

**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	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, Hon.	Lac du Bonnet	PC
FIELDING, Scott, Hon.	Kirkfield Park	PC
FONTAINE, Nahanni	St. Johns	NDP
FRIESEN, Cameron, Hon.	Morden-Winkler	PC
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GORDON, Audrey, Hon.	Southdale	PC
GUENTER, Josh	Borderland	PC
GUILLEMARD, Sarah, Hon.	Fort Richmond	PC
HELWER, Reg, Hon.	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
JOHNSON, Derek, Hon.	Interlake-Gimli	PC
JOHNSTON, Scott	Assiniboia	PC
KINEW, Wab	Fort Rouge	NDP
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan, Hon.	Selkirk	PC
LAMONT, Dougald	St. Boniface	Lib.
LAMOUREUX, Cindy	Tyndall Park	Lib.
LATHLIN, Amanda	The Pas-Kameesak	NDP
LINDSEY, Tom	Flin Flon	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Malaya	Notre Dame	NDP
MARTIN, Shannon	McPhillips	PC
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice	Seine River	PC
MOSES, Jamie	St. Vital	NDP
NAYLOR, Lisa	Wolseley	NDP
NESBITT, Greg	Riding Mountain	PC
PEDERSEN, Blaine	Midland	PC
PIWNIUK, Doyle	Turtle Mountain	PC
REYES, Jon, Hon.	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	Tuxedo	PC
TEITSMA, James	Radisson	PC
WASYLIW, Mark	Fort Garry	NDP
WHARTON, Jeff, Hon.	Red River North	PC
WIEBE, Matt	Concordia	NDP
WISHART, Ian	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC
<i>Vacant</i>	Fort Whyte	

## LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, October 7, 2021

*The House met at 10 a.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. Good morning, everybody.

Orders of the day. And I have a statement—

## ORDERS OF THE DAY

## PRIVATE MEMBERS' BUSINESS

## Speaker's Statement

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

I'm advising the House that I have received a letter from the Official Opposition House Leader regarding the official opposition's third selected bill for this session. As a reminder to the House, rule 24 permits each recognized party to select up to three private members' bills per session to proceed to a second reading vote. The Official Opposition House Leader has advised that the official opposition caucus has selected Bill 207, The Abortion Protest Buffer Zone Act, as the last of their three selected bills for this session. In accordance with their letter, the question shall be put on the second reading motion for Bill 207 at 10:50 a.m. on Thursday, October 14th, 2021.

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**Ms. Nahanni Fontaine (Official Opposition House Leader):** Good morning, Madam Speaker. Will you please call Bill 232, The Emancipation Day Act, for second reading debate.

**Madam Speaker:** It has been announced that the House will consider debate on second reading of Bill 232, standing in the name of the honourable minister of indigenous reconciliation and northern affairs. I will therefore—*[interjection]*—and the member has nine minutes remaining.

DEBATE ON SECOND READINGS—  
PUBLIC BILLS

## Bill 232—The Emancipation Day Act

**Madam Speaker:** I will now call Bill 232, The Emancipation Day Act, standing in the name of the honourable Minister of Indigenous Reconciliation and Northern Relations, who has nine minutes remaining.

**Hon. Alan Lagimodiere (Minister of Indigenous Reconciliation and Northern Relations):** Madam Speaker, passage of this bill will officially recognize the anniversary of the day the British Parliament officially abolished slavery in the British Empire on August 1st, 1834, whereby the owning, buying and selling of human slaves as property throughout the colony was outlawed. Recognizing 'emancipation' day is a step forward in acknowledging the multi-generational harms caused by human slavery.

As a government, we are looking to remember the past and shape the future. In doing so, we need to do so in a way that is consciously more inclusive, recognizing that this step is amongst the first of many that needs to be taken in advancing awareness and combatting racism.

As Manitobans, as Canadians, we must never forget our history. It is important that we constantly educate ourselves and take the time to celebrate the achievements, cultures and traditions of all Canadians, including Black and Indigenous people.

No one ever deserves to be treated as less than other—than any other human being because of their place of origin, the colour of their skin, their creed, their religion, their sexual preference or their ethnicity.

Slavery and genocide is the result of dehumanization, which is the mental and intellectual process whereby a group of human beings are stripped of their humanity and described as being inferior: savages, more animal than human or even vermin.

Although painful to acknowledge, this happened in Canada. It happened in Manitoba for those of Métis, Indigenous and people of African descent. As a government, it is important to acknowledge our past and be willing to listen to the experience of those from various backgrounds and acknowledge this—those historical wrongs.

Madam Speaker, there has been a Black presence in Manitoba since the early fur-trading days. The Black population of Manitoba and of the Canadian West grew slowly during the 19th and 20th centuries, most through immigration from the United States.

The successful contributions of African descendants in Manitoba have been present in our province since 1906 when William Sylvester Alpheus–Billy Beal arrived in the Swan River area as a steam engineer. Billy Beal dedicated his life to building and improving Swan River.

The Black community in Manitoba is now increasingly diverse and composed of families and individuals of many origins and backgrounds, ranging from early settlers to more recent immigrants.

We as Canadians, as Manitobans, would like the world to believe we are all tolerant, all inviting. We are known for being overly apologetic, the land of the free. We want everyone to believe we are good people. I want to believe we are all good people.

I grew up learning about the Underground Railroad and the safe haven Canada provided. I did not know that there was one point in our history—we were a Canada that condoned slavery. I was only taught the heartwarming stories of all those whose quest for freedom was secretly made possible by Canadians.

Although this bill wants to celebrate the emancipation of slavery, systemic racism still exists in Manitoba. The facts are we still have a long way to go to be all inclusive, to be free of the persistent racism that looms in the dark rooms of our society. We are not in a position to celebrate the abolition of racism in our province or our country yet. Much more needs to be accomplished.

The truth and reconciliation's calls to actions called on all Canadians to address the wrongs of the past. Although much is being accomplished, there is still much to do.

The passage of this act will go a long way to correcting the errors of the past. I—it will allow our youth to have a deeper understanding and appreciation of all those who call Manitoba home. These teachings will help ensure our young become an integral part in ensuring Canada and Manitoba can live up to being open, tolerant and the land of the free.

I am grateful to be part of a government able to contribute to a society that prides itself in respect for all, and the promises of the Canadian Charter of rights.

We do not profess to be perfect, but what we can say is that every day we are working to be better. That is the fundamental to the principle of hope. Hope that we can all work together to lift each other up and realize a more equitable tomorrow.

Our diversity is a national asset, and provincially our cultural history and diversity is a driving force of development, not only with respect to innovation and economic growth, but also as a means of leading a more fulfilling intellectual, emotional and spiritual life.

As a government, as legislators, we all have a role to play in accepting responsibility for our collective history. Passage of this bill will help us move forward on this responsibility.

**Madam Speaker:** The honourable member for Burrows. The member needs to turn on his mic.

\* (10:10)

The member is still muted. We'll try once more. Can the—oh, here we go.

**Mr. Diljeet Brar (Burrows):** How's that?

**Madam Speaker:** Good. Thank you.

**Mr. Brar:** Madam Speaker, using humans as goods is bad, and we have seen that happen. I want to say thanks to my colleague, the member from St. Vital, for bringing forward this bill, Bill 232, The Emancipation Day Act.

I'm pleased to rise today and speak in support of Bill 232, The Emancipation Day Act. This bill would recognize August 1st every year as Emancipation Day in Manitoba. Abolitionists and others who struggled against slavery, including those who arrived in Upper and Lower Canada by the Underground Railroad, have historically celebrated August 1st as Emancipation Day.

Bill 232 will help recognize the heritage of Manitoba's people of African descent and the contributions that the Black community have made and continue to make to Manitoba. I hope that Bill 232 will receive the unanimous support of this Assembly.

When we talk about this Assembly—the Chamber that we are sitting in right now—and the contribution of the Black community to Manitoba, we can see two members from this community sitting in this Chamber right now. Myself, I am one of the coloured community members in Manitoba.

When we think of human beings, we all like to be colourful. But when it comes to the skin colour, I don't know why we flip our minds at that point of time—why we start discriminating people based upon how they look like, based upon the colour of the skin. I'm proud to say that there are so many members in this Chamber, in this society, in our province who are actually adding colour to the society. If that wasn't the case, our society would not be that colourful.

