concordia):** Madam Speaker, while Manitoba communities are struggling with the worst economic downturn in recent memory, minister of municipal affairs has remained in lockstep with her government as they cut, delay and obstruct desperately needed funding. Even when the Province has the opportunity to access federal dollars, they seem unwilling to step up to match that commitment.

The Investing in Canada Infrastructure Program was announced in June of 2018—more than two years ago—and the Province's first round of applications closed in 2019. Yet, communities are still waiting for projects to be approved. Two years is too long, Madam Speaker, to get that funding to Manitoba communities.

Why is this minister dragging her feet in supporting Manitoba municipalities?

**Hon. Reg Helwer (Minister of Central Services):** I'm very pleased to talk to—speak to this question and respond to our partnership with the federal government.

We're working very hard with them. We've been in constant communication on the ICIP program, and they have shown us a good stead that they are very happy with the progress we're making. We constantly have communication with them, working with municipalities and the federal government to make sure that we will have these funding agreements in place for, hopefully, the new year. We have to wait on the federal government—the federal Treasury Board to make those decisions, Madam Speaker.

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

**Mr. Wiebe:** Well, I table, for the minister's information, some freedom of information requests that very clearly outlines advice to this Premier about communities that are seeking access to this investing in Canada program.

And the note clearly explains that the first round of intake closed in September of 2019, yet eight months later here's what their department said: Once ICIP projects are prioritized by the Province of

Manitoba, they will be advanced to the Government of Canada for federal consideration.

That's eight months after the program closed. We're now two years after the program was announced, and this minister continues to drag their feet.

I ask the minister again: Are they happy with the government's response to supporting municipalities in Manitoba?

**Mr. Helwer:** So, I'm pleased to rise again to correct some misinformation. The program is not closed. This is a 10-year agreement with the federal government that we signed, and we're making sure that municipalities and—*[interjection]*

**Madam Speaker:** Order.

**Mr. Helwer:** —proponents' projects are being advanced to the federal government. We're in constant communication with the federal government to make sure that those projects meet their guidelines, and we expect that we will see, in a very short term, applications approved by the federal Treasury Board.

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

**Mr. Wiebe:** Wrong again, Madam Speaker. I table, for the member's information, it is, in fact, the—*[interjection]*

**Madam Speaker:** Order.

**Mr. Wiebe:** —provincial part of the process at which it is getting hung up, and if he will review that, he'll see that. It's the Province which has still not submitted proposals eight months after the intake had closed. And this is what set projects back many years.

We know this: the Pallister government has made a mess in its response to supporting communities throughout this pandemic and supporting municipalities across the province. The minister's approach has been: encourage layoffs, encourage cuts and, now, to stall the investing in Canada program.

Why are they delaying this important support to our communities?

**Hon. Brian Pallister (Premier):** I just, I know everybody—Madam Speaker, I know everybody on our side gets a real knee-slap out of watching the NDP try to play up to the municipalities. It's funny, Madam Speaker, because—and it's pathetic, too—because they let \$2 billion go away that was supposed to go to

infrastructure while they were in government that they didn't even bother spending.

They threw the bus at—they threw the municipalities under the bus entirely when they told them they were going to eliminate a third of them the night before their meeting, Madam Speaker.

We negotiated a deal with the federal government that sees 100-plus million dollars—[*interjection*]

**Madam Speaker:** Order.

**Mr. Pallister:**—go right to our municipalities—straight out to our municipalities—so that in this year of COVID, they would be made whole. And every one of them has that chance now, Madam Speaker, because our guaranteed funding for them remains intact, our commitment to support them with this funding remains intact and our commitment to our municipalities to work with them in trust and in partnership, as opposed to what happened before us, remains solid.

#### **Opioid-Related Deaths Access to Information**

**Mrs. Bernadette Smith (Point Douglas):** Madam Speaker, we are hearing from many Manitobans about the increase in opioid usage and overdose since the onset of the pandemic in March. They're telling us the potency and strength of the opioids that people are using is also increasing.

Manitobans deserve to have detailed data on the opioid crisis and the steps that this government is taking to address it. However, this government has yet to provide any publicly available data on opioid deaths in Manitoba in 2020.

Will the minister commit to releasing, in a timely fashion, detailed data on 2020 opioid-related deaths and hospitalizations today?

**Hon. Cameron Friesen (Minister of Health, Seniors and Active Living):** The information that the member seeks is the responsibility of the Chief Medical Examiner.

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

**Mrs. Smith:** Not only has this government failed to provide available data on opioid deaths in Manitoba but, in fact, this government has significantly reduced how much information they are providing to the public. I'll table these freedom of information requests which show that this government chose to change the comprehensives and over-30-page opioid report to a

five-to-six page infographic report that talks about all substances.

We know that other provinces are providing timely information about opioids and addictions, but this government is not.

Will the minister commit today to restoring the opioid misuse and overdose report and providing Manitobans with the information and resources needed to save Manitoba—needed to save lives in Manitoba?

**Mr. Friesen:** Madam Speaker, the member's assertion is false. Where the previous NDP government hid facts and figures and documents and reports from Manitobans, our government has actually been heralded by others by the extent to which it has increased transparency.

But we've also been transparent about the investments we're making, like the new RAAM clinic that just opened weeks ago in the city of Portage la Prairie and like the new RAAM hub that is now developed to help resource all of those growing Rapid Access to Addictions Medicine clinics.

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

**Mrs. Smith:** We also know, through a freedom of information that I'll table for you now, that despite what this minister says, there are in fact less beds for addiction treatment than there were in 2016. This government has still not changed 'naloxalone' from a Schedule II drug to an unscheduled drug.

This minister can—refuses to commit to providing timely detailed information on opioid-related deaths to Manitobans. They deserve to know.

So I ask the minister, will the minister make 'naloxalone' an unscheduled drug and release timely, detailed data on opioid-related deaths?

**Mr. Friesen:** I was pleased to be able to work with Addictions Foundation of Manitoba in a virtual channel and to officially proclaim this week as Manitoba Substance Use and Addictions Awareness Week.

It is important during COVID-19, it is important any day, to continue to focus on the efforts that are undertaken across our communities every single day to address mental health and addictions issues in our communities. Our government is taking action.

\* (14:30)

As I have said, on naloxone, that pledge is there: only a matter of days before those scheduled changes take place. I have told that member this government has made more than \$42 million in mental health and addictions investments in just the last 12 months.

### **Pandemic Financial Assistance Programs Small Business Eligibility Restrictions**

**Mr. Mark Wasyliv (Fort Garry):** We saw the Pallister government spend \$450,000 over the summer months putting up mission accomplished banners, while at the same time they neglected to plan or prepare for the fallout of the second wave of COVID for small business, and the programs they have established let far too many companies and people fall through the cracks. These programs were designed to fail and they did fail.

Now the current programs exclude many, many businesses who don't have storefronts but who have nonetheless seen their businesses curtailed because of public health orders. Today, it was a photographer that was handed a rejection letter, which I'll table.

So I'd like to ask the minister: Why is he leaving so many small businesses behind, and will he now clean up the mess he's created?

**Hon. Brian Pallister (Premier):** We have the most generous supports in the country, Madam Speaker, bar none, for small businesses. The member's assertions are wrong.

Our program this summer was designed—two thirds of our budget for the Ready. Safe. Grow. program was emphasizing safety. And we knew that, Madam Speaker, by promoting that among Manitobans we would encourage Manitobans to do the right thing. But we did spend some time promoting our programs because they help people get their lives back.

One of those programs was a wage subsidy program, for example, Madam Speaker. That wage subsidy program is the only one of its kind in the country. So the member's assertions about supports are wrong, and I would encourage the member to do some research and then prepare another preamble for his second question.

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

**Mr. Wasyliv:** What Manitoba small business doesn't need right now is a Premier who is scapegoating them. It's a Premier who's shaming and naming them and

trying to blame the problems of his government on small business.

Now, we're hearing directly from business owners who are telling us that the Province's programs are simply not enough to get them through this time. Manitoba's facing incredible loss of small businesses as COVID drags on, and the programs on offer leave some out entirely.

Previous and current programs exclude those without a business number and set stringent timelines on their shutdown for eligibility. We know several businesses which shut down earlier than November 9th who still need the Province's support.

I'm going to table a rejection letter from a wedding industry company that had commercial warehouse space and was still—

**Madam Speaker:** The member's time has expired.

**Mr. Pallister:** If the member would like to be productive, I have said previously to another question by one of his colleagues, we're quite open to looking at exceptional cases. I repeat that for the member, if he's at all interested in something non-partisan, something productive.

But I will tell him this. We do have the most generous support programs for small business in the country, but we also recognize that nothing's going to make up for the losses our small-business community is suffering as a result of this pandemic.

Madam Speaker, Alberta's small and medium enterprise relaunch program is one quarter the size of ours, okay. British Columbia's Small and Medium-Sized Business Recovery Grant program is one quarter the size of ours. Ontario's programs are even less in proportion to our own.

Madam Speaker, if the member would do his research before asking his next question, he might find that we have the most generous programs of support in the country, bar none, for small businesses. And we'll continue to support our small-business community, not try to score cheap political points on the backs of logic, reason and honesty. *[interjection]*

**Madam Speaker:** Order.

The honourable member for Fort Garry, on a final supplementary.

**Mr. Wasyliv:** Small businesses aren't looking for the Premier's handouts and charity. What they're looking for is compensation for making sacrifices to keep us all safe. COVID-19 is a disaster and our recovery

from it is really going to depend on how well we support small business through challenging times.

Business owners are telling us that the current program's still not going to be enough, and, in too many cases, they exclude applicants based on when they closed and their current business structures. Businesses shouldn't be penalized because they proactively closed their businesses before November 9th just because the Premier delayed putting restrictions in place.

And to add insult to injury, the current grants are being treated as taxable income, which will come due at tax time.

Will this Premier start listening to the concerns of small business and fix these failing programs?

**Mr. Pallister:** Let me pop the member's illogical bubble, Madam Speaker.

In British Columbia you're required, if you're a small business, to go through a professional organization like the CPA there to get approval before you can even apply for a grant. In Alberta, you have to lose 40 per cent of your revenue before you qualify for their program.

Our program, Madam Speaker, our programs—I should mention there are several—do not require red tape. They do not require that kind of onerous burden to be put on a small business. Just—a program we announced just late—the week before last, already—called the bridge program—has already got 5,800 Manitoba small businesses \$5,000.

