



Second Session – Forty-Third Legislature  
of the  
**Legislative Assembly of Manitoba**  
**DEBATES**  
**and**  
**PROCEEDINGS**

**Official Report  
(Hansard)**

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Forty-Third Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
ASAGWARA, Uzoma, Hon.	Union Station	NDP
BALCAEN, Wayne	Brandon West	PC
BEREZA, Jeff	Portage la Prairie	PC
BLASHKO, Tyler	Lagimodière	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian, Hon.	Keewatinook	NDP
BYRAM, Jodie	Agassiz	PC
CABLE, Renée, Hon.	Southdale	NDP
CHEN, Jennifer	Fort Richmond	NDP
COMPTON, Carla	Tuxedo	NDP
COOK, Kathleen	Roblin	PC
CORBETT, Shannon	Transcona	NDP
CROSS, Billie	Seine River	NDP
DELA CRUZ, Jelynn	Radisson	NDP
DEVGAN, JD	McPhillips	NDP
EWASKO, Wayne	Lac du Bonnet	PC
FONTAINE, Nahanni, Hon.	St. Johns	NDP
GOERTZEN, Kelvin	Steinbach	PC
GUENTER, Josh	Borderland	PC
HIEBERT, Carrie	Morden-Winkler	PC
JOHNSON, Derek	Interlake-Gimli	PC
KENNEDY, Nellie, Hon.	Assiniboia	NDP
KHAN, Obby	Fort Whyte	PC
KINEW, Wab, Hon.	Fort Rouge	NDP
KING, Trevor	Lakeside	PC
KOSTYSHYN, Ron, Hon.	Dauphin	NDP
LAGASSÉ, Bob	Dawson Trail	PC
LAMOUREUX, Cindy	Tyndall Park	Lib.
LATHLIN, Amanda	The Pas-Kameesak	NDP
LINDSEY, Tom, Hon.	Flin Flon	NDP
LOISELLE, Robert	St. Boniface	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Malaya, Hon.	Notre Dame	NDP
MOROZ, Mike, Hon.	River Heights	NDP
MOSES, Jamie, Hon.	St. Vital	NDP
MOYES, Mike, Hon.	Riel	NDP
NARTH, Konrad	La Vérendrye	PC
NAYLOR, Lisa, Hon.	Wolseley	NDP
NESBITT, Greg	Riding Mountain	PC
OXENHAM, Logan	Kirkfield Park	NDP
PANKRATZ, David	Waverley	NDP
PERCHOTTE, Richard	Selkirk	PC
PIWNIUK, Doyle	Turtle Mountain	PC
REDHEAD, Eric	Thompson	NDP
SALA, Adrien, Hon.	St. James	NDP
SANDHU, Mintu, Hon.	The Maples	NDP
SCHMIDT, Tracy, Hon.	Rossmere	NDP
SCHOTT, Rachelle	Kildonan-River East	NDP
SCHULER, Ron	Springfield-Ritchot	PC
SIMARD, Glen, Hon.	Brandon East	NDP
SMITH, Bernadette, Hon.	Point Douglas	NDP
STONE, Lauren	Midland	PC
WASYLIW, Mark	Fort Garry	Ind.
WHARTON, Jeff	Red River North	PC
WIEBE, Matt, Hon.	Concordia	NDP
WOWCHUK, Rick	Swan River	PC
<i>Vacant</i>	Spruce Woods	

## LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, April 24, 2025

*The House met at 10 a.m.*

**The 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, 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.

We acknowledge that we are gathered on Treaty 1 territory and that Manitoba is located on the treaty territories and ancestral lands of the Anishinaabeg, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk nations. We acknowledge Manitoba is located on the Homeland of the Red River Métis. We acknowledge northern Manitoba includes lands that were and are the ancestral lands of the Inuit. We respect the spirit and intent of treaties and treaty making and remain committed to working in partnership with First Nations, Inuit and Métis people in the spirit of truth, reconciliation and collaboration.

Please be seated.

**ORDERS OF THE DAY****PRIVATE MEMBERS' BUSINESS**

**Mr. Konrad Narth (Deputy Official Opposition House Leader):** Could you please call Bill 226, The Health System Governance and Accountability Amendment Act (Reporting When Timely Care Not Available)—oh, second reading, Honourable Speaker.

**The Speaker:** Been announced that we will now proceed to second reading of Bill 226, The Health System Governance and Accountability Amendment Act (Reporting When Timely Care Not Available).

**SECOND READINGS—PUBLIC BILLS**

**Bill 226—The Health System Governance and Accountability Amendment Act (Reporting When Timely Care Not Available)**

**Mrs. Kathleen Cook (Roblin):** I move, seconded by the honourable member for Springfield-Ritchot (Mr. Schuler), that Bill 226, The Health System Governance and Accountability Amendment Act (Reporting When Timely Care Not Available), be

now read a second time and referred to a committee of this House.

**Motion presented.**

**Mrs. Cook:** I want to begin my comments today first by acknowledging and thanking Daniel Fewster and Colleen Dyck, who are with us in the gallery today. They are two of Debbie's children, and I just want to commend them for sharing Debbie Fewster's story, publicly and so powerfully, which takes extraordinary courage.

And it's this kind of advocacy that transforms grief into change, because this bill, despite its long and rather onerous title, should actually be known as Debbie's law, because it's named in honour of Daniel and Colleen's mother, Debbie Fewster. And I want to tell a little bit about Debbie's story, because it's the onus for this bill today.

During the summer of 2024, Debbie had been experiencing some minor heart symptoms. After meeting with a specialist, she was diagnosed with angina, a pain in the chest that is often the symptom of a larger issue. Debbie's doctor recognized that this was a red flag and scheduled a stress test to try and get a better understanding of the extent of the problem. Debbie failed that stress test in August 2024, and it became clear that Debbie needed urgent heart surgery. Her doctor acted quickly and booked her to see a specialist within two weeks. An echocardiogram was scheduled and took place two weeks later. That echocardiogram discovered just how serious the issue was.

Debbie would need a triple bypass and she would need it soon. She was given medication and sent home, but crucially, that was when she was told that she needed this life-saving surgery within three weeks. That was on August 22, 2024. And initially, Debbie and her family were optimistic. Debbie's brother had had the same surgery about 20 years ago, and it had resolved the issue. The success rate for this surgery is actually quite high; according to the Cleveland Clinic, 10 years after having a coronary artery bypass, more than 75 per cent of people are still alive.

Following her stress test in July of that year, Debbie had been moving through the health-care system quickly, a recognition of the severity of her case. But then she hit some kind of wall. It soon

became clear she would not have her surgery scheduled in September, when she was told she needed it. Debbie and her family were told they would be given a week's notice for the emergency surgery, but that notice never came. And after more than two months on the wait-list, Debbie tragically passed away.

But we are here today because Debbie's family refused to let her story be forgotten, and because no other family should be left in the dark like that again. So I want to talk a little bit about Bill 226, what it does, and why it matters and why we need it in Manitoba.

I think all of us in this Chamber routinely hear from constituents who are waiting. They are waiting for a diagnostic test; they are waiting for a surgery. Often I hear from patients who are waiting for an orthopedic surgery or a cataract surgery or a spinal surgery—surgeries that are certainly very important in their lives. Going without these surgeries is painful, causes people to go off work. It can be certainly life-altering to go without these procedures.

But what's most troubling is when we hear from constituents or people from across Manitoba who are waiting for a life-saving surgery. And in many cases, these people don't even know where they are on the wait-list. And when the surgery or procedure that they need is the difference between life and death, that's really troubling.

Health-care providers do the best that they can, the very best that they can to make sure patients in urgent situations like Debbie's get the care they need and are treated as soon as possible. But the system failed Debbie, and she's not alone.

Just a few weeks ago in this Chamber, we raised the case of John Funk, whose case is eerily similar to Debbie's. John, too, was waiting longer than his doctor had advised for a cardiac procedure. Thankfully, after his case was raised here in the Legislature and made front-page news, John got the surgery he needed.

But people shouldn't have to go public with their personal health-care stories to get the care that they need. Debbie's law is about honesty, transparency and accountability. The bill requires health authorities to notify patients in writing if care for a serious condition cannot be provided within the medically recommended time frame. Patients must be informed of alternative care options, including the potential to seek treatment out of province.

And here is where I think we run into some difficulty with the current government. And I just want to speak a little bit about the danger of adopting a purely ideological approach to this. In an ideal world, every Manitoban should get the care they need right here at home. But when that's not possible, we owe it to Manitobans to be transparent and honest about the risks and the options available to them.

\* (10:10)

The government cannot allow people to languish on wait-lists because of ideological rigidity or because they're opposed to people getting the life-saving care they need as quickly as possible, even if it's not in Manitoba.

And even the Canadian Medical Association recognizes this. Their website clearly states, and I quote: The CMA is calling for provincial and territorial governments to provide patients with the choice to receive care and cover the costs either within their jurisdiction, elsewhere in Canada or outside the country, if care is not provided in a timely manner. Unquote.

The bill also mandates the reporting of all deaths linked to care delays for serious conditions. The Minister of Health would be required to table an annual report in the Legislature bringing these stories to light rather than burying them in silence.

And I do want to acknowledge that the current government—the Minister of Health met with the Fewsters personally, and I appreciate that, and I know that they do too.

The current government issued a directive on this issue. The problem is, I don't believe that the directive goes far enough. One of the issues with the directive is that it only applies to cardiac care. We know that there are other types of life-saving procedures, for example, cancer treatment, that people need. And we think that this directive that patients be informed of how long they'll be waiting be extended to all types of life-saving care, not just cardiac care.

The directive also doesn't address the issue of having that discussion with patients about options for out-of-province care if the wait time here exceeds the medically-recommended wait time. And that's a problem because it's all about honesty and transparency with patients.