So, I am proud that we have such members in this society. I am proud to know that we have Black community members who have contributed a lot to our province, and they continue to do so. But, unfortunately, in the past what has happened is painful. And we can still feel that pain. We have seen people being treated like goods, being exchanged for materials, being kept as slaves, being bought and sold.

Just stop and think how would that feel if you were being subjected to such situations, one of your family members was being—gone through such situations. Just think of people being sold in the market. That's painful. But the question that we should ask ourselves, looking into the mirror, is, has that stopped today or we are still facing slavery in a different manner?

When we look at this word emancipation, we think about liberation, we think about freedom, we think about setting somebody free or release somebody. But let's stop and think and ask ourselves, are we still chained? Are we still slaves financially? Are we still slaves socially, economically? Are we free to practise our faith on all parts of this earth? Are we able to practise our values and culture and dress and our religious signs everywhere in this country? I think there's a lot to be done, there's a lot to be achieved. So I want to appreciate the courage and initiative and the leadership of my dear colleague, member from St. Vital, to stand against what was not right.

This is not about what happened in the past. We can relate it to what's happening today. Every year on August 1st, we would be reading about what happened in the past, we would be discussing about what is happening today and we would be educating our families and friends and especially our next generation to not to be part of something that looks like this chapter of the history. And I expect that all members of this Chamber would support this bill and this bill would become a law in Manitoba and it would be called The Emancipation Day Act.

And we also need to think, are we doing our part to fight against similar things that are still happening in this society? And we need to make sure that even if it's not happening to us, even if it's happening to somebody we are not related to, we are supposed to raise our voice against these wrongdoings.

Once again, this is a reminder, introduction of this bill and passage of this bill that I expect today, is an indication that we are concerned about these wrongdoings in the past and we all stand together to fight against these things and eliminate these things from our society.

I want to say thank you to everyone who is standing against what happened to our brothers and sisters of African origin in North America and other parts of the world. Once again, thanks one and all for being together and fight against these negative things in the society.

Thank you so much, Madam Speaker.

**Mr. Bob Lagassé (Dawson Trail):** Good morning, Madam Speaker, and thank you for the opportunity to put a few words on the record today regarding Bill 232, The Emancipation Day Act. I would also like to thank the member for St. Vital (Mr. Moses) for bringing this bill forward.

I will start off by letting the member know that I am in support of Bill 232, The Emancipation Day Act, and I thank him once again for bringing it forward.

\* (10:20)

This bill allows us yet another opportunity to learn from our shared past, and recognizing Emancipation Day is a positive step in acknowledging the multigenerational harms caused by slavery.

Madam Speaker, as we've looked to remember the past and shape the future, we want to do so in a way that is consciously more inclusive. We recognize that this step is amongst the first in advancing awareness in combatting racism. We must never forget our history. It is important that we constantly educate ourselves and take the time to celebrate the achievements, cultures and traditions of Black and Indigenous communities.

In conclusion, Madam Speaker, I repeat what the minister has already stated: no one deserves to be treated as less than because of the colour of their skin, their creed or their ethnicity. It is important that we are willing to listen to the experiences of those from various backgrounds and acknowledge the wrongs done in the past.

Once again, thank you to the member for St. Vital (Mr. Moses) for bringing forward this bill, and thank you, Madam Speaker, for allowing me to put a few short words on the record this morning.

**Mr. Dougald Lamont (St. Boniface):** It's a great pleasure to put some words on the record about this bill, which we support entirely. It is incredibly difficult to talk about or even understand the true horrors of slavery as they took place, and even as emancipation and laws were passed to free people, there were always undercurrents and undertows seeking to take those freedoms away again.

It's important to note that Canada also had slaves and, in fact, we had a large number of Indigenous slaves. There were more Indigenous people enslaved in Canada than Africans. It's a shameful part of our past that we don't fully recognize.

In 1807, there was a law that passed banning the international trade of slaves, and sometimes that's marked as being a measure of progress, but the sad fact behind that is, in fact, that it was in part because in the US, domestic slave-owners were selling their own slaves and did not want slaves coming from other countries.

The true horror of it is that entire families were sold, newborn babies were sold, and the way people were treated was that it wasn't simply that they were less, but they were completely disposable, especially in parts of the Caribbean where people were simply worked to death, working 20 hours a day in sugar plantations until they dropped. And then they were just replaced by somebody else who'd been stolen from their own land.

The other is that the emancipation act—it's important, I think, to recognize some of the history around it, of some of the people who made contributions to it, because there were a number of religious groups—it was overwhelmingly women, actually, who fought for this—and a former woman slave from the West Indies wrote her own story. She suggested—her name was Mary Prince—and she wanted to tell her own story and wrote a book so that people in England could understand her suffering and why it needed to change.

And when the emancipation act entered into law in 1833, at first, the only people who were freed were children under the age of six. And that says something about how slowly they wanted to go because—and it also reminds you of the fact that there were children—children—who were slaves.

And one of the more shocking things about emancipation is actually that the slave-owners were compensated for their loss. At the time, the British government spent 20 million pounds—in 1833—pounds to compensate everyone who'd lost slaves, while the slaves received nothing. It is truly shocking.

And that's part of the story of history. It's important to understand these things, that we often have these—mark these dates and we mark these declarations, that there's an enormous amount of work that has to be done afterwards, and then there's pushback afterwards even after the initial victory because—and those—that undermining and those pushbacks of emancipation and attempts of emancipation around the world continued for decades in the—whether it's Jim Crow in the US, whether it's the Indian Act in Canada, initial promises were reneged on.

Initial promises of freedom and commitment to treating people properly reneged on and backed—and as a result there was incredible suffering. As a fundamental principle, I think we can all agree that there are some things that should not be for sale and human beings are at the very top of that list.

So I want to thank, offer my very sincere thanks to the member for St. Vital for bringing this forward. This is an—very important bill. It's incredibly important that we recognize this and that future generations know about our history so that we can understand our present, and so that we do not revisit the past or end up going back.

Thank you very much.

**Mr. Brad Michaleski (Dauphin):** Thank you very much, Madam Speaker, for giving me the time to stand up and—in support of Bill 232. I think it's a very important bill brought forward by the member from St. Vital.

The reality is this issue is—refers to when the British Parliament abolished slavery in 1834, and slavery is a reality of our past. And although this has happened, it's referencing something that happened many, many years ago. Systemic racism and intolerance still exists today. So we do need reminding.

As legislators we are empowered to put reminders in place so that these things never happen again, and in this respect Bill 232 does that. I know this bill and the issue of systemic racism and slavery mean different things to different people of different ages. But, again, we as legislators who are looking to build

and continue to build a fully inclusive province—and I think we've had many, many successes as a province over the years—but it's always good to have these daily reminders, annual reminders of things that we shouldn't be doing again, we need to reflect on, and these are the things that make us better as a province.

Manitoba's culture is underpinned by layers of multiculturalism, and days and weeks of recognition help to commemorate this and affirm our multicultural community. Without exception, the roots of multiculturalism and 'inclusm' are intertwined through the experiences of African descendants in Manitoba. Contributions from these communities are responsible for the development and prosperity across all sectors of Manitoba.

So celebrating Emancipation Day is a way to encourage Manitobans to both reckon the legacy of anti-Black racism and it's also a way to celebrate the contributions and achievements of Manitoba's Black communities as we all work together to build a better and brighter future.

Our government is advancing Manitoba, addressing issues of inclusion is key to making our province a better and more prosperous spot. Bill 232 is in line with this and, really, this day is about a day that celebrates freedom in Manitoba, and Manitoba has always been a home of hope and will continue to be so.

Manitobans, like all Canadians, have a role to play in addressing racism while strengthening collective networks and relationships that advance the benefits of diversity and cohesion. We value diversity, multiculturalism, reciprocal understanding between diverse peoples and efforts towards inclusion.

We live in a particular time of change and disruption and our diversity—and our provincial diversity is our strength and it always has been. And it can be a driving force, not only for development but for innovation and growth; but it's also a means of leading a more fulfilling intellectual, emotional and spiritual life here in Manitoba.

