



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

**Official Report
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The Honourable Tom Lindsey
Speaker*



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MANITOBA LEGISLATIVE ASSEMBLY
Forty-Third Legislature

Member	Constituency	Political Affiliation
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

Tuesday, May 6, 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 and know it with certainty and accomplish it perfectly for the glory and honour of Thy name and for the welfare of all our people. Amen.

We acknowledge 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.

Private members' business—order of the day, private members' business.

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

Hon. Nahanni Fontaine (Government House Leader): Good morning. Can you please call for second reading debate Bill 216, the health system governance and accountability act, plebiscite before permanent emergency room closure.

The Speaker: It's been announced that we will now go to second reading of Bill 216, The Health System Governance and Accountability Amendment Act (Plebiscite Before Permanent Emergency Room Closure).

SECOND READINGS—PUBLIC BILLS

Bill 216—The Health System Governance and Accountability Amendment Act (Plebiscite Before Permanent Emergency Room Closure)

MLA Jelynn Dela Cruz (Radisson): Honourable Speaker, I move, seconded by the member for Tuxedo (MLA Compton),

that Bill 216, The Health System Governance and Accountability Amendment Act (Plebiscite Before Permanent Emergency Room Closure); Loi modifiant la Loi sur la gouvernance et l'obligation redditionnelle au sein du système de santé (plébiscites sur la fermeture permanente de salles d'urgence), be now read a second time and be referred to a committee of this House.

Motion presented.

MLA Dela Cruz: Honourable Speaker, the PCs had seven and a half years to strengthen our health-care system, to put their egos aside and build a system that truly honours the health-care workers and meets the needs of Manitobans who they care for.

Instead, they made devastating choices that hurt families across this province. Their choices continue to hurt families across this province today. They shut down emergency rooms, laid off hundreds of front-line workers, including my immediate family members, and ignored the voices of those who care for us.

Since I was born, Concordia Hospital became a second home, not because I was sick as a kid, but because that's where we met our chosen family, the front-liners who collectively raised me, Honourable Speaker.

I spent hours there when we didn't have money for child care. I visited my titas [*aunts*] and titos [*uncles*] and—on 3 West, with treats. And when I was old enough, I began volunteering at the Concordia Hospital emergency room.

Now, Honourable Speaker, there aren't many things that I'll give members opposite, the PCs, credit for, and not many things that they deserve the credit for either. Though when it comes to propelling me and many others into politics because of their austerity, I'll give them those bragging rights.

The first ER that Pallister, Stefanson and the new Leader of the Official Opposition (Mr. Khan) closed was the Concordia Hospital, a lifeline for so many, both in Winnipeg and beyond the Perimeter. But Concordia's ER didn't go without a fight. Residents, health-care staff and union leaders rallied outside Concordia and protested for weeks because they knew what was at stake.

Honourable Speaker, members opposite don't understand the value of listening to those on the front lines. They showed us this in their failed government and their thoughts-and-prayer approach to mismanagement and mass catastrophes. Despite the cry from thousands of health-care workers, patients and their loving family members, the PCs were cold and callous with their cuts to our health-care system.

Honourable Speaker, they made a deplorable mockery of our serious government's work to undo their damage. So, since they loathe listening tours so much, I feel a responsibility now to make them listen to the tour that they took cutting and gutting our public health-care system in Manitoba.

Immediately after Concordia Hospital, and while people were still picketing, came Seven Oaks. That ER's closure was rushed and deeply unpopular, Honourable Speaker. Once again, the community spoke up. Staff, union leaders and residents pushed back. One former nurse said—they said it best, actually—quote, unquote: It's not right; it's really not right. You have the facility here; you've got the staff and you've got the people. We should still have our hospital.

Even the Manitoba Nurses Union president, Darlene Jackson, called out the government's reckless decisions, quote, unquote: By rushing through these changes and ignoring the advice of nurses, they have created serious human resource challenges.

All of us on this side of the House wished for better. Manitobans deserved better. The rash decision making cost our province lives, Honourable Speaker. Meanwhile, the failed Stefanson government, along with the new Opposition Leader, chose to cover their ears and line their own pockets with the dollars they took from Manitoba's health-care system.

Honourable Speaker, over 7,000 Manitobans signed a petition opposing the closure of the Seven Oaks General Hospital emergency room in northwest Winnipeg. They were clear in that they wanted accessible, local emergency care but insisted, instead of listening, the previous government chose to shut it down anyway, just like they did at the Victoria general hospital. That decision left families in south Winnipeg without access to an ER close to home, forcing them to travel halfway across the city in moments of crisis.

The facts are clear, Honourable Speaker. Under the PCs, communities were ignored, wait times surged and front-line workers were stretched thin, all because of reckless cuts and poor planning. This wasn't just

in Winnipeg, either. Rural Manitoba was actually hit twice as hard.

In Carberry, the emergency room shut down in August 2023 due to staffing shortages, leaving people to travel to Brandon or Winnipeg for care. In some cases, it took up to 90 minutes just to reach a hospital by ambulance. That's not just inconvenient, it's dangerous, Honourable Speaker.

The closures didn't stop there. Emergency rooms in Teulon, Winnipegosis, and Shoal Lake have been closed indefinitely. Leaf Rapids ER shut down in July 2022. Both Melita and Morris lost theirs in September of 2023. In Arborg, the emergency room was closed a staggering 72 times last year, adding up to the equivalent of 332 days without emergency care in that community, Honourable Speaker.

Manitobans deserve the care that they need close to home. Survival can be as high as 90 per cent if emergency treatment starts within the first minutes after sudden cardiac arrest. That rate drops by about 10 per cent each minute longer. This means that someone in need of care in—from Oakbank would have to have gone—who would have gone to Concordia or Seven Oaks will need to travel an extra 15 minutes to get to the St. Boniface emergency room instead. Honourable Speaker, this is life or death.

* (10:10)

Let's be clear: this crisis didn't come out of nowhere; it was orchestrated. It was a direct result of a malicious government that ignored the warnings, dismissed the concerns of front-line workers and let a toxic culture take root in our health-care system, putting their politics over patient care.

But Honourable Speaker, we are changing that. Our government is listening and we are acting. We are investing in our health-care work force, reopening ERs and building new ones because every Manitoban deserves access to emergency care, no matter where they live.

Honourable Speaker, every Manitoban deserves timely access to emergency health care close to home when they need it most. For years, under the failed PC government, that was not the reality. They ignored community after community and shut down emergency rooms across the province, leaving families without care and front-line workers without support.

Our government has heard directly from Manitobans at their kitchen tables, at their living rooms, in town halls and on hospital floors about how these

closures have impacted their lives. That is why we are taking action to rebuild the health-care system from the ground up, Honourable Speaker.

Through our health-care listening tour, we heard powerful stories from health-care workers, stories of burnout, safety concerns, staffing shortages and the rising cost of living, but we also heard their ideas, their hope, their solutions, and we are acting on them, Honourable Speaker.

The system that we are building up will be done by health-care workers, for health-care workers and their patients, Honourable Speaker. We are reopening ERs the PCs closed. We are building new ones because every person in Manitoba should be able to get the emergency care that they need, no matter where they live.

And when the Carberry ER was shuttered under the PCs, residents were clear that they needed it back. Our government listened. In May of 2024, we hired three physicians and reopened the Carberry health centre ER so families could once again get timely emergency care in their communities.

Budget 2025 is a reflection of this commitment even further. We are investing \$3.5 million to begin the design and construction of a new emergency room at Victoria general hospital. We are even hosting a town hall tonight, Honourable Speaker, at 6 p.m. at the South Winnipeg Community Centre so south Winnipeg residents can have their say on this project.

We are investing \$500,000 to begin planning for a new ER in Eriksdale, bringing critical care back to the Interlake. We are dedicating \$7 million to expand and renovate the children's ER. At Ashern lakeshore hospital, we are adding six new emergency department beds, Honourable Speaker.

Honourable Speaker, we are building a health-care system that listens, includes communities and delivers care closer to home for everyone.

While members opposite thank Donald Trump for his attacks on our democracy, we are taking our government's hard work further by protecting the right of Manitobans to weigh in on the public health care that we share with pride.

This legislation will mandate every health minister indefinitely to put permanent emergency room closures to a public vote. Honourable Speaker, provided that every single MLA should be on board with giving Manitobans more of a say when it comes

to universal health services, I urge members opposite to support this bill by allowing its passage.

Thank you, Honourable Speaker.

The Speaker: Just before proceeding, I would ask the honourable member if what she was quoting from was a public document, and if not, could she table it.

MLA Dela Cruz: Honourable Speaker, it's from a public document as reported from CBC.

The Speaker: Thank you.

Questions

The Speaker: So 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 and each independent member may ask one question. No question or answer may exceed 45 seconds.

The floor is now open for questions.

Mrs. Kathleen Cook (Roblin): We know that the previous NDP government permanently closed 16 rural emergency rooms in communities across Manitoba.

I'm just wondering if the member could tell the House why her mentors—*[interjection]*

The Speaker: Order.

Mrs. Cook: —her predecessors decided to permanently deprive 16 rural communities of their ER services and why she thinks rural Manitoba matters less than Winnipeg.

MLA Jelynn Dela Cruz (Radisson): Honourable Speaker, the member opposite is talking about something that happened before I was even born. Frankly, the work that we're focused on today is rebuilding a system that they shattered. They fired thousands of nurses, they cut emergency rooms that people depended on to save their lives and now they want to turn the tables on us.

Honourable Speaker, we will take no lessons from members opposite.

The Speaker: No further questions?

Oh, the honourable member for Tuxedo.

MLA Carla Compton (Tuxedo): As my colleague from Radisson is lifted up, we are a listening government and we know the importance of consulting with members of Manitoba, members of the health-care

teams, professional members that are educated and know best how to serve Manitobans in health care.

And so I would like to ask my colleague, who was consulted in creating this bill?

