



Second Session – Forty-Third Legislature

of the

Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS**

**Official Report
(Hansard)**

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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
ROBBINS, Colleen	Spruce Woods	PC
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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, October 16, 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.

So, on House—orders of the day, private members' business.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Speaker's Statement

The Speaker: And on that, I have received a letter from the Opposition House Leader indicating that the opposition caucus has identified Bill 203, The Earlier Screening for Breast Cancer Act, as their third selected bill for this session.

As a reminder to the House, rule 25 permits each recognized party to select up to three private members' bills per session to proceed to a second reading vote. In accordance with this letter and rule 25, the question will be put on second reading motion of Bill 203 at 10:55 a.m.

DEBATE ON SECOND READINGS— PUBLIC BILLS

Bill 203—The Earlier Screening for Breast Cancer Act

The Speaker: Therefore, we will now resume second reading debate on Bill 203, standing in the name of the honourable Minister of Transportation and Infrastructure, who has two minutes remaining.

Hon. Lisa Naylor (Minister of Transportation and Infrastructure): I'm pleased to stand and continue speaking on this bill. I had the opportunity in the spring, and there's so much good news in our health-care system just in the last five months, certainly in the last two years since we have been in government. But I'm really happy to speak to some of the improvements that our minister has brought to the system.

You know, as I talked about in the spring, the previous PC government really, really failed Manitobans with their cuts and mismanagement of health care, and we are cleaning up that mess. And I'm really quite proud of the investments that have been made into health care in our province.

When it comes to this particular bill, Budget 2025 invested \$4.6 million to support lowering the screening age for breast cancer to 40 and to expand screening infrastructure, staffing, training and mobile services.

To that end, we have added seven mammogram—mammographers as part of our commitment to lowering the screening age to 45 by the end of this year. Our government is taking breast cancer screening seriously, as the health care of all Manitobans remains our top priority.

And, at the same time, we're ensuring that our budget includes strategic and targeted funding initiatives to clean up the mess. And we're excited about the new clinics, the minor injury and illness clinics that we've opened at Grace Hospital, Concordia Hospital, Brandon and certainly at Misericordia hospital, where the previous government had closed an urgent care and left a—you know, significant gap in the health-care system for that community.

We've been reducing emergency wait times by expanding patient discharge from five to seven days a

week. We have been making other progress in particular areas that affect women and gender-diverse people, just as breast cancer does.

And so that's why—

The Speaker: Order, please.

The honourable member's time has expired.

House Business

Mr. Konrad Narth (Deputy Official Opposition House Leader): Honourable Speaker, pursuant to rule 34(8), I'm announcing that the private member's resolution to be considered on the next Thursday of private members' business will be one put forward by the honourable member for Borderland (Mr. Guenter). The title of the resolution is Right to Defend Your Home and Family.

The Speaker: Pursuant to rule 34(8), it has been announced that the private member's resolution to be considered on the next Thursday of private members' business will be the one put forward by the honourable member for Borderland. The title of the resolution is the Right to Defend Your Home and Family.

* * *

Ms. Jodie Byram (Agassiz): It is a great honour to—or privilege to stand here today and discuss this important bill, Bill 203, The Earlier Screening for Breast Cancer Act, and I want to thank my colleague from Roblin for bringing this very important bill to the Legislature last year and again this year.

I also want to take a moment to acknowledge the efforts of those who have worked diligently behind the scenes to advocate and to assist in bringing this bill forward. Many of us in this room here, I know, have either known or been touched by someone who has gone through a diagnosis of breast cancer and maybe has even lost a loved one to the terrible disease.

And I just want to take a moment and recognize those that may not be here to hear this discussion in this Chamber with us today. And, you know, may we always cherish their—our special memories of those loved ones and honour and respect them.

And I also want to recognize here, those that are navigating through their journeys. Whether they're facing a diagnosis today, undergoing treatment or celebrating remission, this bill is dedicated to you. It recognizes the advocacy and the efforts to create meaningful change for future diagnosis in both men and women.

In January of 2024, I received an email that offered a glimpse into the personal story and the journey of a constituent of mine, Jenny Borgfjord. Jenny reached out to my office to share her experience and was seeking guidance and input on what she could do to advocate to make change.

We met and I got to learn from her about her journey and her personal story from diagnosis to treatment and recovery into remission. This story provided understanding of a personal journey and learn from the challenges that exist in diagnosis and explore how we could exist—assist her in her advocacy and help other women. And that was going back to January 30 of 2024.

* (10:10)

And Jenny is now a strong advocate for Dense Breasts Canada and has worked closely with myself and my colleague here from—the member of—from Roblin.

This bill that we've introduced here can change the health outcomes for many, many men and women, and save lives. The NDP have lacked justifiable reasons or rationale to oppose The Earlier Screening for Breast Cancer Act, which is designed to lower the eligibility age for routine breast cancer screening from 50 to the age 40 no later than December 31 of 2026.

It is essential for the women of Manitoba to have access to clear and transparent information regarding the progress of breast cancer screening improvements. The NDP have made no firm commitments to potentially lower the breast screening age, and the urgency of this issue is highlighted by the fact that breast cancer remains the leading cause of mortality among women aged 40 to 55 years old.

Furthermore, we've seen the overwhelming supporting from the public with thousands of Manitobans signing petitions advocating for the reduction of the breast cancer screening age. This reflects a widespread recognition of the importance of early detection with not only potential to save lives, but also reduces health-care expenses over an expanded period of time.

The bill establishes a definitive timeline and mandates that the Minister of Health provide annual reports detailing the progress of this initiative, including the number of mammograms conducted. This ensures that the commitment to advancing women's health care is taken very seriously and monitored effectively. The NDP needs to take action now.

And we've learned from other provinces that have successfully lowered the screening ages and prioritized the health and well-being of women in Manitoba, early detection is a life-saving measure and we can't afford to delay it any longer.

For example, let's look at some jurisdictions across Canada that have implemented change: in BC, individuals aged 40 and older can self-refer for mammograms through the BC Cancer agency's screening program, routine screenings are recommended every two years for those aged 50 to 74; Alberta, regular mammograms are recommended for individuals aged 45 to 74 without a referral; those aged 40 to 44; Ontario recommends mammograms for individuals aged 40 to 74 without a doctor's referral; Nova Scotia, individuals aged 40 to 49 who have no signs, symptoms can self-refer for a mammogram; the Yukon, women over 40 can self-refer for mammograms with recommendations for screenings varying by age group.

And some of the stats here in Canada in relation to breast cancer, I'm going to highlight some of these.

The rising incidents: breast cancer rates have significantly increased in women under 50 in Canada over the past 34 years; this also highlights the screening needs and requirement—or change for the age.

Advanced stages: women aged 40 to 49 in regions without screening have higher rates of advanced stage breast cancer with a—over 10 per cent increase in stage 4 diagnosis.

Survival rates: the provinces include women aged 40 to 49 in screening programs report higher 10-year survival rates compared to those starting at age 50.

Treatment costs: costs for advanced breast cancer treatment have risen, with stage 4 averaging three hundred and—over \$370,000 per patient.

Early detection through screening typically means stage 1 diagnosis, which are cheaper to treat. Annual screenings for women aged 40 to 74 could save over \$400 million nationwide and prevent 3,500 deaths, translating to one thousand—over \$1,000 saved per woman that is screened.

Those are significant savings in the health-care field, Honourable Speaker. Modern screening practices can reduce breast cancer mortality by 40 to 60 per cent.

Honourable Speaker, this NDP government is failing in its delivery of health-care responsibilities—not only that, but the campaign promises that this

NDP government campaigned on two years ago; they're failing on all of that. And we are seeing it—in the front lines of health care. We're hearing it from health-care professionals; we're hearing it from those front-line workers who are impacted by the negligence of this NDP government.