\* (10:30)

Bill 32–232, again, is in line with the values of this government, and I would put on record, on June 25th, 2020, Premier Pallister endorsed the First Ministers' statement on anti-racism. This statement condemns all forms of racism, discrimination, intolerance and bigotry and commits federal and provincial jurisdictions to works—to work towards

enhancing information sharing, particularly desegregating race-based and social economic data to facilitate evidence-based decision making.

The statement also expressed the need to focus on removing social and economic barriers and providing economic opportunities and leadership roles in communities across Canada.

Among other things, I would just love—I'd love to close by saying as we all strive to make Manitoba a better, more inclusive spot, I thank you, Madam Speaker, for the opportunity to share a few words in support of bill 32 and I thank the member from St. Vital for bringing this important bill forward.

Thank you.

**MLA Uzoma Asagwara (Union Station):** Madam Speaker, I'm grateful for the opportunity to put a few words on the record this morning in regards to my colleague—my esteemed colleague from St. Vital, their bill, Bill 232, Emancipation Day.

So I think it's really important that we recognize—and I've heard a couple of folks say this already—it's really important for us to recognize the past. And I think it's actually very important for folks to realize that, when we talk about Emancipation Day and we talk about the history of slavery in Canada, we're actually talking about the present, and we're talking about the future.

Robyn Maynard is a Canadian author—actually from Winnipeg—and she wrote the book *Policing Black Lives in Canada*, state violence in Canada from slavery to the present. And she makes the really important point—and she notes that anti-blackness in Canada today stems from the history of slavery in Canada years ago.

It's really important for us as legislators to recognize that, in fact, in acknowledging this day, in making this day law, what we are actually doing is recognizing the realities of the policies that have stemmed from that time and the policies that are still very much impactful today. Policies in regards to policing, immigration, education, housing, the economy; all of these policies in some way, shape or form have been impacted by anti-Black racism, which stems from the history of slavery in Canada.

It is critically important for us as legislators to not only commit to unanimously supporting this bill but actually, in each of our respective roles, commit to dismantling anti-Black racism in all of our capacities. We each have a role to play in that. Anti-Black racism

exists in every system in this country and it is reflected in the laws that exist today.

And so I would encourage folks—I think I would venture a guess actually to say that there are many folks, maybe even in this Legislature, who had no idea about Emancipation Day before this bill was brought forward. I would venture a guess that most Canadians don't know about Emancipation Day and the history of slavery in this country. I would venture a guess that most Canadians don't realize that anti-blackness is interwoven with the fabric of this country and it is something that has to be intentionally and systemically addressed.

I think about moments even as a legislator in this House where we've seen folks in this House—the member for Radisson (Mr. Teitsma) is a good example of somebody who has stood up in this House and talked about the ways in which we can advance human rights and has even quoted Martin Luther King and used that as a narrative to sort of lecture folks who have a lived experience of racism of how we advance our own human rights.

It is critical that when we talk about dismantling systemic racism, specifically anti-Black racism, we centre the voices of those who experience it, we centre the expertise of the lived experiences of those who navigate it.

When Black people ask folks to not invoke the words of somebody who championed Black rights for all of our communities without actually fundamentally recognizing the experiences of anti-Black racism of those very members that exist within the same Chamber, I would hope that those folks, like the member for Radisson would listen.

Those moments are actually deeply harmful and deeply offensive and we see that time and time again: folks invoking and using the words of champions in our communities, people who were murdered by the very states in which they were trying to advance the rights of their people, using their words without recognizing their own role in our communities on a day-to-day basis in dismantling those systems.

When I think about Emancipation Day and what that means in Canada, I can't help but reflect on the fact that my parents came over here to this country, to this city, from Nigeria, a place that was colonized by the British; a place, a country that is still struggling with decolonizing itself, decolonizing the systems that we navigate here in Canada; the fact that my parents

immigrated here into a country, raised their family, raised their children in a place where, in fact, anti-Black racism and the history of slavery was very much present.

I remember hearing stories from my parents as a child of the experiences that they had in Canada, in Winnipeg: my parents being denied employment, my parents being met with violent acts of racism, my parents doing what they could in their capacity to make all of our communities a safer and better and more fair and just and equal place for their children and, really, for everybody, because anti-Black racism isn't just something that negatively impacts Black people. It is, in fact, something that negatively impacts all people.

And so I think it's really quite something to be at this stage in life where our colleague has brought this bill forward and we're able to, like, very concretely bring something to the forefront and—you know, I've said this earlier—and not just commit to identifying a moment in our history that was meant to move us forward and away from the harms of that time, but to commit actually today to recognizing that the impacts of that time are still very much present. And we have a lot of work to do—a lot of work to do to make sure that this is meaningfully and systemically addressed.

It is incumbent on all of us to be able to also reflect on recent events. I think about all of the activities of last summer, all of the commitments that people were making during that time. We talked about the events of last summer actually in this House, many of us.

And as the member for Dauphin (Mr. Michaleski) has already indicated, you know, I think it's still something that's very much on the minds of us in this Chamber. I know it's very much on the minds of citizens of Manitoba and it would be wonderful if we could all recommit to not only supporting this bill but in centering, addressing anti-Black racism in every single bill that is brought forward.

There isn't a piece of legislation that would be brought forward in this House that doesn't have the potential to impact positively or negatively Black communities in Manitoba. And so I would encourage and I would ask all of us to think about being anti-racist in the work we do as legislators and if you don't really know what that means or if you don't really know how to do that, you know, thank goodness for Google but also, thank goodness for some pretty amazing people in our communities right here in Manitoba, who do outstanding work.

There's a ton of resources out there to learn about what anti-blackness is, how it functions and how we can each take it upon ourselves as legislators to make this province and make our communities a place in which hopefully the next generation and generations thereafter won't have to endure the legacy of slavery to present day, in the form of anti-Black racism.

\*(10:40)

So I thank our colleague, the member for St. Vital (Mr. Moses) for bringing this very important bill forward. I know that it is celebrated and supported by so many folks in our communities. I would encourage, you know, members to reach out in their own communities to Black people—of which reside in all of our communities—and let the voices of Black people lead and be centred in the work that's being done; amplify the voices and the needs and the experiences of Black communities that have been here for so long.

And recognize that it is long overdue that we address the erasure of Blackness in our systems, in our societies, and that acknowledging this day is the opportunity that we have to stop that erasure, and to make sure that the past, the present and the future of Black people in Manitoba is one that is affirmed, that is just, that is equitable and that is the truth.

Thank you, Madam Speaker.

**Mr. Matt Wiebe (Concordia):** I certainly don't want to hold up the proceedings here because it does seem like everybody's on the same page.

I wanted to just congratulate the member for St. Vital on his incredible work. I was sort of reflecting as we were going through this process, you know, how odd it must seem to bring forward a bill that, you know, should have unanimous support right from the get-go in this Chamber.

And yet, you know, it seems like there was kind of a shift at some point in the speaking notes that were coming on the opposite side of the Chamber. And, you know, where we were maybe in the spring is not necessarily where we are today. So I'm glad that folks have come over and are supporting my colleague in bringing this bill forward.

But I do want to reflect on the fact that that is, I guess, maybe a good reason for us to move this bill forward and to support this, and that is that there's a lot of learning going on, I hope. I hope that that's genuine, and I hope that members opposite are learning from the experiences that are being shared here, are learning from the words that have been put

on the record here today. I think there's a lot of learning that can be done. There certainly is a lot of learning that is happening with myself and I think that there's a way that we can use this bill now to, as my colleague from Union Station said, use it as a platform to educate and to make real systematic changes in our society here in Manitoba.

I know that there are a lot of folks who come to Canada today who are coming to a place that they see as welcoming and open, but they are also experiencing significant racism and significant barriers. And so I hope that this is a bill that opens the door for them. I know that in my own family, in my wife's family, who came here in the 1940s—in the late 1940s—that experience was much different and it was very visceral. It was very overtly racist. The experience that my grandfather-in-law, Columbus Jones, had when he came to Winnipeg as a Black porter was, you know, coming from a segregationist South, but to a place where racism was, as I said, overt and was—it was, quite frankly, dangerous for him and his family.

I just sort of reflect on the idea that if we had this kind of recognition and this kind of opportunity to learn when he was coming to this country, how the experience might have been different for him, how society might have changed and might have advanced, but it didn't. And we've now had, you know, a number of years of patting ourselves on the back as Canadians and saying, you know, we aren't racist, we aren't like our southern neighbours. You know, but this is the kind of bill that puts a very fine point on the fact that, in fact, we do have our own shameful history that not only existed in the past, continued through the 1940s, '50s, and '60s, but continues today in our systems of society.

