



Third Session – Forty-Third Legislature

of the

Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS**

**Official Report
(Hansard)**

*Published under the
authority of
The Honourable Tom Lindsey
Speaker*



Vol. LXXX No. 23A - 10 a.m., Thursday, March 5, 2026

ISSN 0542-5492

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
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ROBBINS, Colleen	Spruce Woods	PC
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SCHULER, Ron	Springfield-Ritchot	PC
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STONE, Lauren	Midland	PC
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WHARTON, Jeff	Red River North	PC
WIEBE, Matt, Hon.	Concordia	NDP
WOWCHUK, Rick	Swan River	PC

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 5, 2026

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.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Ms. Jodie Byram (Deputy Official Opposition House Leader): I call Bill 207, The Health System Governance and Accountability Amendment Act (Reporting When Timely Care Not Available).

SECOND READINGS—PUBLIC BILLS

Bill 207—The Health System Governance and Accountability Amendment Act (Reporting When Timely Care Not Available)

The Speaker: It's been announced that we will go to second reading of Bill 207, The Health System Governance and Accountability Amendment Act, reporting when timely care is not available.

Mrs. Kathleen Cook (Roblin): I move, seconded by the member for La Vérendrye (Mr. Narth), that Bill 207, The Health System Governance and Accountability Amendment Act (Reporting When

Timely Care Not Available), be now read a second time and referred to a committee of this House.

Motion presented.

Mrs. Cook: It's an honour and a privilege to rise today to, once again, give second reading to this bill, which, unfortunately, died on the Order Paper during the last session, despite the government allowing it to pass at second reading. I'm hoping that today we'll have a better outcome, that they'll allow it to pass at second reading and then refer it on to committee.

And I want to begin today by thanking Debbie Fewster's children, Daniel and Colleen. Sharing Debbie's story publicly and powerfully takes extraordinary courage.

This bill is named in memory of Debbie Fewster, a 69-year-old woman from Niverville. After experiencing heart symptoms in the summer of 2024, Debbie met with her doctor and was diagnosed with angina. The specialist recommended a stress test, which Debbie took and failed on August 1, 2024.

Following another specialist appointment and an echocardiogram, it was determined that Debbie needed a triple bypass surgery. On August 22, she was sent home with medication and told she needed life-saving surgery within three weeks.

However, Debbie did not receive a date for a scheduled appointment and was instead simply told that she would receive a week's notice for emergency surgery. The three-week window passed without any such notice being provided.

On October 13, Debbie passed away. She had waited more than seven weeks after August 22 for surgery that had been needed within three weeks. She was never informed that she would not receive life-saving surgery in time. However, her children did get a bill for the ambulance.

We are here today because Debbie's family refused to let her story be forgotten and because no other family should be left in the dark again. All of us in this House hear from constituents who are waiting anxiously for the care that they need. In many cases, they don't even know where they are on the wait-list: sometimes it's for a diagnostic test, sometimes it's for a surgery. But it's most troubling when someone

reaches out because they're waiting for a procedure that could be the difference between life and death.

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

Last year, we raised in this Chamber the case of John Funk, whose case is eerily similar to Debbie's. But, thankfully, after his case was raised here in the Legislature and made front-page news, John got the surgery he needed. But people shouldn't have to go public with their personal health-care stories to get the care that they need.

Debbie's law is about honesty, transparency and accountability. The bill requires health authorities to notify patients in writing if care for a serious condition cannot be provided within the medically recommended time frame. Patients must be informed of alternative care options, including the potential to seek treatment out of province.

And I want to point out here the danger of adopting a purely ideological approach here. We saw the consequences of this approach in the NDP's recent attempt to drive private nursing agencies out of Manitoba before first filling the vacancies in the public system. The result was chaos.

In an ideal world, every Manitoban should get the care they need right here at home. But if that's not possible, we owe it to Manitobans to be transparent and honest about the risks and options available to them.

The Manitoba government cannot allow people to languish on wait-lists because they're simply ideologically rigid and opposed to people getting the life-saving care they need as quickly as possible even if it's not here in Manitoba.

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

Doctors of BC published a policy statement as far back as 2012 that stated: Patients must be treated within established wait-time benchmarks and that, in the event that treatment cannot be provided within established wait-time benchmarks at the usual public facility, the provincial government must offer a care

guarantee whereby treatment will be offered within the benchmark wait time at another public facility in or out of the province at no cost to the patient.

Bill 207 also mandates the reporting of all deaths linked to care delays for serious conditions. The Minister of Health would be required to table an annual report in the Legislature, bringing these stories to light instead of burying them in silence.

* (10:10)

The last time we brought this bill forward, the current government said that it was going to issue a directive on this issue, but directives can be ignored, overwritten or quietly dropped. Their proposed directive also excluded every other type of life-saving care outside of cardiac care.

Making this requirement law ensures that any future Health minister is held to the same basic standard of transparency. Most importantly, legislating these measures forces health authorities to act. Directives are advisory; laws must be implemented.

A recent Fraser Institute report paints a devastating picture of how wait times have worsened in Manitoba over the past two years. The median wait time from a patient's appointment with their family doctor to treatment increased from 29.1 weeks in 2023, to 37.9 weeks in 2024, to 39.1 weeks in 2025, a 34 per cent increase. That wait is now two and a half months longer than it was in 2023. It is now the longest such wait time west of Quebec.

The wait varies widely by procedure. The median wait for orthopedic surgery, measured from referral by GP to treatment, is 52 weeks in Manitoba, an entire year; and half of patients are waiting even longer. That's the highest wait time of any province in Canada.

The median wait time from specialist referral to treatment for gynecology increased by 63 per cent from 2024 to 2025; for neurosurgery, it went up by 41 per cent; for internal medicine, it went up by 90 per cent in one year under this government.

But most disturbing are the increases in cardiac-care wait times. Under the NDP, within the last year, urgent cardiac surgery wait times are up 232 per cent since last year. Elective cardiac surgery wait times are up 480 per cent.

These aren't abstract numbers. These are real patients with real conditions being forced to wait longer than ever for potentially life-saving treatment.

It's important to note that Debbie's story is far from unique. Nearly 75,000 Canadians have died on health-care wait-lists. In Ontario, 115 patients died while waiting for cardiac surgery last year; 41 of those exceeded the recommended wait time.

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

These are not partisan numbers. This is common sense reform supported by a vast majority of Canadians. And this type of legislation has precedent in other countries with universal health-care systems.

In Sweden, the Patient Act states patients must be given information about the time they can expect to receive care. Patients in Sweden must be informed if care will not be available within the guaranteed time frame and offered care with another provider at no cost to the patient.

In Finland, the Patient Injuries Act and the Patient Insurance Act require patients to be provided with an estimated wait time at the time of access to treatment.

In the UK, patients have, quote, the right to access certain services commissioned by NHS bodies within maximum waiting times or for the NHS to take all reasonable steps to offer the patient a range of suitable alternative providers if this is not possible, unquote.

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

And if the NDP are primarily concerned with who gets the credit, that's okay with me. Bring forward your own bill, put an NDP member's name on it, I'll withdraw my bill and we'll get it passed. Because this truly isn't a partisan issue. This is about making sure that no more Manitobans die of a long wait time for a life-saving medical procedure.

I look forward to the support of all members for this bill.

Thank you, Honourable Speaker.

Questions

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

The floor is now open for questions.

MLA Carla Compton (Tuxedo): So many Manitobans have been affected by heart disease, and they deserve the best possible care.

The previous failed PC government dismantled the Cardiac Centre of Excellence at St. Boniface Hospital, despite being ranked No. 1 in Canada. And this approach left specialists with fewer resources and patients with lesser quality of care, and we are working hard to improve that.

But I'm curious that—if the member opposite could explain why the previous PC government made the choice to dismantle that program?

Mrs. Kathleen Cook (Roblin): I thank the member for Tuxedo for the question, because it gives me a chance to correct the record.

This is an issue that the NDP brought up in the last provincial election and have been entirely silent on since. They promised \$5 million in new annual funding in their 2023 campaign for cardiac care; they have not delivered. Now they're saying they're going to deliver on it because it's in the news and it's timely.

Manitobans should look to their record. I don't think we can trust that the NDP are going to keep any of their promises on this one.

Ms. Jodie Byram (Agassiz): I want to take a moment and extend my condolences again to the Fewster family. And I want to say thank you to my colleague here on this side of the House, the member from Roblin, for bringing this bill forward. This is important legislation and it is—should be non-partisan.

And I just want to, again, ask the member from Roblin if she could share with us here why Debbie's law is such—so necessary and such an important piece of legislation and if she can again share with us that information?

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

The bill is named in honour of a Manitoba woman who died waiting for the life-saving care that she needed. And we're all here because her family refuses to let her death be in vain. They want to see change enacted as a result of this tragedy, and it will benefit all Manitobans to have the increased transparency and accountability that will come with public reporting of wait times and deaths that will come, most importantly, with notification when life-saving treatment cannot be provided within a timely manner.