Passing Bill 203 could mark the beginning of a positive and meaningful change that delivers tangible benefits for men and women and ultimately saving lives, Honourable Speaker. This bill sets a definitive deadline of December 20—or December 31, 2026, for lowering the screening age to 40. It has the potential to impact health care in numerous ways, like I've mentioned: reducing costs while, most importantly, changing and saving lives. That's what this bill will do. And I hope that this NDP government can get on board here in Manitoba and help in saving lives and preventing further breast cancer in our province and across our nation.

Thank you, Honourable Speaker.

Hon. Glen Simard (Minister of Municipal and Northern Relations): Honourable Speaker, I rise today to speak about an issue that touches nearly every Manitoban: the fight against cancer and our shared responsibility to support early detection, compassionate treatment and continued innovation and cancer care.

Cancer, in all its forms, is a devastating diagnosis. It does not discriminate. It affects mothers and fathers, daughters and sons, friends and neighbours. Every year, approximately 7,000 Manitobans receive a cancer diagnosis, including 900 women diagnosed with breast cancer and 200 who lose their lives to it.

French spoken

Le cancer sous toutes ses formes est un diagnostic bouleversant. Il ne fait pas de distinction : il touche des mères et des pères, des filles et des fils, des amis et des voisins. Chaque année, environ 7 000 Manitobains et Manitobaines reçoivent un diagnostic de cancer, dont 900 femmes atteintes d'un cancer du sein et 200 qui en meurent.

Translation

Cancer in all its forms is a devastating diagnosis. It does not discriminate: it affects mothers and fathers, daughters and sons, friends and neighbours. Each year, approximately 7,000 Manitobans are diagnosed with cancer, including 900 women who are diagnosed with breast cancer and 200 who die from it.

English

To all Manitobans who are living with cancer, who have survived it and who have lost loved ones, we see you, we honour your courage and we renew our commitment to walk with you every step of the way.

Manitobans deserve access to quality, timely and equitable health care. Early diagnosis saves lives. When cancer is found early, treatment options are greater; the outcomes are better. That's why we in Manitoba continue to strengthen cancer screening and diagnostic programs through CancerCare Manitoba.

We've recently added seven mammographers to the system to help with this.

French spoken

Les Manitobains méritent un accès à des soins de santé de qualité rapides et équitables. Un diagnostic précoce peut sauver des vies. Lorsqu'un cancer est détecté à temps, les options de traitement augmentent et les chances de guérison s'améliorent. C'est pourquoi le Manitoba renforce ses programmes de dépistage et de diagnostic du cancer, grâce à ActionCancer Manitoba.

Translation

Manitobans deserve access to timely and equitable quality health care. Early diagnosis can save lives. When cancer is detected early, treatment options increase and the chances of recovery improve. Which is why Manitoba is strengthening its cancer screening and diagnosis programs, thanks to CancerCare Manitoba.

English

Programs like BreastCheck, CervixCheck and ColonCheck detect cancer before symptoms appear, supported by mobile units in partnerships across Manitoba.

The most common cancer among women in Canada is breast cancer. Screenings every two years can reduce deaths by up to 30 per cent. That's why Budget 2025 invests \$4.6 million to lower self-referral age for breast-cancer screening from 50 to 40, expanding infrastructure, training and mobile services so more Manitobans can access care sooner, closer to home.

French spoken

Le cancer du sein est le cancer le plus fréquent chez les femmes au Canada. Le dépistage à tous les deux ans peut réduire la mortalité de 30 pour cent.

C'est pourquoi le Budget 2025 investit 4,6 millions \$ pour abaisser l'âge du dépistage autonome de 50 à 40 ans et élargir les cliniques, la formation et les services mobiles, afin de plus que de Manitobains soient dépistés plus tôt, près de chez eux.

Translation

Breast cancer is the most common cancer among women in Canada. Screening every two years can reduce mortality by 30 per cent. That is why Budget 2025 is investing \$4.6 million to lower the age for self-referred screening from 50 to 40 and expand clinics, training, and mobile services, so that more Manitobans are screened earlier, closer to home.

English

Lowering the screening age is not simply a policy change; it's public health milestone that helps catch cancers earlier, when treatment is most effective. Our health system is building capacity by recruiting technologists, expanding screening clinics and targeting over 80,000 mammograms annually. This ensures we meet growing demand without overwhelming staff or patients.

* (10:20)

We also know that access to screening has not been equal. Black, First Nations and Métis women as well as members from the 2SLGBTQIA+ community face higher barriers and risks. Budget 2025 invests to increase the screening rates in underserved populations, helping those—close those gaps.

We are rebuilding women's health services, including the new mature women's clinic at Victoria Hospital, providing prevention, screening and treatment under one roof.

French spoken

Nous reconstruisons les services de santé destinés aux femmes, notamment la nouvelle clinique de santé pour femmes du Victoria, et qui offrira prévention, dépistage et traitement sous le même toit, dans un environnement moderne et respectueux.

Translation

We are rebuilding women's health services, including the new women's health clinic at Victoria Hospital, which will offer prevention, screening and treatment under one roof in a modern and respectful environment.

English

In addition, Budget 2025 invests \$11.5 million towards a new CancerCare Manitoba facility designed for advanced technology, research and modern models of care, ensuring that science and compassion work hand-in-hand, right here at home.

Across Manitoba, new minor injury and illness clinics are opening at Grace, Concordia, Misericordia and downtown Brandon. More staffed hospital beds, transitional spaces and access to primary care and adding health-care workers across the province helps strengthen patient care.

We're investing in mobile MRI services for the North, expanding surgical programs and recruiting hundreds of new health-care aides, nurses and physicians. These actions mean patients can receive care closer to home, with faster diagnosis and treatment.

None of this would be possible without the compassion and skill of Manitoba's health-care workers, technologists, nurses, doctors and researchers, who give their best every day. Their work ensures that Manitoba remains a leader in early detection, precision medicine and patient-centred innovation.

And this is where I would like to highlight my alma mater, Brandon University. In their state-of-the-art new lab, a research team is working to save lives through an early detection breast cancer at the BU breast cancer cell and molecular research laboratory in the John R. Brodie Science Centre. This lab is led by Dr. Majumder, Canada Research Chair in genotoxicology at BU. Dr. Majumder and her team aim to develop a highly sensitive blood test capable of spotting breast cancer early in its development.

To quote Dr. Majumder: Current treatments can save up to 98 per cent of women with breast cancer if the disease is detected early enough. Our goal is to develop tests that can catch breast cancer earlier and using less invasive methods than current diagnostic tests. In addition to the enormous benefits of spotting cancer earlier, this will also mean less discomfort and hardship for women who are at high risk of breast cancer.

French spoken

L'Honorable Président, la lutte contre le cancer n'est pas une question partisane, mais une responsabilité humaine partagée. Elle exige collaboration, empathie et vision.

Translation

The fight against cancer is not a partisan issue, but a shared human responsibility. It requires collaboration, empathy and vision.

English

Every action we take, lowering the screen age, expanding clinics, recruiting more workers, brings us closer to a Manitoba where everyone can access the care they need, when they need it.

To those living with cancer today, those in remission and those we have lost: You are not forgotten. Your courage reminds us of why this work matters

French spoken

À ceux et celles qui vivent avec le cancer, qui sont en rémission ou que nous avons perdus : vous n'êtes pas oubliés. Votre courage nous rappelle pourquoi ce travail est si important.

Translation

To those living with cancer, those in remission, and those we have lost: you are not forgotten. Your courage reminds us why this work is so important.

English

CancerCare Manitoba is our medical—and our medical community continue to demonstrate excellence, resilience and compassion. Together, we are strengthening screening, expanding access, investing in innovation and rebuilding the foundation of health care across this province. This is a monumental task that will take multiple terms to fix.