So I certainly cannot put any more fine a point on it than my colleagues have done, but I just wanted to share that family experience that I think, hopefully, you know, gives some context to what I think a lot of people who are now coming here from Africa, from the islands, coming from other places, are still experiencing today, and how bills like the bill that's been brought from my colleague can hopefully begin to break down those barriers, begin that education and start that conversation that makes those systematic changes that are so long overdue.

Thank you very much, Madam Speaker.

**Madam Speaker:** Are there any further members wishing to debate? If not, is there leave to call the question? [*interjection*] Oh, is the House ready for the question?

**Some Honourable Members:** Question.

**Madam Speaker:** The question before the House is second reading of Bill 232, The Emancipation Day Act.

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

**Ms. Nahanni Fontaine (Official Opposition House Leader):** Is it—do we have leave of the House to call it 11, please?

**Madam Speaker:** Is there leave to call it 11 o'clock? *[Agreed]*

As we are now in the second hour of the morning, I just want to point out to everybody that the House will rise at 11—we will recess at 11:46.

### RESOLUTIONS

#### **Res. 28—Immediately Address the Major Surgical and Diagnostic Backlogs in Manitoba**

**Madam Speaker:** The hour now being 11 a.m. and time for private members' resolutions, the resolution before us this morning is the resolution on Immediately Address the Major Surgical and Diagnostic Backlogs in Manitoba, being brought forward by the honourable member for Wolseley.

**Ms. Lisa Naylor (Wolseley):** I move, seconded by the MLA for Union Station,

*WHEREAS prior to the COVID-19 pandemic, Manitoba had one of the longest wait times for hip, knee, and cataract surgery in Canada; and*

*WHEREAS the pandemic has exacerbated the pre-existing surgical backlog and wait times for thousands of Manitobans; and*

*WHEREAS the Canadian Institute for Health Information has confirmed a growing backlog of surgeries as a result of the pandemic response, including a 22% decrease in overall surgical procedures, an 11% decrease in cardiac surgeries, and an 8% decrease in cancer surgeries; and*

*WHEREAS Manitoba was the only province that experienced a significant decrease in surgical volumes during the second wave, including a 29% decrease in surgical volumes from October to December 2020; and*

*WHEREAS other provinces have taken decisive actions to address their surgical backlogs and made significant progress in eliminating their backlogs; and*

*WHEREAS Doctors Manitoba reported an estimated backlog of 39,000 surgeries as of May 2021, which has grown as a result of surgeries being postponed during the third wave of the pandemic; and*

*WHEREAS Doctors Manitoba also estimated a backlog of over 44,000 diagnostic imaging tests and 32,000 other procedures, such as endoscopies, allergy tests, and mammograms; and*

*WHEREAS delaying procedures and diagnostics prolongs the suffering of Manitobans and delays their life saving treatments; and*

*WHEREAS in situations where Manitobans have had benign tumours, due to the ongoing backlog in surgical and diagnostic procedures, some Manitobans have developed cancer and now must be subjected to much more invasive medical treatments; and*

*WHEREAS the Provincial Government has refused to invest in addressing the surgical backlog, since as of June 30th, 2021 only 3% of the dollars announced to address the backlog has been spent; and*

*WHEREAS the Provincial Government has failed to adequately address the ongoing surgical backlog by failing to fund and manage the provincial healthcare system.*

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to immediately begin reporting to the House monthly on the surgical and diagnostic backlogs and increase investments to eliminate the backlogs so Manitobans can have access to the health care they need.

#### **Motion presented.**

**Ms. Naylor:** Manitobans deserve a government that prioritizes the health of all citizens, especially during a global pandemic. Yet, for five years the PC government has continually cut health care and have not prioritized the health and safety of Manitobans. These cuts resulted in Manitoba having some of the longest wait times for hip, knee and cataract surgeries before the pandemic, and now the situation has gotten even worse.

As of June 2021, Manitoba doctors estimate the backlog in surgical and diagnostic procedures caused by the COVID-19 pandemic has grown to more than 110,000, and they say that this will lead to prolonged pain, worsening health conditions and even death for Manitobans.

This is a direct result of the PC government cuts over the last five years, which resulted in 56 fewer in-patient surgical beds and 1,300 fewer nurses working just in the WRHA alone. Yet, this government refuses to increase the cap on the number of surgeries and make the needed investments to address this growing backlog.

As of June 30th, 2021, only 3 per cent of the dollars amounts to address the backlog have even been spent, and the failure to address it is creating a two-tiered system where some are going out of province to get their surgeries.

\*(10:50)

Not everyone has the privilege, the time or the money to leave the province to access health care elsewhere, and many Manitobans are suffering while they wait for life-changing surgeries and diagnoses here at home. It's time that the PC government immediately make the investments needed to address the surgical backlogs so Manitobans can get the treatment they need and can return to a life without pain. Tens of thousands of Manitobans remain on the growing wait-lists for surgical and diagnostic procedures.

The 'backluss'-log is staggering, and it means that our family members and our community members are having to live with worsening health conditions and prolonged pain because of the actions—or rather, inactions—of this government.

It was reported that six cardiac patients died while waiting for surgery and two had to get transported out of province. Cancer patients are going longer without treatment because of delays in biopsies, resulting in cancers progressing, spreading and patients needing additional treatments.

Those awaiting hip and knee replacements lose their mobility and independence for longer. One example from my own constituency is a woman in her mid-50s. She had her first knee surgery only a couple of weeks before the pandemic was announced, and although scheduled for the second surgery six months later, she's still waiting and may not have that knee replacement until well after the two-year mark of the first.

The pandemic meant that rehab programs were closed when she needed them most, so she still needs a mobility aid to get around and has had to learn to function with one leg shorter than the other, which cannot be corrected until the second surgery.

Not only have the PCs failed to spend any of the small amount committed to address the surgical backlog, they've refused to report to the public on the current wait-list. This issue needs to be addressed immediately and every person should be able to get care in their home community—not travelling out of province far away from home. Every Manitoban should be able to access quality, reliable and timely care close to home.

The Canadian institution of health information report looked at the impact on hospital services from March to December of 2020 compared to the same months from 2019. This report finds that Manitoba experienced a decrease of 18,398 surgical procedures in the first 10 months of the pandemic. That's a 22 per cent decrease overall.

Manitoba was the only province that experienced a significant decrease in surgical volume during the second wave, including a 29 per cent decrease in surgical volumes just between October to December 2020. Many surgical procedures were affected. There was an 11 per cent decrease in cardiac surgeries, an 8 per cent decrease in cancer surgeries.

Among the most concerning impacts are the delays of cardiac and cancer surgeries. The report by the Canadian Institute for Health Information stated that at least two Manitobans died while waiting for heart surgery, and our local media reported six. These are life-saving surgeries that could have been performed and saved the lives of Manitobans if the capacity of the health-care system was not slashed by the PC government's ideology-driven austerity cuts.

These unfortunate deaths could have been avoided. One of my own constituents was deemed urgent for heart surgery in April but waited five months for that surgery. Without it, this 35-year-old young mother could not lead a normal life, and instead of caregiving her own child, had to have someone caregiving her in case she became unconscious and was rushed to the ER, as happened on several occasions.

In her first contact with me, she said she was angry every time she heard the government saying in the media that surgeries were happening and that if you need it, it will happen. When we first spoke, she said to me: I have been told on numerous accounts that I cannot get my surgery because they do not have enough nurses, because they've been moved to other locations in the hospital. Her doctor told her to write to her MLA and beg to have someone recognize that she had fallen through the cracks.

*Mr. Len Isleifson, Acting Speaker, in the Chair*

She went on to tell me how broken our health-care system is. In her own words: Life is not going back to normal for many Manitobans, as we continue to wait for surgery and hope they get to our name before anything terrible happens. My normal life is far from ordinary. I'm a mom who can't go for walks or exercise. I can't drive anymore or work. How many people out there are struggling as this government sits back and does nothing to help with the backlog and help figure out how to fix our broken medical system?