There's really no reason that I can think of that any government would oppose such a bill and would oppose that level of accountability and honesty with Manitoba patients.

Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care): I would support the member for Roblin's (Mrs. Cook) comments around the importance of accountability and taking responsibility.

That's why I'm going to repeat the question asked by my colleague from Tuxedo: Why is it that the previous government, who she worked for and who she advised, dismantled the Cardiac Centre of Excellence?

And that's not our assertion. The physician in Manitoba who is a world-renowned cardiac specialist, Dr. Alan Menkis, and helped establish the Cardiac Centre of Excellence, just recently said in the media that the former Premier Brian Pallister's health system restructuring largely dismantled the program. That is a direct quote.

So, again, I think it's an important question that my colleague from Tuxedo asked: Why did the former previous government dismantle the system?

The Speaker: Time has expired.

Mrs. Cook: I have never seen such a case of selective hearing, Honourable Speaker. When someone in health care says something that the NDP likes, it becomes gospel to them and they repeat it; they shout it from the rooftops. But when thousands of front-line health-care workers condemn this government's record by greylisting three Manitoba hospitals, they dismiss it. They whine and complain to media that they're being attacked by health-care unions. It defies belief.

Let's put some other health-care worker comments on the record for this minister. I'll quote Darlene Jackson from the Manitoba Nurses Union who said: 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. Things are not rosy in health care despite what's been said. We are in a terrible crisis.

Mr. Konrad Narth (La Vérendrye): I want to start by saying I can't wait until the day that I see the member for Roblin being the next Health Minister. The competent and compassionate voice that leads that member will be truly a breath of fresh air.

But my question for her is: How will this bill ensure accountability for the health authorities?

Mrs. Cook: Thank you to my colleague from La Vérendrye for the question.

So this bill does a couple of important things. First of all, it will force health authorities to track the wait times for these life-saving procedures and, most importantly, to communicate those to patients who are waiting for a life-saving procedure.

* (10:20)

I think all of us would agree that if one of us or someone we loved was waiting for a life-saving procedure, we would want to know how long the wait was. And, most importantly, we would want to know if we were going to get the care we needed within that medically established time frame.

And if we couldn't, if for some reason Manitoba couldn't provide the care in time, then Manitoba has an obligation to notify us of what other options are available.

We can do this under the universal public health-care system. This is something that other countries with universal health-care systems do. Manitoba has a chance to be a leader in transparency and—

The Speaker: Member's time has expired.

MLA Compton: The member opposite is doing—I've observed—is doing the same as what they've mentioned that the Health Minister has done. They're not answering the question.

So I would like to ask again, to the member opposite, when their government was in government—or when their party was in government, why did they make the choices to dismantle the St. Boniface Cardiac Centre of Excellence?

Mrs. Cook: I dare say that the members opposite wouldn't be asking questions like this if Colleen Dyck

and Daniel Fewster were in the gallery with us today, like they were the last time.

The truth is that this is a government that is stuck in campaign mode. They don't know what it means to govern. They are more focused on deflecting, on scoring—*[interjection]*

The Speaker: Order.

Mrs. Cook: —political points, on playing the political blame game, and Manitobans are getting sick of it, Honourable Speaker. They're getting sick of a government that cares more about scoring political points than actually fixing the problem.

All they do is point fingers backward. They can't point to a single thing that they have done to improve cardiac care in this province, and that is a fact, Honourable Speaker.

Mr. Trevor King (Lakeside): I want to thank my colleague from Roblin for bringing this important piece of legislation to bring transparency to all Manitobans.

My question to my colleague, Honourable Speaker, is: What did the NDP do to cut options for patients waiting too long in Manitoba?

Mrs. Cook: That's a great question from my colleague from Lakeside.

One of the first things this government did, as soon as they got into office, for purely ideological reasons, was cut the Diagnostic and Surgical Recovery Task Force, which was doing, to a degree, exactly what this bill calls for.

When patients couldn't get the care they needed in Manitoba, the DSRTF found ways for them to get the care they needed, even if it meant leaving the province. Is that an ideal situation? Absolutely not. But ask any one of those Manitobans who got the surgery that they needed whether it was worth it to them.

If a patient is waiting, and particularly in the case of Bill 207, for a life-saving procedure, we owe it to them to get them the care that they need. And if we can't do it in Manitoba, we owe it to them to be honest about that.

The Speaker: Member's time has expired.

MLA Jelynn Dela Cruz (Radisson): Now, the opposition PCs are incredibly divided on many, many things; they're incredibly corrupt when it comes to many, many things; but they are unified when it

comes to how they advocate and who they advocate for, and that is themselves, Honourable Speaker.

They've made it clear through their leader's remarks on social media, they've made it clear through the member for La Vérendrye's (Mr. Narth) question to the member just now, and they make it clear every single time they stand up in this Chamber, that they only care about their own political career.

Honourable Speaker, they're not listening. They ought to answer the question we've been asking all morning.

Why did they dismantle the Cardiac Centre of Excellence?

Mrs. Cook: That question, coming from the member for Radisson, she wouldn't dare ask that question if there were people in the gallery today, because those are the people that we're advocating for.

I'm advocating for the family of a 69-year-old woman who died, under this NDP government, waiting for life-saving cardiac care. That's who we're advocating for today.

They might want to turn this into a chance to do political potshots and play this ridiculous blame game. Manitobans see through it. They might not be here in the gallery today, but I can assure the member for Radisson, I will be sending them that clip.

Mrs. Carrie Hiebert (Morden-Winkler): I appreciate being able to speak this morning on this and ask a question.

I'm also very disappointed that the we're—people—or, the member opposite has to say things and use language like that. We're here because we care about the people that we serve and we represent.

And my question is to what—who did you consult on this bill? Because that's what we do. We consult, we talk to people and we want to know how we can help them and make things better.

Thank you.

Mrs. Cook: That's a great question. Thank you to my colleague from Morden-Winkler.

The—first and foremost, I consulted with the family of Debbie Fewster. In fact, I spoke with them just yesterday and I advised them that this bill would be coming forward for second reading debate.

I discussed with them the fact that it died on the Order Paper the last time this bill was introduced because the NDP put on a show while they were in the

gallery and allowed it to pass second reading and then allowed it to die on the Order Paper and refused to call it to committee.

And I shared with them my hope that this time the NDP will see to do better for the Fewsters and do better for Manitobans, pass this bill, allow it to go to committee so they and other Manitobans can come and have their say.

The Speaker: The time for questions has expired.

Debate

The Speaker: The floor is now open for debate.

Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care): I want to start by offering my condolences to the Fewster family. Debbie Fewster was a beloved Manitoban. Her children, Daniel and Colleen, have been wonderful advocates on her behalf. I've had the opportunity to meet with them several times. I've had the opportunity to sit down and talk with them about how they've been navigating the loss of their mother and her experience in the health-care system.

I can share in the House that Dr. Anita Soni, who is the lead cardiac specialist for St. Boniface Hospital and who we are working directly with to re-establish the Cardiac Centre of Excellence that was dismantled by the previous PC government, has been in contact with the family and has brought them up to speed on some of the more recent work around how we're going to re-establish that Cardiac Centre of Excellence.

So I want to thank the Fewsters for continuing to be engaged and involved in advancing this really, really important work. They shouldn't have lost their mother. That is a tragedy that we don't want to see happen to any Manitoban.

What I can tell you, Honourable Speaker, is that what we learned is that part of the challenge that Debbie experienced in getting clarity around her care is a challenge that many Manitobans actually unfortunately experienced in trying to access care. And that challenge was a drop in communication. It's really, really disheartening when you peel the layers back and understand how did this happen.

And what we've come to learn, over time, is that how that happened was that, with the dismantling of the Cardiac Centre of Excellence, it meant that there are aspects of care that were basically scattered away from St. Boniface, which was previously a national and international leader in cardiac care. We had an actual status of being the best in Canada here in

Manitoba, and the cardiac—the former Cardiac Centre of Excellence was internationally renowned. People were looking at Manitoba as the template for how to establish cardiac care.

What happened to that Cardiac Centre of Excellence, if you can think of, you know, what happens when you drop something—and let's say it's glass—and it shatters. And then you really value that thing, and so you want to put it back together. And what you need to do, Honourable Speaker, is you need to find all of those pieces, right? And you need to put them back together. And sometimes some of those pieces fly off in places you can't see where they've gone—sometimes it's glass, it's clear, maybe you don't find them at all.

What we know, Honourable Speaker, is that the task of putting back together the Cardiac Centre of Excellence, which was dismantled by the previous government, is a big one. But it's a task that Manitobans deserve for our government to face head-on, and that's exactly what we're doing.

Debbie Fewster's passing was a call to action. Her children have made sure that it's a call to action. They are being incredibly gracious, incredibly generous in asking us as a government and as Manitobans to ensure that other families don't go through what they have.

And so one of the immediate steps that I took was to give a directive to the system to ensure that chains of communication were streamlined, centralized; that cardiac-care patients would, every single step of the way, have clarity on how they are to receive care; that if there's a change in their care they know exactly who to go to, to get answers, to make sure that what was pulled apart was put back together in a way that put patients first.