This is a moment of hope, not just for those facing cancer today, but for future generations who will benefit from earlier detection, fairer access and better outcomes.

And I couldn't be more proud of an NDP team that is restoring these health-care services to women across the province.

French spoken

C'est un moment porteur d'espoir, non seulement pour ceux qui affrontent le cancer aujourd'hui, mais aussi pour les générations futures qui profiteront d'un dépistage plus précoce, d'un meilleur accès et de résultats plus prometteurs.

Translation

This is a moment of hope, not only for those facing cancer today, but also for future generations who will benefit from earlier screening, better access, and more promising outcomes.

English

Let us continue this important work with humility, empathy and a unity of purpose, because every Manitoban in every corner of our province and every demographic deserves the best possible chance at a long and healthy life.

French spoken

Poursuivons ce travail avec humilité, empathie et unité d'objectif, car chaque Manitobain, dans chaque région, dans chaque démographie de notre province, mérite la meilleure chance possible de vivre une très longue vie et longtemps en santé.

Translation

Let us continue this work with humility, empathy and unity of purpose, because every Manitoban, in every region and demographics across our province, deserves the best possible chance to live a long and healthy life.

English

Let us unite as one Manitoba, work together and make Manitoba prosperous.

Thank you. Merci, l'Honorable Président. [*Thank you, Honourable Speaker.*]

Mr. Doyle Piwniuk (Turtle Mountain): I'd like to provide a few words on this Bill 203, The Earlier Screening for Breast Cancer Act, brought forward by my colleague from Roblin. The importance of this bill is to make sure that the younger women who are between 40 and 50 actually be able to get tested.

Honourable Speaker, I just want to share that cancer has really affected everybody's family and mine in particular. In—on October 20 of this year—of this month, my—it'll be 20 years since I lost my dad to cancer at age 66. It was too young. The thing was he had esophagus cancer, and the fact is we lost a great guy. I wish my kids would've got to know him more, I wish they would've had more time to see him—and that's their grandfather.

But I can't imagine when it comes to young women who are in their 40s, who have kids or children at age where they go to school. They're maybe between ages of few months to 18 years of age and losing their mom of cancer. I had a good friend—good friends of ours, family friends, who—she lost her life from cancer. It was actually lung cancer at the only age of 52.

What was fortunate with my situation with my parents, they got—they had cancer after age 60, so when I ever—when it comes to insuring—life insurance, applying for life insurance, especially for a lot of people, the question in the application says, at age 60, if you're—if you had any parents or relatives at age 60 who had cancer before age 60, you're in a high risk—higher risk. If you're—if you had parents, which I thought I would be—that it would go against me, that had cancer that—because it's more environmental, it's exposure, as a lot of times when it comes to somebody over 60 that—who gets cancer.

And in my case, I think with my dad being out on a farm, sprays and stuff, that contributed. He never smoked, he never—hardly drank, but the thing is that was one of the conditions of how you get more susceptible to getting 'esophus' cancer. But in his case, I believe he was with a lot of chemicals, with sprays and stuff like that. And that's a high occupation—and now, over time, there's more education in that field to help those individuals.

And my mom, who also has had cancer, she had cancer twice. She had ovarian cancer. A lot of the contribution was for the medication that she took when she was in menopause—that was the contribution to her cancer. So that was exposure.

The thing was, with my mom, she also, a few years ago, she just developed eye cancer. And it's more susceptible to people with green eyes; I got green eyes from my mom. I read that up just before she was diagnosed, which they found out, and the importance of, you know, sunglasses. You know, exposure to the sun is—again, these are all environmental.

But where I'm trying to get at here, Honourable Speaker, is that the other question is, do you have relatives who, at age—had cancer before age 60?

* (10:30)

And my case and my wife, her brother had died of cancer at age fifty—he wasn't quite 58 yet. I turned 58 this past year, and the fact is that he didn't make it to his 58th birthday. He was an athlete. He made sure whatever he put in his body, it was like a machine because he was an athlete. He was a hockey player, a hockey coach. He always had to stay in shape.

But the fact is, when you have that—we found out that he had a gene, and a gene that most of—lot of the—my wife's family actually had taken tests to see if they had that gene. And that's why it's so important for this bill to go forward, especially for women who are

now—that have family members who had that gene, who are more susceptible to getting certain types of cancer, should be tested.

And so a lot of members of my wife's family are being tested for—and being really monitored when it comes to different risks that they have. And the risks are much higher. Some of the family members tested positive, some family members tested negative. But at least they know that they have to be really monitored.

So also, when it comes to breast cancer, especially for women who actually have parents that had breast cancer, who may have died of breast cancer, who are survivors of breast cancer, definitely at the age of 40 or younger than that should be tested. And by doing this—making this bill move forward on this, these individuals could be tested even younger than age 40 if that's a possibility.

Because at the same time, when you have that gene, we hate to see young women who are in their 30s, who are just starting to raise families at this time in their lives to be—to lose a loved one like that and have these children grow up without a mother. And everybody has, probably, in this Chamber, every member have had family members or know somebody who had cancer like that. In our family, it's 'prevenant' that we have that—we probably have that gene.

And the fact is, it's so important that this bill detects that, because I even had—they say the shingles shot, you know, they say at age 50, because you have one in three chances, if you listen to those commercials, to get shingles. And it's very painful. But we have a very close friend who was in her 40s who was ineligible for the shingles shot or had the paperwork, probably. She developed shingles at age 40, and it was a very painful experience that she had to endure. And so this is why it's so important that we lower this age when it comes to breast cancer for young women.

And the fact is, every other jurisdiction is doing that. Why isn't this province not—doing it? You know, the NDP government says that they're advocates of health care and individuals. The thing is, they can pass this bill and allow us to pass this bill to move forward so that the member from Roblin can make—say that, hey, with the examples that she had to listen to—she's our Health critic—she heard many, many stories of young women who could have got tested and been—be detected, but, like, again, with the US, a lot of times the life expectancy in the US is a lot lower, because the fact is, here in Canada, we have universal health care that actually allows people to be tested for—so that

they don't wait until the problem persists, that it—sometimes it's too late.

So if we can be proactive and then reactive, the fact is we can save the health-care system many, many millions of dollars and productivity. Because, again, the highest educated segment of our population are females, and they're contributing to our economy. And the fact is, this is more important to have this bill, and I'll be happy to pass on this, let someone else have some words in this Chamber.

Thank you, Honourable Speaker.

MLA Shannon Corbett (Transcona): I'm grateful to be able to rise today in the House to speak on this important topic. Breast cancer runs in my family, and I'm at high risk. But I'm fortunate enough that I have been able to have the screening since I've been in my 30s. And we do have a health-care system that does support those at risk. Every time I go, it's a concern that I'm going to be a statistic. But I'm fortunate enough that I'm not because I—we do have—I have had that experience to be screened earlier.

Most have ended—I—and again, I talk about breast cancer running in my family, and I also have several friends who have been diagnosed with the disease. Most have had a successful outcome, but some have succumbed to this dreadful disease. It's devastating to lose someone that you love. It's a diagnosis that takes over your whole life.

Breast cancer is something that affects us all, whether it's a family member, a close friend or even ourselves. We all suffer the impacts when a loved one receives their diagnosis. This diagnosis changes everything. The feeling of fear, helplessness and sadness are overwhelming. There is so much that needs to be thought about and planning to occur. What will the treatment plan be, how long will treatment take? When will treatment start? What are the odds of survival?

And of course, what would be different if the diagnosis had come sooner? Cancer in all of its forms is a devastating diagnosis for anyone. No one avoids the impacts. Cancer does not discriminate.

Honourable Speaker, I would like to share some statistics about this dreadful disease. The most common form of cancer for women in Canada each year is breast cancer. Nine hundred women in Manitoba are diagnosed with breast cancer every year. Two hundred women in Manitoba die from breast cancer every year.