Madam Speaker, the member is wrong in his assertions. He continues to assert wrong information, but if he would like to be productive and help, then I welcome his suggestions. However, we do have here in Manitoba the most generous programs for small businesses anywhere in Canada.

#### **Large and Small Business Government's Financial Assistance Record**

**Mr. Dougald Lamont (St. Boniface):** While some businesses are facing bankruptcy because they don't qualify for a single provincial program, not the gap nor the bridge programs, a certain class of business appears to be getting special treatment.

On Saturday of the May long weekend, this government announced \$28.7 million to Starlight Investments. In September, under new rules, the Lilyfield Quarry project was approved by the Municipal Board over wishes of local residents in the

municipality, and the Province is rejecting serious environmental reviews of the Vivian Sand project.

These projects all share a consultant, Michelle Richard, a former PC candidate who, in September, was hired as director of planning and priorities for municipal affairs. I table her company's website, which says she's just on a temporary leave of absence.

How can the Premier justify hiring someone who's in a position of influence to influence decisions that directly benefit her clients while denying thousands of businesses any help at all?

**Hon. Brian Pallister (Premier):** How can the Liberal Party justify taping a briefing by senior public health officials without their permission, Madam Speaker?

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

#### **City of Winnipeg Projects Political Party Connections**

**Mr. Dougald Lamont (St. Boniface):** There's a saying that when a narcissist makes an accusation, it's actually a confession.

This all raises serious concerns about Bill 37. It's clear to us, Madam Speaker, that Bill 37 is an attempt by vested interests with ties to the PC party to do an end run around citizens, democratically elected officials and even the courts.

Now, Ms. Richard worked on Starlight and Vivian Sand with another prominent Conservative, Marni Larkin. Both worked for Mayor Sam Katz, as did Brad Salyn. In fact, the Premier's surrounded himself with people from the Katz administration, including the Finance Minister.

One of Ms. Richard's clients is Andrew Marquess, a developer whose deals led to an RCMP investigation, and I table documents showing Marquess was a generous donor to the minister of municipal affairs' re-election campaign.

Is the reason the Premier has always refused to call an inquiry into the city hall mess is that so many of his staff would be called to testify? *[interjection]*

**Madam Speaker:** Order.

**Hon. Brian Pallister (Premier):** There's another saying, Madam Speaker. Never wrestle with a pig; you both get all dirty doing it and the pig seems to enjoy it.

So what I will do instead, Madam Speaker, is tell the members of this House that we're fighting COVID

now. We're focused on fighting COVID, and we're going to continue to stay focused on fighting COVID for the good of Manitobans now and in the future.  
[interjection]

**Madam Speaker:** Order.

**Employment and Income Assistance  
Rapid Access to Housing and Benefits**

**Hon. Jon Gerrard (River Heights):** Madam Speaker, during the COVID-19 pandemic we've learned it is critically important to have COVID test results reported within 24 hours and contact tracing completed in the next 24 hours.

There is another area where rapid action is needed: to help those who experience homelessness to get inside out of the cold. They need rapid access to employment and income assistance and rapid access to a place to live.

Right now there's a delay of about three weeks in even getting intake into EIA. That's way too long.

When will the minister act to increasing staffing at EIA to make sure people can access EIA within 24 hours and then access housing in the next 24 hours?

**Hon. Heather Stefanson (Minister of Families):** I thank the member for the question. It gives me the opportunity to talk about our homeless population right now, Madam Speaker.

\* (14:40)

And, certainly, this is a time when all Manitobans are struggling through this very difficult time and COVID-19, Madam Speaker. We recognize the challenges faced by those in our homeless community. That's why we have a person dedicated specifically, within the Department of Families, to help co-ordinate services for people in the community.

We have made significant investments—over \$3.5 million, Madam Speaker—to help with our shelters. We are continuing to work with our community partners and—to ensure that all of those people are—have access to safe and warm places.

**Lake Information for Anglers  
Launch of New Interactive Website**

**Mr. Derek Johnson (Interlake-Gimli):** This past Saturday, November 21st, was World Fisheries Day, which recognizes the importance of maintaining sustainable fisheries across the world.

Manitoba is home to a world-class commercial fishery, in addition to an amazing recreational fishery—fishery that, combined, generates millions of dollars to the—Manitoba's economy.

Madam Speaker, in celebration of World Fisheries Day, our government announced a new interactive website for Manitoba anglers, in addition to support our Cedar Lake fisheries for a certification assessment of the fishery.

Can the minister of agriculture and 'reserce'—resource development please share some information with the House on how this announcement continues to support Manitoba fisheries and anglers?  
[interjection]

**Madam Speaker:** Order.

**Hon. Blaine Pedersen (Minister of Agriculture and Resource Development):** Madam Speaker, I thank my colleague for that very thorough question.

And this past weekend, we launched the Lake Information for Anglers, a modern interactive tool that will assist Manitobans and tourists to plan their next fishing trip. Anglers can access information about fishing divisions, lake contour maps, locations of boat launches, what kind of fish are stocked—not necessarily where to catch the fish, though—and so much more to plan a successful fishing trip.

It's an exciting resource for anglers and a great asset for our tourism industry. And, as mentioned, we've provided—we have provided a \$20,000 grant and in-kind support for the commercial fishers on Cedar Lake to undertake fishery certification; great announcement.

Thank you, Madam Speaker.

**Municipal Snow Clearing Services  
Funding for Removal and Maintenance**

**Mr. Tom Lindsey (Flin Flon):** AMM delegates are talking about this government's dangerous approach to snow removal and maintaining safe roads in the winter.

I first raised the issue last year, expressing concerns about the lack of plows and shortage of operators in the North. Now delegates from Dauphin are concerned that the costs of snow removal are significantly higher than the amounts the Province will pay. They're asking for the Province to reconsider and ensure that adequate snow clearing and road maintenance is done and paid for.

Will the minister finally listen to the concerns of local communities and restore funding for full snow clearing services?

**Hon. Ron Schuler (Minister of Infrastructure):** This is shocking information.

The member raises that, for the past 150 years, successive governments bought new equipment and sold the old equipment. They bought new equipment, sold the old equipment. In fact, Madam Speaker, in 2009, six snow plows, nine loader tractors were sold; 2010: 14 snow plows, 18 loader tractors, 10 graders were sold.

And who was the great auctioneer who sold all that equipment? None other than that NDP auctioneer, Steve Ashton.

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

**Mr. Lindsey:** We know the Pallister government has been furiously selling off its snow-clearing and other road-maintenance equipment. It's part of a plan to contract out core services that should be kept in-house. These are some of the little cuts that the Premier (Mr. Pallister) has said no one noticed. Well, they, in fact, have noticed.

We know that other provinces have done these kinds of broad-scale contracting out and it has turned into a mess. Cleanup after storms took much longer and roads were less safe. That's what the Auditor General of Ontario found.

We should ensure that this essential service is strong now and in the future.

Will the minister change course, guarantee core government services like snow plowing are not privatized?

**Mr. Schuler:** Well, Madam Speaker, again, the shocking information that's brought to the Legislature today.

For 150 years, successive governments have bought new equipment, sold the old stuff. Back probably a hundred years ago, we finally moved away from horse-drawn snowplows, and there were probably hundreds, maybe thousands of horses that had to be sold as we moved on to modern and better equipment.

I'd like to point out to the House, the equipment gets better; it's safer, it's more efficient. But, Madam Speaker, I would suggest that the member don't take

my word for what happened 100 years ago. He should go talk to the member for Elmwood (Mr. Maloway).

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

**Mr. Lindsey:** Madam Speaker—[*interjection*]

**Madam Speaker:** Order.

**Mr. Lindsey:**—the minister may think his answers are cute and funny, but the people that travel on roads throughout the North see no humour in this government's lack of commitment to maintaining roads in a safe condition.

Now, the people in Dauphin are also concerned that not only isn't this government maintaining roads, but they're not paying sufficient funds to cover the cost of snowplowing. We've seen exactly what this government's plan is. We were concerned that ambulances aren't going to be able to travel on roads that aren't being plowed.

And while this minister says, yes, they're selling equipment and buying equipment, all we've seen is them selling equipment, parking equipment, because they don't have enough operators left to operate the equipment, particularly in places like Snow Lake, where one operator's all that's left because of this government.

So, will this minister—

**Madam Speaker:** The member's time has expired.

**Mr. Schuler:** Well, Madam Speaker, I want to point out to all members in this Legislature that this year alone, our government is spending \$100 million on Highway No. 1 to keep our national RTAC standard, which had slipped under 17 years of mismanagement under the NDP.

I'd like to point out we're spending \$50 million on Highway 75 to the US border to keep our RTAC designation, our safe designation, which had slipped under the NDP in the last 17 years.

Madam Speaker, I want to conclude with this: I want to assure every member of the Legislature that, as of this morning, every highway is safely plowed, the highways are dry and safe. Drive safely; don't drink and drive; adhere to the rules of the road, and if you're going to go for a ride, do so knowing our government's investing—

**Madam Speaker:** The member's time has expired.

The time for oral questions has expired.

### Point of Order

**Madam Speaker:** The honourable Leader of the Official Opposition, on a point of order?

**Mr. Wab Kinew (Leader of the Official Opposition):** Yes, on a point of order.

I just want to point out that the member for Elmwood (Mr. Maloway) is a very young, a very energetic and a very vital member of our caucus. If he's made any mistake in his political career, it's just that he got elected too young. He is no older than the Minister for Infrastructure; it's just that he got elected so young that he is actually one of the MLAs who has been elected the most times of anyone in the history of Manitoba except, save, I believe, for former Premier Douglas Campbell.

But, of course, we're optimistic that with hard work and his continued vitality, he will break that record at the next election.

**Madam Speaker:** I would just point out that while those words are kind, there is not a point of order because there was no rule that was broken.

\* \* \*

**Madam Speaker:** As I had said, the time for oral questions has expired.

### Speaker's Ruling

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

On March 16, 2020, the honourable member for Keewatinook (Mr. Bushie) raised a matter of privilege alleging that the government had infringed upon the privileges of opposition members because they have not called a meeting of the Standing Committee on Crown Corporations to consider annual reports from the Workers Compensation Board since July of 2016.

\* (14:50)

The member stated that not referring these reports to committee has prevented the opposition from holding the government accountable on many serious issues affecting the Workers Compensation Board. At the conclusion of his remarks, he moved, and I quote, that this issue be immediately referred to a committee of this House. End quote.

The honourable Government House Leader (Mr. Goertzen) and the honourable member for River Heights (Mr. Gerrard) also spoke to the matter of privilege, which was then taken under advisement by the Deputy Speaker. I thank all honourable members for their advice to the Chair.

