

Second Session – Forty-First Legislature
of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS
Official Report
(Hansard)

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The Honourable Myrna Driedger
Speaker*

MANITOBA LEGISLATIVE ASSEMBLY
Forty-First Legislature

Member	Constituency	Political Affiliation
ALLUM, James	Fort Garry-Riverview	NDP
ALTEMEYER, Rob	Wolseley	NDP
BINDLE, Kelly	Thompson	PC
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy, Hon.	River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
CURRY, Nic	Kildonan	PC
DRIEDGER, Myrna, Hon.	Charleswood	PC
EICHLER, Ralph, Hon.	Lakeside	PC
EWASKO, Wayne	Lac du Bonnet	PC
FIELDING, Scott, Hon.	Kirkfield Park	PC
FLETCHER, Steven, Hon.	Assiniboia	PC
FONTAINE, Nahanni	St. Johns	NDP
FRIESEN, Cameron, Hon.	Morden-Winkler	PC
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GRAYDON, Clifford	Emerson	PC
GUILLEMARD, Sarah	Fort Richmond	PC
HELWER, Reg	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
JOHNSON, Derek	Interlake	PC
JOHNSTON, Scott	St. James	PC
KINEW, Wab	Fort Rouge	NDP
KLASSEN, Judy	Kewatinook	Lib.
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan	Selkirk	PC
LAMOUREUX, Cindy	Burrows	Lib.
LATHLIN, Amanda	The Pas	NDP
LINDSEY, Tom	Flin Flon	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Flor	Logan	NDP
MARCELINO, Ted	Tyndall Park	NDP
MARTIN, Shannon	Morris	PC
MAYER, Colleen	St. Vital	PC
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew, Hon.	Rossmere	PC
MORLEY-LECOMTE, Janice	Seine River	PC
NESBITT, Greg	Riding Mountain	PC
PALLISTER, Brian, Hon.	Fort Whyte	PC
PEDERSEN, Blaine, Hon.	Midland	PC
PIWNIUK, Doyle	Arthur-Virden	PC
REYES, Jon	St. Norbert	PC
SARAN, Mohinder	The Maples	Ind.
SCHULER, Ron, Hon.	St. Paul	PC
SELINGER, Greg	St. Boniface	NDP
SMITH, Andrew	Southdale	PC
SMOOK, Dennis	La Verendrye	PC
SQUIRES, Rochelle, Hon.	Riel	PC
STEFANSON, Heather, Hon.	Tuxedo	PC
SWAN, Andrew	Minto	NDP
TEITSMA, James	Radisson	PC
WHARTON, Jeff	Gimli	PC
WIEBE, Matt	Concordia	NDP
WISHART, Ian, Hon.	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC
YAKIMOSKI, Blair	Transcona	PC
<i>Vacant</i>	Point Douglas	

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, April 27, 2017

The House met at 1:30 p.m.

Madam Speaker: Please be seated.

The honourable Official Opposition House Leader?

Point of Order

Mr. Jim Maloway (Official Opposition House Leader): On a point of order.

Madam Speaker, yesterday in question period during a question by the member for Fort Garry-Riverview (Mr. Allum) to the Premier, the member for Fort Whyte (Mr. Pallister), the Premier appeared to quote from two letters he received from Manitobans. When asked to table the letters, he tabled the second letter from which he had quoted.

Pursuant to rule 40(5), I request that the Premier table the first letter from which he quoted during the exchange with the member for Fort Garry-Riverview in yesterday's question period.

Hon. Andrew Micklefield (Government House Leader): I believe the matter was settled between yourself and the First Minister on that occasion. I don't believe there's any point of order. No rule that was violated was cited and I believe the matter is settled, Madam Speaker.

Madam Speaker: I thank all members for their advice. I will take the matter under advisement to pursue Hansard and consult the procedural authorities, and I will report back to the House.

ROUTINE PROCEEDINGS

Madam Speaker: Introduction of bills? Committee reports?

TABLING OF REPORTS

Hon. Cameron Friesen (Minister of Finance): Madam Speaker, I rise today to table the Manitoba Finance Supplementary Information for Legislative Review, 2017-2018 Departmental Expenditure Estimates.

Hon. Eileen Clarke (Minister of Indigenous and Municipal Relations): Madam Speaker, I am pleased to table the Supplementary Information for Legislative Review for Manitoba Indigenous and

Municipal Relations for the fiscal year ending March 31st, 2018.

Hon. Rochelle Squires (Minister of Sport, Culture and Heritage): Madam Speaker, I rise today to table the Manitoba Sport, Culture and Heritage Supplementary Information for Legislative Review, 2017-18 Departmental Expenditure Estimates.

Madam Speaker: Any further tablings?

MINISTERIAL STATEMENTS

National Day of Mourning

Hon. Cliff Cullen (Minister of Growth, Enterprise and Trade): I have a statement for the House.

Madam Speaker: The required 90 minutes notice prior to routine proceedings was provided in accordance with rule 26(2).

Would the honourable minister please proceed with his statement.

Mr. Cullen: I rise today to recognize the National Day of Mourning on April 28th and to commemorate all the Manitoba workers who were killed, injured or disabled on the job in 2016.

Sadly, Madam Speaker, our province lost 24 men and women to acute hazards and occupational illnesses in 2016. This number represents an immense loss to our families, our communities, our workplaces and to our province.

Manitoba's workforce is a key component of our province's success and everyone deserves to be safe in the workplace. This is why it is so important to ensure that our province's workforce is safe and healthy at work.

One way to make Manitoba safer will be to continue to talk to the young people in our lives and share with them the message of safe work and prevention. Compliance with workplace safety legislation is an important part of this effort, as is the broader community of safety organizations.

I encourage all Manitobans to make workplace safety and health a priority.

As a government we remain committed to improving occupational health and safety to help prevent workplace injuries and illness in Manitoba.

I welcome all Manitobans to attend one of the many ceremonies that will be taking place across the province tomorrow to commemorate these fallen workers.

Madam Speaker, following other members' statements, I am seeking leave for a moment of silence.

Mr. Tom Lindsey (Flin Flon): Tomorrow, April 28th, is the Day of Mourning, a day that commemorates all those workers who have died, suffered injury or illness simply by going to work.

Every worker has the right to come home safe at the end of the shift. Unfortunately, we know that all too often this isn't the case. In 2016, in Manitoba, 25 workers died due to workplace-related injury and illness. Even one preventable workplace injury or death is one too many and they are preventable.

The Day of Mourning serves as a reminder that workplace safety is something we should never take for granted.

Thanks to all the hard work of unions and governments that cared, significant progress has been made over the years to protect workers. However, we all need to remain vigilant and make sure strong workplace-safety laws are in place. Blindly cutting safety regulations in the name of reducing red tape will put Manitoba workers in danger. These laws have been written in the blood of workers; any reduction in these laws or in the inspectors who enforce them will fail to protect workers.

It is important that all workers know they have the right to refuse unsafe work without the fear of penalty. We need to educate our new and most vulnerable workers so they know they have rights in the workplace.