* (10:30)

In addition to that, we took steps to make sure that there was consistency in cardiac policies across the system. We've done work to ensure that we have centralized surgical care in this province. Previously, for years, you know, a surgeon could have a patient list and not share that list with other doctors. They would schedule surgeries based on what their own needs and priorities were.

Honourable Speaker, we know that that wasn't a patient-centred approach, and so we've created a platform called SWIM. It's a centralized surgical—*[interjection]* wait-list. And that wait-list—I'm not sure why the member for Roblin (Mrs. Cook) is heckling

me. It's a pretty important piece of information.
[interjection]

The Speaker: Order.

MLA Asagwara: It's a centralized wait-list that puts patients first. It ensures that if you need a surgery in this province, that you are going to be able to get that surgery, not in a way that is meeting the needs of the surgeon who's going to schedule you, but in terms of your own needs. That's a really important step that we've taken.

Here in Manitoba, thankfully now, we are performing more surgeries than we ever have before. And that is because we've invested in Manitoba—we've invested in Manitoba experts. These are all steps that could've and should've been taken years ago. These are all steps that could've and should've been taken by the previous government.

Instead, what we saw was an approach to dismantle the care that Manitobans depend on. And it is tragic that we're seeing the consequences of that still to this day. And the reality of it is, it's going to take us time to repair that damage and continue to build back the capacity that Manitobans need and that they count on.

But I want to reassure the members opposite, and I want to reassure—I believe we have some guests in the gallery today. I want to reassure these Manitobans that our government is working tirelessly to make sure that we're moving health care in the right direction. It is a big task. Repairing the monumental amount of damage that was done is a huge task. But doing that work is what Manitobans deserve.

And we're not doing that work alone, Honourable Speaker. I shared a quote earlier. Dr. Alan Menkis is the cardiac expert in Manitoba who established the former Cardiac Centre of Excellence. This is a physician who is renowned across the country. He speaks internationally about cardiac care. And he shared in the media, just a few days ago, this quote: Former premier Brian Pallister health system 'restructuring' largely dismantled the program, end quote. He's talking about the former, best-in-country Cardiac Centre of Excellence at St. Boniface.

Dr. Alan Menkis has been very clear. There are some steps we must take as a government to re-establish that program, but we have to go further, actually. And that is what we're doing.

Honourable Speaker we know that, here in Manitoba, we know that across the country, actually,

that women are disproportionately affected by cardiac health, that their outcomes are worse than their male counterparts. And because of that reality, we're not only going to re-establish the Cardiac Centre of Excellence, we're re-establishing it with women like Debbie Fewster at the heart of it.

We are making sure that we're investing in women's heart research. We are making sure that we're investing in a—well, clinic and services, I probably shouldn't share that prematurely here—that is going to be dedicated to meeting the needs of women in this province. We are making sure that we're working with experts here in Manitoba, like Dr. Anita Soni and others, who have been waiting for a government that will sit down with them and treat them as a true partner.

The member for Roblin (Mrs. Cook) in her last remarks tried to say that, as a government, we haven't invested in the Cardiac Centre of Excellence being re-established. That is untrue. But I would go further and say that, you know what, on some level she's correct, we haven't invested enough yet. And I look forward to sharing more in our upcoming budget.

We've done over two years of work to understand how the Cardiac Centre of Excellence was broken, how it was shattered by the previous government. And now we're in a place, Honourable Speaker, having worked with Dr. Soni, heard from Dr. Menkis and all of these other experts in Manitoba, we're in a place where we can make some substantial investments in building on all of the work we've done to hire more health-care workers in this area, in listening to patients, listening to families, listening to staff, so that, as we move forward, we're not only going to re-establish Manitoba as being the leader in cardiac care, but we're going to make sure that women—that the heart health of women is at the centre of how we do this.

We are listening to the families. I have sat—I have sat down and I've met with these families. These families are incredibly brave. They are showing so much grace and so much courage in sharing their stories in the hopes that other Manitoba families won't experience what they've gone through.

Our commitment to these families is making sure that we do everything possible to not only fix the damage but to make the health-care system a place where all Manitobans can get care in a timely manner, where these aren't the stories that we're in the House debating. That is what these families deserve. And so they will continue to have my commitment and our

government's commitment that they will be at the heart of how we do this work every single step of the way.

And I want to thank the folks who are with us today in the gallery because it is so important that the next generation of Manitobans understand how this work happens and that they know their voices are important and that their voices are also a part of how we move forward together.

Thank you.

Ms. Jodie Byram (Agassiz): Again, I want to thank my colleague, the MLA for Roblin, for bringing this bill forward. It is a very important bill.

It is unfortunate that Bill 207 is a bill that's borne out of loss, a family's loss, but yet it's a bill that is rooted in truth. Bill 207 seeks to restore the transparency and accountability to the health-care system that, under this current NDP government, is failing far, far too many Manitobans, Honourable Speaker.

And I do want to take a moment right now to extend condolences to the Fewster family, but also to other Manitobans who have lost loved ones under this NDP's failing health care here in Manitoba. I want to extend condolences to the families of Stacey Ross, Judy Burns, Genevieve Price, Luca Teng. I want to say, sorry for your loss. On this side of the House, we will continue to advocate, amplify your voice and work towards making change where the system can work better for all Manitobans across the province.

Bill 207 is legislation known as Debbie's law, which amends the health system governance accountability act. It will ensure that when our health-care system cannot provide medically recommended care within the appropriate time frame, patients are told in writing, not quietly shuffled down a wait-list, not left wondering and not left waiting in the dark, Honourable Speaker.

Health care in Manitoba is worse today than it was a few short years ago. And I do want to make note and make mention that when the PCs were in government in 2021, the Canadian Institute for Health Information ranked Cardiac Sciences Manitoba No. 1 in Canada in 2021.

We see here today where health care is absolutely failing under this NDP government. Median wait times from referral by a family doctor to treatment have climbed, leaving Manitobans waiting when they're already scared, vulnerable and often in pain. MRI wait times have jumped. ER, nose, throat

surgeries are up, neurosurgery waits are up, medical oncology, CancerCare. All of these have skyrocketed over 1,000 per cent.

And perhaps most alarming of all, urgent cardiac surgery wait times have risen. Elective cardiac surgery is up. These wait times are real and these people are real families, real lives. We know from the national data that nearly 75,000 Canadians have died on health-care waiting lists since 2018, waiting for surgeries, diagnostic treatments that they need.

* (10:40)

We know there are families who have experienced tragedies while waiting for surgery, waiting for care, that one of those families is Debbie's family, the Fewster family, and that is why we have Bill 207, Debbie's law, named in her honour. Her daughter Colleen said, and I'm going to quote: Debbie's law won't fix everything, but it will introduce something that is desperately needed, and that is radical honesty—radical honesty.

Her son Daniel described the shock, the anger and the grief that the family endured. And after her death, the only communication they received from the health authority was a bill for the ambulance. No explanation, no accountability.

Mom was—Colleen—I'm also going to make—quote her daughter Colleen: Mom was not a squeaky wheel. She was patient. She trusted the process. She didn't want to cut in line or get in the way of anyone else's care. She needed advocates, and we thought we were doing that for her. We didn't realize we were expected to fight and manipulate the system just to get the care she needed. Our mother's doctors did everything right. The system failed.

Honourable Speaker, when families are left grieving and in the dark, the system has failed—failed Manitobans. This legislation is incredibly important because, right now, if the system cannot provide care with the medically recommended time frame, there is no requirement to tell that patient.

Think about that. A patient could be waiting for cardiac surgery, cancer treatment or another serious intervention, and if the timeline is exceeded, there is no mandated written notice. There is no obligation to say, we cannot meet that standard, no obligation to inform them that they might have options outside Manitoba.

And this is where Bill 207 is important. Debbie's law can change that. It can mandate for notifications,

health authorities that must notify patients in writing if they cannot provide hospital care for serious medical conditions within the medically recommended time frame.

Secondly, Bill 207 can ensure patients are informed of the possibility of seeking care outside of Manitoba if the timely care is unavailable here in Manitoba.

Third, Debbie's law, Bill 207, requires health authorities to report to the Minister of Health when a patient dies while waiting for treatment for a serious medical condition.

And, finally, it requires the minister to publish an annual public report detailing the number of such deaths and to table that report in the Legislative Assembly. That is transparency. That is accountability. That is patient-centred care.

Bill 207 improves the system because, when delays are hidden, there is no pressure to fix them; when outcomes are buried in bureaucracy, there is no urgency to improve on them; and when families are kept in the dark, trust deteriorates.

Bill 207 ensures we can measure the progress. We can ensure every death linked to health-care delays is tracked and publicly disclosed. It ensures we stop pretending the problem does not exist.

Manitobans overwhelmingly support this approach. Polling conducted in March of 2025 shows that 86 per cent of Canadians support legislation like Debbie's law. They believe the health-care system should notify patients if they cannot—if health care cannot deliver life-saving care in the time—required time. Honourable Speaker, 82 per cent support tracking and publicly reporting health-care wait times and outcomes annually.