I think that any one of us would want to know, we would want—would not want to be kept in the dark. If we needed a life-saving procedure and the wait time

here is too long, patients deserve to know that and they deserve to know what other options may be available to them.

People like Debbie's family will tell you that they would have done whatever it took to get their loved one the care that they needed, even if it meant going out of province, even if it meant going out of the country. But without all of the information, they're powerless.

Making this requirement a law ensures that any future Health minister, regardless of party, is held to the same basic standard of transparency. And legislating these measures forces health authorities to act. Directives are advisory. Laws must be implemented.

I see that I'm running short on time, so I just want to talk about the fact that Debbie's story is far from unique. Many Canadians have died on health-care wait-lists. In Ontario, 115 patients died while waiting for cardiac surgery last year; 41 of them exceeded the recommended wait time. In Nova Scotia, 50 people died while waiting for potentially life-saving procedures; 19 of those cases involved medically unacceptable delays.

And public polling backs this legislation. Manitobans would support it; 86 per cent of Canadians agree that patients should be notified immediately when life-saving treatment cannot be provided on time and be informed of alternatives; 82 per cent support annual public reporting of wait time data, including whether a patient died while waiting; and 64 per cent believe hospitals should be held to the same public transparency standards as other businesses, like restaurants, that fail inspections.

This is about transparency and accountability. And these are not partisan numbers. This is a common sense reform supported by a vast majority of Canadians.

Before I conclude my remarks, I want to once again thank Debbie's family for their courage and tenacity in bringing this issue forward. If Debbie's law is passed in Manitoba, it would be a first in Canada for this type of legislation.

And I just want to say, if the government wants to take this bill and put their own name on it and pass it—great. I'll withdraw my bill, you can put an NDP member's name on it and we'll pass it, but—because I think this is truly a non-partisan issue, it shouldn't be a political bill. This is about improving transparency and accountability for Manitoba patients. It would be binding on all future ministers of Health regardless of party.

So I would just encourage all members of this House, let's get this bill past second reading today and let's get it to committee so that Manitobans can come and have their say on this important legislation.

Thank you.

### Questions

**The Speaker:** A question period of up to 10 minutes will be held. Questions may be addressed to the sponsoring member by any member in the following sequence: first question to be asked by a member from another party; this is to be followed by a rotation between the parties; each independent member may ask one question. And no question or answer shall exceed 45 seconds.

The floor is now open for questions.

**Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care):** I want to thank the family of Debbie for being here today and for meeting with us to talk about this really important issue and for working with our government and working with, really, everybody who wants to work on this issue to make it better in our province.

I'm just wondering if the member opposite can talk about the Cardiac Centre of Excellence. Can she talk to the House today about what that centre of excellence did and how the performance was in Manitoba and beyond Manitoba?

**Mrs. Kathleen Cook (Roblin):** Thank you to the minister for the question. Certainly the Cardiac Centre of Excellence at St. Boniface Hospital is a jewel of Manitoba's health-care system. I've had the pleasure of meeting with physicians there.

I think I know where the minister's going with this question. They like to repeat a spurious allegation—I'll wait for them to do it in the next question, but there's absolutely no evidence to suggest what the minister is suggesting here. And I know what they're getting at.

**Mr. Ron Schuler (Springfield-Ritchot):** I'd like to thank the member for Roblin for bringing this bill forward and the family for coming forward and having the courage.

My question is, to the member for Roblin, could she explain why covering the costs for out-of-province care is not covered by Manitoba Health in this bill, and, more importantly, would she support Manitoba Health covering the cost for out-of-province care?

**Mrs. Cook:** Thank you to my colleague for that very important question.

Certainly, I would've loved to have included a provision in this bill that any out-of-province care costs must be covered by Manitoba Health, but as members will know, under our rules, a private member's bill cannot include a provision that would require the government to spend money.

But I think it's important to note that the previous PC government was providing that coverage for procedures out of province when wait-lists here were too long for a variety of procedures. That's unfortunately something that the NDP chose to cancel very shortly upon taking office.

**MLA Asagwara:** The member opposite is right. I do think it's important to be honest about what we're talking about here in the House. I've met with the experts, including the expert who's still in Manitoba who built the Cardiac Centre of Excellence with his colleagues from the ground up, and the PC government dismantled that program.

There are members in that PC caucus who were there during the time when it was being dismantled. The member opposite was advising the previous government on health. So I do think it's important to be honest about what happened to the program and the impacts we're seeing of those decisions, right now in Manitoba, in cardiac care.

I think if—you know, in the spirit of transparency, I would love for that member to explain to this House why the previous government took that approach and if she can talk about the impacts of those decisions?

**Mrs. Cook:** I find it interesting that the minister continues to spout that allegation without absolutely no facts, no receipts, no proof to back it up. Repeating something over and over again doesn't make it true, no matter how much they may like that to be the case.

I can tell the minister about some of the statistics about how cardiac care has gone over the last year and a half under their watch. Wait times for urgent cardiac care, according to the Fraser Institute, have risen 140 per cent in the last year, and elective cardiac surgery is up 72 per cent.

So perhaps the minister would like to answer for their own record, when it comes to cardiac care in Manitoba.

**Ms. Jodie Byram (Agassiz):** I would like to extend my condolences to Debbie's family who join us here in the gallery. I admire your strength and courage in coming forward in your time of grief to make health care better here in Manitoba. And I would also like to

thank our colleague here from Roblin on bringing this important bill forward with us here today.

I would just like to ask the member if she can elaborate a little bit more on why Debbie's law is so necessary here in our province.

**Mrs. Cook:** Thank you to my colleague for that important question. One of the reasons we need this legislation is because the directive that was issued by the Minister of Health doesn't go far enough. It only applies to cardiac surgery, and while cardiac procedures are certainly often life-saving procedures, they're not the only life-saving procedures that are done in Manitoba.

And what Debbie's law would do is require patients to be informed of the medically recommended wait time for their life-saving procedure and what the current wait time for their medically necessary, life-saving procedure is. And if the wait time exceeds the medically recommended wait time then they are—they will be informed of other alternatives, including out-of-province care. That's not happening, currently, in Manitoba. It needs to be happening to prevent—

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

\* (10:20)

**MLA Asagwara:** I agree with the member opposite. The multiple directives that I issued, although are very important, they're a reach into the system to give clear direction on how to immediately take steps to improve cardiac care. They don't go far enough, which is why our government is going even further than those directives, and even further than what's outlined in Debbie's law and the spirit of Debbie's law which is at the heart of why we're having this conversation, and that work is valuable and being done.

Going back to the Cardiac Centre of Excellence—though the information in terms of it being dismantled is not coming from me, it's coming from Dr. Soni, it's coming from the experts at the cardiac centre at St. Boniface who watched this happen year over year and had no answers as to why. I'm speaking directly from the experts who provide this care in Manitoba. If we want to avoid repeating mistakes, we have to understand how they happened, which is why I'm asking the member this question.

**The Speaker:** Member's time has expired.

**Mrs. Cook:** I appreciate the question because it gives me an opportunity to put a few more words on the

record about the NDP's health record over the last year and a half.

Surgical specialties in particular, and not just cardiac care, are in a tailspin under the NDP. Ophthalmology waits are up 229 per cent. Ear, nose and throat surgeries, wait times are up 39 per cent; neurosurgeries up 49 per cent. Medical oncology—and this one's troubling—up over 1,000 per cent. And, as I mentioned previously, and most pertinent to what happened with Debbie Fewster, urgent cardiac surgery waits have risen 140 per cent. And elective cardiac surgery waits have risen 72 per cent.

These are facts, Honourable Speaker, and facts don't lie, and I think these facts are part of the reason why—

**The Speaker:** Member's time has expired.

**Mr. Trevor King (Lakeside):** I want to thank the member from Roblin for bringing this bill forward, and I want to thank the family for their support behind the member from Roblin and all of the colleagues here in this House for their support towards this bill.

My question, Honourable Speaker, to the member is—from Roblin is, how does this bill improve the current state of transparency in our health-care system?

**Mrs. Cook:** Thank you to my colleague from Lakeside for that important question.

One of the provisions of Debbie's law would require the government to track the number of people who die on a wait-list for life-saving care, and not just to track it, but also to report publicly on it. We think that this is information Manitobans are entitled to have; transparency and accountability are really important in all facets of government, but particularly in health care, particularly when people's lives are at stake.

And again, the minister's directives sort of addressed a little bit of this in terms of tracking cardiac surgery deaths, which I believe is already happening, but it didn't require tracking of any other types of deaths and it doesn't require public reporting of those deaths, and we think that those are important omissions that this bill will address.

**MLA Asagwara:** I do want to reassure the member opposite that we are working directly with—and Debbie's family—that we are working directly with the experts in Manitoba who understand cardiac medicine.

We're working directly with them—these are the folks who are helping us re-establish the Cardiac Centre of Excellence. These are the folks who have made clear, and they support the spirit of Debbie's law, but also understand that there is work our government must do well beyond that, which is why we're going further than Debbie's law.

And I also want to make clear that we agree there needs to be steps taken to protect the structure of the Cardiac Centre of Excellence that was dismantled by the PCs, and our government does intend to bring forward legislation that will do just that, including taking additional steps to invest and strengthen women's cardiac care in the province.

I'm just wondering if the member—

**The Speaker:** Member's time has expired.

**Mrs. Cook:** The minister is trying to deflect from what this bill is actually about. This bill is actually about improving transparency and accountability for all Manitoba patients for all life-saving procedures that are required.

Right now, patients are left in the dark. You could be referred for a test or a surgery. I've got emails in my inbox right now that I'm just waiting to forward on to the Health Minister from patients who don't know how—[interjection]

**The Speaker:** Order.

**Mrs. Cook:** —long they're waiting for care. They're left in the dark, they don't know when they're going to get the care that they need, they don't—they've not had any of their other options discussed with them and they are more than willing to go out of province if they have to. They don't want to, but if they have to, they will.