Tomorrow, memorial services are being held across the province in recognition of the Day of Mourning and to honour those who have died or become sick or injured from workplace-related injuries or illness. I would encourage all members to attend and take a moment to remember those workers.

Thank you, Madam Speaker.

Ms. Cindy Lamoureux (Burrows): Madam Speaker, I ask for leave to speak in response to the ministerial statement.

Madam Speaker: Does the member have leave to respond to the ministerial statement? *[Agreed]*

Ms. Lamoureux: Every worker has the right to return home safe and sound at the end of the day.

According to the Workers Compensation Board, in 2015 we lost 852 Canadians to workplace injuries. Each death in the workplace impacts families, friends, co-workers and loved ones whose lives will forever be changed.

Most of the members in the House today may remember a story my colleague from Kewatinook shared with us, just a few weeks ago, of her cousin who died in a workplace accident. This heartbreaking story is one that hundreds of Manitobans have experienced through both accidents and occupational hazards.

Today our thoughts are with those who have been affected, whether directly or indirectly, through workplace injuries.

We will continue working to ensure that safe workplaces is an ongoing, proactive strategy.

Thank you.

Madam Speaker: Members statements. The—pardon me. There was a request for leave to recognize a moment of silence.

Is there leave? *[Agreed]*

Please rise.

A moment of silence was observed.

MEMBERS' STATEMENTS

Bag it Forward Recycling Program

Mr. Andrew Smith (Southdale): I rise in the Legislature today to recognize the students of École Van Belleghem and their participation in Winnipeg Harvest's Bag it Forward program.

Every year, Winnipeg Harvest goes through approximately 1 million plastic bags. In response to that, Bag it Forward was created to give Manitobans more options on how they can reduce, reuse and recycle the plastic bags already in their homes. This program encourages consumers all over Manitoba to drop off their plastic bags at Winnipeg Harvest or their local food bank so they can be reused to create food kits.

The students of École Van Belleghem took notice of this and wanted to assist in this noble endeavour. Over a two-and-a-half-week period, the

students collected over 30,000 used plastic bags from our community of Southdale and presented them to Winnipeg Harvest at their media event on Tuesday, April 18th. Student Samantha Smith acted as a spokesperson for her school as she spoke to local media about what they had achieved. As a result of their efforts, there is now a permanent recycling presence at the school by means of an official used-plastic-bag recycling receptacle.

With us here today are some of the students, parents and school staff who spearheaded and participated in this program. Proudly representing École Van Belleghem, please welcome student Samantha Smith; her father, Darrell Smith; her mother, Heather McDonald; president of the parent advisory council, Pamela Kolochuk and Vice-Principal Louise DeClercq.

* (13:40)

I am proud to have them with us here in the gallery as their actions will not only make a difference in our community but will also serve as an example for everyone across our great province.

Please join me today in recognizing the students of École Van Belleghem and everyone who participated and organized this important and successful initiative.

Daffodil Day

Mr. Wayne Ewasko (Lac du Bonnet): Madam Speaker, every three minutes, another Canadian is faced with the battle to fight cancer. This year an estimated 6,800 people in Manitoba will be diagnosed with cancer; that's approximately 19 per day.

April 27th is Daffodil Day, a day to show solidarity and stand with those who have been impacted by cancer, and those currently battling this terrible disease. The daffodil is a symbol of strength and courage in the fight against cancer.

There are many ways to show support for those dealing with cancer. One way I chose to get involved was Relay For Life, Madam Speaker. Relay For Life is a fundraiser for the Canadian Cancer Society, whose mission is the eradication of cancer and the enhancement of the quality of life of people living with cancer.

The first Relay For Life event in Canada was held in 1999 and raised \$85,000. Relay For Life has raised over \$500 million for the Canadian Cancer Society. Last year, in Canada, Relay for Life events

collectively gathered over \$28 million to support cancer research and those living with cancer, along with their families and caregivers.

This year, in my constituency of Lac du Bonnet, I am honoured to be involved as co-chair, along with my friend Sue Tribula, bringing Relay for Life this year to the town of Beausejour. With over 20 relay or associated relay events across our great province, all Manitobans can get involved with this great event.

I encourage all honourable members, especially today, on Daffodil Day, to reach out to those impacted by cancer, as well as their families, and see how you can help in the fight against this terrible illness.

To those fighting cancer, we stand with you, by your side, through this battle. Always know that your courage and strength is an inspiration to all Manitobans, not only on Daffodil Day, Madam Speaker, but always.

Thank you.

Mental Health Care

Mr. Matt Wiebe (Concordia): Madam Speaker, advocates for mental health investments are spreading their message loud and clear: we are sick of waiting.

With increased awareness of mental health issues in our communities, people are speaking out more and more and getting louder and louder about the needs for adequate mental health care. Yet, they are still waiting for accessible psychological services, they are still waiting for community-based services, they are still waiting for basic housing supports. In fact, they are still waiting for a comprehensive plan from this government. They are sick of waiting and are continuing to fight to see improvements in these areas.

In honour of next week's Mental Health Week, we stand with them in encouraging Manitobans to talk, to reflect and to engage with each other about the impacts of mental illness and what we can do to improve mental health in our province.

Speaking out about mental health issues not only empowers those who often feel alone, it builds community, it builds support and it builds a united response in pursuit of mental health well-being.

It's important for us to acknowledge the profound difficulty of this undertaking. People are fighting against the stigma that is telling them that

they will be judged to help others who may be suffering. Family members are standing up and rising above the consuming grief of losing a loved one to suicide to help educate the public. People are struggling to remove the weight that mental illness bears on them to have their voices heard.

Because of these difficulties, we have had an even greater—we have an even greater responsibility as MLAs to listen to those who are speaking out about these issues and to lend those voice—lend our voices to those who are unheard. It is time for us to take action in making mental health a priority, so that people can stop waiting and start to see improvements that we need to see in mental health care in Manitoba.

Thank you, Madam Speaker.

Palliative Manitoba Fundraiser

Ms. Cindy Lamoureux (Burrows): Madam Speaker, this morning myself, along with my colleagues from River Heights, Radisson and Rossmere, attended a fundraiser hosted by Palliative Manitoba.

To begin, it's important to understand that Palliative Manitoba's main goal is to improve life until it ends. This is a resource that provides programs, services, education and information that is used by individuals, families and caregivers.

The fundraiser this morning was in celebration of life. Charlie Spiring was the guest speaker. He is a successful entrepreneur from Winnipeg who shared a personal story of how palliative care was extremely helpful for his brother, who was battling cancer. Through his story, we were reminded that we need to live life to our full potential. We were reminded of the importance to keep those who we care about close to us, and that it's imperative to look on the bright side, even when it's not always that easy.

I also had the opportunity to meet with the new executive director of Palliative Manitoba, Jennifer Gurke. Jennifer praised palliative care here in Winnipeg and further shared her thoughts of a new initiative under way right now in St. Theresa Point.

Madam Speaker, life comes at us all a little differently. Having resources and tools in place is what helps us all through it. Palliative Manitoba continues to be a momentous resource to Manitobans, and I would like to thank Palliative Manitoba and all involved for their perseverance in a difficult line of work. You are making a difference.