MLA Dela Cruz: I thank the—my colleague, the member for Tuxedo (MLA Compton), for the well-informed question; so far, the best question of the day.

Honourable Speaker, as I mentioned in my remarks earlier, 7,000 Manitobans wanted to keep the Seven Oaks ER open. If they had the chance to vote, I would put my money on the fact that they would have had that ER still today.

Honourable Speaker, when it comes to a plebiscite, let me read from the Merriam-Webster dictionary for members opposite: a plebiscite is a vote by which the people express an opinion for or against a proposal, especially on a choice of government. Clearly, they have an issue with that. They're heckling me today.

And this is the ultimate form of consultation, Honourable Speaker. Not only are we a listening government—

The Speaker: Member's time has expired.

Mr. Josh Guenter (Borderland): My question to the member for Radisson (MLA Dela Cruz) is, she says that the 16 ER closures happened before her time, however, Teulon ER was closed in 2016, the very year they lost office.

A little closer to home, perhaps, for myself and probably for the member, the last couple of months, we have individuals in the community of Emerson who are trying to move into the Emerson care home. There's eight empty beds and they're not being allowed in because this government, the member for Radisson and the Health Minister are not allowing those seniors to take up their place in the Emerson care centre.

When will this member for Radisson give these seniors their placements?

MLA Dela Cruz: Honourable Speaker, when that member opposite who just asked the question was the legislative assistant for Health, Seniors and Long-Term Care, thousands of front-line workers were working without a contract amid a pandemic. Again, we will take no lessons from the members opposite on what to do with our health-care system's disaster that they created.

Honourable Speaker, we are staffing up our health-care system, we are building new spaces for health-care workers to work in and we are getting the job done for Manitobans.

MLA Compton: Budget 2025 noted a 45 per cent decrease in mandatory overtime for nurses in the WRHA within one year of our government being government, and that is one example of the positive impacts that are already happening within our health-care system. We know there's still lots of work to do, but we are making positive impacts, improving health care for Manitobans every day.

And I would like to ask the member from Radisson, what are some other new health-care initiatives that have had positive impacts on your constituency?

MLA Dela Cruz: Another really great question from our colleague from Tuxedo.

Honourable Speaker, in northeast Winnipeg, we're so happy to have extended the primary health—the primary care clinic at Concordia Hospital, which brings timely and quality health care back to northeast Winnipeg, helping more Winnipeggers get the care that they deserve in preparation for the reopening of the Concordia ER.

Honourable Speaker, another thing that this side of the House understands is bed flow and that's why we are adding 90 new beds to the Park Manor Personal Care Home, also in our end of the city.

We're not stopping in Winnipeg, Honourable Speaker. Lac du Bonnet is getting more personal-care-home beds. Everywhere in Manitoba, we are working hard to make sure that people get the care that they need when they need it.

Mrs. Lauren Stone (Midland): My colleague, the MLA from Borderland, brought attention the eight beds that are sitting empty at Emerson. We also have 24 beds sitting empty at Boyne Lodge in Carman. That's 32 beds sitting empty, waiting for staffing, in southern Manitoba, under this government's watch.

So can the member please explain how they plan to staff up those beds that are sitting there waiting for people's placement?

MLA Dela Cruz: Honourable Speaker, again, members opposite are asking me questions about the mess that they created. Time and time again, they

stand here in this hallowed Chamber, asking us: why aren't we working faster to repair their mess?

* (10:20)

Once again, the member referenced her colleague, the member for Borderland (Mr. Guenter), again, who was a legislative assistant for Health, Seniors and Long-Term Care amid a pandemic where health-care workers were working without a contract, receiving zero per cent increases on their wages, yet fielding this thing that was unprecedented for our communities.

No lessons from members opposite.

MLA Compton: When the Pallister government announced the closure of the Seven Oaks emergency room, I was working at St. Boniface Hospital in the hemodialysis department. And the first thing that came out of mine and my colleagues' mouths when we heard the announcement was, who did they talk to? Have they thought about how this is going to impact, not just Seven Oaks and their immediate community, but the whole city of Winnipeg?

And I can tell you, it definitely impacted my area of work at St. Boniface Hospital, all the way across the other side of the city. It increased our patient loads and it definitely had us seeing sicker patients.

So I would like to ask my colleague, how did the PC government's failure to consult with those—

The Speaker: Member's time has expired.

MLA Dela Cruz: I thank my colleague for sharing such personal experiences on the front lines with us here today. I, myself, as a—you know, a young child, a teenager, to where I am now, have picked up my loved ones from their very long shifts working at the hospital during the tenure of the previous failed government.

Conditions were brutal and things aren't moving as fast as we'd hope in our, you know, our heart of hearts for things to move, but we are trying our hardest. Staff and residents felt ignored under the previous government, Honourable Speaker. Like I mentioned earlier, 7,000 Manitobans signed a petition begging the emergency room at Seven Oaks hospital not to be closed because they knew how essential these services were for their community.

The—

The Speaker: Member's time has expired.

Mrs. Cook: Again, we know that the previous NDP government closed 16 emergency rooms in communities all throughout rural Manitoba, leaving rural Manitobans with no choice but to drive miles to the closest ER, no matter what the circumstances of their particular emergency.

And I'm just wondering: if the NDP feels so passionately, if they believe so strongly in the need for a plebiscite before closing a rural emergency room, why didn't they hold a plebiscite in any of the 16 communities where they closed an ER?

The Speaker: The honourable member for Roblin—Radisson.

MLA Dela Cruz: It is a new day in Manitoba and I am confident that our NDP government is reflecting the values, reflecting the ideas and the hopes and aspirations of everyday Manitobans who put us here to govern, Honourable Speaker.

When it comes to precedent, bills like this have existed in the past. Plebiscites like this have happened in the past for Crown corporations like Manitoba Hydro, like the Manitoba Public Insurance. These things were—well, previously, Progressive Conservative governments, failed governments brought forward to be privatized and the public voted to keep them public.

So, Honourable Speaker, we're simply asking members to get on board today, to give the public a chance to have their say.

MLA Compton: Victoria emergency room, when it was closed, was significantly disruptive to the community and again, to the health-care system within Winnipeg and Manitoba.

I still have folks reaching out within my own constituency, as well as colleagues, speaking about how negative an impact it has had within their personal lives as well as in their professional lives; no longer having an emergency close to home.

So I'd like to ask my colleague, what impact has the closure of the emergency room at Victoria general hospital had on Manitobans in south Winnipeg?

MLA Dela Cruz: Another great question from our colleague for Tuxedo.

Honourable Speaker, quick access to emergency care is essential. When the PC government began threatening to shutter the emergency room at Victoria general hospital, staff were left with a lot of uncertainty.

Many constituents were worried about their own health and their families' health. Without the Victoria ER, my constituents were forced to travel halfway across the city to receive the care that they needed, which is why I am proud of our government for bringing emergency care back to south Winnipeg with Budget 2025, putting shovels in the ground for the new Vic. ER with consultation happening tonight at 6 p.m.

The Speaker: The time for questions has expired.

Debate

The Speaker: The floor is now open for debate.

Mrs. Kathleen Cook (Roblin): I want to thank the member opposite for bringing forward this bill, but I do have to say that if the NDP were serious about this notion of putting a plebiscite in place before closing an emergency room, this would be a government bill.

It's not a government bill. It's nothing more than political posturing from the NDP. And you can see that in the comments from the member opposite, where she in fact did not make a very good case for a plebiscite at all. The majority of her 10 minutes of comments were focused on entirely partisan attacks. So this is just another opportunity for the NDP to posture, to politicize issues that matter to Manitobans.

She did not make a good case for what the bill is actually about. And it's pretty rich, coming from the NDP, Honourable Speaker. It's rich because, as we noted during the question period on this bill, the previous NDP government, under the leadership of first Gary Doer and then Greg Selinger—the member for Radisson's (MLA Dela Cruz) mentors and predecessors in the NDP—closed 16 emergency rooms throughout rural Manitoba. And they didn't hold a plebiscite for any of them. *[interjection]* I hear the member chirping that she's never even met them. That's interesting.

I think it's important to put on the record the names and the communities that the NDP closed. And I want to correct something that the member for Radisson put in her comments, because I think she needs better research about some of these ERs.

So the NDP closed ERs in Emerson, Pembina-Manitou, MacGregor, St. Claude, Gladstone, Vita, Erickson, Rossburn, McCreary, Wawanesa, Birtle, Rivers, Baldur, Winnipegosis—that was in 2012—Whitemouth and Teulon—that was the last one they closed. And I know that members opposite only care

about Winnipeg—that's where they get the majority of their votes. I mean, there's a few exceptions. None of them are here today, but there's a few exceptions.

I'm fortunate to represent a community that actually spans both rural Manitoba and the city. So my constituency takes in two different health authorities. And I can tell you, as an MLA, that the situation is very different in Winnipeg versus in Southern Health.

Rural Manitobans have largely been abandoned by this NDP government and by their NDP predecessors. Doctors Manitoba recently reported that among rural or northern hospitals, in August 2024, well into the NDP's mandate, only 18 rural ERs were open reliably 24-7, 25 were open part time or experiencing frequent gaps in coverage and 25 were closed due to temporary or long-term suspensions of service.

And the Doctors Manitoba president said at the time, publicly, quote: What's really concerning is the number of ERs that are open 24-7 is getting worse, not better. That's under the NDP, Honourable Speaker.

You know, the member talked about Carberry. Her government went out and held a big press conference there. The fact is, Carberry's closed more often than it's open. It was closed over 50 per cent of the time last summer. And this creates a very stressful situation for rural Manitobans.

So I guess in the context of this bill, then, can we now assume that the NDP will hold a plebiscite every time they close a rural emergency room? I guess that's the message they're sending, although, again, if the government were serious about this, this would be a government bill, not a private member's bill.