But this NDP government would prefer to leave them in the dark.

**The Speaker:** The honourable member—[interjection].

Order, please.

The honourable member for Agassiz (Ms. Byram).

**Ms. Byram:** Again, I want to thank my colleague from Roblin for the work that she has put into preparation for this, and again, to the family. I know there's been a lot of dialogue shared between both parties in terms of bringing this bill forward.

I would just like to ask the member, was there other consultation outside of that, and if I can ask, who did she consult with on this?

**Mrs. Cook:** Thank you to my colleague for that important question.

Manitobans back this legislation. There is polling data that lays that out, plain for all to see. A vast majority, I want to say 86 per cent of Canadians, support the idea of Debbie's law. Debbie's law is going to prevent other tragedies from happening to Manitobans, like what happened to Debbie Fewster. The system failed Debbie. It has and it will continue to fail others if these issues are not addressed.

Let me be clear: if the NDP choose not to pass this bill today, that's tantamount to admitting they have no intention of implementing the spirit of Debbie's law. They're making excuses about why they think this bill can't be enacted in Manitoba. That's absolute hogwash. It's certainly enactable. It can be done here.

We're not asking for rocket science. This is, in essence, an administrative change—

**The Speaker:** Member's time has expired.

And the time for questions has expired.

### Debate

**The Speaker:** The floor is open for debate.

No one—the honourable Minister of Health, Seniors and Long-Term Care.

**Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care):** Again, I want to thank Daniel and Colleen for being here and I want to acknowledge that it must be difficult to be here and watch legislators go back and forth, talking about an issue that's very, very—it's not just close to home, it's something your family is actively navigating. And I want to apologize for that.

I don't want you to think at all that this is, for us, a political football; it is not. We recognize that this is an issue that affects many Manitobans. And I bring up the issue of the Cardiac Centre of Excellence and how it was dismantled by the previous government, not because it's, for us, a political maneuver but it's because the only way that we prevent mistakes from happening again is if we understand how and why they took place.

To date, we have still not been able to get any clarity whatsoever from the member opposite, who was advising the previous government on health when that cardiac program of excellence was taken apart, piece by piece. No member on that side of the House has provided clarity. What we have been able to do is sit down with families who have accessed cardiac

care—[interjection] And the member opposite is heckling me right now, saying that what I'm saying is not true.

I have talked to the specialists in Manitoba who built the cardiac program of excellence. I have talked to the cardiac lead in the province, who is leading cardiac care. They have all made very clear—and I actually sat in that spot while in opposition, and I was meeting with the cardiac specialists who, at the time, had no answers to their questions as to why the program was being pulled apart.

What we do know is that that happened year over year under the previous government. What we also know is that, unfortunately, families are suffering the consequences of what that approach to health care has resulted in. It's created disjointment in terms of how protocols are communicated; how care is communicated. It's created a lack of consistency in how folks experience the health-care system.

The physician who established the Cardiac Centre of Excellence did so with patients being at the very heart of it. Their whole mandate was to make sure the patient experience was clear, rooted in trust and had consistent lines of communication every step of the way.

And so our government is committed to re-establishing the Cardiac Centre of Excellence and we are going to go further. We are going to make sure that women's cardiac care in this province is treated with the respect and the investment that it deserves.

We are actively and already recruiting specialists to Manitoba for this area of care. We are actively meeting with the cardiac specialists, regularly, to ensure we're moving in the right direction, and we have enlisted the very specialists who built the program of excellence to help us rebuild it once again.

Now the member talks a lot about directives that I've issued as the minister to address many of the items outlined in Debbie's law. And I want to be clear, the organization, SecondStreet, which brought forward Debbie's law as a proposal initially with the Fewster family, as of yesterday, has come out to state, and I quote: All provinces could save lives by copying the new Manitoba health policy.

Now, that's not to say our government has solved this. It's to say that our government, even by measure of the folks who brought forward Debbie's law, are saying that we are doing the work that matters and moving in the right direction. We recognize there's much more work to do. Yes, the directives were an



important step to take. Those directives were issued literally days after the issue was brought to light.

\* (10:30)

The system is working very hard to not only address those key areas but to ensure that we go further by taking steps like implementing a patient navigator process to make sure that every single step of the way, patients and families walk hand in hand with an expert who can support them, answer questions and make sure they have full transparency during the process.

Now, I know the member opposite has spent a lot of time advocating for a style of health care, some may call it two-tier or for-profit or out-of-province health care. Our government has been very clear that we want all Manitobans to get the care they need in our province. Cardiac care, in particular, if we talk to experts, is an area of care where, here in Manitoba, we have the capacity that we need to build on to ensure that folks are always getting the care they need within those target timelines.

There are protocols that we have formalized by way of directive to ensure that that is the case, and if, for some reason—could be unrelated to the system entirely, could be something happens with the patient that requires them to take more time to get the necessary care. Throughout that journey, the patient has full clarity.

Now, I do think it's important to note that our government does intend to take a really important step, and that is to not parcel out or take pieces of policy or protocols and put them into legislation. We want to improve upon the spirit of Debbie's law. We want to make sure that we protect the entirety of the structure of a Cardiac Centre of Excellence, protecting the structure of the program from anybody ever doing what the previous PC government did, which was to take it apart, piece by piece.

That is an approach that families will be able to count on, will have accountability and will protect the entirety of a structure, not pieces of it, not policies here and there, but the entirety of a structure that is designed to centralize communication, centralize and make consistent the pathways for care, be along the side of a patient in their journey—kind of like CancerCare, right, which is a renowned model here in the province, and what we are proposing to do has been likened to that and has the full support of the experts here in the province.

We've also made clear that they are heartbroken over the story of Debbie's family and hearing what the impacts of the cuts and the dismantling of their program has had on families. These experts are devastated to see this. These experts are working with us every single day to make sure that we are repairing the damage and going beyond that.

Women's cardiac care in this province has a real opportunity and has a government behind it, the full weight of our government behind it, whether it's research, whether it's clinicians, whether it's surgeons, patient pathways, we are dedicated to making sure that we have the most capacity in that area in Manitoba, moving well beyond what was established before, actually, Honourable Speaker.

The member opposite, in her remarks, talked about ideology. I want to be very clear: the ideology that we have on this side of the House is making sure that patients get the best quality care in their own communities. Our ideology on this side of the House is having a strong public health-care system. That is what the vast majority of Canadians want and understand to be important.

This particular issue is not about ideology either way. This particular issue is about doing what is necessary to make sure that Manitobans have cardiac care that they can count on.

The member also speaks to, and the legislation speaks to, other areas of health care. I want to reassure members in this House that, of course, our government is looking at other areas of health care. I want to be very clear that we have an obligation and a responsibility as a government to report responsibly. The directive that I issued in terms of reporting deaths of folks who are on cardiac surgery wait-lists to be investigated and reported on transparently, we are moving forward with that.

We are looking at other areas, like cancer, and other areas beyond that. That takes time and that takes a very responsible, thoughtful approach.

I know the member opposite says that she wants us to be non-partisan, so I hope—I hope—that she will support our government's efforts as we move forward to go beyond the spirit of Debbie's law, which is on everybody's minds in this area right now, and supports what we will bring forward to protect the structure that was dismantled under the previous PC administration.

I hope that everybody on that side of the House recognizes that we all have an opportunity right now to do something not only for this moment but for

generations of Manitobans and folks from Ontario and folks from Nunavut who rely on our province to provide cardiac care when they need it.

Honourable Speaker, we take very seriously, on this side of the House, whenever a family is brave enough and has the courage to share their lived experience and ask us to work with them and to listen to them to make a difference. That weighs on all of us; it certainly weighs on me, heavily. I do not take that generosity and that grace for granted.

And I want to reassure Debbie's family and I want to reassure the other folks and families that I've had the privilege of communicating with and will continue to, that we are going to work together to ensure that our government goes as far as we can to repair and restore the Cardiac Centre of Excellence to put patients at the heart of cardiac care and other care in our province, and to make sure we have more capacity than we ever have in our province to deliver this service.

Our team is focused on people. Our team is focused on bringing folks together around what matters. And I want to reassure that member that that's the approach we will continue to take. And I will continue to extend an invitation to her to be a part of that as we move forward.

Again, I want to thank the family for being here today, and we know that it's going to take time to fix the damage that was done and to go where we need to be, but we're going to get there together.

**The Speaker:** No other members—the honourable Minister of Transportation and Infrastructure.

**Hon. Lisa Naylor (Minister of Transportation and Infrastructure):** I really appreciate the opportunity to stand and put some words on the record regarding this bill.

I know that our government is committed to ensuring Manitobans get the life-caring—life-saving care that they need. We also know that Manitoba was once the envy of our country for our Cardiac Centre of Excellence, a centre that was put together by experts to deliver a cardiac-care experience that was streamlined, efficient and patient-forward. The centre saved lives.

But under two terms of a failed PC government, Manitobans watched as the centre of excellence was dismantled piece by piece, as recklessly as it was thoughtfully put together.

Manitobans elected our NDP government to rebuild health care after seven and a half years of Conservative cuts and closures. We are staffing up the system; we're building our capacity; we're reopening and building new emergency rooms across the province so that every Manitoban can get the care they need when they need it, closer to home.

We all agree that what happened to Debbie Fewster's family should never happen again, and no family should experience what they have experienced. Manitobans all deserve better and the Fewster family deserved better.

I want to share a few stories that—a few experiences that happened under the terms of the PC being in government. Back in February 2022, I too had a family member who experienced a cardiac event, a serious event, and you know, they experienced compassion and care and the best possible attention from the individual nurses and doctors that they encountered. But despite the skill and the compassion and care, those practitioners could not—didn't even try to hide how broken the system was under the PC government.