This is not a partisan idea, it is a common sense one. What does this NDP government do instead? They cut options for patients waiting too long in Manitoba. Health-care workers are exhausted. They're doing their best in a system that is under strain.

This bill is not about blaming front-line staff. It's about holding leadership accountable, this NDP government. Debbie's law can relieve the pressure on an exasperated health-care system that we have here in Manitoba in two key ways: encouraging earlier action when systems know that there will be delays; second, by empowering patients with information if timely care is not available here. Patients can explore

alternatives sooner, potentially preventing and deteriorating life or death.

Honourable Speaker, Debbie's law will not fix every problem in our health-care system overnight, but it will certainly end the silence. It will end the uncertainty. It will end the practice of leaving families to wonder what went wrong after it's only too late. Manitobans deserve to know when care is not available. They deserve to know why. And they deserve to know what their options are.

This bill can save lives, it can restore trust and, once again, the hard but necessary work of rebuilding accountability in a health-care system that under this NDP government has fallen behind.

In honour of Debbie Fewster and in support of every Manitoban waiting anxiously for care, I ask that all members of this House to support Debbie's law.

Thank you, Honourable Speaker.

MLA David Pankratz (Waverley): Honourable Speaker, I want to begin by acknowledging the Fewster family. What happened to Debbie Fewster should never have happened, and no family should experience the loss of a loved one while waiting for care that could have saved their life. And I think it is really important that we begin this conversation—or at least my piece in it—by recognizing the tremendous grace and resolve the Fewster family have shown as they have worked to ensure that improvements come from what is a moment that can only be described as a profound loss.

And their advocacy has helped to shine a light on an issue that every member of this House takes seriously: making sure that Manitobans can access timely care when they need it. And, certainly, I am pleased as well to have members in the audience today who are here to join us for this process, who are a part of this conversation. It's so important for us to hear those voices, as the Minister of Health has said, and to continue to have those difficult conversations.

Because at the end of the day, Honourable Speaker, behind these debates about health policy, behind this legislation, behind statistics that get cited in this Chamber, there are real people—Manitobans, right?—patients, families, loved ones who are hoping that the system will be there for them in their moments of need.

And, Honourable Speaker, when we look at Bill 207, I think that the central issue it raises is how we ensure Manitobans receive timely care and clear

information when accessing the health system. And that's why these conversations about health care in this space carry such a particular weight.

You know, before entering politics, I did work front line as a firefighter and paramedic here in Winnipeg, and I know my colleague from Tuxedo was a nurse as well. And both of us, frankly, had incredibly rewarding careers which we loved very much. And it was, unfortunately, because of decisions that we were seeing within that system, from members who are sitting opposite today, that we decided to get out of those roles and into politics to see if we could make more of a difference here. And I feel incredibly, incredibly fortunate to be a part of a team that is always listening to families like the Fewsters. We have a Minister of Health and a Premier (Mr. Kinew) who are doing that work every single day and then acting on those recommendations.

You know, when you respond to calls in emergency services, you start seeing the health system from a bit of a different perspective, right? You see the patient who's struggling to breathe. Maybe you see family members first-hand who are maybe standing in the hallway trying to understand what's going on. You see nurses and physicians and health-care workers doing everything that they can to provide care under really difficult circumstances.

* (10:50)

And what stays with you, Honourable Speaker, is the dedication of those professionals and the importance of that clear communication. And it's those people that show up day after day, shift after shift, often under tremendous pressure, because they believe deeply in the idea that health care should be there for Manitobans, for everyone when they need it. And that belief is something universal. Public health care is something that we share across political lines, right, as we've been hearing from members opposite.

But we also know something else, that the system that we are now working through, the one that we have today, it didn't get here overnight, right? It was years and years of systematic cuts made by members opposite. And, unfortunately, whether they want to bring up talking points about this shouldn't be political, that is a political decision, unfortunately, that they made on that side of the aisle. They made cuts to the system that we are now having real repercussions with. And we're working every day to build those back up for Manitobans.

You know, we heard the Cardiac Centre of Excellence was dismantled; clinics were closed; emergency departments were closed. I remember a shift driving by the Victoria ER with someone that could have gone to get that help and we had to drive another five, 10 minutes in the back of an ambulance. That was another decision that was made.

Emergency departments were shuttered; health-care workers left the system; we lost health-care workers and nurses, and those programs—those that were considered centres of excellence—were weakened or dismantled, right?

So there was a time, as the Minister of Health has said, that that program, the cardiac program, was one of the best in Canada and then was dismantled by this previous government. But we are working every single day to build that back up. And I think that the people of Manitoba made that clear when they elected a government that they knew would work at that.

And so when we talk about access to timely care, access to timely communication, you can't do that without those health-care workers that were cut. And so I am so happy that we've been able to bring back 3,500 net-new health-care workers to the system.

And listen, in this conversation today especially, that is important. The health-care system is better now than it was in 2023. But I will say this, better is absolutely not done. It does not bring back the loved ones of people that have lost those people. It does not mean that we stop here. We have to keep working. We have to keep listening to Manitobans and doing that important work every single day.

So yes, we've hired 3,500 new health-care workers, 285 new doctors. And there is a need to continue to work at building communication within our system. And nobody is denying that there is more work to be done.

You know, we have opened new clinics and minor injury and illness clinics, for example, to get people more care. But while out in the community over the past few months, I've really noticed that some of the services and some of the availability for Manitobans who may need these services that may overcome some of the challenges that they're facing, they haven't necessarily heard about these things that are available.

And so I do think there's a part of this conversation that's important to mention: the online availability of health care now, the primary care that's available that can help people in dealing with chronic issues in

advance of worsening conditions. We're investing right now in surgical and diagnostic capacity to make sure that there is more availability for people who are dealing with serious issues, with heart conditions, with people who need more help in that regard. Because strengthening health care ultimately requires effort across so many different parts of the system, right?

And when we hear these first-hand stories from families like the Fewsters who have lost someone, it drives us to make sure that we continue to do that work, continue to collaborate and work with the health-care workers who are going to provide that on the front line and to make sure that when families are going through a difficult time, that they have access to the information and are being communicated with in an effective way.

You know, one of the things that I have appreciated in this discussion is, as I said, the emphasis on communication with patients and that clear communication matters, that patients deserve to understand their care plan. And we will continue to do that work but it will take time to continue to build up this system. And I know that our Health Minister is committed to that task, our Premier (Mr. Kinew) is committed to that task. And I know that our entire team is working every day to build up this system in Manitoba, to make sure that what happened to Ms. Fewster does not happen again.

You know, working through the health-care system and seeing first-hand the loss that families face every day in Manitoba, it brings me a new sense of drive to do this work and to continue to bring forward the important ideas and stories that we have from Manitobans every single day.

I am regularly overwhelmed with the courage and the tenacity of families and friends who've gone through difficult times. And I know the Minister of Health has met with so many of those families and advocates every single day on their behalf. And I just want to say to all Manitobans, and today to the Fewster family, that we will continue to do everything we can every day to make sure—

The Speaker: Member's time has expired.

MLA Jelynn Dela Cruz (Radisson): To the Fewster family, to the Ross family, to the youth who join us in the gallery today, I want you to know that as a government, as your representatives here in this Chamber, we take the livelihood of Manitobans and their health incredibly, incredibly seriously. And we

are proud and grateful for the grace and courage that you've shown to be here today, and the advocacy that has been driven by heart and, unfortunately, driven by pain and frankly driven by grief, Honourable Speaker.

And I echo the remarks of the member for Waverley (MLA Pankratz) when he says, better does not mean finished. Honourable Speaker, better does not bring back loved ones we've lost. Better does not turn back time and fix the system before it's gotten to this point. Though we have been making notable headway, we have been trying our best as an entire government, as an entire community, to come together for families like the Fewster family, for families like the Ross family.

And when members opposite say that we haven't invested in the Cardiac Centre of Excellence like we've said we would, frankly, Honourable Speaker, that's false. Our investments lie in building back the system, in hiring front-line workers, in the 3,500 net-new workers that we've brought into the health-care system since we've formed government.

Our investments lie in listening to families like the Fewster family, like the Ross family, in working hand in hand with front-line advocates and what they want to see for our system, Honourable Speaker. Our minister has met in the living rooms of grieving families, heard from them directly for hours on end and brings their voices into every single room that they are in, in every single meeting that they take and plan to improve our health-care system.

And folks in this Chamber share that grief, as well, in that the Cardiac Centre of Excellence could have helped many folks that we know dearly as well—folks like the late Nello Altomare, folks like my late cousin Daniel, folks that we all have attachments to in this Chamber, and that's not what's up for debate today.

Honourable Speaker, Debbie Fewster's wait began long before she was told that she needed surgery. Our government is trusted to do justice by individuals like Debbie.

Like I said earlier, better doesn't mean that we can reverse time, though better does mean that we can try our hardest to move heaven and earth to ensure that tragedies like this do not happen again.