Manitobans know that the NDP overpromise and underdeliver every time. So rural Manitobans could be forgiven for not having a lot of confidence in the words of the member opposite when she says, oh, we're going to open this and we're going to open that. They'll believe it when they see it.

Last week, the government held another press conference about emergency rooms. They put forward a very thin strategy that was months in the making, or that's what Manitobans were led to believe, considering the strategy was first promised in the Throne Speech but then not actually rolled out until May. And it didn't mention rural Manitoba once.

* (10:30)

It's more of a political document, Honourable Speaker, than a substantive and actionable strategy. It's completely devoid of targets or timelines or any

analysis of what additional capacity is going to be required in our health-care system to actually lower ER wait times.

One of the things that has to happen in order to lower ER wait times is increasing capacity in the community-care system so that patients can get out of beds in hospitals, back into the community where they want to be and free up beds in the hospital, so people can get out of ERs.

The member opposite says she understands bed block, but under her government, in the WRHA, they have centralized home-care scheduling in downtown Winnipeg. They've taken that service out of community-based ACCESS centres and put it into downtown Winnipeg. And what that's done is it's caused incredible chaos, and one of the results of that decision is that hospitals actually had to stop discharging patients to the community because of the chaos in the home-care system.

So what does that do? That backs up beds in the hospital and increases wait times in ERs. That's going in the opposite direction.

The Manitoba Nurses Union—you know, the member opposite likes to quote Darlene Jackson. Well, Darlene Jackson hasn't been particularly complimentary for her government lately, either.

The member opposite also mentioned the listening tour. But here's what the front lines had to say about the listening tour. This was just yesterday, actually, on social media, the MNU president said, quote: If the government had been truly listening during their listening tour, would we be here again over a year later with no measurable progress? Nurses are beyond tired of the spin, of being used for announcements, campaigns and photo ops, only to be ignored when the decisions are being made.

Let that sink in. Nurses are beyond tired of the spin, of being used—used, Honourable Speaker, for announcements, campaigns and photo ops, only to be ignored when the decisions are being made. That's straight from the front lines of health care. That's from the president of the Manitoba Nurses Union talking about this NDP government.

So let's put some facts on the record. Under the NDP, ER wait times are getting worse, Honourable Speaker, not better. For the second month in a row, ER wait times are the highest they have been in the last decade. The median wait at Winnipeg ERs right now is four hours, but the median wait time at the Grace Hospital in my end of the city is an astounding

6.78 hours. That's up over 25 per cent from this month last year.

Things are moving in the wrong direction. And one in 10 patients at the Grace waited over 16 hours to be seen.

Meanwhile, over at St. Boniface, the median wait time is up to five and a half hours and that's a 35 per cent increase from the same month last year. And across Winnipeg, one in 10 patients waited over 11 hours.

Now, the member opposite can cast blame backwards when it's convenient for her, but when it's also convenient for her, can say she wasn't even born when the previous NDP government made grievous errors in health care. They can deflect and they can spin all they like—that's what they like to do—but our job in this House is to hold them to account for their ridiculous number of broken promises that they've already broken to Manitobans since getting elected, and for the commitments they've made that frankly, they have no plan to follow up on.

Another quote—this one's from Darlene Jackson again, who told the Winnipeg Free Press earlier this year: I think this is a wake-up call for the public to say to government, this is not acceptable. Things are not rosy in health care despite what's been said. We are in a terrible crisis, unquote.

She also said, quote: Our nurses tell us continuously that things are not getting better in health care, that, in fact, there are areas where things are deteriorating. Nurses are frustrated. We were promised a change. Unquote.

And I think we'll be hearing more from the Manitoba Nurses Union tomorrow when they rally on the front steps of the Legislature. So I think that it would behoove the member for Radisson (MLA Dela Cruz) and all members of the NDP to actually listen to front-line health-care workers who are saying things are getting worse, not better; things are going in the wrong direction.

You promised us a change and you have failed to deliver. And rather than wasting precious time in the Legislature spewing partisan-political attacks, get down to work. Do what you said you would do. You asked for this job. You said you had—they said they had all the answers, Honourable Speaker, they did.

But I think what's clear today and what's clear to Manitobans—will become increasingly clear over the course of their mandate is that the Premier (Mr. Kinew),

the Health Minister and every member of that caucus is in over their heads.

Thank you, Honourable Speaker.

Mr. Josh Guenter (Borderland): Oh, this is interesting. We have a member of the NDP put forward a bill, fail to articulate the reasons why the House should pass it and then not a single one of her colleagues stands up to speak in favour of it. Not a single member—not a single member of the NDP stands to speak in favour of their bill. *[interjection]*

The Speaker: Order.

Mr. Guenter: So that is not an auspicious start for this legislation and I think speaks a lot to what the NDP caucus thinks about this legislation, that they're sitting on their hands.

And also that perhaps our Health critic, the member for Roblin (Mrs. Cook), has made her point very clearly, and some of them realize that individuals, leaders, health leaders across the province, union leaders like Darlene Jackson and others have been saying for quite some time that there is a staffing crisis, it's getting worse under this NDP government, and, perhaps having heard that, members are uncomfortable at the prospect of having to speak to this legislation.

So I will gladly rise this morning to put a few words on the record. There—and I am very pleased to have the opportunity to do that this morning—there is a very pressing issue in my constituency right now in the community of Emerson regarding the Emerson care home, and the member for Midland (Mrs. Stone), as she indicated in her line of questioning this morning, is facing a similar issue at Boyne Lodge in Carman. And there are cases like this all across this province, that's a huge concern.

We're left wondering, where—Manitobans are left wondering, where are the health-care staff? It's a situation that's worsening and it's leading to seniors not being placed in personal-care homes. It's leading to ERs having to be shut down. And, unfortunately, it's having a cascading effect like the MLA for Roblin pointed out where, because seniors are not able to be placed in personal-care homes because there's no staff to staff those beds, that then those individuals, those are being held—are being staged, essentially, in local hospitals and taking up beds there.

So it is a huge, huge problem. It's a vicious cycle that this NDP government's mismanagement of the health-care system and of the resources within that

system have led to. And so I think it's important to raise these issues and to bring them to light.

And I want to talk about Emerson in a little more detail. We've been working for several months now, probably close to six months if not longer, to try to get several elderly individuals from that community placed in the Emerson care home. Now, unfortunately, in 2002, Emerson lost its emergency room, and that happened under the dark days of the NDP. Emerson ER was one of the casualties, one of the 16 ERs that were shuttered during the time of the NDP.

And so, today, it is essentially a personal-care home and it has capacity for 20 individuals; there's 20 beds in that facility. And right now, 12 are occupied the last I checked, and the number may have changed, but there's eight vacant—there was at the time that I checked recently—there was eight vacant beds available, and Southern Health had 11 job postings for that site. There were job postings for six health-care aides and five registered nurses in Emerson.

And so what happens is, and it's been going on for a very long time now, where those job postings go up and no one gets hired and they go down and then they come back up, and there are actually young people in the community of Emerson that would like to work, that have expressed interest in working at that facility and they're not able to do so. They're not being hired.

So I don't know what is going on with this NDP government, but at the end of the day, we have individuals in the community of Emerson who've worked hard, who've lived there in that community their entire lives. They have donated. They have contributed to the Emerson care home in the hopes that, one day, they would be able to move in there and—in their golden years and live—and retire there with dignity.

* (10:40)

And, unfortunately, today, the member for Radisson (MLA Dela Cruz), the Health Minister, this NDP government is saying, no, you can't move in. So we have eight vacant beds in Emerson, more in Carman, and you have this situation across Manitoba, and it can't happen. Why? Because of a staffing crisis.

There's a staffing crisis in Manitoba's health-care system. It's gotten worse; it's not gotten better. And it's disappointing because this NDP government led Manitobans to believe, during the election, that if they got elected, they would flip the switch and that things would be better.

And you look at the results: ER wait times have gotten longer; they're 20 per cent longer under this NDP government today than they were when they took office. That's a huge concern.

So I've been disappointed with the government's reaction, as I said, for several months, lobbying for action on Emerson, a personal-care home. We've written to the Health Minister and the community is having a meeting on this issue, and all the Health Minister has done is provide no commitment to filling staff vacancies.

There's been no commitment to opening the empty suites. There's been no answer to why Emerson isn't seeing any of the NDP's so-called new health-care workers, and they like to talk about that number: 1,255 net-new, and yet the health-care situation is actually worsening.

There's been no solutions, just excuses. Well, let me tell this NDP government and this Health Minister: the closure of our Emerson care home is not an option. The community will not stand for it. This PC team will not stand for it. We will not stand for the continued 'deterioration' of our health system in Manitoba.

Manitobans have paid for it through their taxes. They have, as I said, many of them have donated generously. They represent an area in southern Manitoba where it was our PC team that invested over \$100 million in the expansion at Boundary Trails Health Centre.

And that was just one expansion; there were many others in Brandon and Steinbach and—I don't have the list in front of me—I believe Thompson, Selkirk, Portage la Prairie got a new hospital, Neepawa got a brand new hospital; it was a very—Ashern—was a very significant multi-billion-dollar rural health-care plan.

And so it's good to see that work going on today. But as Manitobans drive by those facilities today, they're asking, you know, where are the bodies, who's going to staff those beds? The building looks great, but what happens if there are no staff? And they already see that seniors can't get placed in personal-care homes because, apparently, there's no staff.

So we have empty beds—a situation where there's empty beds. There's beds available, but there's no staff. We have buildings that are being built but there's no staff under this NDP government to staff those beds, and that's a concern. And Manitobans see ER wait times getting longer.

I think it was interesting that the very same day I went out with my—went public with my letter to the Health Minister, my open letter to the Health Minister on the Emerson personal-care home, that Kyle Ross, who's the president of the Manitoba Government and General Employees' Union, said that—said members are raising the alarm about the high vacancy rates for professions such as therapists and clinicians in the Southern Health region and the high number of people waiting to see those experts.