There were so many gaps and lapses in the care received by my family member, it was breathtaking. Fortunately, despite the mistakes made by the previous government, the—not mistakes, sorry—very intentional damage done to the health-care system by the previous government, my loved one did not need surgery and they survived. So my heart aches for Debbie's family; it was pure luck. *[interjection]* You know what, the member opposite is heckling, mocking my family member and saying, how lucky for me. It was pure luck because the system was so broken.

So my heart aches for Debbie's family. I know how lucky my family was, I think about it all the time. But I also know, without a shadow of a doubt, that the previous government broke the system and that our team and our Health Minister has been working day and night to repair it.

\* (10:40)

During the same time when the PCs were ruining the health-care system, I had a constituent, a young mother, who waited months—at least three months—for a necessary heart surgery. She could not be alone with her toddler because of her frequent blackouts. Her cardiologist explained to her and then to me that he could only provide surgeries two days a week because

the PC government would only provide him with nursing support two days a week.

This was a direct result of the PCs firing nurses, closing the cardiology centre of excellence and breaking the health system.

Also during the PCs reign, Honourable Speaker, I had another constituent whose cardiologist was told on September 14, 2021 that he had to wait 16 weeks for the test results that would determine his course of action for his patient. The cardiologist had to wait 16 weeks—again, unacceptable and a direct result of the PCs breaking the health-care system.

Something that Debbie and my family member and both of those constituents have in common is that they are women, so I am extraordinarily grateful to our Health Minister for underlining the importance of investing in women's health care, health–heart–health research and care in Manitoba.

We know that women's health care has historically been lacking and neglected. That is a global problem. That is an, you know, ancient history of sexism and misogyny, but we can do so much better. And it's so important that we have a health-care minister who has shown, over and over, dedication to investment in women's health in all kinds of ways, and particularly underlying this issue of heart health today.

I know that our Minister of Health has met with the Fewster family to discuss Debbie's law and how we can improve the system here in Manitoba, so that no Manitoban ever dies waiting for surgery again. I know this family has demonstrated a tremendous amount of grace and patience during this time. I imagine it's very challenging to be here in this space today. I want to thank them for their advocacy and 'resolt,' but they shouldn't be in this position. They should be looking forward to a summer with their mother, with their grandmother. And I think I can speak for our whole government when I say to them, thank you for working with us, thank you for working with our Health Minister to ensure this doesn't happen again to another patient or family.

I know that it was talking to this family that helped our Health Minister to shape policy changes that go well above and beyond the law that we're debating here today—the proposed bill that we're debating here today. I know that our Health Minister is committed to developing a protocol to improve clarity for patients on cardiac surgical wait times. Our government is committed to transparency and

accountability, and that's why we've taken steps to shed more light on our health-care system.

Most recently, we have directed Shared Health to publish data of patients who die on a wait-list, and this is key in keeping the public informed of what is happening in our health-care system and was a direct ask of the Fewsters. While the bill introduced by the member for Roblin (Mrs. Cook) grazes the notion in a vague sense, our direction to Shared Health is concrete and firm.

We must also ensure that patients get surgery within the benchmark timeline of their particular care, so we directed St. Boniface Hospital to add extra slates and staffing to ensure patients get a surgery within the recommended timeline, as well as restore communication protocols with patients. And we're working with the experts, as our Health Minister has outlined so—to restore the cardiac services program so that every Manitoban can get the life-saving surgery they need.

Everyone deserves timely health care close to home. The failed PC government dismantled Manitoba's access to timely care when they fired hundreds of health-care staff, shut clinics and emergency rooms across the province as a result of their poorly planned budget cuts. Manitobans elected our NDP government to rebuild health care after seven and a half years of Conservative cuts and closures.

We have always said from before we were elected that it would take time. It's actually kind of breath-taking to me how much has been accomplished in a mere 18 months, the sheer volume of staffing that's happened within the system; the building up of our capacity. We're reopening and building new emergency rooms across the province so that every Manitoban can get they need in a timely manner close to home.

But despite all the good work, there is sadly, people still suffering because of the broken system, because it can't all be fixed overnight. And those are some of the things that we're talking about today.

Health-care workers are the backbone of our health-care system but the PCs disrespected them for seven and a half years and created a toxic culture in health care.

We have brought in 1,509 net-new health-care workers into the system. Imagine if my young constituent, if her cardiologist had been able to be staffed by a nurse five days a week, instead of multiple trips to the ER. And, instead of not being able to be alone with her toddler for—literally, for months. Imagine if she

could have had a timely surgery. All it would've taken was more nurses in the system to be staffing up that cardiologist to provide that care.

That is the work that is being done by our government today. It is an opportunity for all Manitobans to get state-of-the-art cardiac care here in Manitoba. And I'm so proud of the work of this minister, so grateful to the Fewster family for their advocacy.

Thank you, Honourable Speaker.

**Mr. Diljeet Brar (Burrows):** Honourable Speaker, thanks for the opportunity to speak to Bill 226 today.

To Colleen and Daniel, I'm sorry for your loss. My deepest condolences to you and your family. I'm sorry that you have to go through this pain. This should not happen to anyone. And I want to say thank you for your advocacy. At the same time, when you are dealing with this pain, at the same time you are standing up for this society and you are willing to be part of the effort to make this society and our health-care system better. Thank you. Thank you so much.

A lot has been said. Sometimes I think how blessed we are to have this public health-care system in our country. Not everywhere on this planet, people are blessed enough to have this system. There is a reason that Manitoba and Canada is a dream destination for new Canadians. What attracts them is our strong public health-care system, our strong public education system.

I wanted to see through this lens at the start of my debate. What we need to do is to protect it. And Manitobans know that they have leaders that they send to this Legislature. They have that capacity, that vision, that leadership to protect and strengthen our public health-care system. And that's what our health-care leadership and our leadership in our government is doing.

I remember when I ran for office in 2019 and then again, 2023, health care was what we and the people at the door were talking about. And people wanted us to get in, get elected, be in this sacred Chamber and fix health care. And I still remember those lawn signs: fix health care. And people requesting us to stand up to make our health-care system better.

\* (10:50)

When we talk about fixing something, automatically we are saying that it's broken. Why was it broken? Mistakes were made in the past: lack of funding, staffing cuts, wrong choices. These are the reasons

behind our health-care system being broken and needing fix.

And that's what we are doing. We are here to rebuild our health-care system. We are here to strengthen it. That's why our Health Minister is working day-in and day-out to make things better with the support of all Manitobans and people around them.

And it's not easy. When you spend so many years to break a system, it takes a long time to fix it. We need to staff it up. We need to train better. We need to have internationally-educated health-care professionals and their credential evaluations done in a better manner, in a faster way so that we can fill the positions that need to be filled. And we need to retain those wonderful health-care professionals, nurses, doctors, paramedics and so on.

Honourable Speaker, in our last budget, we committed to recruit 1,000 health-care professionals. Manitobans know that we exceeded our goal. As of now, we have recruited 1,500-plus health-care professionals in this province. That's an example of great leadership that we offer for Manitoba.

During my time in this Legislature I have seen many good things and many things that were not so good. I'm not here to blame, but I'm here to speak the truth. I'm here to speak the truth that mistakes have been made by the previous government. I remember three-four, I think, different health-care ministers were appointed. Where are they now?

That's not my decision. That's not my colleagues' decision, to send them back home. It's your decision, my dear Manitobans, because you did not want that leadership to handle these sensitive and important affairs in this wonderful province. You sent them home.

When I look at this bill, at the same time while I appreciate the member for Roblin (Mrs. Cook) bringing this bill forward and creating an opportunity to talk about health care, I'm thinking about the key words in the title, The Health System Governance and Accountability Amendment Act. Two words hit my head: governance and accountability.

I would gently remind my colleague to close her eyes and think about the governance during PC leadership for seven and a half years, and accountability. They don't need to let me know what they learned, thinking about that. They need to just think about it and process the reality and the truth behind it. And now, we are saying: reporting when timely care not available.

Why? Why are we failing to provide timely care? There are reasons. The thing is, if we had handled the things in a better manner, we wouldn't be discussing this today. We would be thinking about how we can provide care to every single Manitoban in a timely manner. That's the vision. That's the leadership that Manitobans deserve. That's the direction we should be marching towards. That's the target that we need to hit, to provide health care that all Manitobans deserve.

And in this Chamber, in this system, we all work together, all parties. We work together to make things better. But the only thing is, sometimes your own personal priorities, they go high up, rather than the rights of Manitobans, rather than the duty, the importance of the duty that we are elected here for.

There are only 57 people elected to this Legislature. Just think how blessed we are to have that opportunity. And all of us, we should be thinking: Are we doing the right things? What we are doing today, did we sign up to do that? Are we being true to ourselves? Are we being true to Manitobans?

Again, I want to say thank you for this opportunity. Thanks for bringing this bill forward. Let's keep working together so that this pain does not happen to any other family in Manitoba and beyond.

Once again, thank you for your advocacy.

**MLA Shannon Corbett (Transcona):** My sincere condolences to the family, and thank you so much for being here. We really appreciate your perspective and your sharing your story with us.

As a result of the cardiac centre, my friend, his life was saved by the centre. Twelve years ago, my friend had a massive heart attack, and as a result of the cardiac centre, my friend has been able to see both his daughters get married. He's been able to see his first grandson be born. He's been able to spend time with his wife and his family and friends. He knows how precious life is. He embraces it. He lives his life to the fullest and he gets to live his life because of the Cardiac Centre of Excellence. He is grateful for that centre every day.

Thank you, Honourable Speaker.

**The Speaker:** No more speakers?

Is the House ready for the question?

**Some Honourable Members:** Question.

**The Speaker:** The question before the House is second reading of Bill 226, The Health System Governance and Accountability Amendment Act (Reporting When Timely Care Not Available).

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

The motion is accordingly passed.