Two hundred and seventy men in Canada are diagnosed with breast cancer every year and 55 men in Canada will die from breast cancer every year. Canadian Black women aged 40 to 49 are at higher risk of dying from women than non-Black women. First Nation and Métis women aged 60 to 69 are at a higher risk of dying from breast cancer than non-First Nation and non-Métis women.

Eighty per cent of breast cancer survivors—sorry, 80 per cent of breast cancers affect women over the age of 50. Members of the 2SLGBTQIA+ community are at a higher risk of having their cancer diagnosed in its later stages because of the mistrust in the health-care system and the fear of being discriminated against.

Transgender individuals are less likely to get screened than cisgender individuals. These are horrifying statistics. Honourable Speaker, despite these numbers, the failed PC government found it appropriate to cut health care in Manitoba for seven and a half years.

Now, Honourable Speaker, let's take a little walk down memory lane and review the PC cuts and mismanagement. Right from the start, the failed PC government made cuts to the health-care services that Manitobans relied on and disrespected countless front-line workers. The PC government ignored calls for expansion.

The PC government closed the mature women's health centre in the name of saving costs, despite the Winnipeg Regional Health Authority stating that the centre was a cost-saving program. The previous government cut the development of a new \$300-million CancerCare Manitoba facility. In 2017, CancerCare Manitoba was forced to cut seven—or 15 per cent—of their managerial positions at the request of the PC government just to save costs.

The seven CancerCare positions that were cut: chief of human resources, 'directical'—director of medical physics for CancerCare, director of radiation therapy, director of clinical practice guidelines, director of development of underserved populations, director of strategic communications and director of medical records.

The previous government put profit over patients when it came to CancerCare. These cuts had serious consequences for Manitobans who are disproportionately impacted by these cuts. For seven and a half years, many women from various backgrounds were

disadvantaged by the PC government's cuts to health care.

We know that screenings every two years reduces the breast cancer death rate in women between the ages of 50 and 74 by 20 to 30 per cent due to early detection. Early diagnosis is important to having more treatment options as well as a higher chance of remission.

Our government is taking breast cancer screening seriously, as the health care of Manitobans remains our top priority. Honourable Speaker, Budget 2025 increases screening rates for underserved populations, such as Black, Indigenous and people of colour.

We have added seven mammogram technicians as part of our commitment to lower the screening age to 45 by the end of the year. While in government, the PCs never made progress on breast care screening. What the PCs did was cut CancerCare and close the mature women's clinic.

* (10:40)

Budget 2025 invests \$11.5 million to build a new CancerCare Manitoba facility that will support advanced technologies, clinical research and evolving care models to meet both current and future needs. Our government's Budget 2025 puts shovels in the ground on a new mature women's clinic at the Victoria Hospital.

Now, the PCs are conveniently ignoring the fact that we are making progress in women's health. Despite seven and a half years of cuts and mismanagement, our government is rebuilding and strengthening health services all across Manitoba with a step-by-step approach.

Lowering the screening age requires the buildup of resources, staff and clinics as to not overwhelm the system and further disadvantage those affected. That was the PC approach to health care, and that's why Manitobans voted for change.

For too long, women's health care has been overlooked, but the NDP is putting women first by expanding access to life-saving breast cancer screenings. And surely—ensuring early detection is a matter of fairness and equity because every Manitoban, regardless of income or background, deserves the best chance at a healthy future.

Our NDP government is committed to helping more women get screened for breast cancer. Budget 2025 invests \$4.6 million to support lowering the screening age for breast cancer and expands screening

infrastructure, staffing and training and mobile services.

In addition, we are also working towards hiring more mammogram technicians so that more people aged 50 to 75 can access care through increased screenings, lowering wait times. We are also in the works of adding more screening clinics to increase the capacity to be able to have over 80,000 mammogram screenings annually.

Breast cancer awareness advocates have been waiting for this kind of progress in this province for years under the previous PC government, and now our NDP government is taking the steps to deliver.

This is just the start. Our NDP government is working to rebuild health care by bringing in more workers and increasing capacity right here in our own province. The NDP is taking real action to make breast cancer screening more accessible by lowering the self-referral age. This means more Manitobans will get screened earlier, leading to better health outcomes and reduced strain on our health-care system.

We know that Manitobans care deeply about the state of their health care, which is why we've been working hard over the past two years to deliver on our promises. We embarked on the health-care listening tour from 2023 to 2024. We know that the NDP is the party that listens to the desires of Manitobans. We want to ensure that everyone's needs are met by speaking with them regarding the changes that they want to see in their everyday lives.

Our system's efficiency and the quality of care received is often rooted in the staff's ability and capacity. We've ensured that our budget includes strategic and targeted funding initiatives to clean up the mess left for us by the PC government. Our NDP government is making progress in bettering women's health in Manitoba and rebuilding—by rebuilding and strengthening these services, and we will continue to fight for women's health.

Thank you, Honourable Speaker.

MLA Bob Lagassé (Dawson Trail): Good morning. I am thankful to have the opportunity to put a few words on the record in support of Bill 203, the early screening for breast cancer act.

Early detection truly is key. Now, I'll take a moment to talk about my aunt and her story. Although her story has not much to do with breast cancer, it does have to do with early screening of cancers.

My aunt wasn't feeling well for the course of probably over a year, and it got to the point where she was so ill that she was staying with a friend. Her friend suggested that they go see a doctor, and finally the doctor realized that there was something severely wrong. My aunt went in and got a test immediately. And by the morning, before the results could even come in, it turned out that she had bone cancer and it took her life that very night.

So it's touching on early detection. This is something that could've been prevented through early detection of all cancers.

Also, I'll touch on my mom, who is currently in the hospital. She's got her—she's been fighting bladder cancer for the last couple years, and as a result she now has to have her bladder removed. And she's currently in pain, sitting in the hospital because a result of the surgery. She managed to beat it once, but it came back, because cancer's like that. It doesn't care, really, who you vote for or what—you know, what's going on in your life; it just comes and it goes.

I know—it took my grandfather. It took both my grandfathers, actually, at a young age. It also took my aunt, a different aunt on my dad's side, at a young age.

I think about the fear that comes with finding a lump, and I'm going to touch a little bit upon my story now. Three years ago, I was admitted for a CT scan. That scan found an anomaly in my neck, and as a result of that anomaly, it went undetected for two years, follow-up wise.

So I recently had a follow-up with an ultrasound on my neck, and it turns out that there's a lump on my thyroid. Now, having found that out, there comes a certain amount of fear and unknown—these unknown certainties as to exactly what it's going to be. I know now as my journey is starting, it's still taken months, and I know the NDP told about how great things are under health care, but it's still been months since that detection, and three years since the initial detection.

So I know that I already have enough anxiety with mental health and those sort of things; this just adds to that and it's not necessarily a good thing. So I can only imagine for other Manitobans how they feel when they get these kinds of—you know, diagnoses or discoveries in their bodies.

I'm also thinking about, you know, the fact that early detection for women would also help. It would help get these diagnoses earlier, and if we're currently looking at three years since the time you find

something, I can't imagine that there's anything that would be wrong with this particular bill.

So I'm going to go by thanking my colleague for Roblin for bringing forward the Bill 203, and I'm going to give the NDP an opportunity to talk about some positive things that a bill like this could do.

Thank you.

MLA Jelynn Dela Cruz (Radisson): It's clear in this Chamber that the subject matter, cancer, that we're talking about in Bill 203 carries a heavy weight for many members.

You know, I want to acknowledge the personal story of the member for Transcona (MLA Corbett) that the member shared earlier, and as well as the—you know, the journey that the member for Dawson Trail (MLA Lagassé) is going through as well. Certainly, policymaking takes a lot of heart work, and we are privileged as lawmakers, as legislators, to have community doing that work alongside us, Honourable Speaker.