There are two conditions that must be satisfied in order for the matter raised to be ruled in order as a prima facie case of privilege. First, was the issue raised at the earliest opportunity and, second, has sufficient evidence been provided to demonstrate that the privileges of the House have been breached, in order to warrant putting the matter to the House.

In regards to raising the matter at the earliest opportunity, the honourable member for Keewatinook asserted a need to, and I quote, "take the time to critically analyze all relevant information to make sure the facts were clear and consult with relevant experts on the matter." End quote.

I should note for the House that the onus on the member is not to verify what the facts are when raising privilege about misleading the House. Rather, it is to provide proof of intent to mislead the House, as a variance of facts is not necessarily proof of intention to mislead.

Further, Bosc and Gagnon advise on page 145 of the third edition of House of Commons Procedure and Practice that, and I quote, "the matter of privilege to be raised in the House must have recently occurred and must call for the immediate action of the House." End quote.

Therefore, the member must satisfy the Speaker that the matter is being brought to the House as soon as practicable after becoming aware of the situation. I ask members to keep this in mind when assessing the aspect of timeliness in the future as I am not satisfied the condition was met in this case.

Regarding the second issue, I have stated on numerous occasions that a matter of concerning the methods by which the House proceeds in the conduct of business is a matter of order, not privilege. Joseph Maingot, in the second edition of Parliamentary Privilege in Canada, states on page 14 that, and I quote, allegations of breach of privilege by a member in the House that amount to complaints about procedures and practices in the House are by their very nature matters of order. End quote.

He also states on page 223 of the same edition, and I quote: A breach of the standing orders or a failure to follow an established practice would invoke a point of order rather than a question of privilege. End quote.

It has also been ruled on numerous times in this House that the opinion of the Speaker cannot be sought about matters arising concerning committees and that it is not competent for the Speaker to exercise

procedural control over committees. Speaker Rocan made such a ruling in 1989, in 1993 and in 1994. Speaker Hickes also made five rulings: twice in 2004, once in 2005 and twice in 2006.

In regards to the member's comments that he could not hold the government to account because they did not call a meeting, Maingot further advises on page 224 of the same edition that, and I quote, parliamentary privilege is concerned with the special rights of members, not in their capacity as ministers or as party leaders, whips or parliamentary secretaries, but strictly in their capacity as members in their parliamentary work. End quote.

Therefore, the honourable member for Keewatinook (Mr. Bushie) cannot claim the protection of parliamentary privilege for the performance of his duties as a critic, but only as an MLA. All of the above references from Joseph Maingot are supported by rulings from myself, as well as from Speakers Rocan, Dacquay and Hickes.

Although the honourable member for Keewatinook may have a difference of opinion regarding the timing of calling a Crown corporations meeting, it falls more into a category of a complaint against the government, and not a breach of parliamentary privilege. With the greatest of respect, I therefore rule that the matter raised does not fulfill the criteria of a prima facie case of privilege.

## PETITIONS

### **CancerCare Closures at Concordia and Seven Oaks Hospitals**

**Mr. Nello Altomare (Transcona):** I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

On September 4, 2020, the provincial government announced that CancerCare outpatient services will be cut at the Concordia Hospital and Seven Oaks General Hospital, effective December 2020.

(2) Closing two CancerCare sites in Winnipeg will mean a third of existing sites are lost, with increased burdens placed on outpatient cancer services at the Health Sciences Centre and St. Boniface Hospital.

(3) The cut of these outpatient services has provoked concerns from health-care workers and CancerCare nurses alike, who have stressed to the provincial government that the cut is contrary to what CancerCare Manitoba's goals of patient care are and

would most certainly increase the burden for the people they are trying to help.

CancerCare nurses have also noted that this decision has more to do with saving money, rather than what is in the best interest of patients. This is further highlighted by a 2019 consulting contract bid, which shows that this cut has been made purely in the interest of fiscal performance and will not improve the quality of patient care.

(5) Patients who do not have access to a vehicle or reliable transportation will be hit the hardest by this cut, with the burden falling largely on seniors and Manitobans on low incomes.

(6) Cuts between—within the Winnipeg Regional Health Authority, including the provincial government's closure of the Concordia emergency room and Seven Oaks emergency room, have already compromised health-care access close to home for residents of northeast and northwest Winnipeg.

(7) The deterioration of health care within the Winnipeg Regional Health Authority has meant increased wait times, compromised patient care and worsened health outcomes. This cut will only continue to deteriorate the quality of care for patients, while forcing more demands onto health-care workers.

We therefore petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to halt its proposed closure of CancerCare sites at the Concordia Hospital and Seven Oaks General Hospital, while guaranteeing access to high-quality outpatient cancer services in northeast and northwest Winnipeg.

This petition is signed by Shawn Dilk [*phonetic*], James Gibson [*phonetic*] and Sophie Gibson [*phonetic*] and many Manitobans.

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

### **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; and

(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.

This has been signed by Wendy Ternovetsky, Geraldine Woytkiw and Marvin Shumka and many Manitobans.

**Mr. Diljeet Brar (Burrows):** I wish to present the following petition to the Legislative Assembly.

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 that 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, many Manitobans.

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

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.

\* (15:00)

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.

#### **Personal-Care Homes–Pandemic Response**

**Hon. Jon Gerrard (River Heights):** Madam Speaker, I wish to present the following petition to the Manitoba Legislature. The background to this petition is as follows:

There has been a–

**Madam Speaker:** The—we will move on, as the member's–

**Mr. Gerrard:** –to having the highest number of active cases per capita of all provinces.

**Madam Speaker:** Order, please. I would ask the member for River Heights, perhaps, to start again because it looks like his computer was frozen and we've probably missed a bit of his comments.

So, the member from–honourable member for River Heights.

**Mr. Gerrard:** Okay. Madam Speaker, I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

There has been a dramatic increase in COVID-19 infections in Manitoba during the second wave of the pandemic, to the extent that Manitoba quickly rose from one of the lowest to having the highest number of active cases per capita of all provinces.

The resurgence in cases is worse because the provincial government was not prepared for the pandemic, resulting in very long wait times for COVID-19 tests and people waiting for up to seven days to get results.

The seven-day delay for test results led to a further delay in contact tracing which, in turn, led to greater uncontrolled and undetected community spread of COVID-19.

**Madam Speaker:** It appears that the system might be down at this point for the member from River Heights. I am being notified that we have to restart something on the system, so if you could just give us a moment.

I would like to just indicate to the member for River Heights (Mr. Gerrard) that we've got a technical problem here and he is not being heard. We have to reboot the system, so I would ask the member just to hold on his petition. If he could remember where he ended up about a minute ago, that's where we can restart his petition. So if he could just wait for my signal, we would appreciate it.

Okay. For the honourable member for River Heights, because he's been interrupted now again, I would ask him if he could please start at the beginning of his petition.

**Mr. Gerrard:** Madam Speaker, I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

There has been a dramatic increase in COVID-19 infections in Manitoba during the second wave of the pandemic, to the extent that Manitoba quickly rose from one of the lowest to having the highest number of active cases per capita of all provinces.

The resurgence in cases is worse because the provincial government was not prepared for the pandemic, resulting in very long wait times for COVID-19 tests and people waiting for up to seven days to get results.

The seven-day delay for test results led to a further delay in contact tracing which, in turn, led to greater uncontrolled and undetected community spread of COVID-19.

Cases are spreading in personal-care homes because the provincial government did not adequately prepare to prevent and address personal-care homes' COVID-19 infections.

The provincial government did not institute full testing of all staff and residents in a personal-care

home when the first COVID-19 case was detected in a home.

When, in May and June, Manitoba Liberals repeated calls for a rapid response team for seniors homes to prepare for a second wave, the provincial government ignored the idea and brushed it aside.

In August, the provincial government ignored the calls for investment in infection control and better staffing to prepare seniors homes for a second wave, putting the health and safety of residents and staff alike at risk.

The provincial government failed to act to address reports of poor care at the Parkview Place personal-care home, including a March 2020 report detailing concerns with the state of repair of the facility. Its cleanliness and sanitation practices included issues with cockroaches, dirty toilets and grease-laden dirt in the kitchen.

The Minister of Health, Seniors and Active Living has been undermining public health fundamentals by downplaying the need for masks, which are known to prevent the spread of contagion. The provincial government's wishful thinking and failure to get ready for the second wave of the pandemic has imposed tremendous costs and hardship across Manitoba, including schools and businesses. The provincial government's failure to take basic steps to control outbreaks has led to further shutdowns, and businesses have had to close or reduce their capacity without receiving any financial government assistance.

The provincial government's own accounts show that support for business is among the worst in Canada. Businesses continue to face bankruptcy and operating risks because the provincial government refused to step up with financial support or with PPE so that they could continue to safely operate. Businesses and workers alike have been forced to choose between getting sick or going broke.

\* (15:10)

The provincial government has been saying one thing and doing another: calling for fundamentals while urging people to go back to work, shop and encouraging behaviour that increases the spread of COVID-19.

When the Minister of Health, Seniors and Active Living was asked about preventing deaths at personal-care homes, he responded these deaths were unavoidable. Dr. Nathan Stall, who specializes in

geriatrics and internal medicine at a Toronto hospital, called the notion that deaths are unavoidable ageist and urged the minister to reconsider. Outbreaks like the one at Winnipeg's Parkview Place are avoidable tragedies, as we've seen in other jurisdictions like Singapore.

We petition the Legislative Assembly as follows:

(1) To urge the provincial government to call a public enquiry into the mishandling of the second wave of the pandemic and into the outbreak at Parkview Place personal-care home.

(2) To urge the provincial government to replace the current Minister of Health, Seniors and Active Living as a result of his failure to support personal-care homes and his failure to adequately prepare the province for the second wave of the pandemic.

Signed by Rhaena Chambers, Pamela Runzer, Bernie Chambers and many, many other Manitobans.

### **Cochlear Implants**

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

The background to this petition is as follows:

People who suffer hearing loss due to aging, illness, employment or accident not only lose the ability to communicate effectively with friends, relatives or colleagues; they also can experience unemployment, social isolation and struggles with mental health.

A cochlear implant is a life-changing electronic device that allows deaf people to receive and process sounds and speech, and also can partially restore hearing in people who have severe hearing loss and who do not benefit from conventional hearing aids. A processor behind the ear captures and processes sound signals which are transmitted to a receiver implanted into the skull that relays the information to the inner ear.