Charlie ended his speech this morning with a quote that I would like to share with the House. Tom Preston-Werner once said: When I'm old and dying, I plan to look back on my life and say, wow, that was an adventure, not wow, I sure felt safe.

In closing, I would like to invite everyone to Palliative Manitoba's next event on May 6th at Shaw Park, a Hike for Hospice. You can find out more details on their website at palliativemanitoba.ca.

Thank you.

Perry Bulbuck

Mr. Doyle Piwniuk (Arthur-Virden): Madam Speaker, it's great—with great sadness and heavy heart that I acknowledge the passing of a great friend who was like a brother: Mr. Perry Bulbuck. Perry passed away this January at the age of 57.

Perry received his life calling at a very young age due to a sudden passing of his mother. This influenced him wanting to dedicate his own life to serve and support others who experience death. Perry began his working life at the Children's Aid Society in Brandon, where he found his passion for working with people. He loved encouraging, guiding, interacting with people of all ages. This experience influenced his decision to become involved with funeral services. In 1981, Perry acquired his first funeral home and became the director of Braendle-Bruce Funeral Service in Russell, Manitoba.

Perry spent 35 years running Braendle-Bruce and employing many people of Manitoba and Saskatchewan. Perry handled his business like he handled life: with passion, determination, precision, attention to detail, care and accuracy. My own family experienced his own compassionate care first-hand when I lost my father.

Perry was also community minded, supporting different initiatives, including the homecoming of Olympic gold medallist Jon Montgomery and contributing to local, regional and provincial board positions. He took great interest in politics. Perry was not only a great supporter of my campaign, he was a great supporter of the Pallister government and all of the Filmon governments.

Perry was an incredible businessman who never forgot his fellow man, those less fortunate, and was a soft—had a very soft spot for children. A child at heart, he took great joy in spending time with children. With my own kids, I have never known anyone who could make him laugh—they laugh as

much as Perry. Unfortunately, it wasn't—usually on my own expense.

Madam Speaker, members of Perry's family, including his father, Alec; his four sisters, Gia, Bev, Cindy and Glenda; his brother-in-law, Murray; and his niece, Katarina; and his business partner, David, are here today in the public gallery. Let us all stand and applaud Perry for his contribution to this great province of Manitoba.

Madam Speaker, I ask to leave to have the names of the guests here today to be included in Hansard.

Madam Speaker: Does the member have leave to include the guests' names in Hansard? [*Agreed*]

Friends and family of Perry Bulbuck: Alec Bulbuck, Bev Bulbuck, Gia Davidson, David Klassen, Mervin Magnowski, Cindy St. Hilaire, Glenda Zimmer, Katarina Zimmer, Murray Zimmer.

Introduction of Guests

Madam Speaker: Prior to oral questions, we have some further guests in the public gallery.

From the Steinbach Regional Secondary School we have 37 grade 9 students under the direction of Scott Reimer and Katherine Andres, and this group is located in the constituency of the honourable member for Health, Seniors and Active Living.

Also seated in the public gallery, from Louis Riel Arts and Technology Centre, 18 students under the direction of Jeremie Kuypers, and this group is located in the constituency of the honourable member for St. Boniface (Mr. Selinger).

* (13:50)

On behalf of all of the members here, we welcome you to the Manitoba Legislature.

ORAL QUESTIONS

Changes to Health Services Impact on Patient Care

Ms. Flor Marcelino (Leader of the Official Opposition): We are hearing from many Manitobans who are deeply concerned about the chaos this government is causing in the health-care system. They tell us that the Premier's excuses simply don't hold water and that the government should focus on the services that ordinary Manitobans rely on. They tell us that this government is only focused on the bottom line, and by taking a 20 per cent pay raise

while imposing pain on everyone else the Premier shows he is simply out of touch.

Will the Premier listen to Manitobans and our front-line workers and just, this once, put patient care before the bottom line? Will he cancel his plans for cuts to health-care services and listen to Manitobans?

Hon. Brian Pallister (Premier): First of all, Madam Speaker, as you well know and all members of the House should know, the assertions of the member are false in virtually every category, certainly on the issue of pay increases when the previous government paid themselves over \$1 million of additional salary while breaking the law in respect of the balanced budget act.

In respect of health care, Madam Speaker, Winnipeg's ER wait times are the worst in the country. This is a report from CBC News last year. It says that the 90th percentile wait times for WRHA hospitals ranked last in the country. It ranks the hospitals which have the longest wait times in the country of Canada: first, Concordia Hospital had an average of seven hours; St. Boniface General Hospital, second, 6.9 hours; Victoria General Hospital, third at 6.4 hours; Grace Hospital was ranked fifth. So four out of the top five in Canada on wait times, and the members opposite ought not to argue for the status quo; it isn't good enough.

Madam Speaker: The honourable interim Leader of the Official Opposition, on a supplementary question.

Ms. Marcelino: I have heard from one concerned citizen who tells me how deeply concerned she is with the government's cuts to front-line health care and the impact this will have on patient care. She tells me that the government has failed to explain how it will address the increased demand at surviving hospitals, and the government should be focused on investments for a sustainable health-care system rather than their current strategy of cuts. I wish to table the letter.

Madam Speaker, I ask the Premier: Why won't he listen to Manitobans? Why won't he cancel his plans and listen to Manitobans?

Mr. Pallister: Madam Speaker, the members opposite failed to listen to Manitobans repeatedly throughout their diminishing days in government and now in opposition fail to do the same. They failed to listen to health-care experts who made recommendations to them while in government that would've led to improvements in the system and,

more importantly, of course, as a result of that lack of courage on their part to take action—concrete action—they failed Manitobans in the process.

Here is another copy of a news story which respects the reports that came from the Canadian institute of health information; it's title: Winnipeg Remains Dead Last for ER Wait Times. And, again it points out that four of the top longest waits for emergency care in Canada are here in the city of Winnipeg in four of our leading hospitals.

Now, this is a challenge, Madam Speaker. We know that change is a difficult thing for all of us, but, nonetheless, when the situation is as dire as it has remained, it must change, and it will change for the better with this government.

Madam Speaker: The honourable interim Leader of the Official Opposition, on a final supplementary.

Ms. Marcelino: Hundreds of front-line workers were on the steps of the Legislature yesterday to tell the Premier and the Health Minister: care, not cuts. The front-line workers do not feel listened to and they are deeply concerned about the chaos the Premier is causing in our health-care system.

I learned yesterday from one concerned nurse who asks: Has anyone in government sat down with the front-line workers and talked to them face to face and asked them for suggestions and help? This—*[interjection]*

Madam Speaker: Order.

Ms. Marcelino: —question comes from the same nurse whose letter the Premier tabled yesterday.

Madam Speaker, why isn't the Premier listening to our front-line workers?

Mr. Pallister: The member makes a good point in one respect of her preamble, Madam Speaker, and that is the importance of listening. And so we have been listening, and, in fact, we've listened to—in the process of consultation around our action plan in terms of the WRHA's attempts to reduce wait times, something the previous government—*[interjection]*

Madam Speaker: Order.