My constituent has finally had her surgery and is recovering at home, but this is no thanks to the then-Health minister, the MLA for Tuxedo. Five months for urgent, life-saving surgery is unacceptable.

The Canadian institute of health information report estimates that the surgery backlog for children and youth is between 3,500 and 5,000 cases, with many children waiting longer than the recommended time.

I know of two children waiting for brain surgery: one in my constituency and another in Agassiz; and there are more.

Many of provinces across the country managed to clear the backlogs for children's surgeries after the first wave of the pandemic by increasing their capacity well above 100 per cent. But Manitoba Children's Hospital has been unable to get its capacity above 60 to 80 per cent due to continuing nursing shortages. This is the direct result of the PC government's ongoing cuts to health care.

In addition to decreased surgical loads, 'urogynological' surgeries have fallen between 40 to 70 per cent, hysterectomies have dropped by 24 per cent, surgeries for pregnancy loss or abortion have been delayed and mammograms have fallen by 20,000.

Diagnostic tests and surgeries are not just about saving a life. It's also quality of life. While vaccinated Manitobans are experiencing the freedom to travel, go to concerts or events, weddings or funerals, we have many Manitobans who can barely walk to their own mailbox or they're bedridden due to these terrible, irresponsible and unnecessary wait-lists.

Other provinces have taken decisive actions to address their surgical backlogs and made significant progress in eliminating them, but Manitoba was the only province that experienced a significant decrease in surgical volumes during the second wave.

In BC, the government announced a robust plan to immediately address the backlog after the first wave, and by the end of November, during the first wave, 90 per cent of surgeries rescheduled had been completed. How did they do this?

Well, they released a robust plan right after the first wave and since the onset of the pandemic have invested more than \$187 million in addressing their surgical backlog. About 164,000 British Columbia patients received their surgery between May 18th to November 12th, 2020 and about 8,000 hours of operating time was added, compared to the same year—time the year before in BC, just to clear the backlog.

They hired additional staff: 33 surgeons, 32 anesthesiologists and 171 post-anesthetic recovery registered nurses. The province avoided having to delay non-essential surgeries again in the second wave of COVID-19 because of what they've learned from the postponements in the spring.

What does all this information show us? It shows us that if there is the will and the needed investments made by the PC government, Manitoba's backlog could be addressed immediately. The PC government should listen to Doctors Manitoba's calls and commit to a fixed date to bring the health-care system back up to speed and begin to provide monthly progress reports on this progress and how they are addressing the backlog.

Thank you, Mr. Speaker.

### Questions

**The Acting Speaker (Len Isleifson):** A question period of up to 10 minutes will be held, and questions will be addressed in the following sequence: the first question may be asked by a member from another party, any subsequent questions must follow a rotation between parties, each independent member may ask one question. And no question or answer shall exceed 45 seconds.

The member from Borderland.

**Mr. Josh Guenter (Borderland):** Mr. Speaker, I believe I'm not in the order.

**An Honourable Member:** I believe I'm supposed to ask the first question, Mr. Speaker.

**The Acting Speaker (Len Isleifson):** Okay, it's a little out of our order, but the member from Radisson.

**Mr. James Teitsma (Radisson):** All right. Can you see and hear me okay?

**The Acting Speaker (Len Isleifson):** Yes, go ahead, sir.

**Mr. Teitsma:** All right, excellent. Yes, I think, you know, I appreciate the member bringing this resolution forward. It's something that is definitely worth our attention and time as legislatures and something that I'm happy that we can talk about this morning and talk about what we can do as government, what we can do by working together.

But my question, I guess, is the member seems to be ignoring the impact of COVID-19 on diagnostic and surgical backlogs across the country. I just want to get a reassurance from the member that she agrees that this has created a problem and this problem is not unique to Manitoba.

**Ms. Lisa Naylor (Wolseley):** I thank the member for that question, and just to be really clear, Manitoba is showing to be basically at the bottom of the heap compared to a lot of other provinces. So nobody across the country has escaped the pandemic.

Certainly, some provinces have struggled even more than we have, and yet we're seeing examples from other provinces where they have done the investment and been able to address the backlog much more quickly than Manitoba has been able to do.

\* (11:00)

**MLA Uzoma Asagwara (Union Station):** I would ask my colleague, what does she think that the government could have done better in terms of creating capacity? Or does she think the government could have done a better job, really, at creating capacity—especially during this pandemic?

**Ms. Naylor:** I thank the member for that question.

I think that this government should not have made the kinds of cuts they made to health care in the first place. That set us up—you know, I know we couldn't predict a pandemic, but I do think government should always be prepared for the things we can't predict.

And so cutting health care far below what is needed is not a good way to prepare for the worst. And I think that the backlog could have been addressed more proactively. We actually had a relatively easy first wave compared to much of the rest of the country. That was the time to be proactive.

And I think this government should have been far less concerned with their internal politics. Maybe if we hadn't had three different Health ministers over the course of the first year of the pandemic, things could—

**The Acting Speaker (Len Isleifson):** Member's time has expired.

**Hon. Jon Gerrard (River Heights):** My question to the member for Wolseley deals with the fact that in a number of areas—for example, eye surgery—there were long waiting lists and it was very delayed access, even before the pandemic. And so we're coming into a situation where there's essentially backlog on top of a very poorly managed health care system by this government and it has really exacerbated the situation here.

**Ms. Naylor:** I thank the member for that question.

I feel that the member answered the question himself: that the backlog was already there, there was already huge challenges in the health-care system and because of the cuts into the health-care system over the past five years, particularly in the areas of nursing, this was a problem that was already built up and not addressed and now is just so exaggerated for Manitoba it's hard to imagine how this government can ever catch up.

**Mr. Andrew Smith (Lagimodière):** I'd just like to first of all thank the member for introducing this resolution, and I'm just curious who the member consulted with in preparation of this resolution.

**Ms. Naylor:** The constituents are reaching out constantly on this issue. I'm—I can't imagine that's not the case for every MLA in this House. I've actually heard from constituents in other areas, from other people's constituents when they feel they haven't got the answers or the responses that they need.

So the consultation is listening to Manitobans, listening to health-care providers and looking at the record.

**Mr. Greg Nesbitt (Riding Mountain):** The member for Wolseley states that our government has failed to properly fund and manage the provincial health-care system, but will the member please acknowledge that our government has committed \$6.98 billion to health care this year alone—the highest ever in Manitoba history—which is approximately \$755 million more than the previous NDP government ever did?

**Ms. Naylor:** I'm more than happy to—sorry, I will thank the member for that question. I'm more than happy to acknowledge that promises have been made, but when we look at the record and see that 3 per cent of the budget that was committed to clearing the surgical backlog has actually been spent, promises don't mean a lot.

**MLA Asagwara:** I'd like to ask the member for Wolseley (Ms. Naylor)—and she's already indicated that she's heard from her own constituents—but I'm wondering if the member for Wolseley can share any concerns that she's heard from health-care professionals about staffing—the staffing shortage and their own ability to provide quality care.

**Ms. Naylor:** I thank the member for—from Union Station for that question.

Absolutely. My constituents who are nurses, who are health-care aides, doctors—people are burnt out, and it's not just my constituents. Obviously, that's across the province. We're hearing this time and time again. Nurses are going on leave.

But the one constituent that I referenced here, her cardiologist could only do surgeries one day a week for her urgent, life-saving surgery because that's the only time he could have nurses assigned to him, and that's incredibly stressful for trained professionals who want to save lives.

So that's what we're hearing, is that it's traumatic; they're traumatized from the pandemic and they're traumatized from not being able to provide the service they were trained to provide.

**The Acting Speaker (Len Isleifson):** Any further questions?

**Mr. Nesbitt:** Under the previous NDP government, Manitobans' average wait times were 5.6 hours in the ER—some of the longest in the country. Pre-COVID, this government dropped them down to 3.8 hours. But can—*[interjection]*

**The Acting Speaker (Len Isleifson):** Order.

**Mr. Nesbitt:** —the member opposite expand on what ramifications she—*[interjection]*

**The Acting Speaker (Len Isleifson):** Order.

**Mr. Nesbitt:** —expected from a global pandemic? *[interjection]*

**The Acting Speaker (Len Isleifson):** Order. Order. We ask for some order in the House, please. This is a question period of 10 minutes. The members have the right to be heard when they asked a question, and they have the right to be heard when they provide an answer.