He said: We have Manitobans waiting a long time for these services and our workers are frustrated because they want to provide quality services in a timely fashion and they're not getting the help they need from the government. And that is from MGEU president, Kyle Ross. And the member for Roblin (Mrs. Cook) provided quotes by Darlene Jackson, as well.

So you know that when the union heads in Manitoba start savaging the NDP government, you know it's really bad, and I think Manitobans have known that for a very long time. And it's very interesting to see the unions going after this NDP government, and it's about time—it's about time—that these folks across the way started getting to work and do the work that they promised Manitobans they would do: get these individuals placed in personal-care homes, finish the work that was begun by the PC government of expanding—of building these new health-care facilities and, for crying out loud, staff our ERs and staff the beds.

As to the bill, 16 ER closures in their time, and that's not an auspicious start. And we're seeing that same pattern repeat once again under this NDP government. So everything old is new again and here we are with ER closures, personal-care-home closures and the rest.

It's time to stand up for Manitobans.

The Speaker: Order, please.

The member was quoting. Was it from a public document?

Mr. Guenter: Yes, the quotes are from an article in the Carillon. I believe it came out in January.

The Speaker: Thank you.

Mrs. Lauren Stone (Midland): I—pleased to rise today and put a few words on the record. And my colleague from Borderland mentioned that the opposite side is refusing to put any words on the record beyond the individual that has brought this bill

forward, which I think is very telling as to where their priorities lie.

And as my colleague for Roblin mentioned very clearly as well, if this was really a priority for the government they would this—they would have brought forward this bill in—as a government bill and not a private members' bill.

So we will see if they even decide to call this to committee if this bill were to pass. But what I do want to put on the record, Honourable Speaker, is to draw attention to the failings of this NDP government in health care, a government that decided to focus almost solely on health care during the campaign, but over their almost two years in power have done very little to improve the situations that are occurring across the province.

This bill is clearly a political gimmick. It's political posturing, as my colleague has said, to distract Manitobans from their failings. The NDP is clearly failing on health care. Things are only getting worse. The health-care sector, the unions, nurses are starting to speak out about the systemic challenges that continue to occur and are continuing to get worse after almost two years of this NDP government.

Their listening tour clearly has not produced any results, no meaningful results as wait times are getting worse, vacancies are high. The NDP cannot even manage the hospitals and the health-care facilities that are currently open as we can go through those stats right now. And my colleagues have already spoken to that a little bit as well.

So let's take a look: in August of 2024, Doctors Manitoba reported among rural and northern hospitals only 18 were reliably open 24-7; 25 were only open part time or were experiencing frequent gaps in coverage and 25 were closed due to temporary or long-term suspensions of service.

Now, only three months later, Doctors Manitoba again reported 18 rural—only 18 were scheduled to be open 24-7; 24 had limited hours or frequent closures and 28 health-care centres were fully closed. In just three months under this NDP government, an additional three health centres were completely closed. That doesn't sound like improvement, Honourable Speaker.

Clearly, this listening tour has not produced meaningful results in terms of ensuring that those health-care centres in rural and northern Manitoba are appropriately staffed and that individuals are getting the care they need close to home.

Doctors Manitoba president said, at that time, quote: What's really concerning is the number of ERs that are open 24-7 is getting worse, not better. That is from a public document, Honourable Speaker. So the health-care sector is speaking out. Things are getting worse, not better under this NDP government.

And I want to make it very clear, this NDP government has been in power almost two years. Things are not improving. That is under their watch.

My colleague and I also, in our questions, spoke about the challenges that our personal-care homes are having within southern Manitoba. Emerson, in my colleague's constituency, with eight empty beds but yet a waiting list of people waiting to get into those beds, but nobody to staff those beds.

*(10:50)

In my own constituency in Carman with Boyne Lodge—a brand new, beautiful facility; I've had the opportunity to tour it on numerous occasions—24 vacant beds and waiting lists across southern Manitoba for individuals, our seniors, waiting to be placed in these homes to get the care they need close to home.

That is 32 personal-care-home beds in southern Manitoba that are sitting vacant as a result of this NDP's failure to get the appropriate staffing and recruitment within southern Manitoba.

As my colleague for Roblin discussed, their recently announced strategy failed to include any meaningful solutions for rural Manitoba. It was essentially a political document devoid of an actionable plan. There were no timelines; there were no performance targets.

And as my colleague mentioned, the MNU president said that nurses are tired of spin and tired of being used for campaign announcements and photo ops. And that is very telling as to this NDP government's agenda. It's all talk, no actions; photo ops and no results, Honourable Speaker.

So let's talk about what is the record of this NDP government other than the stats that I put on the record. There were closures under the previous NDP government—16 ER closures across rural Manitoba—and that is their mentors, and now we're seeing that occurring today. So it's very ironic, Honourable Speaker, that this bill has been brought forward, that they want to create a plebiscite for those closures; however, we're seeing temporary closures. So what if

a temporary closure means a year? Is there still going to be a plebiscite?

I'll speak about Carman hospital in my own constituency where individuals are being turned away. So, in that second bucket of 24 ERs had limited hours or frequent closures, that's occurring in my constituency right now. Individuals are being turned away. Individuals are coming on stretchers just to be turned right back to Boundary Trails because there is not the staffing at that hospital currently. I hear regularly from the community about these challenges, and to this day, in regards to Boyne Lodge personal-care home and those 24 beds that are remaining vacant, the minister has yet to respond.

I have sent letters; my community has reached out. I've even brought it up in question period. After months of advocacy and research, the Minister of Health has yet to even give a response to this challenge that is occurring in the community of Carman. So much for this, quote, listening tour, that this minister claims to be on. Clearly, they're not listening. If they would, then they would at least respond to a community that has beds available and are waiting for individuals—seniors—individuals that have put their lives into this province, into our economy; worked hard; contributed significant amounts of taxpayer dollars into our system—that are being left without proper care, waiting to get into a care home close to home, Honourable Speaker.

As we have seen time and time again, this NDP continues to put politics over people and politics over patients.

Honourable Speaker, one thing I also wanted to draw attention to is this bill does nothing to address the safety concerns that our health-care workers are drawing attention to. Our nurses are afraid to go to work. Our doctors have talked about the concerns that they are seeing within the hospital wards. So let's just read through a couple of those examples that have been publicly stated.

A Thompson nurse has recently stated that concerns of violence spilling into the ER are being left largely unanswered by health authorities. They said that nursing staff are being abused physically, verbally, emotionally and sexually on a regular basis. So let's just repeat that: unanswered by health authorities.

Where is that listening tour? Clearly, this NDP government isn't listening. They're certainly not taking action, because things are only getting worse,

not better, as health-care workers have come out and said.

On April 28, a Brandon nurse was choked and nearly stabbed with a needle by an ER patient—

The Speaker: Order, please. The member is straying from the intent of the bill that we're supposed to be here debating this morning, so I would ask her to please keep her comments relevant to the appropriate bill.

Mrs. Stone: This—my comments go to the fact—the comment I mentioned earlier about how this NDP government isn't even managing the health-care facilities that we do have open right now. Clearly, staff are having safety concerns and the NDP is failing on that front. We have vacancies across Manitoba in our existing hospitals and health-care facilities, and we have vacancies in our personal-care homes across Manitoba, so it goes to the broader picture about how this NDP government is failing on health care.

Their quote, listening tours, aren't producing any meaningful solutions and results. Health care is only getting worse, not better, and this N-D—

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

Mr. Konrad Narth (La Vérendrye): Thank you, Honourable Speaker, for the opportunity to put a few words on the record on Bill 216. And I'd also like to thank the NDP government for giving me this opportunity. They've brought forward a piece of legislation, and obviously more interested in hearing from the PC caucus about the failures of their previous NDP government and their current failure on staffing the health-care system, so I appreciate that opportunity.

In my constituency of La Vérendrye and my hometown of Vita, we were affected by the previous NDP government's ER closures and service disruptions within the facility in Vita. During that time, I served on municipal council and I clearly remember the discussions with the Health minister at that time and the fear mongering and threats of the NDP government to the community.

This is a community that was passionate about the services provided and had contributed generously to their local hospital foundation to protect those services. And it's been impactful, not only in the community of Vita, but the entire southeast, so I know first-hand the widespread effects of the closures of ERs and health-care facilities under the previous NDP government.

And I would hope that they've learned from that. I know the Health Minister has said that they are listening to the health-care system. The only thing that I think that the health-care minister is listening to in the health-care system is the crumbling of the system because, right now, we are seeing larger staffing shortages than ever before and that isn't only in rural Manitoba where they closed 16 ERs, but we're seeing that throughout Winnipeg. Without expanding health-care facilities in the city of Winnipeg or anywhere else, we're not even able to obtain the care that is and should be provided in those facilities.

The result of closures in a community like mine now have constituents driving 250 kilometres; that's more than two and a half hours to access cardiac care. I would say that's unacceptable. It's funny that the NDP government is standing on saying that a closure of service that was replaced at Victoria ER is unacceptable—that Winnipeg residents need to drive a few extra blocks, when my constituents are driving two and a half hours to access life-saving care—completely unacceptable.

This is a major disruption in people's lives, and since this government has resumed—

The Speaker: Order, please. When this matter is again before the House, the honourable member will have six minutes remaining.

* (11:00)

RESOLUTIONS

Res. 12—1,255 Net-New Health-Care Workers

The Speaker: The hour is now 11 a.m. and time for private members' resolutions. The resolution before us this morning is the resolution 12, 1,255 Net-New Health-Care Workers, brought forward by the honourable member for Waverley.