The technology has been available since 1989 through the central speech of hearing clinic, founded in Winnipeg, Manitoba. The Surgical Hearing Implant Program began implanting patients in the fall of 2011 and marked the completion of 250 cochlear implant surgeries in Manitoba in the summer of 2018. The program has implemented about 60 devices since the summer of 2018, as it is only able to implant about 40 to 45 devices per year.

There are no upfront costs to Manitoba residents who proceed with cochlear implant surgery, as Manitoba Health covers the surgical procedure, internal implant and the first external sound processor. Newfoundland and Manitoba have the highest estimated implantation costs of all provinces.

Alberta has one of the best programs with Alberta aids for daily living, and their cost share means the patient pays only approximately \$500 out of pocket. Assistive Devices Program in Ontario covers 75 per cent of the cost, up to a maximum amount of \$5,444, for a cochlear implant replacement speech processor.

The BC Adult Cochlear Implant Program offers subsidizes replacements to aging sound processors through the Sound Processor Replacement Program. This provincially funded program is available to those cochlear implant recipients whose sound processors have reached six to seven years old.

The cochlear implant is a lifelong commitment. However, as the technology changes over time, parts and software become no longer functional or available.

The cost of upgrading a cochlear implant in Manitoba of approximately \$11,000 is much more expensive than in other provinces, as adult patients are responsible for the upgrade costs of their sound processor.

In Manitoba, pediatric patients, under 18 years of age, are eligible for funding assistance through the Cochlear Implant Speech Processor Replacement Program, which provides up to 80 per cent of the replacement costs associated with a device upgrade.

It is unreasonable that this technology is inaccessible to many citizens of Manitoba who must choose between hearing and deafness due to financial constraints because the costs of maintaining the equipment are prohibitive for low-income earners or those on a fixed income, such as old age pension or Employment and Income Assistance.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to provide financing for upgrades to the cochlear implant covered under medicare, or provide funding assistance through the Cochlear Implant Speech Processor Replacement Program to assist with the replacement costs associated with a device upgrade.

This petition has been signed by many Manitobans.

### **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:

(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 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.

**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 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 has been signed by many, many Manitobans.

**Ms. Malaya Marcelino (Notre Dame):** 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, the 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 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 Evelyn Taylor, Donna Arnold and Karen Asham and many other 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:

(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 overcapacity.

\* (15:20)

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 petition has been signed by many Manitobans.

**Ms. Lisa Naylor (Wolseley):** 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 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.

**Mr. Adrien Sala (St. James):** I would like 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 in May 2020.

(2) The Dauphin Correctional Centre 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 and,

(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 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 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 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, many Manitobans.

**Mrs. Bernadette Smith (Point Douglas):** 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'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 Deston Yaciuk, Joseph Didychuk and Heather Didychuk.

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

The background to the petition is as follows:

(1) 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 overcapacity.

So, 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 has been signed by many Manitobans.

#### **CancerCare Closures at Concordia and Seven Oaks Hospitals**

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

And the background to this petition is as follows:

(1) On September 4th, 2020, the provincial government announced that CancerCare outpatient services will be cut at the Concordia Hospital and Seven Oaks General Hospital, effective December 2020.

(2) Closing two CancerCare sites in Winnipeg will mean a third of existing sites are lost, with increased burdens placed on outpatient cancer services at the Health Sciences Centre and St. Boniface Hospital.

(3) The cut of these outpatient services has provoked concerns from health-care workers and CancerCare nurses alike, who have stressed to the provincial government that the cut is, quote, contrary to what the CCMB's goals of patient care are and would most likely increase—and would most certainly, pardon me, increase the burden for the people they are trying to help.

(4) CancerCare nurses have also noted that, quote, this decision has more to do with saving money, rather than what is in the best interests of patients. End quote. This is further highlighted by a 2019 consulting contract bid, which shows that this cut has been made purely in the interest of fiscal performance and will not improve the quality of patient care.

(5) Patients who do not have access to a vehicle or reliable transportation will be hit the hardest by this cut, with the burden falling largely on seniors and Manitobans on low incomes.

(6) Cuts within the Winnipeg Regional Health Authority, including the provincial government's closure of the Concordia emergency room and Seven Oaks emergency room, have already compromised health-care access close to home for residents of northeast and northwest Winnipeg.

(7) The deterioration of health care within the Winnipeg Regional Health Authority has meant increased wait times, compromised patient care and worsened health outcomes. This will only continue to deteriorate the quality of care for patients, while forcing more demands onto health-care workers.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to halt its proposed closure of CancerCare sites at Concordia Hospital and Seven Oaks hospital, while guaranteeing access to high-quality outpatient cancer services in northeast and northwest Winnipeg.

And this petition was signed by many Manitobans.

**Madam Speaker:** Grievances?

### ORDERS OF THE DAY

#### GOVERNMENT BUSINESS

**Hon. Kelvin Goertzen (Government House Leader):** Could you please call for second reading this afternoon Bill 9, The Opioid Damages and Health Care Costs Recovery Act, followed by Bill 41?

**Madam Speaker:** It has been announced that the House will consider second reading of Bill 9 this afternoon, followed by Bill 41.

\* (15:30)

#### SECOND READINGS

##### **Bill 9—The Opioid Damages and Health Care Costs Recovery Act**

**Madam Speaker:** I will therefore call second reading of Bill 9, The Opioid Damages and Health Care Costs Recovery Act.

The honourable Minister of Justice (Mr. Cullen)? Would the member please unmute his mic?

**Hon. Cliff Cullen (Minister of Justice and Attorney General):** Madam Speaker, can you hear me now?

**Madam Speaker:** We can hear you now.

**Mr. Cullen:** Sorry for that.

Madam Speaker, I move, seconded by the Minister of Education (Mr. Goertzen), that Bill 9, The Opioid Damages and Health Care Costs Recovery Act, be now read a second time and referred to a committee of this House.

#### *Motion presented.*

**Madam Speaker:** We are wondering if the member could move his mic, perhaps, a little bit, maybe up? There's a lot of popping that's coming with his voice coming over the microphone. So if he can just try to alter his—maybe his—alter the microphone and maybe that will help.

**Mr. Cullen:** If there's any issues, you can flag it for me.

Pleased to have an opportunity to present this bill to the Legislature. Bill 9—

**Madam Speaker:** Order, please. Okay, there is a fair bit of popping coming. We can hear a lot of crackling.

Wonder if the member could try to move his microphone maybe up and try again?

**Mr. Cullen:** The Opioid Damages and Health Care Costs Recovery Act—

**Madam Speaker:** Better.

**Mr. Cullen:** That's better?

**Madam Speaker:** Yes.

**Mr. Cullen:** Thank you very much.

So the purpose of Bill 9 is to allow Manitoba to participate in a class action lawsuit already under way in British Columbia, as well as related proceedings involving the opioid industry. The class action, which was commenced by the Province of British Columbia in August of 2018, seeks recovery from over 40 defendant companies involved in the manufacturer, distribution and sale of opioid drugs in Canada for costs that their conduct has caused to provincial health-care programs. In 2018, British Columbia introduced their own statute to help facilitate the prosecution of the class action.

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

Bill 9 is modelled on the BC statute as well as similar statutes that have been enacted in other provinces. These statutes are in turn modelled on the tobacco costs recovery legislation, which has been used to pursue litigation against the tobacco industry for health-care costs incurred as a result of its conduct.

Bill 9 provides Manitoba with a direct and distinct cause of action against a manufacturer or wholesaler of opioids to recover the cost of health-care benefits caused by an opioid-related wrong. The legislation confirms Manitoba's right to participate in an action commenced by another province on behalf of all provinces and territories.

The legislation also addresses certain procedural and other matters in litigation, including allowing the Province to prove damages on an aggregate basis using population-based evidence instead of considering the health-care costs of individual residents who incurred opioid-related harm.

Similar statutes have been enacted in Ontario, Alberta, Newfoundland and Labrador and Nova Scotia. Saskatchewan has also introduced similar legislation. It is expected that each province that plans to participate in the class action will pass supporting cost recovery legislation.

Bill 9 builds on investments by this government in prevention, support and recovery from the harms caused by opioid addiction, and with a special focus on children and youth, and addressing recommendations from a number of reports including VIRGO, the Illicit Drug Task Force and the Community Wellness and Public Safety Alliance.

We will now join other provinces and territories to take on the pharmaceutical companies that have created such significant and ongoing harm.

Mr. Deputy Speaker, we will have the opportunity to discuss this bill in more detail at the committee stage, so I will conclude my remarks for now but we certainly look forward to the support of this House and having this bill passed.

Thank you very much.

### Questions

**Mr. Deputy Speaker:** A question period up to 15 minutes will be held. Questions may be asked—addressed to the minister by any member of the following sequences: first question will be by the official critic or designate, subsequent questions asked by each independent member, the remaining questions be asked by the opposition members. And no questions or answers shall exceed 45 seconds.

**Mrs. Bernadette Smith (Point Douglas):** Will Manitoba be pursuing a class action suit against opioid manufacturers and wholesalers once this legislation is passed? If so, when?

**Mr. Deputy Speaker:** The honourable Minister for Justice. If the Minister for Justice can unmute his microphone.

**Hon. Cliff Cullen (Minister of Justice and Attorney General):** Certainly once this legislation has passed, it is our intent to join with our fellow provinces in pursuit against the manufacturers and wholesalers of opioids. Certainly, work is being done within the Department of Health and the Department of Justice to that end. We're optimistic we can get this legislation passed in the near future and then formalize the actual legal process with our neighbouring jurisdictions.

**Mrs. Smith:** The minister alluded to joining other provinces in bringing forward legal action.

Can the minister tell us which provinces and jurisdictions that they'll be partnering with?

**Mr. Cullen:** This legal suit originally started with the Province of British Columbia. To date, Ontario, Alberta, Newfoundland and Labrador and Nova

Scotia have passed similar legislation. My understanding is Saskatchewan has introduced a similar legislation. So these provinces will be onside in terms of moving this litigation forward.

**Hon. Jon Gerrard (River Heights):** Yes, to the minister, I understand from your remarks that the legislation will allow compiled data to be presented, rather than individual stories. Sometimes individual stories can be very persuasive as to the link between the actions of the company and the results and I wonder whether it's still possible to include individual stories.

**Mr. Cullen:** And I appreciate the member's question in that regard. Certainly, from an operational legal process and a time-consuming process, it's certainly beneficial for us to put aggregate numbers together.