And, Honourable Speaker, part of that also includes ensuring that folks have access to primary care—

* (11:00)

The Speaker: Order, please.

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

RESOLUTIONS

Res. 3—Calling on Provincial Government to Launch Public Inquiry on Deaths in Emergency Rooms

The Speaker: The hour being 11 o'clock, and it is now time for private members' resolutions. The resolution before us this morning is the resolution No. 3, brought forward by the honourable member for Roblin. The title of the resolution is Calling on Provincial Government to Launch Public Inquiry on Deaths in Emergency Rooms.

Mrs. Kathleen Cook (Roblin): Thank you, Honourable Speaker. Oh—

The Speaker: Order, please.

The honourable member for Agassiz.

House Business

Ms. Jodie Byram (Deputy Official Opposition House Leader): On House business.

The Speaker: The honourable member for Agassiz, on House Business.

Ms. Byram: Honourable Speaker, pursuant to rule 34(8), I'm announcing that 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 Midland (Mrs. Stone). The title of the resolution is Calling on the Provincial Government to Increase the Personal Tax Exemption.

The Speaker: It has been announced that, pursuant to rule 34(8), that the private member's resolution to be considered on the next Thursday of private members' business will be the one put forward by the honourable member for Midland, and the title of the resolution is Calling on the Provincial Government to Increase the Personal Tax Exemption.

* * *

The Speaker: And now we will move to resolution No. 3.

Mrs. Cook: I move, seconded by the honourable Leader of the Official Opposition (Mr. Khan),

WHEREAS Genevieve Price died in the St. Boniface Hospital Emergency Department on November 22nd, 2025, after spending 30 hours waiting for appropriate care; and

WHEREAS Luca Teng, a 6-month-old child, died on January 13th, 2026, in Children's Hospital Emergency Department after waiting over nine hours for care; and

WHEREAS Stacey Ross died on January 16th, 2026, after an 11 hour wait for admission in the St. Boniface Hospital Emergency Department, and her family was subsequently told that the long wait was a factor in her death, and;

WHEREAS Judy Burns died on January 21st, 2026, at St. Boniface Hospital, and her family has raised serious concerns about the care that she received; and

WHEREAS this Provincial Government made a commitment to Manitobans to fix healthcare, but has failed by every measurable metric; and

WHEREAS over the last two years emergency room wait times have consistently risen and are at historic highs; and

WHEREAS front line health care workers have been sounding the alarm about persistent staff shortages and serious safety concerns in Manitoba emergency rooms; and

WHEREAS Manitobans are losing their faith in the healthcare system and have expressed a fear of visiting Manitoba's emergency rooms; and

WHEREAS Critical Incident Reviews are important internal learning opportunities but lack the independence and investigative power to answer families' questions and restore Manitobans' faith in emergency health care.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba is urged to call on the provincial government to immediately undertake a public inquiry into the systemic failures in the health-care system that have resulted in at least four Manitobans dying in emergency rooms since November 2025, with the inquiry including an opportunity for impacted families to present their experiences.

Motion presented.

The Speaker: The resolution is in order.

The floor is now ready for questions, so—the honourable member for Roblin.

Mrs. Cook: I rise today to speak to this resolution with a heavy heart. This resolution is about trust in our health-care system but, more importantly, it is about people. It is about families in our province who have

experienced unimaginable loss and who deserve answers.

Mr. Diljeet Brar, Acting Speaker, in the Chair

Over the past few months, Manitobans have learned the names and stories of several people whose lives ended in circumstances that have raised serious concerns about our emergency care system. We must remember that behind every headline is a human being, and behind every human being is a family whose lives have been changed forever.

Genevieve Price died in the St. Boniface Hospital emergency department on November 22, 2025, after spending 30 hours waiting for appropriate care in two different Winnipeg emergency rooms—30 hours.

It is difficult to imagine the fear and uncertainty that must have accompanied the wait, not just for Genevieve, but for those who loved her. No family should ever have to wonder whether the system that is meant to protect them was able—unable to respond in time.

Just weeks later, another tragedy occurred. Luca Teng, a six-month-old child, died in the Children's Hospital emergency department on January 13, 2026, after waiting more than nine hours for care. Luca was just six months old. There is nothing more heart-breaking than the loss of a child.

For Luca's family, the questions must feel overwhelming: What happened? Could something have been done differently? Could the outcome have been different?

Only days later, Stacey Ross died after an 11-hour wait for admission in the St. Boniface Hospital emergency department. Her family was later told that the long wait was a factor in her death. Imagine hearing those words. Imagine being told that the wait itself played a role in the loss of someone you love.

And then, on January 21, Judy Burns died at St. Boniface Hospital. Her family has raised serious concerns about the care that she received.

Four Manitobans, four families grieving, four sets of questions that deserve clear, transparent answers.

Honourable Speaker, I do want to make one thing clear, and it's that this resolution is not about blaming the nurses, doctors, paramedics and other front-line health-care workers who show up every day and do everything they can for their patients.

In fact, many of them have been sounding the alarm. They've spoken about staffing shortages.

They've spoken about overcrowded emergency departments and skyrocketing wait times. They've spoken about the pressure they face trying to deliver care in a system that is stretched beyond its limits. These are professionals who choose their careers because they care deeply about helping people. When they raise concerns, we should all listen carefully.

Unfortunately, the data tells us that the situation in Manitoba emergency departments is not improving. In fact, it's getting worse. Over the past two years, emergency room wait times in Manitoba have continued to rise. In Winnipeg, they are now at historic highs.

This is happening at a time when Manitobans were promised improvements. The current government campaigned on fixing health care. They told Manitobans that help was on the way. But for many people sitting in emergency rooms today—sometimes for hours, sometimes far longer—it does not feel like the system is being fixed.

And the consequences of that erosion of confidence are serious. Increasingly, Manitobans are telling their friends and neighbours that they are afraid to go to the emergency room. Think about that for a moment. When people begin to fear the very system that is meant to help them in their most vulnerable moments, something is deeply wrong. That is why the families who have come forward deserve not just sympathy and condolences but a commitment to find answers.

Right now, the primary mechanism used to examine these kinds of tragic events is the critical incident review process. Critical incident reviews play an important role in the health-care system. They're intended to identify problems and help improve internal practices. But they have limitations. They are conducted within the system itself. They do not have the independence of a public inquiry. They do not have the same ability to compel testimony or examine systemic issues in a fully transparent way.

And, most importantly, critical incident reviews do not provide families with the opportunity to have their voices heard in a meaningful and public forum. For families who have lost loved ones, that lack of transparency can deepen their sense of frustration and grief.

Honourable Speaker, a public inquiry is not about sensationalism; It's about clarity. It would be about examining the systemic pressures facing emergency departments in Manitoba: staffing levels, patient flow,

hospital capacity, and the broader structural challenges that affect the delivery of emergency care. It would allow experts to testify. It would allow front-line workers to share their experiences. And critically, it would allow affected families to tell their stories and have their concerns fully examined.

Most importantly, it would allow the public to see that their government is willing to confront these issues openly and honestly. This isn't—and it should not become—a partisan issue. Members in this Chamber come from different parties and we hold different perspectives on many policy questions. But every one of us represents Manitobans who rely on the same health-care system. Every one of us represents constituents who may one day find themselves sitting in an emergency room waiting for help. And every one of us would want answers if our own family members experienced a tragedy like the ones we are discussing today.

* (11:10)

Calling for a public inquiry does not mean presuming a specific outcome. It just means acknowledging that the stakes are high enough and the public concern is serious enough that a thorough and independent examination is warranted.

In fact, taking that step would ultimately strengthen confidence in our health-care system. If there are systemic failures, an inquiry can identify them and recommend solutions. If there are gaps in policy or resources, those can then be addressed. And if there are lessons to be learned, they can be shared so that tragedies like these are less likely to happen in the future.

At the end of the day, this resolution is about accountability, transparency and compassion. It is about recognizing the pain experienced by families who are searching for answers. It is about acknowledging the concerns raised by front-line health-care workers. And it is about restoring Manitobans' faith that their health-care system will be there for them when they need it most.

I would ask all members of this Assembly to consider the spirit in which this resolution is brought forward, not as a partisan attack, but as a call to work together in pursuit of answers and improvements. Because the families of Genevieve Price, Luca Teng, Stacey Ross and Judy Burns deserve nothing less. And the people of Manitoba deserve to know that we in this Chamber are willing to work together and willing to confront the challenges of our health-care system

openly, honestly and with the seriousness that this job demands.

I want to close by thanking the family members of those Manitobans who've passed away in an emergency room for coming forward, for sharing their stories bravely and honestly and for pressing for change. It matters, their voices matter, their work and their advocacy matters, and that's why we're all here today debating this resolution.

Thank you, honourable deputy Speaker.

The Acting Speaker (Diljeet Brar): Thank you, member for Roblin (Mrs. Cook).

Introduction of Guests

The Acting Speaker (Diljeet Brar): Before we proceed further, we have seated in the public gallery, from Iqra Islamic School, 25 grade 9 students under the direction of Louise MacDonald. This group is located in the constituency of the honourable member for Union Station (MLA Asagwara).