MLA David Pankratz (Waverley): I move, seconded by the member for Dauphin (Mr. Kostyshyn),

WHEREAS the previous, PC Provincial Government failed Manitobans by firing health-care workers, and closing rural and urban ERs and EMS stations, forcing Manitobans to go out of province for surgery; and

WHEREAS the previous, PC Provincial Government ignored and dismissed health care workers when they raised flags about the state of health care in the province; and

WHEREAS the previous, PC Provincial Government failed to improve health care in northern Manitoba; and

WHEREAS the current Provincial Government made a commitment in Budget 2024 to hire 1,000 net new health-care workers in one year to improve health care and support front-line workers; and

WHEREAS the Provincial Government has followed through on its promise by hiring 1,255 net new health-care workers, resulting in 45 percent less mandatory overtime for WRHA workers; and

WHEREAS the Provincial Government has opened two new minor illness and injury clinics and two extended-hours, primary-care clinics to give Manitoba families more options for care; and

WHEREAS the Provincial Government will add three more extended-hours, primary-care clinics in Winnipeg so more Manitobans can receive the care they need after hours; and

WHEREAS the Provincial Government will continue to improve health care for Manitobans as they age by building new personal-care homes in Lac du Bonnet and Arborg as well as expanding Park Manor Care Home in Transcona; and

WHEREAS the Provincial Government is building a new ER in Eriksdale and at the Victoria General Hospital to bring health care closer to home for every Manitoban; and

WHEREAS the Provincial Government has introduced seven-day-a-week discharges to improve hospital efficiency and get Manitobans the care they need when they need it; and

WHEREAS the Provincial Government is bringing a mobile MRI to the North so residents can receive care closer to their home communities; and

WHEREAS the Provincial Government is investing a record of over \$770 million in new funding for frontline health care staff across the province with nearly 70 per cent of new spending going directly to the front lines.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba be urged to affirm the important work of the 1,255 net-new health-care workers and to support the continued recruitment of more health-care workers to improve health care for all Manitobans.

Motion presented.

MLA Pankratz: I am really pleased to be able to rise today and speak to this resolution. And I do want to give a quick update that we're actually up to 1,509 new health-care workers now working within the system here in Manitoba, which is an important and welcome number for Manitobans, I'm sure, across the province, and to members opposite, as well. I see them smiling and nodding their heads, so I appreciate that support.

You know, today we're speaking about health care, obviously. We're also just talking about trust and dignity and care across the board here in Manitoba, because for a long time in this province, folks were told not to expect too much from their health-care system. ER closures were called streamlining by members opposite. They were—there were nurse layoffs that were called inefficient—or, efficiencies, right, and northern and rural service gaps were sometimes chalked up to just growing pains.

But, you know, behind all of that political spin and, frankly, at times, sort of dogmatic ideology-driven policy decisions from members opposite, were real people, real Manitobans, who were waiting, they were suffering, sometimes losing loved ones, because the care they did—they needed so badly didn't come in time.

You know, we came into government with a commitment to turn that around, and slowly but surely, we are. There's lots of work to be done; we've done a lot of good work so far, and we look forward to doing that work alongside Manitobans.

Mrs. Rachelle Schott, Acting Speaker, in the Chair

The truth is, we inherited a health-care system that had been hollowed out over seven and a half years by that PC government. You know, they laid off hundreds of health-care workers; they shut down ERs in Winnipeg and across rural Manitoba. I know when I was working on front lines, I remember all of the announcements. They would say one day that they had hired 20 new folks, but then the next I would hear that 50 had been laid off, right? And so that number just kept dwindling, unfortunately, under their lead.

You know, they laid off those health-care workers, they shut down ERs, like I said. They left seniors waiting for personal-care-home beds; they cut funding to CancerCare; they closed women's health centres; they ignored health-care workers when they raised red flags. They allowed surgical wait-lists to balloon and sent people out of our province. They left our front-line staff overworked, underpaid and overwhelmed.

And under their watch, Manitoba had some of the worst metrics in the country. People were leaving the profession, clinics were shutting their doors, communities were left without care. And that's the legacy that we were asked to repair, and while we know it won't happen overnight, we also know that every single step forward matters so much.

And that's why, in our first budget, we promised to hire 1,000 new health-care workers, because it was important to Manitobans. That was why they elected us, right?

And in Budget 2025, we're proud to say we didn't just meet that goal, we surpassed it. And like I said at the beginning, we've now hired 1,509 net-new health-care workers. And again, that goes to the point I was making about the press conferences I remember seeing back when the PCs were around, where they would talk about these new hires and these numbers. But that was a gross number, right? Gross meaning, you know, it's this number that was the amount that they had just hired, but didn't really take into account all the people that they'd let go over the past year, right?

So this, again, today, now, when we speak about this resolution I've brought forward, there are 1,509 net-new health-care workers serving Manitobans.

That means 152 licensed physicians, 598 nurses, 508 health-care aides, 163 allied health professionals, 46 residents, eight midwives, 34 physician and clinical assistants.

It's incredibly important. It is so important that we have those incredible people now in the system. And this didn't happen by accident, right, it happened because we listened to the people who make the system work. We're actually collaborating and then acting on those requests and requirements from them. We implemented real solutions that health-care workers themselves called for, like new nurse re-entry programs, international credentialing supports, flexible scheduling and shift-based child care at hospitals, 96 new institutional safety officers to improve front-line safety, permanent weapon scanners at HSC's adult and children's ERs and the Mental Health Crisis Response Centre. And I can say first-hand that those supports are there because I, unfortunately, had to make use of Children's Hospital a couple of weekends ago with one of my kiddos.

You know, we're already seeing the impact of some of these improvements to the system and the hard work of our Minister of Health. You know, the

WRHA reported recently that mandatory nurse overtime is also down by 45 per cent compared to the year before, which is such an important number. It's what happens when you ultimately respect health-care workers instead of cutting them loose. I know how important it is to find that work-family balance when you're in a demanding job. And so cutting down that required overtime is so important.

We've also been focused on increasing access to care. We opened two Minor Illness & Injury Clinics with three more extended-hour clinics on the way. These clinics are already serving thousands of Manitobans who might otherwise end up in the ER for something that could have been treated faster and closer to home.

We've invested in virtual care through QDoc and expanded nurse practitioner services in communities that need them. We've added 242 new, fully staffed hospital beds. That means more capacity in our hospitals and shorter ER wait times, ultimately.

We've invested 3 and a half million dollars to begin design and construction of the new Victoria ER. Tonight we'll be attending a consultation in south Winnipeg to hear directly from families about what they want in their community emergency room. And we're doing the same in Eriksdale, where another ER is in design, and in Selkirk and in Brandon, where upgrades are expanding care capacity. So right across this province, we are investing in health care.

We're also tackling the surgical backlog head-on. This year alone we've invested \$55 million in diagnostic and surgical expansion. That includes another operating room at Concordia, new hip and knee surgeries in Selkirk, expanded MRI and CT appointments, a new mobile MRI unit serving The Pas and Thompson, an expanded cataract surgery program, investments in anesthesia clinical assistants to reduce bottleneck, centralized surgical wait-list management to prioritize those waiting the longest.

And, you know, while the PCs once paid to send Manitobans out of the province, we're building that up, that surgical capacity, here at home.

So for seniors, we're also delivering on promises that were abandoned by the PCs. We are building 210 new personal-care-home beds in Lac du Bonnet and Transcona and Arborg.

We're maintaining the 3.8 hours of direct care per resident per day, a higher standard than ever before, and we've invested \$40 million in staffing to make it happen.

We've also created an independent seniors advocate with an office that will open later this year, and that means someone whose sole job will be to protect and advocate for seniors every single day.

In women's health, we're undoing years of damage. The PCs shut down the Mature Women's Centre and left gaps in reproductive care. We're reversing that. Budget 2025 includes funding to reopen the Mature Women's Centre at Victoria Hospital, expanded coverage for birth control and Plan B, \$10 million for hormone replacement therapy access, lowering the breast cancer screening age to 40, funding for culturally appropriate and mobile breast cancer screening in underserved communities—because, ultimately, we all know that no woman should have to fight for basic health care in this province.

And we're delivering for northern and rural Manitoba as well. We reopened the Carberry ER; we funded new health centres in The Pas and Boundary Trails. We're building a new hospital in Neepawa with \$110 million. We're investing in dialysis for Norway House. We're expanding diagnostic imaging and hiring local Indigenous safety officers in partnership with communities.

* (11:10)

And, ultimately, it's not just about patching holes, right, it's about rebuilding something bigger and better and doing it everywhere across our province.

Honourable deputy Speaker, this is the difference, I think, between clinging to that ideology that I was talking about shown by members opposite and following evidence, right? The members opposite seem to want to double down on policies that failed Manitobans because they're more interested in proving they were right than fixing what was actually wrong with the system.

And we're taking a different path. We're listening to health-care workers, we're working with communities, we're taking the advice of experts. We're making difficult decisions at times, not because they're easy or convenient, right, because they're the right ones to make based on that evidence and contributions from the front-line staff.

You know, our job here is to serve the people of Manitoba, and we are by no means saying that job is done; there's so much work to do. But what we are saying is, we're finally moving in the right direction: more staffed beds, more surgeries, more health-care workers, more care closer to home.

So I would ask every member of this House to support this important resolution to affirm the work of the more than 1,500 new health-care professionals we are so happy to welcome into our system here in Manitoba; to acknowledge that progress that's been made but also to commit to the important work that lies ahead because the people of Manitoba deserve nothing less.

Thank you.

Questions

The Acting Speaker (Rachelle Schott): 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.

The floor is now open for—the honourable member for Roblin.

Mrs. Kathleen Cook (Roblin): Yesterday, the president of the Manitoba Nurses Union said publicly, quote: If the government had truly been listening during their listening tour, would we be here again over a year later with no measurable progress, unquote.

So can the member for Waverley explain why he thinks the Assembly should pat this government on the back when front-line health-care workers say there's been no progress?

MLA David Pankratz (Waverley): Yes, thank you for that question.