We're working to that end, but I certainly am mindful of the member's idea. I think that's something that we could put together, as well, as part of our package going forward. So we will be working closely with the legal team that's being put together on this across the country.

\* (15:40)

**Mrs. Smith:** Sorry, I was having trouble unmuting my mic.

Would the minister agree that more needs to be done to combat the addictions crisis that Manitoba is facing?

**Mr. Cullen:** Clearly, the opioid challenge is certainly here in Manitoba. We know other jurisdictions are facing probably a greater challenge with opioids, like, I point to our friends in British Columbia.

Clearly, as we go through the COVID crisis, we've noticed a switch in terms of people using different drugs. Certainly, this is an issue here in Manitoba. We have been investing money—millions of dollars over the last several months—in terms of dealing with mental health and addictions.

We're focused on—

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

**Mr. Gerrard:** I ask the minister, I mean, clearly, what's important here is the—excuse me—is the relative role of the company in its approach and its advertising, which, clearly, was disastrous in terms of the effect of the opioid epidemic, but also the relative role of others may have contributed to this pandemic.

How will the government assess the relative role of the company versus the relatively—role of other players?

**Mr. Cullen:** To date, the lawsuit has identified 40 defended companies. Again, the manufacturer and distributors of the drugs here in Canada, obviously, we think those are the ones that by their actions have created negligence and misrepresentation, so, clearly, those are the ones that we are pursuing in this particular lawsuit.

And that's—we have a list of 40 defendant companies at this point in time.

**Ms. Nahanni Fontaine (St. Johns):** Would the minister tell us how many—if the minister is committed to supporting and expanding safe consumption sites in the province in order to reduce unnecessary overdoses?

**Mr. Cullen:** Now, to finish my earlier comments, I would just say that we are investing tens of millions of dollars over the last several months in terms of mental health and addictions, in terms of enhancing capacity for treatment here in Manitoba.

We recognize that it's a challenge for many in Manitoba. There's been a change in the use of varying different types of products. We're committed to making sure that we have the capacity to deal with mental health and addictions problems here in Manitoba.

**Mr. Gerrard:** Yes. To the minister: if this lawsuit is successful and there is significant monies coming into the Province as a result of this lawsuit, what is the minister's plans, in terms of the disposition of those monies? Will they go into general revenue? Will they go into a fund to improve prevention and care for people with opioid addictions, or will they go to the people who have been the victims and their families?

**Mr. Cullen:** I do appreciate the member's question. Clearly, what we're seeking here are damages and costs that have been associated with the health-care system in Manitoba because of individuals that have faced opioid use.

So, clearly, we're out of pocket for money as a government. Unfortunately, this lawsuit will probably take several years to unfold. We haven't made any commitments in terms of what that would look like. We don't know what the money—potential revenue—from this lawsuit could be, and that's just a long ways down the road before we would ever have to make that type of a decision.

**Ms. Fontaine:** Could the minister please provide an estimate of the cost of health-care benefits Manitoba has acquired due to opioids?

**Mr. Cullen:** Mr. Deputy Speaker, I'm not sure exactly I understood the question, but I—maybe the question was around what type of costs have we incurred as a result of opioid use in Manitoba. That's something that Department of Health is trying to determine, what the aggregate numbers are in terms of our expenses to date, as it relates to opioid use here in Manitoba.

So I don't have a figure for her at this particular time, but as we work through the lawsuit, we're hoping to be able to put a number to that.

**Mr. Gerrard:** Yes. To the minister: I wonder if the minister could review with us the history of previous lawsuits along this line. I think there was one co-operative in terms of smoking, for example, and its dangers and the costs associated with that.

What's been the history of Manitoba's efforts in such lawsuits?

**Mr. Cullen:** I appreciate that question. We're currently in litigation, in terms of the tobacco industry, right now. Again, it's very similar. It's a class action where we're joining in with, I think, almost every other province in the country.

Again, these are very time-consuming litigations because we do have a number of stakeholders involved in this. I expect by the time we get into the actual litigation, we'll probably have more provinces outside. And it just takes a long time to work through those processes, and we will have to be gathering our own information in terms of our costs—

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

**Ms. Fontaine:** Will the minister commit to making naloxone an unscheduled drug?

**Mr. Cullen:** I will defer to the Minister of Health on that question.

**Mr. Gerrard:** I wonder if the minister could outline the extent of the team that he's putting together to pursue this lawsuit.

Who's going to be on the team? What sort of costs will be required in order to pursue this lawsuit together with the other provinces?

**Mr. Cullen:** Again, appreciate that line of questioning. There is work being done within Department of Health as we speak, in terms of trying

to aggregate some of the dollar figures that we would see here in Manitoba. Certainly, we have staff within Manitoba Justice working on this file. We are—we will take direction from the legal team that is already assembled on behalf of the Province of British Columbia and now other jurisdictions that have joined into that litigation as well.

**Ms. Fontaine:** We know that these cases have made their way through the courts in the US. I'm wondering if the minister has a sense of how long this litigation will take until there's actually a decision made and rendered?

**Mr. Cullen:** I wish I could provide further information to the member on that question. These litigations, because of the nature, will take, certainly, take quite some time. I unfortunately don't have a crystal ball to look down the road, but I know when we looked at the tobacco litigation, it's 'ertainly'—certainly taken a number of years to work through. I would expect we're going to be looking at a number of years before any—this particular litigation comes to bear any fruit.

**Mr. Gerrard:** To the minister: one of the reasons for pursuing a lawsuit like this is to send a message to other businesses or industries which might get involved in activities which could cause harm.

And I wonder if the minister has given this any thought, and whether there are any other groups or industries that the minister may be considering going after for harm that has been done to people in Manitoba?

\* (15:50)

**Mr. Cullen:** I do appreciate that question as well. Not—there's nothing else top of mind for me right now. Certainly, when we look at this particular case, we look at negligence and misrepresentations being made by these companies, I think. I appreciate the good doctor's input, and if he sees there's any other areas that he sees that there may be this similar misrepresentation or negligence, we would be more than happy to follow up on that.

**Ms. Fontaine:** As I said just in my previous question, we know that these cases have made its way in the US. We know that Purdue Pharma pled guilty in an \$8-billion settlement in the US. It's an extraordinary amount of money. We don't know what those numbers would be and if there is a judgment in favour of all of the complainants here in Canada.

Would the minister commit that every single piece—every single cent—that is potentially garnered in

a settlement, that it would go back to families and communities and individuals that are dealing with addictions?

**Mr. Cullen:** Two points to that question. Obviously, we are cognizant of the Purdue situation in the United States. I understand that company, it's led to some bankruptcy. We are working with other provinces and territories to see if there's an opportunity to claim for health-care costs in terms of the bankruptcy of Purdue Pharma.

And furthermore, I will say that we are continuing to invest to the tune of tens of millions of dollars over the last several months in mental health and addictions. It is our goal to increase the capacity here in Manitoba so that people will have the opportunity to have treatments available to them. We recognize—

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

Time for question period has expired.

### Debate

**Mr. Deputy Speaker:** Debate is open.

**Ms. Nahanni Fontaine (St. Johns):** I'm pleased to get up and put a couple of words on the record in respect of Bill 9.

Just the other night, actually, Deputy Speaker—and I know I've shared this in the House—just the other night—or, actually, last night, my uncle Larry had messaged me on social media and he asked me when my mom's birthday was. We were not sure if it was November 27th or November 29th. And, in fact, my mom's birthday is on November 27th. So, in two days my mom would have turned 68, and as I've shared in this House and I've shared publicly before, my mom died of a heroin overdose at the age of 42.

My mom left Winnipeg when I was 10. I had moved to Montreal; I ended up staying with my father. And my mom left Winnipeg and moved to Vancouver and spent the last 14 years of her life in Vancouver, and particularly in Vancouver's Downtown Eastside, which is actually one of the most poverty-stricken constituencies or areas across Canada that deals with a myriad of issues including addictions, and my mom spent the last 14 years of her life there.

And on April 13th, 1995, in the middle of the night, I was six months pregnant with my first son and the phone was ringing. And for some reason I didn't answer the phone; I don't know why. And then there was a knock at the door, and I went and opened the

door and there was my grandmother, Nora, and my cousin, Tonya, and I just knew when I opened the door, because I could tell that they had been crying, and I just held up my hand, and I just—I didn't want them to say a word; I already knew. And that's the reality for family members when you have a loved one that has addictions.

I knew and had prepared myself for years that eventually my mom would lose her life to heroin, and she did. My mom died by a SkyTrain by Vancouver's Downtown Eastside, somewhere around there. She died in a bathroom stall. She—at that time in Vancouver the heroin that was going around was so pure. It was called white china. It was actually heroin that was mixed with fentanyl. And around that time, people were overdosing, like, immediately. And I guess my mom had gotten some of that, had went into the bathroom stall, as she often did and as people with addictions often do, and she shot up and she collapsed in the—on the floor in a dirty bathroom. And she was found. The ambulance was called, but by the time she made it to the hospital, she died. She had died of an overdose.

And as much as we know as family members that that is a reality, it never quite prepares you, obviously, because I think, as family members, there's always this sense of hope—sense of hope that your loved one is going to get themselves together. There's a sense of hope that, you know, if you just show your loved one love, they're going to get through it. And, unfortunately, it doesn't work like that. Oftentimes, addiction is so powerful that it completely overwhelms you and you are unable physically, spiritually, mentally and emotionally to leave that.

And the reality is that people want to leave that. I would suggest to you that there are no folks that I know with addictions that want to be in those places or those spaces where they can't get out of and that they know that at any moment their life can be taken. Nobody wakes up and wants that for themselves.

I've shared in the House that, you know, a couple of months later, my son Jonah, my first son, was born, and then a couple of years later, I had my second son, Niniichaanis. They grew up without a grandmother. And it breaks my heart that both of my boys don't have any grandparents, including my mom. As difficult as my relationship was with my mom—because my mom was addicted to drugs from very, very early on; I think I was maybe one or two years old and she started, unfortunately, down this path—and so as difficult as that relationship was with my mom, she would have

been a great grandmother, in the capacity that she could have had, and she would have loved my sons. And it's, you know, difficult to not be able to give to your sons something that you know that my mom would have wanted to give to them. My mom would have wanted to be there for them, as their grandmother, but she just couldn't.

And so I share all of that because, you know, I don't think that any of us are immune to having loved ones with addictions. It doesn't matter if you work in this grand building or if you are—you know, you find yourselves on very disadvantaged, marginalized communities, we are all affected by folks, loved ones, citizens, relatives, Manitoba relatives, who are facing addictions.