The member for Transcona mentioned it earlier: cancer doesn't discriminate. Systems, I would argue, systems and government policy discriminates, Honourable Speaker. And that's led to Canadian Black women aged 40 to 49 being at higher risk of dying from breast cancer than non-Black women; First Nations and Métis women aged 60 to 69 at a higher risk of dying from breast cancer than non-First Nations and non-Métis women; members of the 2SLGBTQIA+ community who are at a higher risk of having their cancer diagnosed at later stages because of distrust in the health-care system and fear of being discriminated against.

Honourable Speaker, there are also members of the newcomer community who can relate to that experience, coming from countries where, you know, the public systems of health care and other government-run services couldn't be trusted. Here in Canada there are some barriers to us seeking that care, and, you know, being able to acknowledge and identify exactly what we need to deal with when we need to deal with it.

So, Honourable Speaker, what does that mean for us in this Chamber today? I respect the member for Dawson Trail's request for us to share some good news that the government has played a key role in—here in Manitoba.

* (10:50)

Honourable Speaker, already here in Manitoba we have hired seven new mammographers to conduct these vital screenings across our province. Our Minister of Health, Seniors and Long-Term Care (MLA Asagwara) has been clear since the beginning that, while breast cancer does not discriminate—various cancers don't discriminate—there are social structures that are in place and policies that are in place and decisions that have been made in the past that have led to a number of folks who are even—you know, who may not realize that they're at a higher risk, being at a higher risk.

And so we made it clear from the beginning that we would staff up our health-care system, Honourable Speaker. And so now, at the stage that we're at, over two years into our mandate, we are proud to have hired a net-new 3,400 health-care workers into the system. And out of those 3,400 new health-care workers, many of them will help us reach the targets that we have ambitiously set for this government.

Honourable Speaker, the member for Agassiz (Ms. Byram) has also said—you know, they cited other provinces like BC, like Alberta, like Nova Scotia, who are moving notably faster than our province, and why is that? I would say that the common denominator that each of those provinces have that Manitoba did not have was the former failed PC government who dismantled systems of care in such a callous, cold and calculated way. They closed the Mature Women's Centre. They consolidated health care overnight in a way that deleted thousands of health-care positions, including ones in my own family, including ones of people that I personally have lost to breast cancer.

Honourable Speaker, two individuals that I want to honour in this moment, who frankly raised me alongside my incredible family, are my Tita Ophelia as well as my Tita Anna Liza. They were both nurses at Concordia Hospital, the same hospital that my mom worked at—the same hospital that my mom worked at when the Pallister government deleted her job—*[interjection]*—thank you—not only deleted her job but shuffled the entire system and ripped the rug from under them.

Honourable Speaker, instead of being screened, instead of helping other women—other men, frankly—who have to face breast cancer, instead of allowing people who need treatment to get the treatment, they were instead worrying about their jobs. They were instead worrying about whether or not they could put food on the table next week.

So Honourable Speaker, that's a story shared by thousands of others: people who we, you know, who we are so lucky to have stay in the system after the mismanagement and attacks from the previous government.

And so, Honourable Speaker, our Minister of Health, Seniors and Long-Term Care (MLA Asagwara), again, has made it clear that we already have a plan. We have targets that we are actually going to keep. Unlike previous governments, under the opposition, who frankly would set targets and give the illusion in a press release that they were doing work when, really, they were working backwards.

Honourable Speaker, our targets are ambitious because we had seven and a half years of a government under the PCs who dismantled care systems. And so, yes, they are ambitious because we need to move quickly to catch up to where we need to be.

The target that we are on track to hit and we have credibility to get to is lowering the breast cancer screening age to 45 years old by the end of this year, Honourable Speaker. And not only that, we are on track to lower the breast cancer screening age to 40 in 2026, and that's because of the hard work of front liners who have joined the system, who have, you know, taken up the call of duty in order to help us help Manitobans.

And so, Honourable Speaker, the—frankly, this bill is an opportunity for members opposite to ignore all of the damage that they've done to the system and, frankly, get credit for things that they have no right and no credibility on.

The member for Turtle Mountain (Mr. Piwniuk) earlier—I caught on to it—he said the quiet part out loud, he said that he would like to pass—

The Speaker: Order, please.

In accordance with rule 25 and as previously announced, I am interrupting debate to put the question on second reading of Bill 203, The Earlier Screening for Breast Cancer Act.

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

The motion is accordingly passed.

Mr. Derek Johnson (Official Opposition House Leader): A recorded vote, please.

The Speaker: A recorded vote has been called. A recorded vote having been requested in accordance

with rule 24(7), the division will be referred until 11:55 a.m. this morning.

Mr. Johnson: Would you please resume 'bate' on Bill 222?

Bill 222—The Criminal Trespassers Act and Amendments to The Occupiers' Liability Act

The Speaker: It has been announced that we will now resume debate on Bill 222, the criminal trespass act and amendments to the occupiers' liability act. The—standing in the name of the honourable member for Seine River, who has two minutes remaining.

MLA Billie Cross (Seine River): I was proud to rise and speak on this bill a few days ago, and I want to continue talking about the problems with it.

It's a bill where we are prioritizing property over people. We're saying that what you own is so much more important than human life. It's saying that protecting your property at all costs, doesn't matter how it affects even a child as young as 12, you know, 13. We've all been those kids that have maybe made silly mistakes or done silly things when our friends have taunted us or dared us.

You know, we've 'trespassed' on properties or we've thrown an egg or we've done something silly or we've done something where people don't know what our intention is, because we don't know what the intention of human beings are at all times.

And so I would hope that members opposite would consider that before they bringing bills forward that affect children, that affects young people.

Yes, we know people go onto property for nefarious reasons; they're not always well-intentioned. But what about those that are there and they've done something just silly, something they shouldn't have done or gone to a place they don't belong.

We've seen instances of people being killed in these situations. We've seen Colten Boushie get, you know, killed on a property in Saskatchewan; Trayvon Martin in the States being killed—a young man—for trespassing where he didn't belong.

You know, we need to find ways to be proactive in protecting our property, protecting ourselves, protecting our families. But we can't be—always be reactive.

We need to invest in systems that prioritize the needs of people, making sure that every single person lives a good life, has access to the resources they need,

have good jobs so that they don't need to go out and commit crimes just to survive.

Thank you, Honourable Speaker.

Mr. Tyler Blashko (Lagimodière): I really appreciate the opportunity to speak to Bill 222, but I also really want to say a huge thank-you to the member for Seine River (MLA Cross). I think she brought really important context to this conversation, and invoking the name and story of Colten Boushie is really important when we're talking about this bill.

We've been active partners with law enforcement, working on investing—making real investments in law enforcement and our justice system to keep communities safe. And ultimately that's what our partnership with law enforcement, with community organizations, with investments in education—that's what we're doing. We're working towards safer communities, healthier communities so that folks are less involved with the justice system, less engaged with law enforcement and living the best life possible.

Our government has increased funding to law enforcement, including \$2 million to expand Manitoba's Operational Communications Centre to strengthen law enforcement's ability to respond to violent crimes and critical incidents. You may remember—you, the royal you—the previous PC government froze funding to police in Manitoba in 2017 and never increased it during their time in government.

* (11:00)

They didn't give the Winnipeg Police Service, the Brandon police or the RCMP the resources they needed to do their jobs. Their actions had consequences—

The Speaker: Order, please.

When this matter is again before the House, the honourable member will have eight minutes remaining. The hour being 11 o'clock, it—oh, excuse me—the honourable member will have nine minutes remaining.

The hour being 11 o'clock, we now move to private members' resolutions. *[interjection]*

Apparently, we're having some technical difficulties, or I'm losing my voice; one or the other.