**Mr. Konrad Narth (Deputy Official Opposition House Leader):** Honourable Speaker, could you please canvass the House for leave to refer Bill 226, The Health System Governance and Accountability Amendment Act (Reporting When Timely Care Not Available), to the Standing Committee on Social and Economic Development meeting being held this evening?

**The Speaker:** Is there leave to refer Bill 226, The Health System Governance and Accountability Amendment Act (Reporting When Timely Care Not Available), to the Standing Committee on Social and Economic Development meeting being held this evening?

Is there leave?

**Some Honourable Members:** Agreed.

**An Honourable Member:** No.

**The Speaker:** Leave has been denied.

**Mr. Derek Johnson (Official Opposition House Leader):** Can we resume debate on Bill 222, please?

**The Speaker:** It has been announced that we will—*[interjection]*

\* (11:00)

## RESOLUTIONS

### Res. 11—Addictions Recovery and Treatment

**The Speaker:** It is now 11 o'clock, so we will move on to private members' resolutions. The private member's resolution before us this morning is resolution No. 11, Addictions Recovery and Treatment—*[interjection]*—order, please.

The private member's resolution before us is resolution No. 11, Addictions Recovery and Treatment, brought forward by the honourable member for Morden-Winkler.

**Mrs. Carrie Hiebert (Morden-Winkler):** I move, seconded by the member from Brandon West,

*WHEREAS other Canadian jurisdictions are actively closing down injection sites for illegal and lethal drugs in favour of additional recovery-oriented programs, such as Alberta's establishment of the Canadian Centre of Recovery Excellence; and*

*WHEREAS Manitoba has an opportunity to invest in recovery-oriented programming and give Manitobans battling addictions the support they need to get their life back; and*

*WHEREAS the Provincial Government Budget 2025-26 has failed to allocate needed resources for the expansion of life-saving recovery spaces, instead opting to fund failed consumption sites for illegal and lethal drugs; and*

*WHEREAS there is a demonstrated need to expand the successful and in-demand services of Rapid Access to Addictions Medicine (RAAM) clinics which provide not only treatment, but a pathway into access to additional services and programs, all in an environment under the supervision of medical professionals; and*

*WHEREAS the previous PC Provincial Government created seven RAAM Clinics, and since the current Minister of Housing, Addictions and Homelessness cut the ribbon on the seventh PC site, there has been no additional RAAM capacity added; and*

*WHEREAS the consumption model utilized by the Provincial Government is not supervised by trained and qualified medical staff but instead often relies upon a peer mentorship approach, despite the massive health concerns around addictions.*

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to provide funding immediately for additional recovery-oriented treatment beds and associated medical treatment services as well as additional funding to ensure current RAAM clinics are fully staffed with extended—and with extended hours of operation, rather than funding a consumption site—spaces for illegal and lethal drug injection.

**The Speaker:** It's been moved by the honourable member for Morden-Winkler (Mrs. Hiebert), seconded by the honourable member for Brandon West (Mr. Balcaen), that

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to provide funding immediately for additional recovery-oriented treatment beds and associated medical treatment services as well as additional funding to ensure current RAAM clinics are fully staffed with extended hours of operation, rather than funding consumption spaces for illegal and lethal drug injection.

**The Speaker:** The honourable member for Morden-Winkler. *[interjection]* Just—order, please.

### Introduction of Guests

**The Speaker:** Before I recognize the honourable member for Morden-Winkler, we have some students in the gallery that are leaving right away.

We have seated in the public gallery, from Wanipigow School, 25 students under the direction of Alexandra Broesky. They are guests of the honourable member for Keewatinook (Mr. Bushie).

\* \* \*

**Mrs. Hiebert:** Thank you, Honourable Speaker, members of Legislative Assembly, my colleagues here in the Chamber today.

I rise with a sense of urgency driven by the voices of Manitobans who are desperate for real solutions. People who are watching loved ones suffer under the weight of addiction, waiting for help that never seems to arrive. Families, friends, mothers and fathers are desperate to find spaces for their loved ones that are struggling with addictions. And yet, there is four—a four to six—a four-to-eight week waiting list to get the treatments that they need. That is why I brought this resolution forward today on behalf of all of those parents and families waiting for spaces for their loved ones.

And what do we do, what do we hear from the current government about the—in the Budget 2025-26? It's disappointing for me. A \$6-million commitment not to recovery, not to healing, but enabling a very—the very addictions that destroy lives, families and communities.

Let me be clear, that \$6 million is not going towards recovery-oriented care, nor is it supporting medical professionals on the front lines of addiction treatment. It is being funnelled into a consumption site model that has failed in other jurisdictions, sites where dangerous, illegal drugs are being used, violent crime in the current—in the neighbourhoods around them surrounding them, often unsupervised by qualified medical professionals, and where the goal is not recovery but just helping to suspend those in addiction, rather than providing care and support and treatment that they need right then in that moment.

*Mr. Tyler Blashko, Deputy Speaker, in the Chair*

We've seen from other jurisdictions what happens when governments pursue this path. In provinces like Ontario, Alberta, leaders have recognized that enabling

addiction is not compassion. It does not help those that are struggling at that moment. That's why they are actively shifting their approaches, closing down drug injection sites and instead building recovery-focused programs.

Alberta's establishment of the Canadian recovery of excellence stands as a model, a beacon of hope that should—we should be learning from, not ignoring. We can learn from other provinces across the country.

And here in Manitoba, we have the same opportunity to learn and to instill some of the things that are happening, that others are doing, as well, an opportunity to invest in recovery, to invest in treatment and to give people a real chance at getting their lives back, to give families and those in addictions a hope and a future of spending their lives with their loved ones.

We also have many non-profit organizations in Manitoba that also offer successful treatment programs, but they are not receiving any funding. There is currently an organization called Teen Challenge who have received funding promises from both federal government and the City of Winnipeg but they just—they need all three levels of government and the Province of Manitoba has not stepped forward to bring that into fruition. That's 100 treatment beds that are not getting funded because of that.

We must not waste that opportunity to invest in recovery. We need to trust people that know what they're doing and are successful with what they're doing. The people of Manitoba deserve that. They deserve better, honourable Speaker.

The fact is, recovery works. We've seen it first hand in the rapid—the success of the rapid access to addictions medication clinics, commonly known as RAAM clinics. These clinics have provided not just immediate support, but a gateway into the broader system of care. They connect individuals to detox, to long-term treatment, to mental health supports, all under the watchful eye of medical professionals. It is a model that is rooted in compassion, evidence and in outcomes.

It is important to remember that it was a previous provincial—Conservative government that created these seven RAAM clinics. I want to personally thank every health-care professional working in those clinics. I want to help all health-care professionals that are working with our loved ones in addiction. The work you do is incredible and means so much to all of us.

Thank you.

It is not just enough to share health—thank you is not enough to share how we feel. We need to also do more to support the front-line workers. Thank you to those working in the front lines every day on the streets of Winnipeg, for helping our loved ones. Thank you for the first responders, to the nurses in the hospitals and to those out in the community checking on our loved ones daily.

My biggest concern right now is because, since the ribbon cutting of the seventh RAAM clinic site, there has been no expansion under current Minister of Housing, Addictions and Homelessness (Ms. Smith), not one new clinic, not one more door opened to those seeking a way out, not expanded hours. Instead, the government has chosen a path to be—that is being rejected in other places.

I'm very concerned with the direction the government is going, that the people of our province are not the focus. I'm concerned that there's not enough mental health supports for front-line workers. I'm concerned that there's so many struggling with addictions across our entire province that are not getting access to treatment.

We're talking to people—about people, real people who need help, not harm reduction that ignores the root causes of our—of their suffering. We're talking about families waiting for a bed to open up, about parents wait—watching their children spiral deeper into addiction, about communities struggling to find options in rural and urban centres.

Let's talk about what \$6 million could actually do to achieve for recovering addictions. For that funding, we could create an approximate one—another 100—or 1,000 new recovery spaces for—and treatment spaces, 1,000 lives with a shot at a better future, 1,000 families with a chance to 'renite' and spend the rest of their lives with their loved ones, 1,000 Manitobans who wouldn't have to wait in limbo for help that might never come.

\* (11:10)

Recovery is not just a policy, it is a promise we need to make to those families. I listened to a mother speak two weeks ago about her daughter and how her daughter was ready for treatment and they tried to get her into treatment, and there was a four-to-six-to-eight-week wait for her to get into that treatment. While she was waiting, she went—dove right back into her addiction and wasn't able to get that help.

This is a problem. We need to have this addiction treatment and recovery available at the time when it's needed.

Other provinces are choosing treatment and recovery. Why isn't Manitoba? While other provinces are closing down drug injection sites, Manitoba is opening one up. I don't understand why that would be happening. Can we not look at others to see what's happening in those provinces so we don't have to make the same mistakes? We need to look to others to learn.

We can not—we can and must do better. We must recover—fund recovery-oriented treatment beds. We must expand RAAM clinics. We must expand the hours that they're being run and make sure that they're fully staffed.

I've heard concerns from people working in the front lines and the clinics, saying that they don't have enough people to help and that some clinics are not carrying their weight. We need to continue to invest and make sure that they're running smoothly, and that's something that's the responsibility of the current government to do, and I want to encourage that they continue to do that; to continue to make sure what we have already running is running smoothly and to expand and make more options available.

We must ensure every Manitoban struggling with addiction has access to timely medical and compassionate care. We must reject the notion that the best we can offer is a drug injection site that simply just suspends our loved ones—loved ones in their addiction.

Mr. Speaker, we, the Legislative Assembly of Manitoba, have a moral obligation, a duty to act and take care of those people in our province, not next year, not in the next budget but now.

I call, right now, for immediate intervention, for immediate expansion of treatment beds. Thank you very much, because Manitobans deserve better and they deserve a place to get well.