Ultimately, what we're looking at here is that we have had a very, very broken system for the last seven and a half years and we're working very hard to fix a lot of the mistakes that we have seen made in the past. And we are doing that work, like we said.

They like to bring up this idea that we're patting ourselves on the back. This isn't what's happening; we're talking about the progress being made. We just hired 1,500 new health-care workers into the system. That's exciting progress for the system.

By no means are we done. We're going to keep hiring new staff, we're going to keep on working to make sure that Manitobans and the front-line staff that provide that care are supported by this government.

MLA Shannon Corbett (Transcona): The PC government turned their backs on health-care workers

across Manitoba. Their cuts and closures led to hundreds of staff being fired and hundreds more becoming overworked, underpaid and overwhelmed.

Our government is working hard to mend the toxic culture that members opposite created with strategic investments in recruitment and retention.

My question for my colleague is, how will adding 1,509 net-new health-care workers improve the culture in health care?

MLA Pankratz: I thank the member for Transcona for that question.

You know, the big thing here—understaffing, it doesn't just stretch resources, it ends up breaking trust, right, it creates a workplace where there's this burnout, this feeling of frustration. And I understand the frustration from nurses and from health-care aides and physicians across the system; we've talked to a lot of them, too.

But what we do know is that we can't continue on this pathway that the PCs led us down, which is why we're taking a new positive approach. We're hiring new staff, we've got 1,500 new people in the system working every single day: that's helping with burnout, that will help change the culture within health care.

MLA Bob Lagassé (Dawson Trail): Outside of the people on their payroll, who has the NDP consulted on this resolution?

MLA Pankratz: Yes, thank you for that question.

I mean, we are constantly talking. I mean, they actually—often, members opposite get angry at us for saying that we're a listening government. I often hear from them, oh, you—you know, you're going out to talk to people again; it's a terrible idea, stop; don't listen to the people of Manitoba.

So it's funny that they're asking this question about consultation. We consult with physicians, with nurses, with front-line workers, with paramedics, with folks all across this province, with constituents, with the people who are accessing these important services every single day.

And so what we're hearing from them is exactly what I spoke about in my speech. We are bringing new resources to the system. We're working every day to resolve these issues and there is still much work to be done.

MLA Corbett: Our government is working hard to mend the toxic culture in health care that members opposite created. Unlike the failed PC government,

we're doing the work to meet people where they're at. We've been the—to the front lines across Manitoba and heard from health-care workers first-hand on how we can rebuild together.

My question for my colleague is, what are some of the things that our government is doing to bring back health-care workers into our province's system?

MLA Pankratz: Yes, there's a lot of work being done right now to make sure that workers feel supported on the front lines, and I want to refer to the notes here because we've got new training seats that are going, safer workplaces that we're working on, better scheduling within the system, real investments in re-entry and credential recognition.

You know, we've expanded the travel nurse team; we're helping internationally educated nurses get back into practice; we're bringing training closer to home because ultimately nobody should have to move across the province just to train to care for their community.

We're also supporting students, we're supporting families, supporting professionals. And, you know, a lot of those folks were feeling pushed out by members opposite who didn't want to sit down, didn't want to consult, didn't want to listen—

The Acting Speaker (Rachelle Schott): Member's time is expired.

Mr. Konrad Narth (La Vérendrye): Manitobans aren't seeing any net-new health-care workers in the North, in the south, in the east, in the west and definitely not in Winnipeg.

So I'd like to ask the member, how many of the 1,255 or 1,500, or whatever he claims it to be, are in administrative roles?

MLA Pankratz: So as I said, we've got 1,509 new health-care workers working across our province—*[interjection]* And I know they're—they like to laugh, but it doesn't surprise me that they're using this sort of exciting news as a wedge issue.

They've got a new leader right now who came in, he thanked Trump a couple weeks ago for tariffs; then came in, said that he was going—he gave a TED Talk on civility, ultimately, yesterday; and then 10 minutes later was heckling us from his seat. It's unbelievable. But it does not surprise me that I'm now hearing heckling about hiring new health-care workers in Manitoba across the board.

So we'll continue to do that good work for Manitobans in the North, in rural Manitoba and here in Winnipeg.

MLA Corbett: Just after our first year in government, we fulfilled our election promise by hiring more than 1,000 net-new health-care workers across Manitoba. We haven't just hired 1,255, but 1,509 net health—new health-care workers.

Health-care workers are the backbone of our province, and we want to make sure that both health-care staff and patients have the support they need.

My question is, how are we going to keep training more health-care staff in Manitoba?

MLA Pankratz: Yes, we're just going to keep on working with front-line staff across the board, here. We've got 1,509 net-new workers who are helping to change the culture here in Manitoba.

You know, ultimately, when I think about training in systems within health care, they're not delivered, you know, by pencil pushers or by the people behind the scenes, necessarily, it's by the people who are actually on the front line. So those are the folks that are actually reducing ER wait times, who are performing those surgeries and providing consistent, quality care in places that are closer to home.

You know, we now also—and I know I'm straying a little bit from the question here—we have an important system that I want to push out as much as I can, medinav.ca, where you can actually get access—

The Acting Speaker (Rachelle Schott): Member's time has expired.

* (11:20)

Mrs. Cook: In one of his previous answers, the member said that he claims to understand the frustration of front-line health-care workers. And I'm glad he said that, because yesterday, the president of the Manitoba Nurses Union said publicly, quote: Nurses are beyond tired of the spin of being used for announcements, campaigns and photo ops, only to be ignored when the decisions are being made. Unquote.

So can the member explain why his government is using front-line health-care workers for photo ops and ignoring their input?

MLA Pankratz: Well, we would never push someone to the side or ignore someone's comments or feelings about how things are going within the system. We're working every day with people across the board to make sure that voices are being heard and that is

whether they're dissenting voices or whether they're supportive voices.

I know members opposite, when they were in government, would just sort of lock their ministry door if anybody said anything mean to them or that disagreed with their sort of dogmatic ideology around how they should be fulfilling these promises within health care.

We're taking a different approach within this government. We're going to work with people. We will continue to do that. That's why we've been able to hire another 1,509 health-care workers across the system, and that's how we're going to continue to—

The Acting Speaker (Rachelle Schott): Member's time has expired.

MLA Lagassé: What successful recruitment opportunities, if at all any, have the NDP taken that are not already our initiatives when we were in government?

MLA Pankratz: Well, it's a funny question. I mean, asking if—they've been gone from government now for a little while, and since they left, at a time when, again, something I mentioned in my speech, we were seeing a drop in numbers from their policy initiatives. Now in government, with our new initiatives that we've brought forward, we get to see a 1,509 net increase to the health-care system in terms of health-care workers—the nurses and doctors, people across the system.

I just recently was at Children's—unfortunately with my—with one of my kids. We were there for a couple of days, had a surgery, very scary, but I can say that things are better now, and I will just say, once again, thank you so much to the incredible folks—the new health-care workers and those who have been here for years, who have decided to make Manitoba home—

The Acting Speaker (Rachelle Schott): The time for question period has expired.

Debate

The Acting Speaker (Rachelle Schott): The floor is now open for debate.

Mrs. Kathleen Cook (Roblin): So, by my account, this is the fourth private member's resolution put forward by members of the NDP just to ask for their gold stars.

Private—previous resolutions have called on this Legislature to applaud the government. This one wants us to affirm the government. My goodness,

these NDP MLAs need a lot of external validation to feel good about themselves. They want their pats on the back. But that hubris is insulting to Manitobans—Manitobans who are waiting longer than ever for surgeries and diagnostic tests; Manitobans who are waiting at record-high number of hours in Winnipeg ERs to get the care that they need.

And those Manitobans are rightfully offended that the NDP want to spend precious time in this Legislature patting themselves on the back, hanging the mission-accomplished banner, while right now, Manitobans are waiting and right now front-line health-care workers are saying things are not getting better; they are, in fact, getting worse.

Not to mention this is just plain laziness coming from the NDP. The members opposite recycle the same tired talking points. They rearrange the points of a resolution, change a couple of words in the be-it-resolved clause, slap a new title on it and boom, we've got our private members' hour covered. It's still the same thing. It's the same tactic, honourable deputy Speaker. It's the NDP playing politics, rather than getting down to work that matters to Manitobans.

So I think it's important we put some facts on the record. Let's do that. To get elected, the NDP made all kinds of promises, honourable Speaker, we know this. But almost two years into their mandate it's clear: The Premier (Mr. Kinew) and this Health Minister are in over their heads. They overpromised and have underdelivered. They said whatever they needed to say to get elected. And now, when Manitobans try to hold them to account for their promises, they can only engage in political spin and deflection.

There is no accountability from the NDP. And you don't have to take my word for it. Front-line health-care workers are speaking out about it. Manitoba Nurses Union president Darlene Jackson told the Winnipeg Free Press on January 12 of this year, quote: "Our nurses tell us continuously that things are not getting better in health care, that, in fact, there are areas where things are deteriorating. Nurses are frustrated. We were promised a change." Unquote.

And we all know that health care is, first and foremost, about people. It's about patients, yes, but even more so about health-care staff. Even the most advanced surgical robot, as cutting-edge and very cool as it may be, needs a highly trained physician to operate it. And a bed is just a bed without a nurse to staff it. And our health-care system would grind to a screeching halt without the expertise and effort of thousands of paramedics, lab technologists,

diagnostic imaging technicians and other allied health professionals.

So since the NDP wants their gold stars today about staffing, let's put some facts on the record about health-care human resources. Unfortunately, here in Manitoba, under the NDP, morale is low. Burnout is high. Nurses are being forced to work mandatory overtime despite the NDP promising to eliminate it. Paramedics are stretched thin across the province, and health-care workers are dealing with dangerous and increasingly severe violence in their workplaces.

And again, front-line health-care workers are the best source of information about what the situation on the front line is really like, so I'd like to read some of their comments into the record.