The honourable member has nine minutes remaining.

DEBATE ON RESOLUTIONS

Res. 13—School Tax and Education Property Tax Increases

The Speaker: The hour being 11 o'clock, we will now discuss private members' resolutions. The resolution before us this morning is resolution 13, School Tax and Education Property Tax Increases.

And the debate is open, standing in the name of the honourable Minister of Labour and Immigration, who has four minutes remaining.

Hon. Malaya Marcelino (Minister of Labour and Immigration): I'm really happy that I have the chance to finish my story about Arnold *[phonetic]* Nottveit.

Last week, when we were having our Beef Producers meeting, all of the MLAs that were gathered, we all saw that Arnold *[phonetic]*—Arvid Nottveit thanked the Premier (Mr. Kinew) for the extension of the Crown lands rate freeze announcement which will help many ranchers with their cost of production and the rising cost of living.

Under the leadership of our Premier and our Agriculture Minister, our government focused on affordability for beef producers by first putting a stop to the PC sale of Crown lands by lowering the pricing structure, by freezing Crown land rates and then by extending that Crown land rate freeze.

So our government, under the leadership of this Premier and our Finance Minister, also put in place permanent fuel rate tax cut and one year fuel rate tax cuts during the height of inflation to help producers with the rising cost of living and rising cost of production.

Where the Province has the power to help offset rising costs, such as the Crown land rate freezes and fuel tax cuts, we have done so. Why? Because that's what the people of Manitoba have asked us to do and we've listened to them.

The PCs, in this private member's resolution, are not breaking down where the taxes are coming from on purpose, in an underhanded move to place all the blame on the Province. School boards raised their taxes and the City of Winnipeg also raised their taxes. And that's because school divisions have a lot of catching up to do after seven and a half years of PC cuts and mismanagement to our public education system, on top of the freezes to school division property taxes.

But under our Premier (Mr. Kinew) and this Finance Minister, our NDP government is committed to focusing on affordability for Manitobans. Whether in the city of Winnipeg or in rural Manitoba, we are committed to listening to Manitobans and responding the best way we can to their affordability challenges.

But this private member's resolution is, in fact, touting the failed PC record on their version of the homeowners affordability credit. Under the failed PC version, the property tax system disproportionately benefited the most affluent property owners in Manitoba. Under their failed PC version, the tax credit went out of province to conglomerates like Cadillac Fairview, who didn't even ask the government for this money. That instead could have gone to hungry children in Manitoba—hungry schoolchildren, that is.

Under the failed PC government, hungry schoolchildren got nothing, but Cadillac Fairview received a cheque for \$1,048,213 in one year. And that figure is from the CBC on March 29, 2024. Again, Cadillac Fairview didn't come here to our province asking for over \$1 million, but I can guarantee you that the school divisions across the province needed that money.

I represent the second poorest urban constituency in all of Canada, and one of the first things that our government did, one of our very first Cabinet orders-in-council we ever signed, we signed it so proudly—I remember we were actually in tears, I can share with this House—and it was made under our former Education minister, Nello Altomare, and this is going to be his legacy for the province's children.

And I can tell you, you know, being the MLA for Notre Dame, I've gone to schools that have now benefited from this universal school nutrition program, including Wellington School—

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

Hon. Mintu Sandhu (Minister of Public Service Delivery): Thank you, Honourable Speaker—

The Speaker: Just—order, please.

Was there a member standing on—*[interjection]*—no?

Okay, the honourable member of Public Service Delivery.

MLA Sandhu: I rise today to speak on the opposition's motion, School Tax and Education Property Tax Increases.

Let me start by making it clear that our government is clearing the mess that the previous PC government made during their time in office by hurting young Manitobans. What did they do? They just cut, freeze and fired school resources. So when it comes to education, the PCs don't have a record to stand on. They don't have anything else.

During their seven and a half years of failed government, they made endless cuts to education, hurting our youth and families. They took important programs away from students. They sent teachers looking for jobs out of province.

And they don't stop there, Honourable Speaker. They tried to take power away from the school divisions and end democratic decision-making on school boards.

School divisions were hit so hard that they had to start looking for alternative funding resources because they couldn't count on support from the PCs. We are not going back to that. Unlike the PCs, we believe our kids deserve every opportunity to thrive. And that's why our government is investing in public education with stable, predictable funding, because when we invest in our schools, we invest in our future.

Honourable Speaker, I am happy to share that, for the 2025-26 school year, our government increased operating funding of K-to-12 public schools by 3.4 per cent. We are adding another \$39 million for the universal nutrition program, smaller—and smaller class sizes and cheaper—and capital support for our schools.

While the previous PC government was busy in cutting and firing, we are building what they cut down. We are building new schools. I'm more than happy to share, Honourable Speaker, we are building 11 new schools.

I want to mention those schools, Honourable Speaker: Devonshire Park school; Prairie Pointe School; Meadowlands school; Brandon Southwest school; a new French school in Brandon; Ste. Anne's regional high school; Bridgewater Lakes school; Neepawa regional high school; Highland Pointe school; Winnipeg northwest high school; a new French school in Winnipeg. And we are already start the work on four of those new schools.

We are making sure teachers have smaller classes so they can give every student the attention they deserve. We are making sure kids have healthy meals so they can focus on learning. We are also making

sure that schools have the resources they need to create safe, modern spaces to learn and grow.

Unlike the PCs, we don't see education as an expense to cut. We see it as the best investment we can make in Manitoba's future.

* (11:10)

Our commitment is clear. We will keep standing up for public education, for our educators and for every child in this province, because they deserve a chance to thrive.

Honourable Speaker, we know that our school divisions have a lot of catching up to do after seven and a half years of PC cuts, freezes and mismanagement. Our public education system was taken away operative resources and support.

The PCs don't just understand our schools—sorry, underfund our schools—but they tied their hands. They froze school division property taxes and made it harder for them to make it—their ends meet. And let's talk about their so-called education property tax model. It didn't have working Manitobans' interests at heart, not even close.

Whilst families were worried about paying mortgages, the PCs were busy looking after their wealthy friends. Their tax system handed the biggest reward to their rich friends. And if that wasn't enough, the PCs actually mailed out a million dollars' worth cheque to out-of-province billionaires like Cadillac Fairview. That's not fairness, that is a failure.

Our government knows that working for families—working families shouldn't have to choose between keeping a roof over their head and paying their school taxes. That is why we took action. We eliminated school taxes altogether for thousands of Manitobans through our Homeowners Affordability Tax Credit. We didn't stop there. We are raising it by another \$100, making it \$1,600 in 2026, to make it even easier for Manitobans who buy their first home or keep up with their mortgage payments.

While the PCs helped the wealthy and left the working people behind, our government is helping families, supporting homeowners. We are working to make life more affordable for Manitobans and putting them first, Honourable Speaker.

But affordability isn't just about saving money, it's about creating opportunities, and that's why our government signed the first-ever Manitoba jobs agreement to create good jobs, right here at home. This agreement will put Manitobans to work, building

four brand new schools, two in Winnipeg, one in West St. Paul and one in Brandon. And this is just the start, by investing in the next generation of Manitobans, not taking resources away from them like the PCs did.

Our government will continue to hire more educators, bring classroom sizes down and improve outcomes for the students. The PCs made cut after cut in education in Manitoba, leaving students, parents and educators to bear the brunt of their policies and poor cost-saving measures.

Winnipeg School Division was seriously impacted by the lack of funding under the previous failed PC government. The Winnipeg School Division said they had to cut 130 vacant teaching positions and didn't have the funds to restore them due to chronic underfunding.

Our NDP government is going to build education up in Manitoba by making sure that our public system feels supported by the necessary tools to help kids reach their full potential. We will continue to make strategic investments in education across our province because when we invest in our children we are securing our future today.