And so, Deputy Speaker, I do support Bill 9. I think it is important that those that are responsible are held accountable for the role that they play in the addictions crisis that we have, not only in Manitoba, not only across Canada, but certainly across North America.

\* (16:00)

You know, addictions has such a devastating effect on the lives of families and individuals.

And I think that many of us will remember several years back, our former colleague James Allum, who was the MLA for Fort Garry-Riverview—who I absolutely loved. He is such a good human being. He's so kind and so generous and so genuine. And he was one of those men that, when they say that they're a feminist, or they say that they support women, he meant it; he was.

I had a lot of trust for James. And, you know, it takes me a long time to trust people, and certainly it takes me a long time to trust men, for a variety of different reasons, but I trusted him. He was such a good mentor, and he was such a—he's such a beautiful human being. And in that love and that genuineness of him, you will recall, Deputy Speaker, that we had our private member's resolution that came to the floor that he brought, and it was about having the government take serious the issue of addictions here in Manitoba.

And I remember, I was a new MLA and I saw—and I had so many teachings from Jamie—James Allum on how to be a good MLA. And one of the teachings that I had that day when he had his private member's resolution was, he had families in the gallery, and they came to hear the debate on the resolution.

And he—I remember as he was giving his speech to his resolution, he looked at the families, and he dedicated his speech to the families, and he spoke to the families. He wanted families to know that he saw them, that he heard them, that he—as much as he could, understood what they were going through.

But more importantly, that he wanted to value the lives of their children. Because in fact, most will recall that the families that sat in the gallery were moms of their sons who had lost their lives to addictions. And so I thank him for that. I thank James Allum for bringing that discussion to the Chamber.

I want to acknowledge my colleague, the member for Point Douglas (Mrs. Smith), and who, we make no secret is, you know, my—one of my soul sisters who I absolutely love, who also has tirelessly brought—since she became elected in 2017—tirelessly brings the issue of addictions to the Chamber on behalf of, again, not only residents of Point Douglas, but all Manitobans.

And the member for Point Douglas understands very intimately the role that addictions plays in our lives as family members and as community members, and she has had that commitment and continues to bring that in the House.

In fact, it was I think a couple of years ago that the member for Point Douglas and myself, we were speaking in Calgary at MMIWG2S families gathering, and while we were there, we went and did some tours of some addiction crisis centres, long-term treatment, but also for, like, an insight.

So I appreciate the—my—the member for Point Douglas. I appreciate the work that she does and the strength and the commitment that she has for bringing the addictions crisis to this Chamber.

I'm only going to spend a couple more minutes, because there are several folks in our caucus that would like to get up and speak to this.

I will end my comments this afternoon in respect to Bill 9 to say this: I suspect that everybody in the Chamber understands that Manitoba participating in litigation against big pharma companies will take a long time. It certainly will take a long time; we've seen that in the US, although I did find that that lawsuit against—sorry, Purdue, actually didn't seem like it took that long, but whatever.

It seems like it will take long. And, you know, we don't know what's going to happen, ultimately, in that judgment. Will Canadian courts find in favour of

provinces and jurisdictions that are a part of this litigation? We don't know.

But here's what I think is really important to put on the record today, November 25th, 2020, is that should Manitoba be successful in that litigation and should Manitoba be part of a settlement, every one of those dollars should go to dealing, first and foremost, on the front lines of the addictions crisis. Every single one of those dollars should go towards helping Manitoba citizens who want to get help, who need the support to get help, who are desperate for that help and that we have a responsibility as Manitobans to be able to put in that infrastructure and that space for people to get that support. Every one of those dollars should go to that. Every one of those dollars should go to community organizations and agencies that are on the front lines day in and day out helping citizens and community and individuals deal with addictions because there are a myriad of issues that surround or that—in—addiction is predicated upon. And I'm sure I don't need to go into those, but to name a few: poverty, homelessness, trauma. There's a—we have to deal with those underlying reasonings and conditions in which people develop addictions to deal with the trauma and deal with those things.

So my hope is that when the judgment is rendered, and if it is positive in our favour, that all of those dollars go to community and to organizations, because so many years later it would've been nice to be able to celebrate in a couple of days my mom's birthday with my sons. My mom would've been turning 68. It would've been nice to be able to celebrate with her. Instead, I just have to, you know, mention to my boys that it's their grandmother's birthday. And no family should go through that. Moms should not lose their children, daughters shouldn't lose their moms or their fathers, and children should be able to have their grandparents.

And so I say miigwech, Deputy Speaker.

**Ms. Audrey Gordon (Southdale):** I'm pleased to have this opportunity to put remarks on the record in support of Bill 9, The Opioid Damages and Health Care Cost Recovery Act.

As the Minister of Justice (Mr. Cullen) mentioned, the bill will allow Manitoba to participate in a class action lawsuit already under way in British Columbia as well as related proceedings involved in the opioid industry.

Now, BC, Ontario, Alberta, Nova Scotia, those are some of the provinces that have already enacted

similar legislation, and Saskatchewan has introduced legislation as well.

Mr. Deputy Speaker, while it's important to hold this industry to account, we also recognize that there is an immediate need to enhance addictions and mental health supports in Manitoba, and our government has certainly taken action.

Mr. Deputy Speaker, when someone is struggling with the challenges of addiction, having programs to guide them down the long road to recovery can make all the difference in the world. And hope is what our government offers, with front-line investments of \$42 million in mental health and addiction supports in the last seven months alone.

And I just want to pause to say to the member of St. Johns, my deepest condolences. I don't think there's a specific timeline or a time that you can express condolences to an individual. And I remember when I was studying psychology at the University of Manitoba, we learned that the strongest bond in a family is the bond between a mother and a daughter. And I just want to say how sorry I am to hear of the loss of her mother to heroin.

\* (16:10)

And I know, as well, that the member for Point Douglas (Mrs. Smith) has shown interest and has asked several questions in the House about addictions and opioids, and so with the time that I have today, I want to expound on some of the investments our government has made.

So, in October the new RAAM clinic—and the Minister of Health spoke of this clinic today in the House—in Portage la Prairie and our hub investments. So, the investments in the hub and the new clinic is expected to be more than \$650,000 per year. Southern Health has also provided an additional \$360,000 in one-time renovation costs.

We—in September, a request for proposal was issued to expand 24-7 community drop-in capacity for people with addiction and mental health issues. Again, in the same month, new addiction supports for Health Sciences Centre Winnipeg's emergency department, and I was so pleased to be on-site for that announcement. In July, \$1.1 million to expand eating disorder programs at HSC again, as well as create a safe nutrition clinic for people living with eating disorders.

And in June, there was, like, four announcements. We doubled access to take-home naloxone kits; new services to support newcomers with post-traumatic

stress disorder—and having worked in immigration and settlement to newcomer supports, I know how important those investments are to our newcomers; new supportive recovery housing units; and then the Bruce Oake Recovery Centre.

And, again, Mr. Deputy Speaker, \$3.5 million was provided to the Bruce Oake Recovery Centre to enhance access to mental health and addiction treatment. The centre will also add 50 residential addiction treatment beds in the addiction treatment system in our province. And I'm really looking forward to cutting the ribbon or being there for the cutting of the ribbon when this facility opens in 2021.

And then, in education programs for people with dementia and their caregivers, offered by the Alzheimer Society of Manitoba, and we thank that organization for all the great work that they're doing; Internet-based therapy service programs to help Manitobans cope with COVID-19. With the closure of many walk-in clinics and in-person supports by psychologists, psychiatrists and counsellors, I'm so thrilled to see that our government has taken steps to make these services available online.

And then peer support and family support services, as well, \$1.5 million over three years. And, of course, we have social impact bonds, Mr. Deputy Speaker, to help Manitobans quit smoking.

These investments are building on initiatives that occurred throughout 2019, and they will continue into the end of this year and 2021.

So, thank you, Mr. Deputy Speaker, for this opportunity, and I have heard that the member for St. Johns (Ms. Fontaine) is supportive of this bill and I—it is my hope that all the members opposite will also stand and speak in support of the bill.

Thank you.

**Mrs. Bernadette Smith (Point Douglas):** I'm pleased to put a few words on the record about Bill 9, the opioid damages and health-care recovery act, put forward by the Minister of Justice (Mr. Cullen).

Certainly, this is a welcomed bill, as we see cases rising. Even before this pandemic, we know lots of people were losing their lives to the opioid crisis, but even so now, you know, we've been asking in question period to the minister to find out how many actual people have lost their lives during this pandemic since March to opioid overdoses or who have been hospitalized. This certainly will help the Minister of Justice (Mr. Cullen) answer the question about how

much money has it cost the health-care system, you know, dealing with this opioid crisis.

The minister alluded to, you know, he doesn't know those actual numbers right now, but certainly, you know, the Minister of Health said that those numbers are with, you know, someone in the department, but they're unwilling to release those. So, you know, if they can, you know, work together to figure that out. Families have been calling on our government to find out what this government is doing to address this and certainly, like I said, this bill is something that I support, but it doesn't go far enough.

Families are still losing their loved ones; people are becoming addicted everyday; people, through social isolation, through this pandemic, you know, there's lots of people who are experiencing mental health issues that maybe in the past didn't think about using opioids, but certainly have turned to them as a coping mechanism.

And I spoke about this in—last week, about a gentleman who actually passed away in my mom's building. My mom was leaving her building to go and put the laundry in her—into the dryer and she was with my granddaughter. My granddaughter's five years old. They walked outside the—outside their door, and there was paramedics there working on this man, trying to revive him. And apparently he had taken opioids that were laced with fentanyl, and this gentleman was, we found out later, was 42 years old. He was from Sagkeeng, which is the member from St. Johns' First Nation that she's from, and he was a father. He was a volunteer firefighter out there and he had children, you know. He had a family. And what do we say to these families, you know, when they ask, what is this government doing to respond?

And I heard the member talk about RAAM clinics. Well, it's all great to have RAAM clinics, but if you have nowhere to actually send people to get treatment, then those RAAM clinics are useless. We've heard right from front-line workers that are, you know, trying to refer clients to treatment services, but there's no beds available.

Last week, or a week and a half ago, we heard that Main Street Project, you know, the detox had to close because of staffing issues. They went down from 25 clients living in residence, you know, going through treatment, to seven, and we recognize it's because of the pandemic.

But this government has a responsibility to find and support these organizations in finding space,

finding extra space to house those extra people that need treatment.