We welcome you here today.

Questions

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

The floor is open for questions.

MLA Shannon Corbett (Transcona): At a time when families are looking for answers and meaningful change, and with the health—Minister of Health and the Premier (Mr. Kinew) having taken the time to meet with those families and hear directly about their experiences, will the members opposite support the continued work under way to make improvements to the health-care system for all Manitobans?

Mrs. Kathleen Cook (Roblin): Members on this side of the House are calling on the government to work with us. I think that means that we can come together to develop solutions together. That's something that the families that I have spoken with have asked for. They don't want us to stand in this Chamber and hurl partisan attacks at each other. And I hope that's not what this devolves into today.

I think one of the ways that we can demonstrate that we're willing to work together is to undertake a public inquiry so that we can get to the bottom of these issues in ERs. Because I think if members opposite knew what the issues were and how to solve them they would have done it already. I think these are issues that require a public inquiry to get to the bottom of it.

MLA Corbett: These tragedies have deeply affected families in Manitoba. As our government continues meeting with families and front-line health-care workers to better understand the pressures in our emergency departments, we know there is much more work to do.

Can the member opposite explain the importance of continually working every day to improve health care for all Manitobans?

Mrs. Cook: Well, on that, the member for Transcona (MLA Corbett) and I agree. There is a lot of work to do.

We know that ER wait times are unacceptably high, and getting to the bottom of that is exactly why we're calling for a public inquiry: to hear from experts, to examine the systemic issues that lead to long wait times.

Part of it is due to, you know, a need for better access to primary care. Part of it is issues in long-term care and home care that lead to what's sometimes called bed block. A lot of it is staffing. Certainly, addictions and mental health play a role in ER overcrowding as well. They're—these are broader systemic issues that require the study that an independent public inquiry would provide.

Mr. Josh Guenter (Borderland): I want to thank my colleague, the member for Roblin (Mrs. Cook), for her incredible work on this very important file as Health critic.

But, of course, on this important issue, which is the loss of these dear families' loved ones and the impact, of course, on the families and the concern that all Manitobans have. We expect that our health-care system be there when we need it.

So my question to the member is: The minister has stated that critical incident reports provide enough information to prevent similar tragedies, so why would the minister ignore a public inquiry?

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

I want to be clear that critical incident reviews are important, and they have a role. But what they're lacking is the public accountability. And I think what we're seeing in ERs right now, and what troubles me as an MLA, is when I go to have coffee at a seniors residence, and they're telling me they'll do anything to avoid going to the ER because they're worried they're not going to care—get the care that they need. One told me she's just worried—she doesn't want to die in a hallway. It's tragic. And we, all of us, have a responsibility to address that.

I don't understand the opposition to a public inquiry. It's not about laying blame. It's about getting to the bottom of these very serious issues. At least four people have died in recent months after seeking emergency care.

The Acting Speaker (Diljeet Brar): Member's time has expired.

MLA Corbett: As our government continues meeting with front-line health-care workers, can the member opposite speak to the importance of listening to front-line staff and ensuring their experiences help guide improvements in emergency departments and across the system?

Mrs. Cook: Certainly. Front-line workers are a great source of expertise and information about what's going on on the front lines in our hospitals. Listening to them, I would suggest, also means acknowledging that when thousands of nurses take the step of greylisting hospitals, they deserve more than to be dismissed as engaging in some kind of attack on a particular political party, which is what happened recently when nurses voted overwhelmingly to grey-list St. Boniface Hospital, where some of these tragedies occurred.

So yes, let's listen to them. Let's enact the changes that they're asking for. Let's get these greylistings lifted. I call on the government to do that today.

* (11:20)

Mr. Rick Wowchuk (Swan River): Just want to—or, echo the, you know, what my colleague from Borderland said and the tireless work that our colleague from Roblin is doing to make our health-care system better. And the big thing that she is emphasizing is to work together because this is an insurmountable challenge that we have.

And I would like to ask the MLA: Has she spoken to the families and what is their view in terms of calling for a public inquiry?

Mrs. Cook: Thank you to my colleague from Swan River for that question. Certainly, I've spoken to some of the family members of the people who have died in ERs recently and they want answers and they want accountability, and they want something that's public and transparent.

And that's where a critical incident review doesn't quite measure up. The public result of a critical incident review is typically a one-line summary in a report that comes out a couple of times a year. We haven't seen one of those in a year now. So it's not clear what comes out of a critical incident review, what recommendations are made, whether they're followed up on and implemented. And that's where a public inquiry would be really helpful because then Manitobans could know what—

The Acting Speaker (Diljeet Brar): Member's time is expired.

MLA Corbett: Would the member opposite agree that the best way forward is to continue listening to families, working with health-care experts and making thoughtful improvements to our health-care system?

Mrs. Cook: I think, you know, what we can't lose sight of here is that the families are asking for this. Working with the families means listening to them.

The family of Stacey Ross was told directly that the wait for care contributed to her death. I can't imagine how helpless and angry and frustrated they must have felt hearing that, knowing that all of us in this Chamber have a responsibility to address it. We can't allow a long wait in an emergency room to contribute to any further deaths.

I don't understand the opposition to a public inquiry that would get to the bottom of these issues. I've heard some people say, oh, it costs too much money. But what is a life worth, honourable deputy Speaker? This is too important to ignore.

Mrs. Lauren Stone (Midland): Honourable deputy Speaker, this Health Minister gaslighted nurses by telling them that Manitoba had enough health-care staff and enough nurses. The nurses have said otherwise, doctors have said otherwise, those that work in the health-care system have said otherwise.

If the MLA for Roblin could tell us what the families, who are here today, think from their own experiences?

Mrs. Cook: I think, certainly, the families would agree—and anyone who's visited a Manitoba emergency

room recently would tell you there are not enough nurses. There need to be more. Certainly, the nurses that have greylisted three major Manitoba hospitals would agree we need more nurses and that the concerns that they've raised need to be addressed.

So, while it's great to go on a listening tour, even better would be to go on an action tour to actually put into effect some of the things that those nurses are asking for because I think they may be listening, but they're not hearing. And there's a big difference, honourable deputy Speaker.

The Acting Speaker (Diljeet Brar): The time for question period has expired.

Debate

The Acting Speaker (Diljeet Brar): The floor is now open for debate.

Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care): I appreciate the opportunity to speak to what is a really, really important matter that is in front of Manitobans. I want to thank all the families who have courageously shared their experiences with us and with the public. I think it is an incredibly brave step to take to share your lived experience and the pain that you and your family are navigating with the public in the hopes that things can be made better and to prevent those tragedies from happening to other Manitobans. I think it really speaks to the heart of our province and the goodness that is here in Manitoba.

I want to acknowledge the guests that we have in the gallery. Respecting the Chair, I'm not going to engage the gallery, of course, but I just want to acknowledge that we have some students, some educators who have taken the time to be here. I think that's really special. Obviously, they're here for a very challenging reason, a very difficult reason. These aren't the circumstances that we want young learners to be at the Legislature, acting Speaker, but I do thank them for making the time to be here today, and I want to thank their educators for making the time to bring them here today.

I want to acknowledge the Ross family, Sheri, for being here. You know, this family has been incredibly generous in meeting with not only myself, but the Premier (Mr. Kinew) and other folks, members of the opposition caucus, the media. They have been pretty tireless in making sure that we understand how Stacey's passing has not only affected their family, but that there has to be accountability. And I want to

commend them for that, and I want to acknowledge that they are correct.

There has to be accountability, and there needs to be improvements, and there needs to be change. I think it's really important that as we do our work as legislators, that we do that work responsibly. And so I am going to take a little bit of time to talk a bit about the critical incident investigation process. The process, the member opposite and actually members of the Ross family have highlighted something that is very true: that often, the way that critical incidents are communicated publicly—prioritizing the protection of people's personal information—can seem quite limited.

There are opportunities, of course, to make that information much more fulsome and public and transparent. And so we have taken steps—I have taken steps—to make sure that the family's asks around that are fulfilled in full, and so the critical incident investigation key findings and the recommendations will be made public.

An additional step that's being taken is that the family will be engaged in ensuring that the recommendations have their voice and their own thoughts on what can be done embedded in those recommendations. Anything else that we can make public, we will do so with the support, of course, of the families.

As we do this work, honourable Speaker, as I mentioned before, to not only fix health care—but it's to strengthen it for the long term and to address the circumstances that families are facing. They are at the heart of it every single step of the way. The voices of families, the voices of the care providers who work tirelessly to provide the best care they can, are at the heart of how we do this work, and they will be at the heart of how we proceed with these critical incident investigations.

The families will also—it was stated by the member opposite, that families don't have a voice in the critical incident investigations. That is untrue. Families can absolutely have a voice in the critical investigation process. The Ross family has made clear they want to be involved in that matter, and so they will be every step of the way.