Honourable Speaker, I just want to go back to the PC's—failed PC's record on education. When it comes to education, the PCs didn't have a leg to stand on. During their seven and a half years of failed government, members opposite made endless cuts to the education. These cuts hurt Manitobans and hurt the future of our province.

But on this side of the House, we understand that cutting education funding hurts the young minds in Manitoba, something the member opposite clearly failed to understand. They cut core funding for the education by \$36 million over three years.

In 2016, Province paid for 62.4 per cent of the operating cost. In '21-22, that fell to just 56.4 per cent. They wasted \$1.5 million on consultants and advertising to promote their failed bill 64.

Thank you, Honourable Speaker.

Mr. Rick Wowchuk (Swan River): I thank my colleague for this. You know, PCs will always put taxpayers in Manitoba first at all times. We care about the taxes we pay, unlike the members opposite. They seem to thrive on taxing Manitobans and out of their pockets of the hard workers here.

And we're on the—we were on the path, the PC Party was on the path to elimination of education

taxes entirely by 2029. What happened? The NDP instead raised education property taxes by \$182 million this year and \$148 million last year for a total of \$330 million more in taxes under this NDP government.

They are taking it out of the pockets of hard-earned Manitobans who work very, very hard to put meals on the table every day. And what's their reward? Their reward is, let's just tax them. Homeowners, seniors, workers, farmers, businesses, cottage owners: they're all paying more school taxes across the province.

And here in Winnipeg, under this NDP government, over 50 per cent of Manitobans are struggling paycheque to paycheque. And we know there's very little disposable income. They just recently had the biggest fuel tax increase in the history of the province by 12 and a half per cent.

I mean, that's just the way they operate. That's even bigger increase than what Greg Selinger did in 2012 when he took the fuel tax from 12 cents to 14 cents. Now they're ending the indexation of the basic personal amount and income tax brackets that'll hit working Manitobans hard, taking more out of their paycheques away—

The Speaker: Order, please.

In accordance with rule 34(5), the three hours for debate on resolution 13, School Tax and Education Property Tax Increases, brought forward by the honourable member for Roblin (Mrs. Cook), has expired.

And I'm interrupting debate to put the question, therefore is it the pleasure of the House to adopt resolution 13, The School Tax and Education Tax Increase?

Some Honourable Members: Agreed.

Some Honourable Members: No.

The Speaker: I hear a no.

Voice Vote

The Speaker: All those in favour, please say aye.

Some Honourable Members: Aye.

The Speaker: All those opposed, please say nay.

Some Honourable Members: Nay.

The Speaker: In my opinion, the Nays have it.

* * *

Mr. Derek Johnson (Official Opposition House Leader): Respectfully, a recorded vote, please.

The Speaker: A recorded vote having been requested, in accordance with rule 24(7), the vote is deferred until 11:55 a.m.

MLA Cindy Lamoureux (Tyndall Park): Honourable Speaker, I have a leave request.

Could you please canvass the House for leave to allow me to call Bill 225, The Public Schools Amendment Act (Universal Screening for Learning Disabilities), for concurrence and third reading debate despite rule 24(6) and despite the House currently being in private members' hour, allocated for private members' resolutions.

The Speaker: Is there leave to allow the member for Tyndall Park to call for concurrence and third reading debate Bill 225, The Public Schools Amendment Act, universal screening for learning and disabilities, despite rule 24(6) and despite it being the hour allocated for private members' resolutions?

* (11:20)

Is there leave?

Some Honourable Members: Agreed.

Some Honourable Members: No.

The Speaker: I hear a no. Leave has been denied.

Mr. Johnson: Could you please canvass the House, see if there's leave to refer—hold on—sorry. Let me start over, Honourable Speaker.

Could you please canvass the House to see if there is leave to resume debate on private member's resolution No. 17, Ensuring Reliable Emergency Services in Rural Manitoba.

The Speaker: Is there leave to resume debate on private member's resolution No. 17, Ensuring Reliable Emergency Services in Rural Manitoba, brought forward by the honourable member for Interlake-Gimli (Mr. Johnson)?

Is there leave?

Some Honourable Members: Agreed.

Some Honourable Members: No.

The Speaker: I hear a no. Leave has been denied. *[interjection]*

Order, please.

As we are still in session, we shouldn't be enjoying conversations back and forth across the Chamber, and it appears that the House is at an impasse as there seems to be no business currently before the House.

What is the will of the House?

An Honourable Member: Stare at one another.

The Speaker: That is what we shall do then. *[interjection]*

Order, please. Order, please.

We are still in session. Therefore, you'll sit quietly.

MLA Carla Compton, Acting Speaker, in the Chair

The Acting Speaker (Carla Compton): So I'd just like to remind the Chamber, we are still sitting and side conversations are allowed. But think of this like—go back to your school years and we're in quiet reading period, okay? I will continue to call order if things keep getting loud.

Thank you.

Mr. Johnson: Is there leave to resume debate on calling on the provincial government to reverse recent amendments on the teaching certificates and qualifications regulations resolution?

The Acting Speaker (Carla Compton): So, is there leave to resume debate on private member's resolution, Calling on the Provincial Government to Reverse Recent Amendments to the Teaching Certificates and Qualifications Regulation?

* (11:30)

Some Honourable Members: Agreed.

Some Honourable Members: No.

The Acting Speaker (Carla Compton): I hear a no. Leave is denied.

Mr. Johnson: Could you please canvass the House to see if there is leave to resume debate on private member's resolution No. 3, brought forward by the honourable member for Selkirk (Mr. Perchotte), Calling on the Provincial Government to Implement a Volunteer Tax Credit.

The Acting Speaker (Carla Compton): Is there leave to resume debate on private member's resolution No. 3, Calling on the Provincial Government to Implement a Volunteer Tax Credit?

Some Honourable Members: Agreed.

Some Honourable Members: No.

The Acting Speaker (Carla Compton): I hear a no. Leave is denied.

Recognizing the—*[interjection]* Order.

Recognizing the Opposition House Leader.

Mr. Johnson: Well, hopefully we can get some work out of government members, here. I understand they don't want to debate those resolutions, but maybe you could please canvass the House to see if there is leave to resume debate on private member's resolution No. 4, from the MLA from Midland, Provincial Government Job-Destroying Payroll Taxes.

The Acting Speaker (Carla Compton): Is there leave to resume debate on the private member's resolution No. 4, Provincial Government Job-Destroying Payroll Taxes?

Some Honourable Members: Agreed.

Some Honourable Members: No.

The Acting Speaker (Carla Compton): I hear a no. Leave is denied.

MLA David Pankratz (Deputy Government House Leader): Since it's one that we all agreed on just a few days ago, could you please canvass the House, see if there is leave to resume debate on Bill 210, Indigenous Veterans Day, for third reading.

The Acting Speaker (Carla Compton): So, is there leave to start concurrence and third reading of Bill 210, The Indigenous Veterans Day Act (Commemoration of Days, Weeks and Months Act Amended)?

Some Honourable Members: Agreed.

Some Honourable Members: No.

The Acting Speaker (Carla Compton): I hear a no. Leave is denied.

Mr. Johnson: Maybe the member doesn't realize that it's opposition day today, so I'm going to ask for leave to—*[interjection]* I can't even hardly hear myself. Did you want me to start over?

The Acting Speaker (Carla Compton): Please.

Mr. Johnson: Please, yes. So, obviously, government doesn't realize it's opposition day today, so could you please canvass the House to see if there's leave to resume debate on private member's resolution No. 11, brought forward by the honourable member from Morden-Winkler, Addictions Recovery and Treatment.

The Acting Speaker (Carla Compton): So is there leave to resume debate on private member's resolution No. 11, Addictions Recovery and Treatment?