Mr. Pallister: —failed to address, Madam Speaker. We have heard from and listened to literally thousands of Manitobans and as in many cases, of course, these are front-line health-care workers.

One thing we're doing as a result of that listening is trimming at the top of the organization.

The WRHA itself will reduce its management staff by 15 per cent, Madam Speaker, because front-line workers told us it was just too thick up there, too thick for them to be heard. Under the previous government, which built up and fattened up the top of the organization mightily, wait times grew longer and more money was thrown at the system and the system kept failing Manitobans, and our goal is, of course, to make sure the system delivers the services Manitobans want and deserve.

Changes to Health Services Impact on Patient Care

Mr. Matt Wiebe (Concordia): Madam Speaker, at his first opportunity this Premier (Mr. Pallister) deliberately attacked the very front-line services that he vowed to protect. He made the biggest cuts to our health-care system in a generation, and when asked how this could possibly improve patient care, he said, just trust me.

Well, why should Manitobans trust him when, from the start, he wouldn't come clean about his cost savings being the real reason behind his cuts? He's picking and choosing the—only the parts of the reports that fit his narrative while ignoring others, and he refuses to even tell us what some reports have recommended. Oh, and he refuses to listen to front-line workers.

Why should any Manitoban trust this Premier with their family's health?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Madam Speaker, David Peachey, the consultant who the NDP didn't tender out but actually hand-picked from consultants right across North America, indicated that it was clear that Winnipeg, compared to other cities that are larger than Winnipeg—Vancouver, Calgary, Ottawa—has more emergency rooms, and having more emergency rooms that spread the resources so thin that you don't get service in an appropriate time, doesn't make sense. That's why their consultant, which they hand-picked, put forward a plan to better the emergency-care service in Manitoba by concentrating those resources and getting people faster care. That's what we're going to do.

Madam Speaker: The honourable member for Concordia, on a supplementary question.

Mr. Wiebe: Well, Madam Speaker, if the minister would take the time to read past page 62, he'd know that Dr. Peachey never recommended abandoning

entire communities in Winnipeg. In fact, the Peachey report identifies a number of priorities for any government that wants to improve our health-care system. It recommends greater collaboration, more home-care services, specific services for indigenous patients, more supports for health-care and addictions, for mental health. Other than lip service, there is no evidence that this government will have any of those supports in place before our ERs close.

Will the minister—Health Minister admit that his cuts-first-make-up-reasons-later scheme is going to hurt patient care in Winnipeg?

Mr. Goertzen: Madam Speaker, I regret that the member clearly didn't read the report or listen to the announcement that the WRHA made. If he did, he would have gotten some of the questions—or some of the answers to the questions he just asked. In fact, when it comes to home care, the WRHA announced there would be an enhanced home-care program so that 1,200 individuals annually would move more quickly out of the hospital into enhanced home care in their homes and their community. Had he listened to the announcement, he would have heard that the Victoria hospital will have more mental health resources. Those are things he clearly doesn't support because he voted against them.

Madam Speaker: The honourable member for Concordia, on a final supplementary.

* (14:00)

Mr. Wiebe: Madam Speaker, Dr. Peachey states clearly in his report that his mandate did not include recommendations on restructuring facilities. In fact, Dr. Peachey recommends clearly that those hospitals that lose their emergency wards should have an urgent-care centre in its place and that the communities should not be left in the lurch. Instead, this minister made a purely political decision to cut services and the buck stops with him.

Madam Speaker, the Health Minister has to admit today that he's using the Peachey report as a smokescreen when it suits him for his own agenda of cuts, and will he immediately call a halt to this poorly sought-out scheme?

Mr. Goertzen: Madam Speaker, yelling loudly doesn't make the member right. If he were to read the report he would clearly see that Dr. Peachey laid out exactly how he thought the health-care system in Winnipeg should be designed, and we followed exactly the plan that he put out in terms of how the health-care system in Winnipeg should be designed.

The hand-picked consultant by the NDP, that they selected on their own—didn't even tender out the contract. In fact, Dr. Peachey believed so much in what we were doing and that we'd followed so closely his recommendations, he came to the announcement and was present to the announcement and went on media and defended it. So, clearly, the member doesn't know what he's talking about again.

Post-Secondary Institutions Status of Operating Grants

Mr. Wab Kinew (Fort Rouge): In the Estimates process, the Minister of Education confirmed that he's frozen operating grants for every post-secondary institution in Manitoba except for Red River College and University College of the North; there he cut their operating grants.

So this means that all colleges and universities in our province, that are helping young people prepare for the jobs of the future, are getting zero. This, at a time that 'technoloty'—technology change is accelerating, costs are increasing and we want more and more young people to get educated, not less.

So what is the Premier's preferred option? Does he want these schools to cancel programs, to lay people off, or is it, as we suspected all along, that he wants to put the burden on students with skyrocketing tuition and asking them to pay more taxes if they stay in Manitoba?

Hon. Ian Wishart (Minister of Education and Training): This government has chosen to put its emphasis on making access better for students in—and, accordingly, we have increased early the process of providing Manitoba Scholarship and Bursary Initiative. We took \$1.5 million that they were paying out under the previous program, and we have made that into a \$20-million program.

I don't understand how the member can construe that in any way as reducing access to students to post-secondary institutions, and I don't think they can either.

Madam Speaker: The honourable member for Fort Rouge, on a supplementary question.

Mr. Kinew: Madam Speaker, we need high-quality, post-secondary education in Manitoba. Already, many universities in Manitoba are struggling to attract talented faculty with competitive pay. Now the Premier wants to lock in this disadvantage and have them fall further behind as inflation drives up salaries at other universities in North America.

We need post-secondaries to educate young people for the jobs of the future and also to be the job creators of the future. That requires investments, not cuts.

How does the Premier think he can meet the challenges of tomorrow by handcuffing these schools to yesterday's funding?

Mr. Wishart: But I think the member needs to look back on the process of funding for post-secondary institutions and the tuition associated with and recall the five years that they had frozen tuition in Manitoba for those same institutions, and then when they did allow them to go up, they only went up at the cost of inflation.

So, certainly, post-secondary institutions have gone through a long period where they have struggled for funding. We're in the process now of having good discussions with post-secondary institutions about funding now and into the future, and when we're done making changes to the funding for post-secondaries and to the students, we'll have a sustainable post-secondary system, not what we had before.

Madam Speaker: The honourable member for Fort Rouge, on a final supplementary.

Mr. Kinew: Affordable tuition is the best way to ensure accessibility at post-secondaries. We look to the future. We're not going to cut our way out of this province's challenges. We have to grow our way out, and that requires investments, including in post-secondaries.

So as we look to create a new economy with new jobs, what sort of new funding is this Premier bringing to the University of Manitoba? Zero. University of Winnipeg? Zero. ACC and Brandon University? Zero. Red River College and UCN? One million dollars and 300-K less. The only thing new is higher tuition.

So will the Premier change course and commit to increasing the operating grants for post-secondaries in Manitoba?