So I'll call back on the member for Riding Mountain (Mr. Nesbitt) to finish his question.

**Mr. Nesbitt:** Under the previous NDP government, Manitobans' average ER wait times were 5.6 hours—

some of the longest in the country. Pre-COVID, this government brought them down to 3.8 hours.

Can the member please expand on what ramifications she expected from a global pandemic?

**Ms. Naylor:** I thank the member for the question and my colleague for his suggested answer.

I did expect that of leadership. I expected not to have a family member lying on the floor of an ER because he was too weak to stand up and couldn't stop vomiting. But there wasn't a bed. Not even—not someone with COVID, but just someone who had another emergency.

I expected a government to do everything they could to keep Manitobans alive and to not have people, you know, people waiting for ambulances to show up four or five hours in parts of this province—so, leadership, a huge financial investment in one of the greatest crises that has ever faced the province, and to listen to Manitobans.

**MLA Asagwara:** I just want to thank the member for Wolseley for that response.

And I'd like to ask if the member can share with us, you know, why she thinks it's important or if she thinks it's important that the government publicly report on the surgical backlog?

**Ms. Naylor:** I thank the member for Union Station (MLA Asagwara) for that question. Manitobans deserve to know. We deserve transparency in this House. And the citizens that elect governments deserve answers and deserve the truth about what's happening in their medical system.

**MLA Asagwara:** Can the member for Wolseley provide her thoughts on how this government could immediately start to address the backlog?

**Ms. Naylor:** I thank the member for Union Station for that question.

I think we can take a page from provinces that have done this well. And, as I stated previously, this is going to require a huge influx of resources. It takes money to hire nurses, get to the table with health-care providers, stop fighting with them when they're already traumatized and invest in people and in beds and in all the services required.

**The Acting Speaker (Len Isleifson):** The time for questions has expired.

### Debate

**The Acting Speaker (Len Isleifson):** The floor is now open for debate.

**Mr. James Teitsma (Radisson):** That's okay, Mr. Acting Deputy Speaker. I was hoping to ask another question, but the time has expired, as you said, so that's fine. We can proceed with debate.

**The Acting Speaker (Len Isleifson):** The floor is open for debate, standing in the name of the member from Radisson.

**Mr. Teitsma:** I believe the member for Borderland would like to go first.

**The Acting Speaker (Len Isleifson):** Okay, when the—we'll move it over to the member from Borderland.

\* (11:10)

**Mr. Josh Guenter (Borderland):** It's good to see you, good to see all my colleagues again in this hybrid sitting. I was obviously—I think we were all hoping to a certain degree that we'd be back together again in person, but here we are dealing with the fourth wave of this global pandemic. So, good to see everyone in good form and to be able to have this debate on this resolution on this very important subject, which is about addressing the surgical and diagnostic backlog which is a—the first priority, a very high priority for this government.

Let me say, though, I'd be remiss if I didn't say a few words and thank our health-care workers. Our nurses and doctors and all staff who for the last 18 months have worked tirelessly to look after the health and well-being of Manitobans and get us through these incredibly challenging times. And I know so many of them are tired and exhausted and the job they have to do is challenging and certainly, you know, so many Manitobans have been touched in so many profound ways by their care and love and concern.

And it's why we refer to them as our heroes and we look with respect and admiration on their profession and on the work that our nurses and doctors do. And certainly I have friends, members in my community, who are nurses, and I've just an immense amount of personal respect and gratitude for them. And I'm especially proud to represent two hospitals who are vital in the delivery of health care to Manitobans.

One I—is a regional hospital, critically important, and I represent that together with my friend and colleague from Morden-Winkler, the Boundary Trails Health Centre, replete with wonderful people. Alicia and I were touched by their love and concern and their compassion. We were in hospital three weeks ago for a very good reason, for the birth of my daughter Olivia Quinn, born 18 pounds, 13 ounces, 22 inches long. So—but we're very excited about that, but obviously the care we got from the doctors and nurses just speaks to the quality of care that we get here in Manitoba and the real people on our health-care front lines. And so my thanks to them.

And I also do want to make comment on Altona hospital, because it is important in the delivery of health care in our region in the Altona and area. And several months ago Altona hospital had to rework their emergency room and transition to an urgent-care model due to, in part, disruptions caused by COVID and as well as some personnel issues.

And since then the community has really come together with the support of our government, and mayor and council offered an incentives package and really promoted and sold that community as a great place to live, work and play. And we've attracted a clinical resource nurse to serve as an assistant to—as a resource to nurses there, a new site lead who is doing phenomenal, and we've brought new nurses on and attracted new nurses. And Altona is so proud of—and the area—of what they've been able to do to promote the Altona community memorial hospital as a great place to work and there's just a great working atmosphere there now.

And we're excited about it. We're on track within a couple months to be back to a—actually, better place than we were before where we have a truly reliable 24-7 emergency room serving the community and the area. So, great news, and as I told the mayor and council, I said, you know, the community here has done such a great job, we're actually swimming upstream in a very challenging landscape where it's nationwide we're facing nursing shortages and here in the community we're attracting them. So, shout-out to Altona and area.

I want to say as well, you know, it's important that we address the surgical and diagnostic backlog. As I said, it is the highest priority for our government. We did dedicate \$50 million to this issue this spring, and obviously we're not out of the pandemic yet. And the pandemic has caused some very real strains, and I think members opposite can appreciate that, you

know, being in the fourth wave, I mean, there are thousands of surgeries that have been postponed and delayed. And we know that in time that these surgeries become much, much more important—as an elective surgery, it can't be put off forever, in some cases. And so that's why we recognize this and we are working towards innovative approaches to address the backlog. We're look—working with partners that can provide procedures outside of hospital when it comes to cataracts or diagnostics. We've also met with and sought feedback and input from stakeholders like Doctors Manitoba and others who have provided first-hand knowledge and insight.

And then I think, you know, the—probably the most important thing—and maybe I'll just stop here to say this—is, as we're dealing with COVID-19 and the pandemic has ravaged our health-care system and caused these delays in surgeries, not only in Manitoba—it'd be crazy to think this is a Manitoba-only problem—that it's important that we put this pandemic behind us.

And the cleanest, the quickest way of doing that is to get vaccinated, and I encourage all Manitobans, including my own constituents, to do this thoughtfully, to think about it, to have these conversations with trusted sources in your community, with friends, family and, importantly, I think, your health-care providers, and get vaccinated. The sooner we can move on from this, the better.

I would like to point out, though—and I don't think that we should forget—that in 2016 when the PC government—our government took office, not only were we facing a \$1-billion deficit in interest charges on our debt of—in excess of \$1 billion, but we were facing a health-care crisis. ER wait times were almost twice that of the national average here in Manitoba, after 17 years of the NDP.

So, despite all of the rhetoric opposite—you know, and I appreciate the concern that we have for those seeking surgery and seeking attention from our health-care system, I—that's a very important thing and, you know, obviously we're working on that. But I think it's important not to lose sight of the fact that, after 17 years of strain under the NDP, our health-care system got back to a much better place under our government pre-COVID as we reduced wait times, according to the Canadian institute of health information, from 5.8 hours to 3.8 hours. It's an important statistic.

So our government is not ashamed of our record and we will always—we will always—fight to protect

our health-care system from the clutches of the NDP. We cannot afford to go back to not only high taxes and runaway deficits, but a broken health-care system and hallway medicine that we saw under the NDP. We will never go back to those days. We cannot afford to, especially in this environment where we're dealing with this pandemic.

As far as expanding capacity in our health-care system, as a rural member, I'm very proud of our clinical and preventative services plan for rural Manitoba, which saw \$812 million pledged to advance the delivery of health care closer to home—better care closer to home.

We've seen some aspects of that plan rolled out: two new hospitals, expansion at another in Steinbach. And by the way, the \$812 million is more than triple the initial announce—or the initial pledge of—commitment of \$250 million.

So we are serious about delivering health care. Of course, COVID is our No. 1 priority and we're going to make sure that we put this pandemic behind us and we are going to continue to work with stakeholders and partners and find ways to expand capacity in the system.