Thank you, honourable Speaker.

### Questions

**The Deputy Speaker:** A question period of up to 10 minutes will be held and questions may 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.

**MLA Robert Loiselle (St. Boniface):** At the recent calls—consultation in Point Douglas, a resident of the area asked the member for Morden-Winkler a very simple and pointed question that she did not answer. The question was, how do dead people recover?

Can the member please answer the critical question that she refused to answer at the consultation.

**Mrs. Carrie Hiebert (Morden-Winkler):** I don't remember that question from that night, but I will answer.

What I will say is that we need to act quickly and right away. Those people should be getting retreatment and recovery so they don't ever end up in the streets—on the streets with those lethal drugs in the first place. That is what we need to do. We need to get involved right away so that that person gets into recovery when they're ready for it and not wait and wait on the streets and have that happen to them.

Thank you.

**Mr. Josh Guenter (Borderland):** I thank my colleague, the member for Morden-Winkler for her hard work on this important file and on this important issue, and for bringing this important resolution forward.

I'm wondering if my colleague, the member for Morden-Winkler, could talk about what the PCs' plan was to expand access to drug treatment spaces in Manitoba and perhaps the NDP could take some lessons from that.

**Mrs. Hiebert:** The current—I wasn't here but I did—I do have the information here and this is something that we should continually work towards as a government.

The plan would have doubled the spaces for treatments in Manitoba. The funding—the current—the PC government's funding was for a hundred and—1,648 treatment spaces for Manitobans living with addictions, and the plan to increase that number to 3,200 treatment spaces.

They had promised to spend \$10 million to expand services, including money for mental health services for children and youth, including an increase of \$2.5 million in annual funding for mental health services organizations. That was what I—yes.

**Hon. Bernadette Smith (Minister of Housing, Addictions and Homelessness):** I know that member, you know, says they don't recall that question, but that question was actually with another question.



That question was—they asked that member, how would they know about addictions in Point Douglas or anywhere else, coming from Morden-Winkler? And they also take that question onto, how can people seek addictions and treatment if they're not ready, if they're dead? So that was the question.

The other question is—or the other comment is—you know, when you were in government, you promised a lot of things but never delivered. And being in addictions, you know, not taking a harm reduction, we saw three times as many people overdose in this province.

Is that something you stand by, that record?

**The Deputy Speaker:** The minister's time has expired, and I'll remind all members to put comments through the Chair.

**Mrs. Hiebert:** Thank you for that question.

I would—I'd like to bring forward that I did bring forward a resolution to expand access to Narcan across Manitoba, and that is across the whole province. There are communities that are experiencing overdose deaths and overdoses on a regular basis as well as in Winnipeg, and we need to make sure that we have a balanced approach. We need to serve anybody who needs that help, and that's something that we aren't—that's not happening in the province.

And my job as the critic is to make sure that what they're doing is what they need to be doing in their job, honourable Speaker. So that's what I'm here today, is just to encourage them that this needs to happen across the province as well as those who need help in Winnipeg.

**Mr. Guenter:** I'm wondering if the member for Morden and—Morden-Winkler can talk about why recovery and treatment is so important to her personally.

**Mrs. Hiebert:** Thank you for that question.

I think that we need to make sure we understand that every single person is touched in some way by addictions in their families or in their lives. We need to make sure we understand that we all have a story; our families, our loved ones, our friends have a story.

And I have a story; I have several stories in my life as well as lots of my family members do. And we need to be compassionate, we need to make sure we understand that we are not just an island unto ourselves.

I'm not the only one who's expected—experienced a death of—to overdose. I know that the members across have also done that and I have compassion for them and I understand their heart. And this is something we need to all work together to bring forward, that every single—nobody should ever lose their life to addictions.

**MLA Loiselle:** Honourable Deputy Speaker, the members opposite had seven and a half years to help Manitobans struggling with addiction, and instead, they failed to provide adequate supports despite a worsening crisis. Overdose deaths went up nearly three times under their failed plan.

My question is, why did they fail to address the worsening overdose crisis during their seven and a half years in government?

**Mrs. Hiebert:** Thank you for that question.

The Conservative—the PC government opened up seven RAAM clinics in their seven and a half years, and they opened up many spaces, they added lots of mental health supports during that time. And I just want to encourage and just remind that we need to continue to work to expanding and doing more. It doesn't stop now, it needs to start with this government. Rather than putting \$6 million into a drug injection site, that's 1,000 new spaces we could have for treatment and recovery.

**Mr. Guenter:** Does the member from Morden-Winkler think that the NDP government will support today's resolution given that they previously voted down a PC resolution to expand Narcan access?

**Mrs. Hiebert:** I will say that, you know, I have faith in what we do here in this Chamber and that we should be working collaboratively. We should have a balanced approach, and I would really, really support—

**An Honourable Member:** Yes, thank you, balanced approach. Yes, balanced approach.

**Mrs. Hiebert:** Yes, a balanced approach where we can have Narcan access to everyone across the province, but the current NDP government said, no, we don't want anybody outside of the inner city to have any access to that. And that's difficult for me, honourable Deputy Speaker.

\* (11:20)

We need to continue to make sure that parents and mothers have access to addiction-saving medications for their loved ones.

**MLA Loiselle:** Honourable Deputy Speaker, Manitobans struggling with addictions deserve access to mental health supports throughout their journey to recovery.

While members opposite failed to invest in this kind of support for Manitobans, our NDP government is investing in mental health supports for Manitobans struggling with addictions so that they can get the appropriate care they need and deserve.

Why did members opposite underspend their mental health budget by \$3 million and failed to get Manitobans the support they need?

**Mrs. Hiebert:** I just want to say that, right now, currently, there is a six-to-eight-week wait just for mental health supports—that the current front-line workers; people who are working with people on the streets of Winnipeg who are in addiction, who need that support. The organization—I had a meeting with one two weeks ago that said that they're desperately needing supports for mental health help for people that are in addiction.

This is something that's happening right now and this is something that we need to be focusing on right now, honourable Speaker.

**Mr. Guenter:** The contrast in this House couldn't be more stark: recovery and treatment on this side; drug consumption, drug injection sites on that side.

Can the member for Morden-Winkler (Mrs. Hiebert) talk about why recovery and treatment is more important, and why we should pursue recovery and treatment rather building consumption spaces and drug injection sites?

**Mrs. Hiebert:** So what we need to do is we need to focus on those that are here right now, living in addictions and we need to help them and have the services available that they need: the treatment beds, the spaces. We need to support our workers, the people who are working with them, rather than having them short-staffed.

We need to continually support that, honourable Speaker. It also impacts our communities greatly too. It cuts down crime, it changes neighbourhoods. It changes lives and families and it keeps families together. It keeps kids with their moms and their dads. That's what we need to focus on and that's how it will change a lot of the landscape.

And that's what we need to do as a House. We need to work together to make sure we put families first, we put people first and we need to put our families and relatives before our own agendas.

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

**MLA Loiselle:** The PCs have repeatedly silenced the medical experts who've told them supervised consumption sites will save lives. They published a report that included a recommendation to create a supervised consumption site but then deleted it moments later.

My question for the member opposite is, why do they continue to discredit medical experts?

**Mrs. Hiebert:** Honourable Speaker, I met with some medical professionals that said that they would like to send their patients and their loved ones to treatment but there's no spaces available. There's no place for them to go; there's nothing, and they're asking and they're begging for more treatment spaces. And we see six—over six—or almost \$6 million to an injection site and one point five to treatment.

This is not balanced in any which way and this is something we are lacking as a province. We need to make sure we have that available for everyone.

**The Deputy Speaker:** And with that, the time for questions has expired.

### Debate

**The Deputy Speaker:** The floor is open for debate.

**Hon. Bernadette Smith (Minister of Housing, Addictions and Homelessness):** I'd like to speak on something that the members opposite touched on, which is a balanced approach. That's something that we both agree on: that there needs to be a balanced approach. We can't get people to recovery and treatment if they're not alive. And members opposite seem to think it's an either/or. It can't be an either/or.

Experts tell us that it has to be a balanced approach. Members opposite were told that by medical experts continually. It was in a report that was thrown on the floor in this very Chamber. It was actually deleted from the report. There were other experts that wrote to that PC government when they were in government, which is why they're on the other side because always failed to listen to the experts and other levels of government.

We cannot afford to continue to not listen to the experts in this province and if—and continue to bury our heads in the sand in terms of people who are using substances in this province.

We have folks that are dying of toxic drug supply in our province. We need to take a harm reduction approach on treatment and recovery. We need to keep

people alive and lead people to the care and resources that they need. Our government has been working with the police, as well, to make sure that these toxic drugs come off the streets, so we are taking a tough-on-drugs approach as well.

And the member talked about, you know, theses spaces and places in other provinces being somewhere where people are enabled to do drugs and we're just allowing them to come and do these illegal drugs in these places. I don't think that they were listening when they were at this consultation. And I know that they've had staff at other consultations that we've held, and I don't know if their staff were listening, you know, or if they just came to take their own ideation out of the consultations.

But Aboriginal Health and Wellness have 30 years of proven medical expertise in the community. They are actually running the first Indigenous-led RAAM clinic in the province and, you know, they have proven relationships with so many stakeholders; everyone is supportive of them running this supervised consumption site in Winnipeg.

So for members opposite to say—and they say in their bill here: Whereas the consumption model uses—utilizes—the provincial government is not supervised by trained and qualified medical staff but instead often relies upon a peer mentorship approach, despite the massive medical—health concerns around addictions.

That member is 'devaluing' and implying that Aboriginal Health and Wellness are not qualified to do their job. They are actually running primary health-care clinic, which they've been doing for years and decades. They're actually running a mobile primary health clinic in the community. They go out every day.