Hon. Brian Pallister (Premier): I recognize that the member is advocating for his friends in the academic community with his preamble, Madam Speaker. Higher pay for professors is what he's standing for, which means, of course, higher taxes, which means, of course, he's also combining and putting on display a lack of understanding of how universities can be funding the ability to pay higher pay for his

professorial colleagues. If you cap tuition then you find it difficult to raise the pay of professors, that's what the previous administration did.

In every preamble, Madam Speaker, the member plays to special interests while failing to mention that the growth he talks about and seeks, that was pursued by the previous administration was growing debt, growing deficits and growing taxes, all of those a burden on families and students in this province.

Imposing greater burdens was the record of the NDP, a record I know he wants to escape, Madam Speaker, but a record nonetheless that stood in the way of improving the lives of Manitoba's high school graduates. We will stand with them and we will provide better opportunities for them and better quality education for them as well.

Protection for Workers Government Record

Mr. Tom Lindsey (Flin Flon): The National Day of Mourning is a day to remember workers who have died in workplaces due to injury and illness. The Minister of Growth, Enterprise and Trade spoke quite eloquently earlier about the Day of Mourning, but workers actually respect actions more than words.

This government has made it more difficult to unionize in Manitoba; they've kept union leaders in the dark, failed to consult, frozen wages and threatened to open collective agreements. One of their first acts in office was to dissolve the Department of Labour.

Can the Minister of Growth, Enterprise and Trade explain how any of these actions are going to protect workers?

Hon. Cliff Cullen (Minister of Growth, Enterprise and Trade): I appreciate the member's question.

Clearly, we take workers' safety of paramount concern on this side of the House. We certainly appreciate the comments. We know the previous government—and, in fact, the opposition now—are continuing with that campaign of fear. We believe in having discussions with Manitobans.

We know that the previous government, and now in opposition, are taking direction from union leaders. We believe in consulting with all Manitobans.

Madam Speaker: The honourable member for Flin Flon, on a supplementary question.

Mr. Lindsey: Consult with all Manitobans except union leaders.

Minister of Growth, Enterprise and Trade says one thing, does another. In Budget 2017 he cut \$65,000 from Workplace Safety and Health, those are jobs that protect workers; cut \$92,000 from Employment Standards, those are standards that protect workers; cut \$121,000 from the Labour Board, those are positions that protect workers.

Can the Minister for Growth, Enterprise and Trade explain how cutting \$278,000 from institutions that protect workers is going to protect workers?

Mr. Cullen: Well, Madam Speaker, we believe that things can be done better. We don't believe in the status quo, as this opposition does.

Madam Speaker, we believe we can run the department more efficiently. We know the previous solution under the previous government was to spend more money, but that wasn't about achieving results. This side of the House is—it's about achieving results and it's about worker safety for all Manitobans.

Madam Speaker: The honourable member for Flin Flon, on a final supplementary.

Mr. Lindsey: The Leaders' Walk is a solemn event that takes place every year as part of the Day of Mourning. As a man who claims to be proud of his time as a union rep, the Premier (Mr. Pallister) must recognize the importance of standing with workers to remember lost lives.

* (14:10)

Will he show some leadership, show respect for the dead and injured workers? Will he show up and march tomorrow in the National Day of Mourning leaders' march? *[interjection]*

Madam Speaker: Order.

Mr. Cullen: Certainly, we will be standing with workers tomorrow and recognizing this important day and, certainly, reflecting on the members that were lost at work.

In terms of consultation, I want to remind the member that we just did an extensive consultation relative to the Workers Compensation Board. We look forward to those findings.

In the very near future, we're also going to be kicking off a review of the workplace safe and—Workplace Safety and Health Act. We think this

is very important, a real opportunity to engage Manitobans in a very important piece of legislation.

Changes to Health Services Impact on Public Sector Workers

Ms. Nahanni Fontaine (St. Johns): At yesterday's 600-plus nurses rally, of which the Premier (Mr. Pallister) and Health Minister couldn't even bother to attend, a young home-care worker from St. Johns came up to me and shared with me how she worries about the future of her family and her job with the government's millions of dollars in cuts coming down the line. Interestingly, she also shared with me that she had never witnessed something like yesterday's rally. There's a whole new generation of nurses and doctors who haven't seen a government bent on ravaging Manitoba's health-care system.

Under our NDP government, we did listen to nurses and doctors, and put in measures of support to strengthen our Manitoba health care after years of demise under the Filmon government.

Will the Health—

Madam Speaker: The member's time has expired.

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Well, I respect comments of all Manitobans. I wish the individual would have witnessed the PST rally a few years ago, when thousands of people came to the steps of the Legislature and were concerned about sustainability. They were concerned about how higher taxes impacted family. They were concerned about how higher debts ultimately impacted the ability to deliver health care in a sustainable way. Because those are real challenges and they're challenges that this government inherited from the previous government.

But we have to face—we know that health care is important today. We know it's important tomorrow. But it's also important for our kids and for our grandkids. It has to be there, as well. That is what sustainability is about, and that is what we'll deliver, Madam Speaker.

Madam Speaker: The honourable member for St. Johns, on a supplementary question.

Ms. Fontaine: This St. Johns constituent is too young to know the cuts that Manitoba's health care suffered under the last Conservative government. She grew up with services that were protected and invested in.

But for older constituents in St. Johns who remember nurses and doctors leaving the province and unpaid days for workers, they know the Premier's (Mr. Pallister) Conservative playbook all too well.

Manitobans know what the Premier did the last time he was in Cabinet: firing nurses, trying to privatize home care and drove out hundreds of doctors from Manitoba—[*interjection*]

Madam Speaker: Order.

Ms. Fontaine: Will the Premier—

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Ms. Fontaine: —admit his vision for Manitoba is to go back in time and finish his attack on public services?

Mr. Goertzen: Well, Madam Speaker, young and old in Manitoba know what it's like to wait: to wait in an emergency room as designed by the former NDP government; to wait in an emergency room for 600,000 hours collectively in one year. They know what it's like to wait for eight hours, 10 hours and not get care from a doctor. They know what it's like to be there with a young person, with a child who isn't able to see a doctor for six, seven, eight, 10 hours.

They know that because they've lived it under the NDP for 17 years and they don't want to live it any more, Madam Speaker.

Madam Speaker: The honourable member for St. Johns, on a final supplementary.

Post-Secondary Students Education Affordability Concerns

Ms. Nahanni Fontaine (St. Johns): Well, for the young post-secondary students in our province this new regime of tuition hikes and tax increases is shocking. They grew up in a province that made post-secondary education affordable and accessible with investment each year. They knew at the end of a degree they'd find a good job—they'd—and they'd put down their roots in Manitoba. Students want a government that listens to them, invests in their education. But all this government can do is cut funding, cut programs and balance the budget on their backs.

Will the Education Minister listen to young people and make education affordable again?

Hon. Ian Wishart (Minister of Education and Training): We have been listening to students in Manitoba when they told us to provide the support up front. So we changed the program from 20 years down the road to up front to give them the support so they would have better access to post-secondary education than they ever did under the previous government. When they ran things, we had record numbers of young people leaving the province.