I think another thing I want to highlight, too, is several weeks ago or months ago now, our government committed to increasing 400—nursing seats in this province by 400. So there are currently more than 800 nursing seats in Manitoba, offered at six publically funded post-secondary institutions in the province and we're going to create an additional 400 new seats, which is going to help increase capacity as we train more health care—more nurses and send them to the front lines.

We're also providing additional financial and process support for internationally educated nurses in providing \$23,000 per internationally educated nurse to help cover a variety of costs that come with obtaining licensure in Manitoba.

So, many things we're doing to expand capacity in the system. The work continues and one thing we can't lose sight of, though, is the ravages of the NDP on our health-care system leaving us with health—ER wait times twice that of the national average.

\*(11:20)

**The Acting Speaker (Len Isleifson):** The member's time is expired.

**MLA Uzoma Asagwara (Union Station):** You know, Mr. Acting Deputy Speaker, I have to say I

actually don't look forward, and I wasn't looking forward to speaking to this really important resolution. And that's because I much prefer that this surgical backlog had been addressed. I would much prefer that the PCs, any one of the three ministers of Health we've seen during this pandemic, would have actually taken their time to develop a plan and address this backlog that is devastating Manitoba families.

Which—I think we have to be really clear when we talk about this, this isn't just folks waiting for surgeries that can be delayed for a couple of years. We're talking about families that are waiting for their children to get brain surgeries. We're talking about people who are waiting for cardiac surgery. We're talking about folks in our communities who are waiting for gender affirmation surgeries, life-saving surgeries that are put on hold and delayed. People are dying because of those delays because not a single minister of Health we've seen during this pandemic, nor before, has ever made a plan to address these issues.

The first minister of Health during this pandemic, instead of listening to doctors, actually insulted and blamed doctors for bringing their concerns, ideas and solutions forward. The second minister of Health was actually so focused and busy making plans for a leadership bid that she couldn't be bothered. Other than making an announcement about \$50 million to address a backlog, she couldn't be bothered to actually attach those dollars to a plan. And the third minister of Health has been, I can't actually say silent because she actually repeated the same announcement with the same dollars with no plan whatsoever attached.

And none of those ministers of Health, not a single one of them has actually called one of the major contributing factors to this backlog what it is, and that is a nursing shortage crisis. It is a health-care staff shortage crisis.

And it's interesting because there's two PC MLAs, just over here to my left, who keep chirping and keep talking, keep just, you know, bringing up old stats about wait times years ago. But it's almost like they haven't gotten any updated notes or that they haven't even bothered to learn what's happening in our health-care system right now to know that there's been record-breaking wait times in our emergency room in the past couple of months alone, that people are being resuscitated in hallways on beds in front of other people waiting in emergency rooms. I wonder if those folks want to talk about that.

I wonder why it is the member for Borderland (Mr. Guenter) can sit in his place and talk about

Altona hospital without actually talking about the fact that they're so short of nurses that paramedics are working in the emergency room. That member has not stood up in this House and advocated for that hospital and those workers in all of the times it's been brought forward, including in the media when those folks were so stretched for resources that they were pleading for help.

That same member talks about how they'll continue fighting on behalf of health-care workers. I would ask member for Borderland and all members on that side of the House, if this is how you fight on behalf of health-care workers, please stop, please don't. That side of the House has been mistreating health-care workers in our system since they took office in 2016. It hasn't stopped.

They have fired hundreds of nurses. They talk about the fact that they've created new nursing positions in post-secondary education. They—*[interjection]* Go ahead—go ahead. And they applaud that. They applaud the fact they cut nursing positions in post-secondary education, that those same nursing spots they cut in post-secondary education years ago would have graduated the same nurses we desperately need today in our health-care system.

These folks are spinning tired lines in their speeches and their questions, and I wonder if those lines are tired because they're exhausted from digging the holes in our health-care system and now desperately trying to fill those holes back up.

It is sad, Mr. Acting Deputy Speaker. It is sad. It's almost like they failed to realize the same health-care workers who were burnt out and exhausted and leaving our health-care system because they are desperate for any sort of reprieve—they're leaving the careers, the passions they chose to pursue—are the same workers who are actually waiting to access the services where the backlogs are.

I think it's shameful, Mr. Acting Deputy Speaker. I think it's shameful that Manitoba, very early on in this pandemic, had an opportunity to learn from other jurisdictions. We've had opportunities during this pandemic, as my colleague from Wolseley has already stated, to learn from other jurisdictions.

British Columbia has addressed their backlog. They found creative ways of doing so. It isn't as though the information and the templates aren't there for the ministers of Health and for this government to learn from and to implement.

The bottom line, I think, is this: this PC caucus would prefer to just say thank you and call people heroes without actually taking any meaningful action. They would much rather talk about the NDP of how many years ago now, without actually looking in the mirror and being honest about the fact that in a short amount of—five years—they have devastated our health-care system, a system that is going to take a significant amount of time—much more time than they've been in office—to repair the damage that they have done.

I would give—and I do give—credit where credit is due. I would give credit to any minister of Health or any member opposite who would actually stand in this House and say that there is a staffing crisis, any minister or any member opposite who would stand in this House and apologize to health-care workers for the way in which they've mistreated them for years, but not a single member opposite will.

**An Honourable Member:** Maybe the fourth minister of Health.

**MLA Asagwara:** Maybe the fourth minister of Health will, my colleague says.

And I truly—truly, I don't hope or wish for another minister of Health. Manitobans have been through three already during this pandemic, none of which have been effective. None of us on this side of the House, despite what members opposite think, actually want to have to stand here in our place and highlight the absolute disaster that these folks opposite have created in our health-care system.

The surgical backlog in Manitoba didn't start because of this pandemic. The cuts before the pandemic to our emergency rooms, to public health, to community health, to acute-care services, to long-term care, the privatization of services like accessing lab diagnostics—all of these things impacted our health-care system and left us precarious and ill-equipped to respond to a crisis.

And unfortunately, because the members opposite, because that caucus refused to situate themselves in the truth, because they refuse to be accountable for their own terrible and failed decision-making, they cannot actually action anything meaningful that makes a positive change.

So I would encourage members opposite to put their egos aside and finally start prioritizing the health and well-being of Manitobans, start listening to front-line service providers—listen to doctors, listen to nurses, listen to allied health-care professionals—

address the staffing shortages, call it a staffing crisis and get to work, publicly report and be transparent on the surgical backlog so that those folks who are waiting for life-saving, life-changing surgeries know exactly what's going on and don't sit at home alone, isolated, in pain and suffering, without a clue as to how their needs are going to be addressed or when.

And I would encourage members opposite to start answering the calls and emails of their constituents who reach out to us for advocacy because their MLAs are too busy not being accountable but they won't even advocate on their behalf to access the health-care services that they need. Because that's what's happening at this point. I hear from constituents in those constituencies on a regular basis, as does my colleague from Wolseley, as do our other colleagues as well. That's unacceptable.

\* (11:30)

So stop reflecting on things that happened many decades ago and get to the—

**The Acting Speaker (Len Isleifson):** The member's time has expired.

**Mr. Teitsma:** Thank you, Mr. Acting Deputy Speaker, for the opportunity to address this House this morning. As I already expressed to the member, I do appreciate the topic. I think it's an important one. It's one that we hear about in our day-to-day lives. We hear about it in our constituency offices, as the member for Union Station (MLA Asagwara) indicated. We hear about it even among our families and our friends that these delays are something that are impacting Manitoban's lives and do need to be addressed. And I don't think anybody on any side of the House would disagree with those assertions, certainly.

Like, you know, as we heard yesterday in the speeches made regarding the retirement of the previous—or the resignation of the previous premier and from his seat in Fort Whyte, I think, you know, we can respect each other across this House. We can be respectful of each other, you know, no matter which particular party colours we might align ourselves with and we can have debate. We can have discussion about how we can make things better for all Manitobans and that's what I really hope that all members can commit to today.

I wish I could be confident that that was the case universally, but I will tell you that I firmly believe that that is the case for the majority of the members in this Chamber. And I do sincerely embrace the opportunity,

and I'm thankful for the opportunity to speak to the House, to be able to address matters of concern—matters of concern to all Manitobans including the matter that we're speaking about during this hour.