Some Honourable Members: Agreed.

An Honourable Member: No.

The Acting Speaker (Carla Compton): I hear a no. Leave is denied.

Mr. Johnson: We're just looking to get some work done here today, but government doesn't want to work, so I will continue to ask for leave.

If you could canvass the House to see if there is leave to resume debate on private member's resolution No. 13, brought forward by the honourable member from Roblin, School Tax and Education Property Tax Increases—oh, is that the one we just did, isn't it?

Yes, I just thought since opposition was speaking in that earlier, they might want to continue debating it, but with all the yelling that's going across the Chamber, I can see they don't even want to debate the one that we're bringing to a vote.

So I will continue to canvass the House to see if there is leave to resume debate on private member's resolution No. 15, brought forward by the MLA from Brandon West, Justice for Jordyn.

The Acting Speaker (Carla Compton): So is there leave to resume debate on private member's resolution No. 15, Justice for Jordyn?

Some Honourable Members: Agreed.

Some Honourable Members: No.

The Acting Speaker (Carla Compton): I hear a no. Leave is denied.

Mr. Johnson: Boy, we're batting zero here. I can see that members opposite don't really want to work, but maybe we'll try this one. Could you please canvass the House to see if there's leave to resume debate on private member's resolution No. 19, removing retail sales tax on construction and sale of homes.

The Acting Speaker (Carla Compton): Is there leave to resume debate on private member's resolution No. 19, Removing Retail Sales Tax on the Construction and Sale of Homes?

Some Honourable Members: Agreed.

Some Honourable Members: No.

The Acting Speaker (Carla Compton): I hear a no. Leave is denied.

An Honourable Member: Point of order.

Point of Order

Mr. Ron Schuler (Springfield-Ritchot): Yes, thank you very much, and I am on a point of order because all—whether it's Beaudesne or any other document that lays out rules and procedures of this Legislature would indicate that this Legislature has been called to debate. And we know that the majority party or the government is there to actually help set the agenda.

Today is an opposition day. This is where the opposition gets to put forward motions and resolutions, which we then debate. That is what Beaudesne would say, that's what Robert's Rules of Order would say and all the other books that are available to the Speaker and to the clerks. They would all indicate that this is a day for the opposition and for the government to deny the opposition the right to have the day is another one of those declines of our democratic institution, because they are denying us our day.

And the fact they're too lazy to actually debate these issues is shameful. This is the opposition's day. They should be allowing the opposition to call resolutions and bills so that we can debate them fully and not this spectacle we see from this group of lazy socialists.

MLA David Pankratz (Deputy Government House Leader): I'm sorry the member opposite had to reduce himself to language like that, and trying to pick fights with people. You know, when it comes to the rules of this House, on this side, we really want to make sure that we're following them to the tee, and we know that the House leader on the opposite side was aware of the three-hour time limit for debates on a resolution.

He was strategizing behind the scenes but didn't want to consult with us about what was going on. And so he then allowed the member for Tyndall Park (MLA Lamoureux) to bring forward a leave, which is not a member of the Conservative Party. So he sort of opened up the floor to leaves across the board and we said no because they did not, in fact, bring forward a resolution in accordance with the rules in the time period that is allowed.

And so I am—unfortunately, I would love to bring forward a bill for us to debate that we have already agreed on, and I'll ask for leave to do so, but as of right now, we know that this is not a point of order. It was just an opportunity for the member opposite to maybe heckle or throw some insults across the way.

* (11:40)

The Acting Speaker (Carla Compton): Order.

Thank you.

It was not a point of order. There is currently no business in front of the House, but I would like to remind members that they are able to continue to ask for leave to debate on an item of business.

Introduction of Guests

The Acting Speaker (Carla Compton): But while I have everyone's attention right now, I would like to draw everyone's attention to the loge, where we have Kevin Lamoureux, former member of the Legislative Assembly of Manitoba for Inkster and the current MP for Winnipeg North.

So, welcome.

* * *

Mr. Derek Johnson (Official Opposition House Leader): Yes, the important business before the House that we're discussing right now should be heard by all members. I would request a quorum count.

The Acting Speaker (Carla Compton): A quorum—pardon me. A quorum count having been requested, call in the members.

I would like to ask the members present to rise in their places and ask that—the Clerk at the table to count out those present.

A QUORUM COUNT was taken, the result being as follows – Members present: 35.

The Acting Speaker (Carla Compton): A quorum is present.

MLA David Pankratz (Deputy Government House Leader): I would ask for leave to debate Bill 234, third reading and concurrence.

The Acting Speaker (Carla Compton): Is there leave to start concurrence and third reading of Bill 234, The Pride Month Act?

Some Honourable Members: No.

The Acting Speaker (Carla Compton): I hear a no. Leave is denied.

* (11:50)

The Speaker in the Chair

The Speaker: Order, please.

The hour being 11:55 a.m., we will now proceed with some votes. And just for the members' information, in accordance with rule 24(8), the vote shall be called in the following order: first divisions deferred from the last Tuesday private members' business in the order they are requested; and then second divisions deferred from this morning in the order that they were requested.

DEBATE ON SECOND READINGS— PUBLIC BILLS

(Continued)

Bill 203—The Earlier Screening for Breast Cancer Act

(Continued)

The Speaker: Therefore, in accordance with rule 24(7), we will now move to second—past second reading of Bill 203, which is The Earlier Screening for Breast Cancer Act.

So accordingly now, we'll call in the members for the recorded vote.

Recorded Vote

The Speaker: So the question before the House is second reading of Bill 203, The Earlier Screening for Breast Cancer Act.

Division

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

Ayes

Asagwara, Balcaen, Bereza, Blashko, Brar, Bushie, Byram, Cable, Chen, Compton, Cook, Corbett, Cross, Dela Cruz, Devgan, Ewasko, Goertzen, Guenter, Hiebert, Johnson, Kennedy, Khan, King, Lagassé, Lamoureux, Loiselle, Maloway, Marcelino, Moroz, Moses, Moyes, Narth, Naylor, Nesbitt, Oxenham, Pankratz, Perchotte, Piwniuk, Redhead, Robbins, Sala, Sandhu, Schmidt, Schott, Schuler, Simard, Smith, Stone, Wharton, Wiebe, Wowchuk.

Deputy Clerk (Mr. Tim Abbott): Ayes 51, Nays 0.

* (12:00)

The Speaker: I declare the motion accordingly passed.

DEBATE ON RESOLUTIONS*(Continued)***Res. 13—School Tax and Education
Property Tax Increases
(Continued)**

The Speaker: And, as previously announced, we will now move on to vote on the resolution, resolution 13, The School Tax and Education Property Tax Increases.

Recorded Vote

The Speaker: All those in the House in-call in the members.

The question before the House is resolution No. 13, School Tax and Education Property Tax Increases.

Division

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

Ayes

Balcaen, Bereza, Byram, Cook, Ewasko, Goertzen, Guenter, Hiebert, Johnson, Khan, King, Lagassé, Lamoureux, Narth, Nesbitt, Perchotte, Piwniuk, Robbins, Schuler, Stone, Wharton, Wowchuk.

Nays

Asagwara, Blashko, Brar, Bushie, Cable, Chen, Compton, Corbett, Cross, Dela Cruz, Devgan, Kennedy, Loiselle, Maloway, Marcelino, Moroz, Moses, Moyes, Naylor, Oxenham, Pankratz, Redhead, Sala, Sandhu, Schmidt, Schott, Simard, Smith, Wiebe.

* (12:10)

Deputy Clerk (Mr. Tim Abbott): Ayes 22, Nays 29.

The Speaker: The motion is accordingly defeated.

* * *

The Speaker: The hour being past 12 o'clock, this House is recessed and stands recessed until 1:30 this afternoon.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, October 16, 2025

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