Misericordia Health Centre Urgent-Care-Centre Team

Hon. Jon Gerrard (River Heights): Madam Speaker, I want to tell you about a team, a team that has taken 19 years to build. This is a team that has delivered superb health care, has largely kept wait times short and is considered among the best in the city. With this A-plus report card they've also managed to keep it under budget, in the black. This is a team that our system should be determined to keep. The team I'm referring to is the Misericordia Urgent Care Centre team.

Why is the minister planning to dismantle this team and close the Misericordia Urgent Care Centre?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Well, Madam Speaker, the Misericordia will continue to be part of the larger team in the Winnipeg health regional authority that is delivering better care to patients more quickly and, ultimately, that is what it is about.

We need to ensure that Manitobans who show up at emergency rooms, whether it is 3 in the morning or 3 in the afternoon, don't have to wait for 10 hours before they or a loved one or a young person is actually getting support and actually getting service, Madam Speaker. That is the larger perspective in the Winnipeg Regional Health Authority.

All Winnipeggers deserve service in a better way. That is why we're following the recommendations of Dr. Peachey, who was hand-selected by the NDP.

Madam Speaker: The honourable member from River Heights, on a supplementary question.

Mr. Gerrard: Madam Speaker, delivering health care is always a team activity and the team is people, not just buildings.

People come to this urgent-care centre from all over Manitoba, especially for eye problems because they know if the urgent-care team can't solve the

problem, the Buhler Eye Care Centre, the largest surgical and eye-treatment program in western Canada, is there for backup.

These two Misericordia teams, the urgent-care team and the eye team, work together and have achieved a synergy greater than either alone.

Why is the minister terminating the synergy at the Misericordia by disbanding its urgent-care team?

Mr. Goertzen: Well, Madam Speaker, the member speaks correctly when he talks about the lack of synergy in the overall health-care system. There is a lack of synergy, and it's why we have more emergency rooms than other cities of comparable size in the rest of Canada and ours perform worse than almost everyone in Canada.

You look at cities like Vancouver, you look at cities like Calgary, like Ottawa, cities that are larger than the city of Winnipeg, and they have more emergency rooms—or, they have less emergency rooms, but their wait times are shorter.

Clearly, we need to ensure that our entire team is working well, that there's synergy throughout the system and Manitobans are getting care in a timely way, Madam Speaker.

Madam Speaker: The honourable member for River Heights, on a final supplementary.

Mr. Gerrard: Madam Speaker, it's important to build on the synergy which currently exists.

The Misericordia Urgent Care Centre is doing a phenomenal job of providing urgent care to people in the local community and, in many cases, to individuals who are the most vulnerable, who are homeless and people with disabilities.

I note there is room at the Misericordia to host both the urgent-care centre and the intravenous-therapy unit the minister wants to move there. Will the Minister of Health create a greater synergy and combine the eye team, the intravenous-therapy team and the urgent-care-centre team at the Misericordia?

Mr. Goertzen: Madam Speaker, when you look at those who are coming to the urgent-care centre at Misericordia, they are coming from all over the city. They are coming almost evenly distributed from all over the city of Winnipeg.

* (14:20)

By having, as Dr. Peachey recommended having, two urgent-care centres, one located in the north part of Winnipeg, one located in the south part of Winnipeg, we'll ensure that those individuals who are dispersed throughout the city can find urgent care in a quick way, but also ensure that the emergency rooms that remain, and that are better in the three facilities, are operating in a way that provide true emergent care quickly, and those who have urgent-care needs can find that in those two facilities, Madam Speaker.

Red River College Innovation Centre Project

Mr. Wayne Ewasko (Lac du Bonnet): Madam Speaker, great things are happening in Manitoba.

In my constituency, many careers have started at Red River College. This morning there was a great announcement for Red River College. An investment in post-secondary education in the province, Madam Speaker, is always a good one.

The Innovation Centre at Red River College will stimulate economic development and further growth in our province.

Can the Minister of Education and Training please explain to the House how this project will help to ensure students are job ready and able to thrive in the new economy?

Hon. Ian Wishart (Minister of Education and Training): I thank the member for the excellent question.

This morning I was pleased to join other levels of government to announce support for Red River College's \$95.4-million Innovation Centre. The centre will provide a new platform for emerging technology and products to be developed and commercialized for both existing companies and start-ups. The centre will shorten the time from imagination to commercialization and help grow our economy.

This facility will be the first of its kind in western Canada and support the Premier's Enterprise Team strategy for economic growth while creating new opportunities for students to gain hands-on experience in entrepreneurship and innovation. Our government is pleased to support this facility that will deliver on our commitment—

Madam Speaker: The member's time has expired.

**Pinawa Nuclear Reactor
Federal Government's Proposal**

Mr. Rob Altemeyer (Wolseley): Can someone from this government please explain to Manitobans what their position is on the recent federal proposal to cover the damaged nuclear reactor in Pinawa in concrete?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Well, Madam Speaker, we're always interested to hear different suggestions and ideas as it comes from the federal government. We'd like to hear more ideas when it comes to being real partners in things, for example, is health care. We know that they are continuing to provide less support when it comes to health care.

But if they have ideas in terms of protecting the good folks in Pinawa and protecting our environment, we are always willing to stand and work with the federal government or anyone who wants to better the environment, Madam Speaker.

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

The honourable member for Wolseley, on a supplementary question.

Mr. Altemeyer: Yes, the other shoe is about to drop. I appreciate the Health Minister's intervention, bizarre though it was.

This is actually the jurisdiction of the Sustainable Development Minister. I'm wondering if she might be aware that the federal government's proposal for the damaged nuclear reactor in Pinawa runs directly contrary to Manitoba law, specifically, The High-Level Radioactive Waste Act which says don't entomb nuclear long-term radioactive waste in Manitoba. I'll table the act for the minister's reference.

Hon. Cathy Cox (Minister of Sustainable Development): Thanks so much to the member opposite.

We continue to work with the federal government on a number of different initiatives. You know, just recently—today, as a matter of fact—we were talking to the Minister of Natural Resources with regard to softwood lumber, and we will continue to discuss these issues with Manitobans and with the federal government.

This government, as I said earlier, is—the environment is a priority and we will continue to

address issues regarding the environment such as issues that the members opposite never addressed, such as surface water management and climate change.

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

The honourable member for Wolseley, on a final supplementary.

Mr. Altemeyer: All right, attempt No. 3 to bring this government up to speed.

The minister has actually written a letter to long-time nuclear watchdog activist, Mr. Dave Taylor, who's very kindly joined us today in the Chamber to offer his expertise, which is clearly needed, to this minister and her government. I hope she will commit to meet with Mr. Taylor to learn more about what she needs to be doing because her own staff person has said that the Province will actively make its views known as a member of the federal review team.

Why is she going to tell the federal government what their position is on a damaged nuclear reactor and they won't tell Manitobans? *[interjection]*

Madam Speaker: Order.

Hon. Brian Pallister (Premier): We're always interested in the expertise of Manitobans, Madam Speaker, and in making sure that we take the right steps to protect our environment here in Manitoba.