Manitoba Nurses Union president Darlene Jackson told CBC in February of this year that nurses aren't seeing the increase in staff that the member for Waverley (MLA Pankratz) assures us has happened, and that they continue to be overworked. She said of the NDP's claim to have hired, at that time, 1,255 new health-care workers, quote: "The day that announcement came out, I had messages from members asking me where are they?" Unquote.

And in an interview with The Carillon on January 27, Rebecca Clifton of the Paramedic Association of Manitoba was asked about the NDP's dismal failure to keep its promise of hiring 90 net-new paramedics last year—spoiler alert, they hired seven—she said, quote: "It was such a big discussion at election time so have they forgotten or have they struggled to find the appropriate measures to increase staffing? I don't know, but from our purview nothing has really changed and nothing has really improved."

Interesting comments given what the member for Waverley has just put on the record.

More comments from Darlene Jackson, who told the Winnipeg Sun about these hires, quote: Whether that's net-new or just new hires, I don't know. In order to be very accurate, we need to know how many nurses have retired, how many have left the system, the profession, the province or gone to a private agency to know whether that's new. What we monitor is vacancy rates, agency nurse use and the amount of overtime, both mandated and voluntary worked. Until we see some definitive change in those numbers, it's very difficult to say with accuracy whether that measure has been of benefit.

And so for that reason, honourable deputy Speaker, I just find it really interesting that the NDP

wants us to pat them on the back when the front lines of health care are saying: nothing has gotten better; nothing has changed; where are these workers? They claim to be a listening government, but they're not listening to the front lines.

Still more from The Globe and Mail. Quote: The Manitoba Nurses Union said, despite the new hires, its members have yet to report any noticeable relief. The union said it would like to see improvements in the working conditions for nurses, including a reduction in mandatory overtime. Without addressing the working conditions, no matter how many nurses they hire, we will continue to struggle with retention, said Jackson. Unquote.

And what about allied health? In a recent survey of MAHCP members, 48 per cent of respondents reported losing people in their department in 2024—under the NDP, just so we're clear—59 per cent said morale dropped and 62 per cent said their workload had increased. MAHCP president Jason Linklater told PembinaValleyOnline in January of this year, quote: "It's depleting. Absolutely depleting. We had full expectation that fixing culture in health care, fixing the health system, was a priority." Unquote.

Nurses, doctors and allied health staff have told us, over and over again, they don't feel heard by this government. They don't feel supported. They feel left behind by a government that promised better but delivered worse. And who could blame them? This is the same government that spent the whole first year of their mandate on a listening tour that failed to produce so much as a briefing note or a report on what they'd heard, and certainly failed to result in any meaningful changes.

* (11:30)

And in fact, time and time again, this NDP government is, in fact, silencing front-line health-care workers. They've created a culture where front-line health-care workers are afraid to speak out. We hear all the time from health-care workers who reach out to express their concerns about what's going on, but they're scared to have their name out there because they fear retribution from this NDP government.

One of the NDP government's most recent failures on staffing has to do with the home-care scheduling fiasco going on in the WRHA. This is another recent example of the NDP's failure to consult with or communicate with the front lines. And when we brought those concerns to the floor of the Legislature, quoting directly from emails from

front-line home-care staff, emails that went not just to us, but to the Health Minister, the NDP stood in their places on that side of the Chamber and attempted to discredit front-line health-care workers saying that they were fear mongering. That's shameful, honourable deputy Speaker.

The NDP's decision to centralize home-care scheduling in the WRHA took that important function out of community-based ACCESS centres and put it into an office downtown, and it's had serious consequences. Staff are quitting; it's resulted in hundreds of cancellations and no-shows for Manitoba home-care clients; and it's left hospitals unable to discharge patients into the community which worsens the bed-block issue in our hospitals and lengthens ER wait times.

And while we're talking about staffing, just to change the tone a little bit, let's put some positive facts on the record to counter a lot of the partisan rhetoric we just saw from the NDP. In their own government news release talking about health human resources, this NDP government shamelessly took credit for a number of successful PC initiatives as though they had implemented them.

And I just want to go through that list before I run out of time: Increased medical school seats—previous PC government; 400 increased nursing seats—previous PC government; increased international medical graduate spots—previous PC government; increased residency positions—previous PC government; the creation of the provincial nurse float pool—that, too, was the previous PC government.

So if the NDP are having any success in training and hiring talent here in Manitoba in 2025, make no mistake, that's a result of the efforts of the previous PC government.

And I want to be clear: the challenges in health care are not simple, no one—nobody's saying that. But this NDP government asked for the job, they promised results and the people of Manitoba are still waiting. When Manitobans hold them to account, they refuse accountability, they criticize the previous government, they deflect and they blame, but they fail to come forward with meaningful solutions.

Health care matters too much to be used as a political game by this NDP government.

MLA Bob Lagassé (Dawson Trail): Good morning. Today, I stand to discuss the private member's resolution brought forward by the MLA for Waverley, one—well, 1,255 net-new health-care workers, a resolution

that is urging the legislation—the Legislative Assembly of Manitoba to affirm the important work and the support of the continued recruitment of more than—more health-care workers to improve health care for all Manitobans.

Let's speak candidly and transparently about where things truly stand when it comes to health-care staffing in Manitoba and, more importantly, how we got to this point. There's been a lot of noise lately, and it's time we cut through the headlines and get to the facts.

The NDP government has been eager to take credit for the recent addition of 1,255 net-new health-care workers. It's a figure they promote with great enthusiasm, but they conveniently leave out—what they conveniently leave out of this is a substantial portion of those hires are not the result of new or original efforts by this government. And I'm going to repeat that: a substantial portion of those hires are not the result of new or original efforts by this government.

Instead, as my colleague from Roblin stated, they are a direct outcome of forward thinking and recruitment strategies and a health workforce investment made under the previous PC government.

Let's look at the facts: In 2023, our PC government negotiated and signed a historic agreement with Doctors Manitoba. This wasn't just another line in a budget or a promise tucked into a press release; it was a transformative result-driven deal that led to record levels of physician recruitment across Manitoba. Going to say it again: it led to record levels of physician recruitment across Manitoba.

That agreement laid solid and substantial—a substantial foundation, one that the current government is fortunate enough to be standing on today. But we didn't stop there. Understanding that healthy—a healthy health-care system requires more than just short-term hiring, we expanded the medical school and resident seats. And I'm going to stop there for a second. I know that directly in my area, there was a doctor reaching out and he benefited from one of those seats and is active in the system now.

Ensuring that more Manitobans could be trained and as physicians and other health-care professionals right here at home, that decision wasn't just practical; it was strategic, because solving the health-care staffing crisis demands long-term investments in people, education and training.

Now let's compare that with what we've seen from the current NDP administration. They've been quick to claim credit, but slow to produce results that are actually their own. And, as of now, the NDP has failed to introduce a clear, comprehensive and forward-looking plan to recruit, retain and support our health-care workforce. This failed NDP government is lagging behind, offering little more than applause for outcomes they didn't initiate.

Let's be honest. What they call progress is really the product of a momentum we created. They're touting hiring targets that have been achieved through programs and pathways that we built. They're collecting and harvesting from trees that we planted years ago. And while imitation may be the sincerest form of flattery, in government it is no substitute for leadership.

So when you hear the NDP talk about strengthening the health care in this resolution, I encourage you to ask or think about this necessary question: Whose plan got us here? Because the answer isn't found in today's talking points; it's written in the record of decisions, investments and policies that this province health-care system has been built on.

Despite our previous government's achievements and the groundwork that was just started, we fixed health care with real action. What Manitoba needs to know now is—what Manitoba needs now is not performative politics or polished numbers. We need a real vision. We need real action. We need in our province, from this government—what we need from this government is meaningful commitment and a comprehensive plan.

The Progressive Conservative legacy in health care was rooted in accountability, strategic planning and a genuine belief in building something that lasts. Manitobans were told by this government that health care would be fixed in a hundred days. I'm going to repeat that, because I think people forget the campaign promise that they would fix health care in a hundred days. It has been one and a half years and they're still waiting to see what the plan of this government is. There has been no assurance whatsoever.

This resolution does not address what Manitobans actually get. What they get is another private member's resolution put forward by the NDP government to pat themselves on the back—pat themselves on the back for work that was done by a previous government.

In Dawson Trail we have a hospital—the hospital Ste. Anne—a hospital that was founded in 1954 and is an absolute crucial health-care institution serving the south-east region of Manitoba. Ste. Anne Hospital provides essential services to diverse and expanding population. The hospital, which is located along the No. 1, is known for being bilingual, offering health care in both French and English, and also has a helipad.

À Dawson Trail, on a un hôpital, Ste-Anne, un hôpital fondé en 1954 et qui a un assortiment de soins de la santé absolument crucial au service de la région de le – du sud-est du Manitoba. L'Hôpital Ste-Anne offre des services essentiels pour une population diversifiée et en expansion. L'hôpital est reconnu pour être bilingue, offrant des soins de la santé en français – et en anglais.

* (11:40)

Avoir un hôpital bilingue est essentiel pour fournir des soins de la santé équitables et efficaces dans la communauté aux origines linguistiques diverses. Lorsque les professionnels de la santé peuvent communiquer avec des patients dans la langue de leur choix, cela renforce la confiance, minimise les risques de malentendu et améliore la satisfaction des patients.

Une communication efficace est essentielle pour établir des diagnostics précis. Ça assure que les patients – patients – suivent les plans de traitement et obtiennent des meilleurs – results – en matière de santé.

Translation

Dawson Trail is home to Hôpital Ste-Anne Hospital, which was founded in 1954 and provides an absolutely crucial range of health-care services to the southeastern region of Manitoba. Ste-Anne Hospital provides essential services to a diverse and growing population. The hospital is known for being bilingual, offering health care in both French and English.

Having a bilingual hospital is essential to providing equitable and effective health care in the linguistically diverse community. When health-care professionals can communicate with patients in the language of their choice, it builds trust, minimizes the risk of misunderstanding and improves patient satisfaction.