They're actually working with MOPS, something—Mobile Overdose Prevention Site—that members opposite refused to fund, which has been saving lives in our province. It has been keeping people alive while they're using their substances. And these folks have been leading people to the supports and care that they need, which is recovery and treatment, and this is exactly what a supervised consumption site would do.

So again, I want to go back to the point that I was making about our consultations, and the member was at the last consultation, and we spelled it out. I spelt it out in my five minutes that I was given, and the member couldn't even hold five minutes down; I think they took, like, two minutes to, you know, do an introduction. So I took five minutes. I could've

probably took the whole two hours to talk about the supervised consumption and what it's going to entail.

It's going to have, you know, folks coming in. There's going to be—police have already agreed that they're going to support the site. It's going to have medical-care providers, primary health care, in the site. And this is something that members opposite is saying is not going to be a part of any of this.

The RAAM clinic, which the members opposite—one of those RAAM clinics, the Aboriginal Health and Wellness, is going to be moving their RAAM clinic into the supervised consumption site, so one of those supervised consumption sites is going to be stationed in the supervised consumption site. So when someone wants to get the support that they need because they've built relationships with those people in that supervised consumption site, and they're not using outside on the street where they can potentially overdose and lose their life and not have the opportunity to go to treatment and recovery.

So when that member's saying it can only be this way, that member needs to really look at what she is saying because she's talking about, you know, she has loved ones that have gone to treatment and recovery, and I'm thankful that they've got there. But she also talked about members that have lost their lives because they've overdosed.

You know, had that supervised consumption site been there, maybe their loved ones would have accessed that. Because I know that I have loved ones and, had that site been there, they might have been able to, you know, be here today. They might have been able to access and use safely the toxic drugs that are out there.

\* (11:30)

But because the ideology on that side and them not listening to the medical experts years ago and throwing that report on the floor, we're having to clean up their mess; seven and a half years of their mess of not taking a harm reduction approach, not listening to the experts, turning a blind eye, allowing people to die on the street without dignity, not, you know, allowing people in these businesses, restaurants—and they like to talk a lot about business owners. Business owners were knocking on their door saying, we need support, we need help, there are people coming into our washrooms, using our washrooms for supervised consumption. We need your help, we need you to open up a supervised consumption site.

Well, guess what? When we were knocking on doors, when we were talking to business owners, when we were talking to Manitobans, guess what they told us? We want you to open up a supervised consumption site. We don't want to see Manitobans dying of overdoses. We want to make sure that you're using a four-pronged approach.

So a harm reduction approach, which is making sure that people get the services that they need, so that they're not spreading you know, HIV, hepatitis C, syphilis. We know that babies are being with-born with congenital syphilis, which is a lifelong illness.

And you know, members like to talk a lot on the other side. Brandon West likes to stigmatize, you know, harm reduction. How are people going to go and get support when that member continually, in this House, stigmatizes those that are helping on the front lines? Calls them the crack—what does he call them? The crack commando unit.

Like, shame on that member for calling those very folks that are out there trying to lead those folks to the resources, to the supports, to the treatment and to the recovery. The very thing that members opposite are talking about. That is their very job. And that member is calling those very folks the crack commando. Imagine that. Shame on that member.

So again, I want to get back to my—so we need to make sure that these folks get the services that they need. We were told, clearly, for Manitobans, that they no longer want to see folks using in their bathrooms. We have so many organizations that are, you know, have people using in their organizations that they're not trained to do that.

These folk will be trained. They'll have wellness workers, they'll have mental health workers, they'll have addictions workers, we will have housing workers in there to get people stabilized in housing. We will have primary health care to connect people with primary health care. We will have the services that folks need.

And that member opposite in her bill says those services won't be there. They will absolutely be there. So when she was at the consultation, I outlined that. When her staff were at the other consultations, Aboriginal Health and Wellness outlined that.

When the police were there, the police outlined what the safety would be in and around there. When that member was talking about, oh, it's going to bring crime and it's going to, you know, make the community unsafe, that's not what the police have said.

The police have said it's going to be full enforcement, which we fully are behind. We want a harm reduction approach that we can lead people to recovery. We want full enforcement from the police.

We are doing education, which is why we are supporting the child nutrition program. We will take no lessons from members opposite. We need a balanced approach so that we can lead people to recovery and treatment, but we need to come from a balanced approach.

Miigwech.

### Introduction of Guests

**The Deputy Speaker:** Before we continue with debate, I'll just direct all honourable members to the public gallery where we have a grade 6 class from École Laura Secord School, in the constituency of the honourable member for Wolseley (MLA Naylor).

### House Business

**The Deputy Speaker:** And the Opposition House Leader, on House business.

**Mr. Derek Johnson (Official Opposition House Leader):** On House business, honourable Speaker.

Pursuant to rule 34(8), I am announcing that the private member's resolution to be considered on the next Thursday of private members' business will be the one put forward by the honourable member for Roblin (Mrs. Cook). The title to this resolution is School Tax and Education Property Tax Increases.

Thank you.

**The Deputy Speaker:** It has been announced that, pursuant to rule 34(8), that the private member's resolution to be considered on the next Thursday of private members' business will be the one put forward by the honourable member for Roblin. The title of the resolution is School Tax and Education Property Tax Increases.

\* \* \*

**Mr. Wayne Balcaen (Brandon West):** Once again, it's always a privilege to rise in this House and put some facts on the record and talk about this important resolution that is brought forward by my colleague and friend from Morden-Winkler; one that is very important and one that on this side of the House we hope will save lives and ensure that people get the treatment that they deserve, that they need and they they're crying for, under—what they're needing right now.

To try and meet them at this time when they're requiring this treatment and instead we see an NDP government who is trying to enable them with a drug injection site. And I won't refer to it, honourable Deputy Speaker, as a safe injection site, because at no time is putting drugs into your body a safe way to do this.

So I just wanted to make sure that everyone was well aware that when you're injecting yourself with drugs, it is not safe, whatsoever—

**The Deputy Speaker:** Order.

I'll just remind the member to put comments through the Chair. I'll just ask all members to put comments through the Chair.

**Mr. Balcaen:** Yes, apologies, honourable Deputy Speaker. I was speaking through you and I apologize for that.

So you know, it's funny, during discussions we've heard that we need to listen to the experts on this. And you know, there's many experts that are speaking out regarding—[interjection] Sorry, there's many experts that are speaking out on this very subject, and you know, we look at the CEO for the Canadian Centre of Recovery Excellence who was, at the time, the deputy minister here, and is no longer able to serve under this government because her ideology—sorry, the ideology of the government overrode sound policy.

And so when we're looking at making sure that we have proper recovery, we have to look at the facts. And the facts is—the facts are that a number of these injection sites—the ones that cause severe harm—are closing down. And there's a new thought process to this, to make sure that people are introduced to recovery and they need to be introduced to recovery immediately. And spending \$6 million on an injection site is not the path to recovery. It enables people to continue the use of illicit and illegal drugs and it actually leads to very poor health outcomes.

I want to talk about the consultation that was held in Point Douglas, where this proposed injection site is up and where the NDP government is looking at placing this. Very close to a school, very close—pardon me—to businesses and areas where individuals will see this. And my fear, when we see young people that are attending school, that are very impressionable, they will end up seeing this as normalized. And it is not normal and we don't want individuals to think that taking illicit drugs is normal whatsoever.

\* (11:40)

During that town hall meeting, that committee—or that community meeting, we had a number of people there, and I might remind the minister, who was also there, of a few facts that happened at that committee because I—or that consultation, rather, because I was there as well.

And a couple of things, is we had two people that came forward and showed some support for an injection site and well over 20 that were against it. So, you know, that shows exponentially the number of people that are opposed to this being a good alternative; something that could really be seen as detrimental to their communities. And they're speaking loud and clear to the MLA for their own constituency and it's falling on deaf ears obviously, assistant Deputy Speaker, because many of those people who are—were at that committee is a small percentage of the number of people from Point Douglas who are adamantly opposed to this taking place.

And I don't think it's just because it's in Point Douglas. I think it's because it's an idea for Manitoba, period, that really every other province is backing away from and seeing the harm that comes from these areas.

So I want to talk about—again, everyone has personal stories and I've—I can't count the number of people that I've dealt with that have been involved in the use of illicit drugs; many that I've had to perform CPR because of finding them deceased and having to call for emergency medical aid. But that's my story from a work life and it comes with being a police officer, and you see these tragedies day in and day out.

But I want to talk about a cousin of mine, my first cousin, and we grew up together. He lives in BC and, unfortunately, addictions overtook his life and his drug of choice was heroin. And he used injection heroin often, and he actually moved to the Downtown Eastside of Vancouver so that he could go to what was touted as a safe injection site.

Twice he was found unresponsive and clinically deceased, where Narcan had to be provided for him after he had left a consumption site. He'd used there, he'd left, he wasn't able to go back and he used again in the moment when he required it. And, of course, he had to be brought back twice, wasn't able to obtain addiction services, again because of the demand, and that's why more money should be put into this.

And unfortunately, three strikes and you're out. And the last time that emergency medical aid found him, he was beyond help. He'd passed away. And this is the story of somebody—and I use it because I know

it personally and I know it professionally—this was a person who moved to the Downtown Eastside so that he could use an injection site and it certainly was not safe for him. He used it at the time and then wasn't able to come back and his drug of choice overtook him. He stopped—simply stopped breathing and died as a result of that.

I don't think and nor do I believe for a second that drug injection sites save people. They actually just continue the process of drug use. And so, you know, \$6 million in this budget could certainly be used a lot more productively towards recovery and helping those that need it when they ask for it.

And I think it's important to note to—just recently an article from the Winnipeg Sun says that we need the political courage to intervene when someone is on the brink of death and incapable of choosing recovery on their own.

So thank you, honourable Deputy Speaker.