But I am, and I have to, Madam Speaker, comment on the fact that the members opposite are now expressing interest and concern about a federal issue when they were totally silent—totally silent—when the federal government was talking about bringing in CPP without any enhancements to protect seniors at all. *[interjection]*

Madam Speaker: Order.

Mr. Pallister: We stood up for Manitobans while they sat on their hands.

On health transfer reductions, Madam Speaker, they had the opportunity; the federal government was reducing by half, the amount of the increase in health transfers. They had no views whatsoever, sat on their hands, totally quiet. I appreciate *[inaudible]* *[interjection]*

Madam Speaker: Order.

Mr. Pallister: Also, Madam Speaker, when the Factory of the Future, a \$60-million–\$60-million–investment, was threatened by the federal government, they sat on their hands, cuddled up with the Prime Minister and had nothing to say.

Now they're interested. Good for them. Keep up the good work. *[interjection]*

Madam Speaker: Order.

Infrastructure Spending Municipal Budget Support

Mr. Jim Maloway (Elmwood): I have more questions to the Premier.

Madam Speaker, Mayor Bowman has said that the Building Manitoba Fund works because, quote, it was tied to economic growth. As the economy grew, so does financial support for Winnipeg's infrastructure. In fact, it is the law in Manitoba that municipalities share in the province's growth.

Let the—yet the budget for municipalities has \$50 million less in supports. Then the minister said on Monday in the House that the Building Manitoba Fund is flatlined.

I ask the Premier: Why is he ignoring the infrastructure deficit in Winnipeg and across Manitoba?

Hon. Eileen Clarke (Minister of Indigenous and Municipal Relations): I thank the member opposite for his question.

His information, of course, is not totally correct. The Building Manitoba Fund is in place, just as it always has been. We were pleased to give the municipalities the same funding that they had in 2016. Municipalities all across Manitoba have echoed, since the day of the announcement of our budget, that they were pleased with what the decision had been from this government.

A meeting with myself and Mr. Bowman also indicated that they are totally accepting of our budget and that we will continue to work on infrastructure deficits throughout the province of Manitoba.

Madam Speaker: The honourable member for Elmwood, on a supplementary question.

Mr. Maloway: The Building Manitoba Fund has totally disappeared as a line in this year's budget. By law, the municipalities are to share in the province's growth, but page 20 of the Estimates for budget 2016-17 shows that there is \$50 million less

in supports. And the minister said on Monday that the Building Manitoba Fund has been flatlined.

I wish to table these documents so that the Premier and the minister can see for themselves.

I'd like to ask the Premier to explain to this House: Why is he ignoring the infrastructure debt in Manitoba?

Hon. Brian Pallister (Premier): Well, I appreciate a question on infrastructure.

* (14:30)

The previous government overspent in every single department virtually every single year they were in government, Madam Speaker, except in one department. In one department they overpromised and underdelivered. For every \$4 they promised to spend in one department, they spent \$3, not \$4, but \$3.

Then they took all that budgeted money, Madam Speaker, \$2.2 billion over the previous four years prior to the last election—they took it all and they spent it on something other than, you guessed it, infrastructure. Yes.

They didn't invest in infrastructure, Madam Speaker, but we will. We will, and we're going to work in partnership with the City of Winnipeg to make sure we get the best return on investment from the money, because rather than just put up signs before the election talking about it, we're going to work on it every single year.

Madam Speaker: The time for oral questions has expired.

PETITIONS

Concordia Hospital Emergency Room

Mr. Matt Wiebe (Concordia): I wish to present the following petition to the Legislative Assembly.

And the background to this petition is as follows:

(1) The provincial government has announced the closures of three emergency rooms and an urgent-care centre in the city of Winnipeg, 'including'—including closing down the emergency room at Concordia Hospital.

(2) The closures come on the heels of the closing of a nearby QuickCare clinic, as well as cancelled plans for ACCESS centres and personal-care homes, such as Park Manor, that would have provided

important services for families and seniors in the area.

(3) The closures have left families and seniors in northeast Winnipeg without any point of contact with front-line health-care services and will result in them having to travel 20 minutes or more to St. Boniface hospital's emergency room for emergency care.

(4) These cuts will place a heavy burden on the many seniors who live in northeast Winnipeg and who visit the emergency room frequently, especially those who are unable to drive or are low-income.

(5) The provincial government failed to consult with families and seniors in northeast Winnipeg regarding the closing of their emergency room or to consult with health officials and health-care workers at Concordia to discuss how this closure would impact patient care in advance of the announcement.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to reverse the decision to close Concordia Hospital's emergency room so that families and seniors in northeast Winnipeg and the surrounding areas have timely access to quality health-care services.

And this petition was signed by many Manitobans.

Madam Speaker: In accordance with out rule 133(6), when petitions are read they are deemed to be received by the House.

Kelvin High School Gymnasium and Wellness Centre

Mr. Andrew Swan (Minto): I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) Manitobans recognize how important it is to provide young people with quality learning spaces to succeed in school.

(2) Sport, recreation and the spaces to engage in them are critical to the health and welfare of all students.

(3) All forms of educational infrastructure, including gymnasiums and recreation centres in general, represent an incredible value-for-money investment, whereby the return is improved physical and psychological health and wellness.

(4) Kelvin High School is one of the largest high schools in the province, with over 1,200 students.

(5) Kelvin High School spent several years raising almost \$1.2 million towards the construction of a new gymnasium and wellness centre.

(6) Some Kelvin students currently have to pay to use outside facilities to obtain their mandatory physical education credit.

(7) The provincial government, in a regressive and short-sighted move, cancelled funding for the Kelvin gym and wellness centre for political reasons, despite the extensive community support, fund-raising and engagement.

(8) It is wasteful and disrespectful to the dedicated efforts of students, staff and the community in general to simply lay their goals aside without consultation.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to recognize the need for excellent recreation facilities in all Manitoba schools, to reverse this regressive cut and to provide Kelvin High School with the funding necessary to complete a new gymnasium and wellness centre.

This petition is signed by many Manitobans, Madam Speaker.

Taxi Industry Regulation

Mr. Tom Lindsey (Flin Flon): I wish to present the following petition to the Legislative Assembly.

The background for this petition is as follows:

The taxi industry in Winnipeg provides an important service to all Manitobans.

(2) The taxi industry is regulated to ensure there are both the provision of taxi service and a fair and affordable fare structure.

(3) Regulations have been put in place that has made Winnipeg a leader in protecting the safety of taxi drivers through the installation of shields and cameras.

(4) The regulated taxi system is—also has significant measures in place to protect passengers, including a stringent complaint system.

(5) The provincial government has moved to bring in legislation through Bill 30 that will transfer

jurisdiction to the City of Winnipeg in order to bring in so-called ride-sharing services like Uber.

(6) There were no consultations with the taxi industry prior to the introduction of this bill.

(7) The introduction of this bill jeopardizes safety, taxi service and also puts consumers at risk, as well as the livelihood of hundreds of Manitobans, many of whom have invested their life savings into the industry.