Effective communication is essential for accurate diagnosis. It ensures that patients follow treatment plans and achieve better health outcomes.

English

Hospital Ste. Anne has faced increased pressure due to the rise in demand for services and the shortage of bilingual health-care professionals. It has led to some necessary adjustments such as limiting hours of the emergency department from 8 a.m. to 4 p.m. and temporarily suspending 'obstret'—someone's got to help me with that one—'obstetric' services for about six months.

The measures were introduced to manage the strain on the hospital's resources while maintaining essential health-care services for the community.

As a member for the—as the member for Dawson Trail, I regularly engage with conversations with my constituents about their health-care experiences, particularly in Ste. Anne Hospital. Over time, I've gathered a significant amount of feedback and I want to take this opportunity to address what I've heard from the community. And this resolution, with all these health-care workers, this wouldn't be a concern.

Let me be clear: Ste. Anne Hospital is fortunate to have an exceptional team of health-care professionals who work and are truly dedicated to their work. The staff at the hospital are not only highly skilled but they're also compassionate, understanding and always go above and beyond to provide care.

From the moment someone walks through those front doors, the staff make it clear that they are there to help and support every individual. The positive interactions and experiences with the health-care team are consistently highlighted by my constituents. I can also attest to this myself as I've been, thankfully enough, there—

The Acting Speaker (Rachelle Schott): Member's time has expired.

Mr. Konrad Narth (La Vérendrye): Thank you for this opportunity to speak to this resolution this morning. Again, similar to the bill earlier this morning, very concerning, somewhat surprising, more so concerning, that the NDP government brings forward a resolution to essentially only pat themselves on the back.

But in doing so, have the opportunity to stand up and talk about what they've actually done and this is a prime example, I would say, that what they have to be proud of in health-care delivery is limited. And it's limited because of their inaction. And the members across the way aren't willing to stand up and speak to

what the changes are and how that is positively affecting health-care delivery in our province.

As I spoke earlier this morning, I represent a constituency in the southeast corner of Manitoba that has very unique health-care demands. It's a constituency that stretches far into the southeast with a limited population and on the northwest corner includes some of the fastest-growing communities in the entire province, so demands on health care are very unique.

The far southeast corner not only is unique in demands but unique in services. Those communities throughout the RM of Piney have had a long-standing agreement with the United States because many of those communities, as I spoke earlier this morning, are 250 kilometres away, two and a half hours away, from a health-care visit and definitely 250 kilometres away from any specialist. So as the population grows older, many of my constituents are needing to spend an entire day to visit a doctor for, many times, a 10-minute appointment.

So we have unique expectations on the health-care system. During my time on municipal council, we had an NDP government. During that time, we saw the closure and limitations of health-care services in the Vita health-care facility, which at that time had been somewhat of a regional facility providing an extensive list of services from lab services, X-rays, to an emergency room and seniors facility, a personal-care home as well.

The NDP government at that time, with the minister, had come to our municipality and said that it isn't reasonable to attract emergency room doctors reliably to the community of Vita, and therefore they didn't think it was a wise use of resources to provide emergency-care service to our community, and not only our community, that's the entire region of Manitoba, the far southeast corner. This is a—you know, a 300-kilometre region of our province. It wasn't worth the efforts and the costs to attract health-care workers to that facility.

So that left an impression on not only myself but many of the community members; many of the community members who had been loyal and faithful donors to our foundation. These are people that contributed their entire estate in some cases to upholding services. They were willing to contribute—similar to in Portage la Prairie now with an MRI, they're willing to contribute their hard-earned money, whatever resources are needed, and the NDP government turned a blind eye.

So I know that the member across the way who brought forward the bill this morning had said that, well, the last time the NDP were in government was before she was born. So I can appreciate that. But if we fast-forward now, we're seeing much of the same. And why this is near and dear to me, like I said, is because I represented my rural community for now nearly two decades, and during that time saw the effects of the inaction of an NDP government.

Then, when our PC government was elected only months after the 2016—or weeks after the 2016 election, I was appointed to the Southern Health board and served two terms there and saw the important ground work that was done. During that time I saw our government work at rebuilding and strengthening and adding long-term viability to health care in general across our entire province.

And that doesn't just mean building the hospitals that we saw built, strengthening the services that are provided in those health-care facilities, but it wasn't staying fundamental to a political ideology as we're seeing with this NDP government right now. So that meant that we held health care, the health and well-being of Manitobans, at the forefront of health-care delivery.

* (11:50)

So that meant that we didn't go to communities and say that your community isn't worth the money or the labour resources to provide service. You know, that's hurtful to a community so proud of who they are and what they are when you have a government coming to their door and saying you aren't worth it.

So during the time that I spent on the Southern Health board we worked 'tirelessly' to rebuild services in those communities that were cut and now left stagnant and needed to find the staff during, you know, this decade-long labour shortage that we've been battling. But our previous government had worked at that and worked closely with the regional health authorities to provide that service.

Along with that, though, our government did not say that we wouldn't provide service to you because you weren't worth the money or the resources or put blame on the previous government. So, during that time, from 2016 to '19, the previous PC government wasn't going around blaming the NDP government for your loved one dying without access to the service.

What we were doing is finding other ways to provide that service, and if that meant accessing health care outside of the province through well-negotiated

deals, Manitobans were able to obtain their health care. And that's the reason why we see legislation like Debbie's law being brought forward, is because this NDP government is ideologically opposed to providing services at all cost to Manitobans.

They are so fundamentally loyal to protecting unions and union jobs, which I can appreciate. What's concerning right now is that the unions that have propped up this government are now speaking out. They are reasonably looking at what this government is promoting and actioning and they are not seeing the results. And they're speaking up.

So I'm concerned for the future of our health care. I don't believe that 1,255 or 1,500 or 1,509 it now is—and maybe by the end of the day, it'll be 1,700 or 2,000, or whatever the number may be—I don't see those workers on the front line. I don't see them in my community. I don't see them across the rest of rural Manitoba and we definitely are not seeing those front-line workers in facilities throughout the city of Winnipeg.

So I'm concerned about the future of health care and I hope that Manitobans hold this government accountable.

Ms. Jodie Byram (Agassiz): First, I want to start off by saying I want to extend a heartfelt gratitude and thank you to all the front-line workers, those that are both working in health care presently, those that have in the past and I want to welcome those that might come into our health-care system here in the future.

You know, many of these people have shown an unwavering dedication and selflessness to the unprecedented times that we've had. Many have seen the challenges, first-hand, brought on by a global pandemic; workforce shortages have made it more challenging and now we're—what we're facing here in Manitoba is an increase in maybe violence within these workplace facilities, which is becoming more and more increasing and scary, actually, work environments for many of these front-line workers.

They put their own lives at risk and work tirelessly to save lives of others, so thank you to all of those who work in that capacity and work in those environments for the betterment of our health, here in Manitoba.

Unfortunately, we are also seeing at the same time consequences of this NDP government and the actions they have in the health-care system. Right off the top, the NDP government cut the surgical task force—again, right from the start. This—they had no plan in

place to take some of that pressure off of the waiting times that we were seeing at the time. And this has left countless, countless individuals facing painful days ahead without surgery dates or even a strategy to alleviate some of the pressures and suffering some of these individuals were faced with.

And under the NDP government, like my colleagues here have indicated, and the member from Roblin, who quoted some of the health-care concerns being raised by the union, the Manitoba Nurses Union. We see that—increasing times across Manitoba.

Unfortunately these wait times are at catastrophic levels. People are actually dying in hallways waiting, and it's sad to see that this has become the case here in Manitoba. And families are pleading to seek health care in other provinces for needs that could be addressed here and save lives.

And that brings me to—and I know the member from La Vérendrye already made reference to this, and we saw just last month, we had a family advocating for change, seeking assistance. And that's why the—my colleague and the member from Roblin introduced Debbie's law. Introducing Debbie's law could prevent senseless tragedies that are happening here. Manitobans deserve to know where they are on a wait list.

Having something like this implemented here in Manitoba could help patients, help Manitobans see where they are on that wait-list and be transparent in where things are at. And we would, you know, urge the NDP government to bring this bill to committee where Manitobans can talk about this, share their concerns and be transparent in the direction that they are going.

I know my colleagues have mentioned some of the investments that our PC government made when we were in government and many capital projects that the PCs brought forward. I'll just touch on some of those here briefly: improvements to the St. Boniface, HSC, Grace Hospital, Concordia, new hospitals in Portage la Prairie, as well as in the town of Neepawa, a CancerCare unit in Brandon. All of these are

significant improvements to accessing health care in our province.

I just want to touch on here—I know my time might be short here—but in Neepawa, our government, the PC government brought forward a new training centre in Neepawa where nurses can be trained closer to home. And this takes some of the pressure off on health-care workers that will be required when the new Neepawa hospital opens. Also our PC government initiated recruitment from the Philippines and we've seen many of those workers come to Manitoba through this initiative, and that again was our PC government that brought that forward.

Again, we've heard stories from the ERs and violence being present in those places. According to the nurses union, it feels like things are not getting better under this NDP government. They are tired, things are getting worse and they feel unheard, honourable Speaker.

I recently had a conversation with a nurse from Health Sciences Centre. She's considering early retirement, simply because of the stress of the job and the pressures that are put on these health-care front-line workers. Things need to get better, honourable Speaker.

The assertion from the NDP government that our programs that we initiated are not working is absolutely—I mean, we've got proof in the number of nurses that we are training and actually the nurses that we put through training, opening up more seats and seeing more nurses graduate.

And again, I want to say thank you to all those individuals who've come to Manitoba to serve in our health-care system, whether it's on the front lines or other—

The Acting Speaker (Rachelle Schott): Order.

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

The hour being 12 o'clock, the House is recessed and stands recessed until 1:30.

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, May 6, 2025

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