And they also talked about the increase in the amount of people that they're seeing using opioids. They've never seen this amount of people before. We're in a global pandemic and I recognize that, but this government is failing. They failed to plan and they're failing Manitobans and lives are being lost.

You know, when people call our office saying that they have nowhere to go, they've been, you know, cut off EIA, poverty is a real issue. It's a real issue all over the city. It's not just in, you know, Point Douglas. The opioid crisis is happening all over the city, and I don't think that this government, you know, has really grasped that or really wants to put political will behind addressing it, because certainly, you know, people in my constituency are dying from addictions and things are getting much worse. They're not getting any better.

Since 2016, when the Pallister government came to power, we've seen massive spikes in blood-borne diseases, blood-borne illnesses. Syphilis has increased nearly four times. We've seen huge increases in congenital syphilis. You know, babies being born out of, you know, addictions because we fail as a government to support safe consumption sites.

\* (16:20)

And the member from St. Johns talked about her visit to Calgary, and we went to visit a safe consumption site and we learned at that safe consumption site that there's trained medical professionals that are there that are helping, you know, these people who are addicted get the supports that they need. You know, if they're ready that day to go into treatment, they are streamlined to get them into treatment. If they have—and they talked about, you know, when people are using these drugs that they use every single vein in their body, and their veins are collapsing, so they have to go to a different vein. There's medical trained staff that are teaching them how to properly inject be—so that they don't kill themselves, you know—and these are vices. We're not treating the trauma that, you know, is making people, you know, use these opioids.

When we were there, we also met people who were—used that site but now were working at that site and working with people and showing them that, hey, you know what? I kicked my opioid addiction and so can you, and you can be working in this place too. Being a mentor to other people.

So when, you know, the government, you know, doesn't want to support initiatives like this—it's not that we're supporting people doing drugs. We all, I'm sure, have loved ones—and I know I certainly do have loved ones who do drugs and, you know, use alcohol as a vice. In fact, you know, an aunt just passed away maybe a month and a half ago. You know, she was a chronic alcoholic. She was never able to get the treatment that she needed.

And we're failing as legislators. We're failing as human beings, you know, and I implore, you know, my colleagues on the other side to stand up, to say to your Premier (Mr. Pallister), to stand together to say we have to do something to address this because, yes, people are losing their lives in this pandemic through COVID, but there's a lot of people that we're not talking about, that we're not hearing about, that we're not seeing that are also losing their lives through addictions. And this is something that needs to be addressed.

The member from St. Johns talked about, you know, every single dollar that's collected from litigation, if this government is successful, needs to go back into supporting families—needs to go back into ensuring that there's treatment programs there, that there's beds there when family members want to get in. And, you know, that's certainly not there right now.

We see families being turned away. We see services being cut. We heard, you know, in Brandon alone, that there's a 400 per cent increase in the amount of needle distribution. You know, we don't have a Bear Clan right now that's out on the street collecting those needles, and our kids are still walking to school, you know, possibly walking by a needle and could get pricked. And there could be, you know, someone that's infected with HIV or hepatitis B that, you know, that that person that's, you know, unfortunately doesn't see this needle and may prick themselves, gets infected.

In the back of our building here—we have a pretty secluded building, and we have an empty lot on the side. Daily we're having to pick up needles there. You know, and I don't think that this government realizes the crisis that we're in. Like, we just, you know, it's—people are desperate, you know, and I see this every day in, you know, driving down the streets—even going out to pass out some masks that we were given to the homeless population. Like, people are living in tents. They have nowhere to go. You know, they're suffering. They're suffering in silence and, you know,

as a government, we have, you know, some things that we can do.

We can, you know, implement a living wage so that people can live in dignity. We could address the systemic barriers that people are facing when looking for employment. And there definitely is a lot of barriers for people that, you know, are coming out of addictions or that are homeless. We can provide proper funding to health-care services and make them broadly available to everyone that needs it.

You know, this Healthy Child cabinet was just dismantled. You know, many of those women—those are mothers—they need prenatal care, you know. Those—not having access to prenatal care could mean a baby being born with congenital syphilis. That's a lifetime of health care that our system is going to have to deal with.

You know, there's lots of front-loading that can be happening here with our government. We can improve access to life-saving drugs like naloxone. You know, we've been calling for this for months now. There's lots of stigma around someone who uses drugs having to go to a pharmacist and go and wait in line with other people to access naloxone. It should be readily available for someone to just go and take it off the shelf, purchase it.

And, you know, the member talked about distributing naloxone kits to community and that's great, but we need to, you know, expand that. There's no way that anyone that doesn't need a naloxone kit shouldn't be able to get one and right now, it's—there's not much access to it.

So I know there's lots of members on my team that want to talk as well and speak to this but this is, you know, this is a pandemic in itself. The addiction crisis in Manitoba is out of control. We're not seeing it because of, you know, we're dealing with a global pandemic. We're not hearing it because that's all that's being covered on the news, but there are families out there who are struggling, who—there are individuals out there that can't get into treatment.

So I want to say that I support this, that this is a good bill, but that we need to make sure that every single dollar that's collected goes back into supporting those who need treatment and the families that are having to support those that are dealing with addictions.

So, miigwech.

**Hon. Jon Gerrard (River Heights):** First of all, I want to indicate that we in the Manitoba Liberal Party will be supporting this legislation. We believe it is important to take a class action lawsuit like this against big pharmaceutical companies which have been involved in promoting the use of opioids. The suit itself, I'm sure, will look at the details and will cover many aspects.

I was moved by the story that the MLA for St. Johns shared with all of us and, as I suggested to the minister earlier on in question period, I think it would be important that there be some individual stories which are included as well as the global body of data, which is also extremely important.

And although the global body of data to implicate pharmaceutical companies is certainly there, that—the other thing which is also very important is that people have an understanding of the trauma, of the human suffering that has been imposed and that that understanding is fundamentally important to the success of this lawsuit.

It is important to talk about, as the member for Point Douglas (Mrs. Smith) has done, the lack of adequate addictions care treatment in Manitoba. We have—and I was looking at this Canadian best practices discussion, which is comprehensive in emphasizing the importance of continuity of care and the steps along that route of continuity of care.

Clearly, one of the most important aspects of this is being able—for individuals who have addictions to be able to get the treatment at the point when they need it. If you have somebody who has reached a point in their life where they're ready for treatment, it can't wait 24 hours or 48 hours, it must be there and it must be there right then.

\* (16:30)

I note that in the document that was tabled earlier on, that the wait times for adult men for Winnipeg residential treatment is 53 days. That is 53 days too long. That's not acceptable. It's not working for people to have those sorts of delays, and that has to change.

I note that for adult women, Winnipeg residential, it's 230 days. That is completely unacceptable. And it's horrifying, in fact, to see that number there and to see how long people will have to wait. A day is almost a lifetime in the—of a person who is having a severe addiction and is ready to come forward and want the help the treatment provides. And to not have it there is just bad medicine, right?

It is a health-care system which is not working. It is a health-care system which is not getting the attention that it should. And there may be various components which have been added by the current government, and they should be—get some credit for adding money and components in certain areas, but they get really bad marks for a situation where there are long waits. A long wait, in this case, is just not good treatment. It is not appropriate, and it has to change.

We in the Liberal Party would commit to making sure that that change occurs, because we believe that it is essential to help people; it is essential if we're going to help people not only address their addictions. But in many circumstances I have seen and, indeed, know and have worked individuals who have turned their lives around after having had addictions. And that happened because, in part, they got the treatment they needed. And we need to make sure that what is possible for some can be possible for many, many more. And the reason that it can be made possible is first and foremost by making sure that there is access to treatment quickly.

*Madam Speaker in the Chair*

I would also talk about the fact it's not good enough to have a situation where we're—have the components here, there and everywhere, of the overall plan to help somebody from the start through the treatment program, through helping them get housing, very often for the—helping them get the support they need to get back on their feet and to be supported. I think it's really important that all those steps, that there be a continuity of care, that—the availability of individuals who can help navigate them through those steps, support them through that navigation process.

And it's important to recognize the role and—the critical role, in many circumstances, of people who are peer support workers, who have lived experience. These are people who have some understanding of what the individual with addiction is going through and can provide a unique kind of insight and help and encouragement and example of what can happen.

I had the good fortune to know a woman who was struggling to provide a little bit of a—help, and to watch her as she has come through and taken very significant and important roles in different areas in Manitoba. And it is possible. We need to have more of those messages going around, that it is possible to come through challenging circumstances. It is possible to come out the other end.

But it needs a robust support, and it needs continuous support, and it needs people who can help make sure there's no gaps in the training that there is, the navigation pathway that there is the peer support, and that this is all part of a program which can make a difference.

So, we have a responsibility here in Manitoba to address and to help those who have addictions. We are, in this bill, helping with the going after companies which have falsely represented some of the opioid drugs and promoted their use.

We also need to look, as I discussed in my—in the question period, at other areas. And to the Minister of Justice (Mr. Cullen), I say that there is another example of a poison which he should be looking at. And it is a poison that has been the subject of a number of lawsuits in the United States. It has its own unique challenges in terms of bringing forward lawsuits, but I say to the Minister of Justice that we, in the Liberal Party, would certainly welcome his efforts in this direction and would be supportive.

And the poison that I'm talking about is lead. Lead is a substance which has been long known to be involved in damaging young children's brains. It causes damage even while the infant is in the mother's womb because lead can get from the mother into the child, into the fetus, into the growing child.

And the important area and time of exposure tends to be during pregnancy, and in the first two or three years after. And we have had, in Manitoba, exposure from industrial uses, from paint, from lead in our city water as a result of lead pipes being used to transport the water, and there are other areas: lead ammunition, which may be significant and which may be important.

And of course, there was, for a long time, lead in gasoline in significant amounts. But this lead exposure early on—

**Madam Speaker:** Order, please. I'm going to ask the member that he is straying from the relevance of the legislation that is before us, and I would like to ask him to bring his comments back to the legislation at hand.

**Mr. Gerrard:** Madam Speaker, we're talking in this legislation about addictions, and I'm going to connect the dots, and that is that there is significant evidence that exposure of young children, early on in life, to lead, and children having high blood lead levels, is associated with a significant increase in addictions later in life.

And this appears to be one of the significant consequences of lead, and here we are talking about addictions. Lead is associated with brain damage, with mental learning disabilities, behavioural problems, dropping out of school, addictions, mental illness and, indeed, crime.

So, I won't pursue this further except to say, and to tell the Minister of Justice, that this is another area that he should look at and he asked for my advice on this during question period and so I'm going to share that with him.