We took the step of ensuring that we have out-of-province experts, cardiac experts, emergency room experts involved with the critical incident investigation. I won't share those names in the House this morning. We did just receive them. I'm not going to share them in the House only because I want to ensure

that the family has those details first and foremost, because they are the priority in getting every bit of information as it unfolds.

I want to be really clear, honourable Speaker, that the realities of what we're facing in the health-care system today did not happen overnight. These are challenges that are going to take us time, years to fix. We are moving in the right direction, but that is no comfort. I can't even say cold comfort. It's no comfort at all for Manitobans who are waiting too long and for Manitobans who face these kinds of tragedies.

It was the Leader of the Opposition, actually, who recently shared at an event that it will take years to fix the damage done to health care. He was correct. That is a challenge our government is facing head-on, and as we do this work, every single step of the way, we do that work with families. We don't do it with families just in mind. We'd actually do that work with families. We sit down with them. We meet with them. We listen to their ideas. I can't emphasize enough some of the most straightforward, common sense ideas that we've heard, that we are implementing, have come from families.

The Ross family has brought forward a couple of ideas that make perfectly good sense that we will be implementing. Other families who have been affected, the Fewster family, brought forward solutions and ideas that we have implemented and have strengthened communication with patients as a result. You know, the family—

The Acting Speaker (Diljeet Brar): Order, please. Order, please.

* (11:30)

I just want to caution all members while debating to use their words carefully, not to imply—not to say that the other member was saying something was not true. So I would caution all members on the use of the words going forward.

MLA Asagwara: Thank you so much, honourable Speaker, for that feedback. If I use inappropriate language, I would correct the record and say that perhaps something that was stated by a member opposite was inaccurate. I hope that meets the threshold for the Chamber.

You know, families have asked that we have some sort of a broader systemic review of emergency departments done, and so we have brought into Manitoba an expert in system care and delivery, an expert in emergency medicine, who is currently doing

the work of understanding. You know, we've made all of these investments: We've hired thousands of net-new health-care workers; we've added hundreds of beds; we're reopening emergency departments that were closed by the previous government.

Part of the reason why we see so many folks presenting to the ERs that we have right now is because our largest emergency departments were closed years ago, and we're seeing the impacts of that today. We've taken a number of steps to address that, but we've got this expert who's here now and meeting with families who have been affected to hear their stories directly, meeting with the front lines, folks, providers, going to emergency departments to understand what more we must do, what are we maybe not seeing that we need to take a closer look at.

That expert is meeting with families, as I stated, and I want to thank the families, including families that the members opposite have referenced here today, who have agreed to meet with this expert and help that systemic review be completed. So all of that to say, honourable Speaker, that everything that the families have been asking for us to do, we are doing that and we are going even further.

There will be full transparency. There will be full accountability. Their voices are going to be a part of this work every single step of the way. They will be a part of not only creating the recommendations that we will implement in full as a government, but they will be a part of making sure that the how those recommendations are implemented are done the right way and that there's accountability to making sure that moving forward, those recommendations are sustained.

We are making sure we're doing that systemic broader look to ensure if there's more we need to do in ERs and across the system, that work is being done. Transparency is key. We're going to make sure that as much as we can possibly share, the public will have access to that information, of course, with the full support of families. And as things come up for families—because we know that they can and they do—we will continue to listen, we will continue to meet and we will continue to act.

And so I want to end by not only reiterating our government's condolences, but by stating very clearly: We will continue to take action for families, for providers and for Manitobans. And I can't emphasize enough that this is an incredibly sacred responsibility that we have as government. We do not take it lightly.

I was a nurse in the health-care system when emergency rooms were being closed and nurses were being fired. I was able to keep my job as a nurse and I was grateful for that.

But now, in this role, we have a responsibility to make sure that we're addressing not only the harm that was done, but making a health-care system that is better for generations to come: for the next generation of Manitobans to be able to count on this system and those today to be able to trust and feel comfortable going to get care in those moments when they need to. And we're telling folks to do that.

So I want to thank families for bringing their voices forward. We're going to keep listening; we're going to keep taking action. We're going further than what families are asking for because that's what they deserve. And my door is always open.

Thank you.

The Acting Speaker (Diljeet Brar): Thank you, Minister.

Mr. Josh Guenter (Borderland): You know, this is an important subject and it's probably one of the most important things we could be talking about—the most important, I'll say—and it's because this is about life and death. And there are many things we debate in this Chamber that are about a different—you know, that are subjective perhaps, that stem from a different way of seeing the world, things that need to happen and that sort of thing.

But this is one of those bills—resolutions, I think, that is vitally important because it speaks to the responsibility, as the MLA for Roblin said, of each one of us as legislators in this Manitoba Legislature to stand up for and protect and fight for the well-being of all Manitobans, especially within our health-care system. This is a matter of life and death, and government has a sacred responsibility to promote the well-being and the interests of Manitobans.

And our health-care system has not been doing well since the NDP got elected. That much is clear. You can go online, the WRHA wait times, you google it, and you can see the current wait times today. In fact, the St. Boniface Hospital ER wait times at this moment is 15 hours.

And it's no better elsewhere. The Health Sciences Centre adult ER, 9.25 hours; at Grace Hospital right now, 14.25 hours. So if they think they're doing a great job, maybe they should take a look at the results. Maybe they should listen to the Manitoba Nurses

Union. Maybe they should listen to the thousands of nurses in the system who know what's really going on.

And I've spoken to constituents, as well, with their health concerns and the concerns that their family members have. And they're exasperated at the state of Manitoba's health-care system, especially under the NDP because they feel like they've been swindled. They feel as though they were told one thing in the lead-up to the 2023 election and now almost three years on, we're seeing a very different set of facts. And sadly, it's gotten so bad that we now have four dear Manitobans—at least—that we know about, four members of our Manitoba family who passed away in ER in the last several months.

And these stories are absolutely tragic, and I would—as I was reading them here, you know, I couldn't help but think of the grief, the frustration and the anger that the loved ones of these individuals, who sadly passed away, what they must be feeling at this moment. And I think of Luca Teng—as a father of five young children myself—what that must feel like. And I think for those of us who have—who are parents and have children and have sat in an ER holding your loved one, you know, there is nothing, I think, more powerful—I'm trying to find the right word—but I think there's nothing more primal. It touches something very, very deep, very primal inside of you when you're with your child and they're in the moment of need in an ER. And I think to have this absolutely devastating outcome for this dear family is just absolutely tragic and it didn't have to happen.

And the families have been very clear about the need for answers, the need for this government, this Health Minister in particular, to finally do their jobs and to take a look at what's happened here. And so I thank my colleague, the MLA for Roblin, for amp—for using her platform in this Legislature, for doing her job, doing the right thing and standing up for Manitobans who are searching for answers. And for these families in particular, for using her platform to amplify their concerns and amplify their call for a public inquiry.

It's clear that these critical incident reports, while they may be needed within the system, are not getting the results that we need. We need sunlight on this issue. There's a saying, sunlight is the best disinfectant and when you've got a problem, you need some sunlight on it. And we need to shine a major light on what's going on within the system. There's got to be accountability. The public deserves to know. It's their system. They pay into it. The—this government

manages it and when things are not working out, then the public—Manitobans deserve to know and these families especially have every right to know exactly what went on, exactly where the problems were.

And I think of the family of Genevieve Price, the family member Michelle Price wrote that: My mom deserved better. We deserve better. We need better. She went on to say: The system is broken and so is my heart.

* (11:40)

That's devastating and it's also unacceptable.

And I think it's important that this government takes stock of their failures when it comes to the health file. The now-record health-care wait times that we're seeing and the greylisting of three hospitals.

The—I don't know what's gone on in their relationship with the Manitoba Nurses Union but, clearly, they've not managed their relationships well and they are actually in a terrible, terrible state.

I'd just like to read that the Premier (Mr. Kinew)—actually, the MNU shared, the Manitoba Nurses Union shared in a post that the Premier showed up 45 minutes late for a recent meeting and walked out after just 12 minutes. So that's the way this NDP government works.

In—the MLA for Roblin said in her remarks, too, they've demonstrated incredibly selective hearing. When someone says anything remotely—I'll just say—not negative, then they'll take that and repeat that ad nauseum. But when someone wants to reflect on what is actually happening in the health-care system and the reality of it, then they plug their ears and they don't listen.

And that's exactly what the Premier did. Showed up 45 minutes late to a meeting with the Manitoba Nurses Union and then leaves after 12 minutes. Perhaps if he'd stayed, perhaps if he'd listened, perhaps if they'd done the work, if they'd managed those relationships, if they'd listened to nurses, if they hadn't been so ideologically bent on getting rid of the diagnostic and surgical task force, which was bringing down the wait times and getting Manitobans the care they needed, if they hadn't cancelled that in one of the very first things they did when they took office, perhaps some of these loved ones would still be with us today.

Manitobans deserve better. Manitobans deserve answers. After the first ER death under this minister's watch, Manitobans were promised comprehensive

reviews. The minister highlighted actions taken and said that they're doing everything they can to prevent something like this from happening again.