Now, we're approaching Thanksgiving weekend. This, I think, might be my last opportunity to address this House before Thanksgiving weekend and I think Manitobans do, even in these challenging times, have a lot of things to be thankful for. I know that I, myself, have a lot of things to be thankful for and I hope the members in this House will take the opportunity to also be thankful and to really dwell on the blessings that we have here in this beautiful country. And those blessings also include the blessings of a universal health-care system and what it is—the lives they are able to save and the assistance that they are able to render to so many Manitobans; to our friends, to our families, to our constituents and, you know, that's certainly something that we all need to be thankful for.

I think Manitobans should also be thankful that right now they do have a government that has committed itself to addressing these issues. They've got a government that has committed \$50 million in this year's budget to address surgical and diagnostic backlog. It's a significant commitment and obviously we need to make sure that we make good on that commitment by spending those dollars.

I think Manitobans could be thankful that we have a government and a health-care system that has responded to the COVID-19 crisis, to the pandemic and to all its impacts on our citizens. I think those impacts have been profound and have been widespread. There's been economic impacts; there have been societal impacts, emotional impacts, mental health impacts and not to mention the actual physical impacts of COVID on people: on people who've passed away, on people who've been in ICU.

I'm grateful for the care that those people were able to receive and I just want to also take time, like the member for Borderland (Mr. Guenter) to say thank you to all our health-care workers, to say thank you to the nurses who've worked so hard. I've heard from many nurses throughout this pandemic and before. And I'm grateful for the work that they do. I'm grateful for their patience and their perseverance. And I encourage them to carry on. We can't go on without them.

I'm thankful that we have a government, also, that recognizes the efforts of those nurses and that recognizes the need for more recruitment, more training, better retention strategies. I have people who

are close to me who are nurses, and I hear sometimes, you know, from them about the struggles that they sometimes face in their workplaces and the difficulties that they encounter. And, you know, as a legislature—legislator, I want to do what I can to make things better. And I think—and to make sure that they have their voice.

Can't remember which member said it, or even what side of the House it was said on, but—I think it might have been the sponsor of this resolution—but they said we need to listen. And I couldn't agree more. I think it's very, very important for us as legislators on all sides of this House to listen to our health-care providers, to listen to nurses, to listen to doctors, to listen to experts and to make sure that we're—when we're talking about how we can best address some of the issues that we're facing in our health-care system—to listen to experts, people who have years of experience in the health-care field and have good ideas—to listen to the good ideas of other health-care workers, and indeed, of all Manitobans.

I just—I wanted to take a moment to recognize the efforts of one of my own constituents. Peter Martin, the son of Sir Paul Martin—he's, you know, had to deal with a loved one being hospitalized during COVID and the challenges that that presented in terms of his visitation and in terms of communication with the health-care team.

It was a challenge, and it was one that actually inspired him to action. He's formed a committee to look at how we can better improve, you know, to make suggestions on how we can better improve communication between health-care teams and between caregiver family members and visitors and the patient, and to get everybody on the same page, and yes, to do a better job. And I encourage him in that. I support him in that. I've, you know, certainly tried to connect him with the people who can make the kind of changes that he's suggesting—you know, make them a reality. And so, I'm grateful for that as well.

You know, I think—the member for Union Station (MLA Asagwara) asked, can we look in the mirror and be honest with ourselves. I'd like to think that I do that. You know, I'm not—certainly not shying away from the amount of work that lies before us. I think Manitobans have a government that has shown a willingness and an ability to take on work like this, take on difficult work even in the face of criticism—often unfair criticism.

And that's the kind of government Manitobans have; that's the kind of government that will get

results—results like we saw before pandemic hit, where we had, you know, reduced wait times in many areas. We'd reduced wait times in our emergency rooms from the record highs that the previous NDP government had taken us to.

So, that's the kind of government that I want to be a part of and that I'm grateful to be allied with. And certainly, I think that's the kind of government that Manitobans deserve, that I think it's the kind of government that Manitobans should be thankful for.

I want to congratulate the member for Borderland (Mr. Guenter). I appreciated him sharing the story about the birth of his child. I'll ask Hansard to maybe check the birth weight of that child, because I swear I thought he said 18 pounds, and I'm pretty sure it was only eight. But that might have just been a slip of the tongue, and I'm pretty sure his wife would agree that the correct number is perhaps best—be the one that is recorded.

But I do want to congratulate him. I know a few things about having kids—I've got six of them myself. And that's something that I'm very, very thankful for.

\* (11:40)

And I want to, you know, again, end my comments today by commending to everybody in this House that we take time this weekend to be thankful for the many blessings that we have. We live in a province that is prosperous and, you know, I know many parts of this world where the idea of having a full meal can pose a challenge and it just simply isn't a reality for many people, and I want to encourage Manitobans to be generous and to share. In my own constituency right now, the Plessis family resource centre is looking for donations, and I'll be making a donation to them and I encourage all my constituents and all fellow MLAs to do the same.

Thank you, Mr. Acting Deputy Speaker.

**Hon. Jon Gerrard (River Heights):** Mr. Deputy Speaker, we have a very serious issue which we are discussing today. I think everybody realizes that, sadly, we have Conservatives and NDP MLAs taking shots at each other rather than providing solutions and ideas that can be used and helpful in having a plan, because we clearly need a plan from where we are now to where we need to go that is delivered by this government.

The question is, why has it not already been delivered? We knew by April of last year that there would be a big backlog. There was a year and a half

to develop and put forward that plan. Where is it? This government is abandoning what it should be doing and it's going after a leadership race and focusing on that rather than looking after the health-care needs of Manitobans.

The—it is true that there were long wait times at the end of the previous NDP government. It's true that those extended into areas like eye care. It's true that there was still very long wait times in the year before the pandemic in 2019 for eye care and for eye surgeries. And it is true today that the backlogs have made that situation far, far worse.

There needs to be a clear plan to address these. It is not there. Putting out \$50 million is not enough. The calculations that I hear in terms of just eye surgeries is that you probably need about \$38 million in order to address those properly. So \$50 million is not going to be enough to cover the whole problem. We need to have it addressed properly and with proper funding.

There are a number of measures that should be taken. No. 1 is to take off the cap of the number of surgeries like eye surgeries and hip and knee surgeries. This puts artificial limits on the number of surgeries, hip and knee replacements and cataract and other eye surgeries which can be done. Removing the cap will alleviate some of the problems, and as the study by the Conference Board of Canada has shown that, in fact, it will save money and it will save more than \$200 million each year for Manitoba to have eye care looked after properly, and that is something which the government needs to realize. They haven't learned how to save money when they look after health care. Sometimes you have to spend it and do it vigorously in order to make sure that you are saving the dollars that can be saved.

Second, we need to reinvest and rebuild the public health system and with a particular focus on staffing of physicians, nurses, allied health staff. This is clearly a very important area.

Third, we need to define wait times realistically from diagnosis to treatment, not as—I understand from the minister yesterday, from when the surgery is actually booked to when the procedure is done because there is a wait time to see a specialist. There is a wait time very often, sometimes even months before the specialist can actually book the surgery, and so the way we're recording wait times at the moment is not very helpful because it doesn't reflect the reality of what Manitobans are going through.

The fact is that there are tens of thousands of Manitobans who are stuck suffering on waiting lists. On surgical waiting lists it's said to be about 38,000 and many more in diagnostic tests, often which are essential in order to get access to surgery.

Where is this government? They have had a year and a half to bring forward a plan. They've not done so. They've abandoned their responsibility. They've left tens of thousands of Manitoba suffering in pain, in lurch because they haven't done their job. They could be doing their job; they could be doing this effectively and they could be saving health-care dollars at the same time.

There really is a clear answer to this: there must be a plan; this government needs to present it. I'm actually quite disappointed that the Health Minister wasn't here today—wasn't speaking today in order to outline her plan. I don't know whether that means she doesn't have a plan, but whatever the situation is we

should have had a much clearer plan than we have had presented.

It should provide the approach in each of the different surgical areas because they're all different and need individual approaches, and eye care is certainly one of the most important. It is, I understand, something like the fourth largest specialty across the board. It is a very important one, but it has been, sadly, far too much neglected in recent years, and much more attention needs to be paid to eye care.

The fact is, that if you don't look after eye care, cataracts in people who are getting older, you get—

**The Acting Speaker (Len Isleifson):** Order. Order. When this matter is again before the House, the honourable member will have five minutes remaining.

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

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Thursday, October 7, 2021**

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