**MLA David Pankratz (Waverley):** Not totally sure where to start here today, to be completely honest with you. I certainly appreciate the personal stories that have been shared here today. This is an issue that affects so many Manitobans on so many levels and, you know, it is obviously an incredibly important discussion. You know, we've lost far too many people and we're still losing more.

And you know, when we talk about this stuff, it's not abstractions, right? These are real people: someone's child, someone's parents, someone's aunt or uncle, right, who is doing their best to hold on and who need us to hold on with them.

And I do just want to quickly address something. Some of the language coming from the opposition bench around supervised consumption sites is incredibly troubling, and I'm hoping I can just quickly go through what happens when somebody takes an opiate to their body. So it depresses your CNS, your central nervous system, and ultimately—it can cause sedation, and then, ultimately, you'll stop breathing and so your 'resp' rate will slow down to a point where you will completely stop breathing. And your blood oxygen will go down, and because of that, your heart will stop beating.

So when we talk about a supervised consumption site, that means that we have professionals that are watching folks who are addicted to one of these drugs because of whatever circumstance brought them to that point, and we need to be empathetic to that, whatever the case may be. And then we have people

that can actually deal with the issue and can reverse that with Narcan.

And so when we have a site where we have professionals administering medicine, and then we have folks on the other side of this Chamber calling it lethal injection sites, causing fear in the public about what we're actually doing there, it is deeply, deeply troubling.

And you know, we saw this week what happens when you just sort of blindly read notes passed to you by the leader, by caucus leadership, without really having critical thinking about what you're doing.

You know, there was a move made this week by the opposition, and it relates directly to this because it's around mental health, and I do want to address it quickly. And what ended up happening is they attacked our Minister of Finance (MLA Sala) around a mental health concern that they didn't fully understand where this money was going.

But regardless, regardless of the details, ultimately, the outcome—and it's important to remember this. No, seriously. I'm being dead serious here. The important outcome is that it further stigmatized reaching out for help for mental health issues. Truly, and I found that absolutely deplorable.

And I will actually say, now that I'm—I have the time and I'm on this topic, I'm going for therapy tomorrow, and it's not a big deal. And the point there is that it should be just like blood work or going to the physiotherapy or anything else, and so when we have—*[interjection]* And I'm truly not saying this for any sort of applause or congratulations for doing that; it's just something that I do as part of taking care of myself.

But when you have these moments where you shout people down or shout at people across the way and talk about mental health as this thing that we should be scared of talking about, it just further stigmatizes it, and so I needed to touch on that before I sort of move on more into this bill, because mental health is such a big part, we know, of dealing with addictions.

You know, we obviously support funding for treatment beds. That's never been in dispute. We've increased funding for treatments, we—and recovery because we understand that recovery is part of a journey. It's not linear, right? It's not just a sound bite or slogans or taking shots at people. It is a full holistic approach to a person's health.

You know, treatment beds, unfortunately, as has been mentioned—it was mentioned earlier here wisely—it unfortunately does not mean anything to someone who doesn't survive long enough to reach one. And, you know, I've worked as a firefighter; that's widely known. I've talked about that here and I've seen this happen over and over and over again. And where it happened was, you know, in parking lots, in the Tim Hortons bathroom, as we mentioned.

\* (11:50)

I had, in one shift, I had the same person three times that I went to and provided Narcan to. Every time we'd wake up, we'd have a conversation about it. It was Tim Hortons, then a parking lot later on, and in a back lane someone else. We had a conversation about things that they could maybe do to try to get that help.

A supervised consumption site provides one of— is one piece of that wrap-around support. So instead of using it at a local restaurant, they can use the drugs that they are addicted to at a site where they've got some support. It'll be supervised.

Certainly, using drugs is not safe. It isn't. And that's not what is being said here. It's being supervised. It's about taking care of folks who are dealing with this, right? And this isn't about enabling or anything like that. It's about looking at that person and meeting them where they're at in that moment. It's about supporting Manitobans, right?

You can't tough love your way out of a crisis like this. And I've seen that over and over again, right? You can't cut services and then act surprised when people fall through the cracks and you definitely cannot solve a complex health crisis by again yelling speaking notes and slogans across from the backbench across the way.

You know, we need every tool. We need every lifeline and every ounce of courage that we have as leaders in this province to make sure that they have all of the supports that are required. And the minister of housing, mental health, addictions, homelessness has done such a wonderful job of that and spoke around the need for those wrap-around supports with housing, mental health supports, as I mentioned earlier, with supervised consumption sites—yes, that's one leg that we need to stand up to make sure we're supporting them to treatment, to recovery.

We just invested 1 and a half million dollars into the Anne Oake recovery centre, which is going to allow women to stay with their families, with their

kids, and get that safe treatment that they need, which is such an incredible move forward.

You know, it's—it is really troubling to me when I hear the consistent negative rhetoric coming from across the way. And I do want to just say that I had a wonderful conversation—and I know the 10 minutes goes very quickly here today—but I had a wonderful conversation with a group from my constituency in Waverley who wanted to get together and talk about supervised consumption sites.

I will call them wise. They are a few years on at this point, 70s and 80s, but it was wonderful to sit down and chat. They had concerns. They didn't fully understand what it all meant. And so we sat down at the—a local coffee shop and we got to talking.

And the thing that I noticed immediately was that even though a few of them maybe disagreed or didn't—had misunderstandings about what this process looked like, there was a ton of empathy being shown for the process and for what was going on. There wasn't any sort of aggressive or knowing attempts at trying to negatively affect the conversation.

So we had a long chat. I talked about my experience working on the front line. I explained some of the technical work that would be done within this space, some of the supports that would be provided to these folks who are going through a tough time. And there were—I think there was a lot of better understanding around the table and support for the work that's being done around supervised consumption sites once that conversation was had.

And I think, ultimately, that is the important piece here, right, is to—I guess I would just, again, encourage folks opposite, you don't necessarily always need to go with your speaking notes. You can think critically. I know that there are smart people over there that can look at that and say, that's not my experience. I know that I've, you know, had personal experiences that have changed my opinion of some of these things.

And so there is substantial evidence too—you know, it's peer reviewed, studied, it's been replicated—that these harm reduction strategies, they ease the strain on emergency services and hospitals. They can reduce ambulance calls. They can reduce first responder calls so that those folks can be off dealing with a STEMI or with something else because those other people who need that addictions treatment are in the supervised consumption site, are getting treatment, right?

And that is such a meaningful and important step, first and foremost for the person, obviously, but also, you know, if we're speaking about a Conservative government who is interested in saving money for the Province, I mean, there have been some studies that have shown that for every dollar you spend on harm reduction, it saves the health system 10 more, right? So if we're talking about making sure we get the most out of our system, just do a little bit of research on what that has shown. It's incredibly important; it's evidence-based, it's been peer-reviewed, like I said, and we're doing the work to support Manitobans dealing with these issues.

Right, so I will just say to close up here, we have a chance to lead, right, in this area; to make decisions that are rooted in evidence and humanity and to show that public health is not just public posturing, right? It should be what guides us, because when we stop turning away and start stepping up, we can make it easier for others to do the same.

Thank you.

**Mr. Logan Oxenham (Kirkfield Park):** I'm going to stand here and just address a resolution that fundamentally mischaracterizes our government's comprehensive approach to addictions services here in Manitoba. This is not simply a policy disagreement. It's about how we value the lives of Manitobans struggling with addiction. So we'll talk about the reality of Manitobans—Manitoba's addiction crisis.

So I want to start off with some stark facts. Under the previous Progressive Conservative government, overdose deaths in Manitoba skyrocketed, from approximately 200 in 2019 to 568 in 2023, nearly tripling during their tenure. And these aren't just statistics, honourable Deputy Speaker; they represent Manitobans who never had the chance to access recovery because they didn't live long enough to get there. Each of these deaths represent a family shattered, a community member lost and a failure of our health-care system to provide the support needed when it mattered most.

Our government recognizes that addiction treatment requires a continuum of care, from harm reduction to medical intervention to long-term recovery support. This isn't an either-or proposition, as the opposition suggests. The resolution before us today presents a false choice between recovery beds and supervised consumption sites. The medical consensus is clear: we need both. You cannot recover if you are dead.

And during the previous government's exclusive focus on their limited version of recovery-oriented programs, hundreds more Manitobans died each year. Supervised consumption sites save lives. The opposition's resolution condemns supervised consumption sites as failed, yet the evidence contradicts this claim.

Under the previous government, Manitobans were using drugs in Tim Hortons washrooms, under bridges, in parks, in public spaces, without medical supervision or intervention. Many of these folks died alone, honourable Deputy Speaker.

Our made-in-Manitoba model for supervised consumption sites will save lives by preventing fatal overdoses, and it will reduce the spread of blood-borne infections like hepatitis B. We'll connect people with health care and social services. We'll reduce public drug use and improperly discarded needles, and provide pathways to recovery when people are ready.

This isn't just compassion; it's fiscally responsible. Each preventable 'overdose' death or HIV infection costs our health-care systems enormously.

We are—this side of the House, we are very committed to ensuring RAAM clinics are fully staffed and extended hours. But we recognize that RAAM clinics, alone, are insufficient. Many Manitobans will never make it to a RAAM clinic if they die from an overdose first.

Honourable Deputy Speaker, I want to talk about the PC's record on addictions. It's worth noting that when the previous government commissioned the VIRGO report in 2018, section 2.18 specifically recommended they increase capacity for harm reduction services, including a safe injection site. Rather than follow this expert medical advice, they rewrote their own report. In 2019, when presented with the safe consumption space report from Sunshine House, then-premier Pallister, he infamously tossed the book on the floor of this very Legislature.

While the opposition was rejecting harm reduction approaches, opioid overdoses more than doubled. Meth-induced violence increased, and I saw that violence first-hand—

**The Deputy Speaker:** Order.

When this matter is again before the House, the honourable member will have six minutes remaining.

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



**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Thursday, April 24, 2025**

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