After the second ER death under this failed Health Minister, the minister deflected our call for a public inquiry, saying a critical incident review is thorough enough to uncover what happened and determine if any lessons need to be learned. After the third ER death under this failed Health Minister, again the minister promised investigations, changes and action. After the fourth ER death under this failed Health Minister, they admitted that these families deserve answers.

So I don't know why today this NDP government won't support this call—this call, frankly, from the families for a public inquiry to get at the heart of what went on and where they were failed by this NDP government, by the system.

So, honourable Speaker, with those few words, I'd like to close my remarks. Before I sit down, I just want to ask for a leave for a moment of silence on behalf of these four Manitobans who sadly passed away.

The Acting Speaker (Diljeet Brar): Thank you, Member.

Is there leave for a moment of silence? [*Agreed*]

A moment of silence was observed.

The Acting Speaker (Diljeet Brar): Thank you.

Hon. Renée Cable (Minister of Advanced Education and Training): I want to thank the young people who came to join us today for being brave and for coming forward with their concerns. I know this isn't an easy moment in time, and I appreciate the thoughtfulness that the educators have taken in bringing them to show them the power of advocacy and how it's important to speak out and be—move towards action on things that matter.

Honourable Speaker, I think that if you canvassed this House, you will find that that's how all of us came to these positions, was feeling compelled to make change in the world. And I will speak for myself when I say that I was highly motivated to come to this House to make change in the space of health care, in access to health care, in ensuring that people get timely care and ensuring that people receive culturally appropriate care.

And I really—a lot of my motivation was to come to help fix the devastating damage that the opposition members did during their time in government.

Honourable Speaker, our government understands the pain that families are feeling. We've all lost loved ones, and we've all been faced with those moments in time where there are more questions than answers.

And to the family members, to Sheri Ross, to the other families who have come forward, I hope you find peace and solace in your healing process, and please know that every single individual in your provincial government is grieving with you, and we are taking governmenters incredibly seriously.

The minister responsible spoke earlier about the expansion to health-care beds which, certainly, will help with ER wait times. We've talked briefly about the addition of new physicians, nurse practitioners, family care—family medicine providers in community, which again will have a profound impact on wait times.

I want to speak here from the perspective that I have as the minister responsible for Advanced Education. So the experts who will undertake the critical review are all specifically trained in this area of health care. They understand the system best, and they are the ones that will be able to implement in real time the change needed, again, to help fix the devastating mess that was left by the previous government.

In my role as Minister of Advanced Education, I have helped to usher through new training seats all across the province so that we have folks training for roles that are required to ensure timely access to health-care diagnostics. We've expanded seats all across the province. We have people training from Churchill to Altona, Westman area, Southern Health region.

And the reason, honourable deputy Speaker, is because we understand that when you're in a moment of crisis, care can't wait, and rather—instead of, you know, shutting down emergency rooms and cutting off vital services like Lifeflight Air Ambulance, we're making investments in critical infrastructure and investing in the people who will provide that care.

So we have, just last week, done a groundbreaking with the folks at Assiniboine College as they embark on a combined lab and X-ray tech training program that will ensure that young people in the Westman area have training opportunities close to home. As we have staffed up the health-care system, we have more folks who are able to request tests, to request diagnostics. There's more need in the system.

So, honourable deputy Speaker, we're focusing in to make sure that we have timely access to lab results, that we have access to the data that we need, that our front-line care providers need, to provide the diagnoses and the care that families need.

* (11:50)

Honourable Speaker, the gem that was the Cardiac Centre of Excellence at St. Boniface Hospital is home to some of the most innovative research. Some of the most skilled researchers and physicians are part of that system there.

Dr. Kirshenbaum is—has been pivotal out of that institution, and he is doing critical research in the area of women's heart health which, again, honourable Speaker, when we think of the—all of the pieces that come together to impact an individual's experience in our health-care system. While it may be measured in wait times, and, unfortunately, in some moments in tears, really, we know that it is an entire system working together—from social services investments to education investments to investments in research.

All of these pieces play together to ensure that we are improving outcomes for all Manitobans. Honourable deputy Speaker, not one of us wants to be in a position where we are feeling that a loss could have been prevented because of a systemic issue. But on this side of the House, we are a team that understands what it means to work with others, that we know that it's okay to change your mind with new information. And we've worked hard to build the relationships that will allow us to get the work done that needs to be done to fix the mess left by the previous government.

Sometimes it's frustrating to stand in this Chamber, honourable deputy Speaker, to answer for things that were done by the government prior to us and I can assure the members in this Chamber and the many, many folks watching from home that this government takes these issues incredibly seriously. And we know the sacred trust that was put into our roles here to ensure that outcomes improve for all Manitobans.

And we will continue to advocate. We will continue to make change. We will continue to listen to families, to survivors, to front-line workers, to everyone who is impacted because, honourable deputy Speaker, the alternative is unfathomable.

We have made improvements and we know that there's lots of work to do and we're going to continue to do that great work along with all of our partners so

that when we come to this space, to this Chamber, we can have debate without the shadow of loss over us.

And again, I want to say to the families who were brave enough to speak out, especially in this critical time of grieving, that we see you and our hearts go out to you and your families. And I sincerely hope that you find peace, and that you receive the answers that you need and that you know that this government is working day and night and doing all we can to help improve the outcomes in our public health-care system.

The New Democratic Party was founded on principles of universal health care and we will defend universal public health care and stand with the providers in that system.

Honourable deputy Speaker, I thank you for your time and attention.

Mr. Tyler Blashko (Lagimodière): I rise today with deep respect and care for all Manitobans who have experienced distressing wait times in our emergency departments. Every person who enters an emergency department deserves timely and compassionate care. When that does not happen, when someone waits in pain, or when a family loses someone they love while waiting, that loss is profound and vast. It is permanent, it is felt around kitchen tables, at family gatherings and in conversations that no longer happen.

I want to thank those that joined us in the gallery today, or those watching online, knowing that there's a community of care in place that cared for those we've lost in emergency rooms is important during the grieving process. So I'm thankful that people are gathering and advocating for the change that we all need.

Anyone who suffers, or whose loved one suffers while waiting for care, weighs heavily on all of us in this Chamber. We may stand on different sides of this House, but none of us are untouched by the gravity of this issue. We all represent families who place their trust in Manitoba's health-care system at their most vulnerable moments. So let me be clear: The health and well-being of Manitobans is our No. 1 priority.

We recognize that the pain families are feeling cannot be reduced to debate points. Their grief must be taken seriously and their experiences must be heard. We cannot undo what families have endured, but we can honour that grief by continuing with our commitment to real, sustained improvements that increase capacity, support front-line staff and rebuild trust in our system.

Both the Premier (Mr. Kinew) and Health Minister have had the opportunity to meet with the family of Stacey Ross. The critical incident review into Stacey's tragic death is under way, as the minister has spoken to, led by medical experts to establish facts and identify improvements to prevent similar tragedies. Three out-of-province physicians specializing in cardiology and emergency medicine have been identified to support the process. An external out-of-province expert will be reviewing Stacey's case to identify any systemic improvements related to emergency department flow. This person will be engaging with Stacey's family.

Findings from the critical incident review will be published with permission of the family to ensure transparency and to ensure that the identified improvements are implemented to prevent another tragedy like this. Stacey passed away due to heart failure. Important steps are being taken to rebuild the Cardiac Centre of Excellence. So the preamble to this resolution speaks to our government's commitment to fix health care. So I do think it's important to speak to that commitment and the steps that we've taken.

Since forming government, we have taken concrete, measurable steps to address the root causes of prolonged emergency room waits and improve care across the province. We have expanded hospital capacity, adding 351 fully staffed beds across Manitoba since 2023, along with additional medicine, surgical and transitional beds in Winnipeg, Brandon, Selkirk, Dauphin, Ashern and Steinbach, which directly supports patient flow and reduces access blocks in emergency departments.

We have invested in staffing with thousands—actually, 3,500 net-new health-care workers joining front-line teams across the system. We have launched the Lower Wait Time and Systems Improvement Team, a province-wide strategy bringing together

physicians, nurses, allied health professionals, and system leaders to identify bottlenecks and implement solutions to improve patient flow.

We are expanding care models like the Virtual Medicine Ward, which provides clinical, remote oversight for patients who can safely be monitored from home. Under our government, we recorded the shortest wait in the country for hospital discharge for patients awaiting home-care services, meaning Manitobans can get home sooner and beds are available faster for new patients who need them.

These initiatives are part of a broader evidence-based plan to improve system performance over time. As a result, the national data from the Canadian Institute for Health Information shows that our government is making steady progress in key measures that reflect a health system that is becoming more connected.

We know that complex health-care challenges do not change overnight, but they can change and they must, and we're doing that work. Our government takes wait times for all health-care services seriously. We are focused on improving wait times in emergency departments to improve timely patient access and care for examining system flow, reducing bottlenecks and enhancing triage admission processes across the province.

It is also important to note that our government has taken steps to build real accountability and transparency in our system. We regularly—

The Acting Speaker (Diljeet Brar): Order, please.

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

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 5, 2026

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