I think it is important when we're dealing with addictions, and to bring this back, that we have a system where there are no gaps in the proceeding or the continuum of care. And that—this we still have a long way to go, and I hope that the minister, in pursuing this class-action lawsuit, will learn more about addictions and will make an effort to work with his Minister of Health and to provide a much better system in Manitoba for helping and caring and treating people who have addictions in our province.

\* (16:40)

Thank you, Madam Speaker, merci, miigwech.

**Ms. Lisa Naylor (Wolseley):** I'm grateful to put some words on the record today regarding Bill 9.

Manitoba does indeed have a substance use crisis in which far too many lives have been lost. This topic is personal to me. I've worked with people whose substance use caused them or others in their lives harm. And every day, I see the impact of substance use in my own community. I literally only have to step outside my constituency office door to witness the struggle on any given day.

While this bill allows us to better advocate and seek justice on behalf of Manitobans who've been harmed by opioid manufacturers and wholesalers, it doesn't solve the inaction by the government, this government, to address the addictions crises that Manitoba currently faces.

While I agree that it's important for governments to be able to hold the manufacturers and wholesalers of opioids to account for the damage they've caused in our province, it's also important that the government works to address the addictions crisis we are in. Despite the irresponsible, profit-driven actions of opioid manufacturers, overdose deaths can be prevented. It is up to us as legislators to do everything we can to protect Manitobans.

People use substances across all socioeconomic backgrounds: people use substances because it makes them feel good, it helps them relax, it reduces physical or emotional pain, it helps them release stress or escape from traumatic situations or memories. People use substances to be part of a community, a family, a peer group; people use substances when they celebrate and when they grieve; and sometimes people use substances to keep warm, stay awake and alert, or help them sleep in dangerous or terribly uncomfortable situations.

Substance use and addiction themselves are not solely the problem of those living in poverty; however, for folks living in poverty or otherwise lacking social safety nets—nets, they are far more at risk of dying or overdosing from substances.

I want to remind this Legislature that people who use substances are also impacted by structural inequities—sorry, that—who are also impacted by structural inequities are particularly vulnerable to COVID-19. They often experience underlying health conditions, higher rates of poverty, unemployment, homelessness resulting in overcrowded living conditions and the lack of access to vital resources.

This creates barriers to meeting public health recommendations, to practise physical distancing, limit gathering sizes, reduce movement in the community and practise self-isolation. It puts vulnerable, poor or homeless people who use substances at greater risk of infection and increases their likelihood of requiring hospitalization and critical care.

And that's why we're so committed to an aggressive anti-poverty strategy, including several measures to reduce the rate of addiction and address the root causes. We need to implement a living wage for all Manitobans and address systemic barriers to employment. We need to reverse the Pallister government's health-care cuts, support supervised consumption sites and increase the supply and accessibility of naloxone in the province.

Unfortunately, the government doesn't seem to feel the same way. They've continued to delay acting on their own VIRGO report and have instead insisted on doing another review of their review. But opioid overdoses have continued to climb in our province to record-high levels in—just in the first six months of 2020. Manitoba must make real investments in addiction services and in root causes so Manitobans can get on the journey to recovery as soon as possible.

Within the context of the pandemic, in April of this year, the Manitoba Harm Reduction Network delivered a letter to government and to senior health officials in the province, calling for urgent action, required to ensure the equitable application of public health protections for people who use drugs and are impacted by structural inequalities in Manitoba.

This letter was delivered on behalf of 40 organizations, including several from the Wolseley constituency and 317 individuals, including physicians, nurses, academics, social service providers and community members throughout Manitoba, calling on the Manitoba government to ensure that people who use drugs in the province have equitable access to public health protections during COVID-19 and to address structural inequities that impact their health and safety.

I'm going to share their four requests from that letter here today. I'm aware that some of these would require municipal policy and funding but others are provincial and all levels of government need to be working together to reduce the deaths and other risks from addictions.

On behalf of the Manitoba Harm Reduction Network and the hundreds of signatories, these are their requests and brief explanation.

The Manitoba Harm Reduction Network recommends the immediate suspension of municipal bylaws which sanction the displacement of people sheltering in public spaces, as well as the enforcement of public health orders on people who are gathering in public spaces due to homelessness and the closure of services.

As a provincial government, we can certainly support this request by working to reduce homelessness through implementing a living wage for all Manitobans, addressing systemic barriers to employment and increasing low-cost housing.

The Manitoba Harm Reduction Network also recommends expanding access to safe supply of all drugs in Manitoba, an evidence-based public health measure that will reduce harms linked to the overdose crisis and provide the necessary infrastructure to help communities contain COVID-19.

Some context for that request: as Canada's drug supply is changing and disrupted by the rapid changes to the global economy, action on the provision of a safe supply of all drugs is a critical public health measure during COVID-19. People who use substances are increasingly vulnerable to an

unregulated supply of toxic substances and in the context of COVID-19, are unable to self-isolate while accessing substances.

While we need to expand treatment programs, we also need to support people who are not ready to stop using. Our province 'urgently' need—urgently needs expanded access to clinical care models of safe supply. Safe supply of alcohol and cannabis already exist in our province and other parts of Canada have expanded safe supply to other substances such as opioids and stimulants. We only need to look to British Columbia and other jurisdictions to learn what has worked in their communities.

The Manitoba Harm Reduction Network recommends the scheduling of naloxone to allow distribution by service providers and people who use drugs who are not regulated health professionals.

Some context for this request: in the COVID-19 pandemic context and increasing burden on the health-care system, opiate and overdose poisoning remain a public health priority. People who use substances need viable solutions that will allow them to practise physical distancing without risking overdose and death.

Providers in Winnipeg, Selkirk, Swan River and other Manitoban communities have already reported increases in harms related to substance use as COVID-19 limits access to harm reduction facilities and services.

Currently in Manitoba, take home naloxone kits must be distributed by a health professional. In both British Columbia and Alberta, naloxone has been changed to an unscheduled drug which can be sold and provided without professional supervision and can be distributed to people by outreach and shelter workers, paraprofessionals but also peers or people who use substances. This not only improves access, it lifts the distribution work off of health-care professionals, including EMS and emergency rooms.

And finally, the fourth recommendation is that police forces immediately—and for the duration of both public health emergencies—cease expending resources on the enforcement of simple possession of illicit drugs and related offences.

Again, for context, criminalizing people for accessing the drugs they need to feel well creates fear and stigma and forces people to engage in behaviours that compound their risk and other's risks of contracting COVID-19. Criminalization of drugs and drug use creates a barrier for those whose use—who

use substances, to adopt public help measures and forces them to access drugs in unregulated market, necessitating more public interaction than is recommended in the current context.

Before I wrap up today, I want to state that I absolutely support this bill but I will continue to put pressure on this government to address poverty and to fund treatment and supervised consumption sites.

I also want to echo the member for St. Johns (Ms. Fontaine) in the request that every dollar gained through a legal suit be directed to front-line services and put into the hands of—sorry—to provide support for folks struggling with their substance use.

Thank you, Madam Speaker.

**Mr. Mintu Sandhu (The Maples):** I'd like to put few words on the record regarding Bill 9, The Opioid Damages and Health Care Costs Recovery Act.

\* (16:50)

Madam Speaker, I just was reading the news a few seconds ago. I see there's more people are dying with the opioid crisis in BC than with the COVID-19. In nineteen—2015, 58.9 people—59 point—58.9 per cent of the people who were hospitalized were the lowest income people.

This indicates that addiction is often a symptom of poverty. Government should implement a living wage for all Manitobans, addressing systematic barriers to employment, reversing the Pallister government's disaster cuts to health care. This will help.

In—since 2016, there have been a threefold increase in needles distributed in Winnipeg and a sevenfold increase across the rest of the province. We are wondering where are—those needles are going. They—if they are lying around in the playground areas, somebody might get hurt with this.

So that's why we are calling on the government to support a safe substance-use site. Increase the supply and [*inaudible*] 'naxolone' in the province.

Madam Speaker, the Public Health Agency of Canada model projects, for 2020—suggests that under some scenarios, the opioid overdose crisis may recur or surpass levels seen at the height of opioid overdoses in 2018.

Emergency medical services are often the first point of medical intervention for someone who experiences a suspected opioid overdose. First responders such as paramedics and ambulance crew

respond to 911 calls for suspected 'overside' related overdoses and can administer 'naxolone,' which will save a person's life.

Between January and September 2019, there were more than 17,000 emergency medical services responses to suspected opioid-related overdoses, based on available data from nine provinces and territories.

Overdoses in Winnipeg are continuing to rise during the pandemic, and first responders are saying, this is due to a surge in the use of fentanyl and other opioids. Since the pandemic began in March, calls to nine-one over substance use and poisoning have increased month over month, according to Winnipeg Fire Paramedic Service.

First responders choose 'naxolone,' a life-saving opioid overdose reversal drug, 316 times between June and mid-July: a 161 per cent increase over the same period last year. The first few months of the pandemic, between March and May, Winnipeg Fire Paramedic Service received 259 calls related to suspected opioid overdoses.

June saw 144 opioid-related calls—an increase of 207–227 per cent—compared to 44 such calls in June. Madam Speaker, I saw recently a news from the States that 'pruden' pharma pleaded guilty to three criminal charges, formally admitting its role in an opioid epidemic that was contributed to the hundreds of thousands of deaths over the past two decades in the US.

OxyContin makes—admitted impending the U.S. drug administration's efforts to combat the addiction crisis. If they were doing this in the USA, Madam Speaker, I'm sure they could also be doing in the Manitoba queue.

It's about time that these drug companies—held accountable the role they played in this crisis. Madam Speaker, 16,364 people died of apparent overdose-related—opioid-related overdose in Canada between January 1st and—2016, and March 31st, 2020. That breaks down to 3,025 people in 2016; 4,150 people in 2017. There were—during this period, there were also 20,523 opioid-related poisoning hospitalizations across Canada.

With this, Madam Speaker, I conclude my comments. I think I will be supporting this bill, and this is a good bill, and—but again, we need more. The government should be doing more to help these people.

Thank you, Madam Speaker.

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

**Some Honourable Members:** Question.

**Madam Speaker:** The question before the House is second reading of Bill 9, The Opioid Damages and Health Care Costs Recovery Act.

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

I declare the motion carried.

**Hon. Blaine Pedersen (Acting Government House Leader):** Madam Speaker, would you canvass the House to see if it's the will to call it 5 p.m.?

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

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

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Wednesday, November 25, 2020

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