(8) The proposed legislation also puts the regulated framework at risk and could lead to issues such as what have been seen in other jurisdictions, including differential pricing, not providing service to some areas of the city and significant risks in terms of taxi driver and passenger safety.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to withdraw its plans to deregulate the taxi industry, including withdrawing Bill 30.

Mr. Greg Selinger (St. Boniface): I wish to read the following petition into the records of the Legislature.

The background to this petition is as follows:

The taxi industry in Winnipeg provides an important service to all Manitobans.

The taxi industry is regulated to ensure there are both the provision of taxi service and a fair and affordable fare structure.

Regulations have been put in place that has made Winnipeg a leader in protecting the safety of taxi drivers through the installation of shields and cameras.

And the regulated taxi system also has significant measures in place to protect passengers, including a stringent complaint system.

The provincial government has moved to bring in legislation through Bill 30 that will transfer jurisdiction to the City of Winnipeg in order to bring in so-called ride-sharing services like Uber.

There were no consultations with the taxi industry prior to the introduction of this bill.

The introduction of this bill jeopardizes safety, taxi service and also puts consumers at risk, as well as the livelihood of hundreds of Manitobans, many of whom have invested their life savings into the industry.

The proposed legislation also puts the regulated framework at risk and could lead to issues such as what has been seen in other jurisdictions, including differential pricing, not providing service to some areas of the city and significant risks in terms of taxi driver and passenger safety.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to withdraw its plans to deregulate the taxi industry, including the withdrawal of Bill 30.

Signed by many, many Manitobans, Madam Speaker.

Ms. Amanda Lathlin (The Pas): I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) The taxi industry in Winnipeg provides an important service to all Manitobans.

(2) The taxi industry is regulated to ensure there are both the provision of taxi service and a fair and affordable fare structure.

(3) Regulations have been put in place that has made Winnipeg a leader in protecting the safety of taxi drivers through the installation of shields and cameras.

(4) The regulated taxi system also has significant measures in place to protect passengers, including a stringent complaint system.

(5) The provincial government has moved to bring in legislation through Bill 30 that will transfer jurisdiction to the City of Winnipeg in order to bring in so-called ride-sharing services like Uber.

(6) There were no consultations with the taxi industry prior to the introduction of this bill.

(7) The introduction of this bill jeopardizes safety, taxi service and also puts consumers at risk, as well as the livelihood of hundreds of Manitobans, many of whom have invested their life savings into the industry.

(8) The proposed legislation also puts the regulated framework at risk and could lead to the— to issues such as what has been seen in other jurisdictions, including differential pricing, not providing service to some areas of the city and significant risks in terms of taxi driver and passenger safety.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to withdraw its plans to deregulate the taxi industry, including withdrawing Bill 30.

This bill—this petition has been signed by many, many Manitobans.

Ms. Flor Marcelino (Leader of the Official Opposition): I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

The taxi industry in Winnipeg provides an important service to all Manitobans.

(2) The taxi industry is regulated to ensure there are both the provision of taxi service and a fair and affordable fare structure.

(3) Regulations have been put in place that has made Winnipeg a leader in protecting the safety of taxi drivers through the installation of shields and cameras.

(4) The regulated taxi system also has significant measures in place to protect passengers, including a stringent complaint system.

(5) The provincial government has moved to bring in legislation through Bill 30 that will transfer jurisdiction to the City of Winnipeg in order to bring in so-called ride-sharing services like Uber.

(6) There were no consultations with the taxi industry prior to the introduction of this bill.

(7) The introduction of this bill jeopardizes safety, taxi service, and also puts consumers at risk, as well as the livelihood of hundreds of Manitobans, many of whom have invested their life savings into the industry.

(8) The proposed legislation also puts the regulated framework at risk and could lead to issues such as what has been seen in other jurisdictions, including differential pricing, not providing service to some areas of the city, and significant risks in terms of taxi driver and passenger safety.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to withdraw its plans to deregulate the taxi industry, including withdrawing Bill 30.

Signed by many, many Manitobans.

Mr. Jim Maloway (Elmwood): Madam Speaker, I wish to present the following petition to the Legislative Assembly.

The background to the petition is as follows:

(1) The taxi industry in Winnipeg provides an important service to all Manitobans.

(2) The taxi industry is regulated to ensure there are both the provision of taxi service and a fair and affordable fare structure.

(3) Regulations have been put in place that has made Winnipeg a leader in protecting the safety of taxi drivers through the installation of shields and cameras.

(4) The regulated taxi system also has significant measures in place to protect passengers, including a stringent complaint system.

(5) The provincial government has moved to bring in legislation through Bill 30 that will transfer jurisdiction to the City of Winnipeg in order to bring in so-called ride-share services like Uber.

(6) There were no consultations with the taxi industry prior to the introduction of this bill.

(7) The introduction of this bill jeopardizes safety, taxi service, and also puts consumers at risk, as well as the livelihood of hundreds of Manitobans, many of whom have invested their life savings into the industry.

(8) The proposed legislation also puts the regulated framework at risk and could lead to issues such as what has been seen in other jurisdictions, including deferential pricing, not providing service to some areas of the city, and significant risks in terms of taxi driver and passenger safety.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to withdraw its plans to deregulate the taxi industry, including withdrawing Bill 30.

And this petition is signed by many Manitobans.

Madam Speaker: Grievances?

ORDERS OF THE DAY

(Continued)

GOVERNMENT BUSINESS

House Business

Hon. Andrew Micklefield (Government House Leader): Madam Speaker, on House Business, I would like to announce that the Standing Committee on Social and Economic Development will meet on Monday, May 8th, 2017, and, if necessary, on Tuesday, May 9th, 2017, at 6 p.m. to consider Bill 28, The Public Services Sustainability Act.

I'd also like to announce that the Standing Committee on Legislative Affairs will meet on Monday, May 8th, 2017, and, if necessary, on Tuesday, May 9th, 2017, at 6 p.m. to consider Bill 29, The Health Sector Bargaining Unit Review Act.

Madam Speaker: It has been announced by the honourable Government House Leader that the Standing Committee on Social and Economic Development will meet on Monday, May 8th, 2017, and, if necessary, on Tuesday, May 9th, 2017, at 6 p.m. to consider Bill 28, The Public Services Sustainability Act.

It was also announced that the Standing Committee on Legislative Affairs will meet on Monday, May 8th, 2017, and, if necessary, on Tuesday, May 9th, 2017, at 6 p.m. to consider Bill 29, The Health Sector Bargaining Unit Review Act.

Mr. Micklefield: Madam Speaker, I would like to announce that the Standing Committee on Public Accounts will meet on May the 8th, 2017, at 10 a.m. to consider the following reports:

Auditor General's Report–Follow-Up of Previously Issued Recommendations, dated May 2015: section 2 Economic Development: Loans and Investments under The Development Corporation Act; section 5, Animikii Ozoson Child and Family Services Agency; section 11, Report on the Rural Municipality of St. Clements; section 12, Citizen concerns, North Portage Development Corporation; section 16, Office of the Fire Commissioner;

Auditor General's Report–Follow-Up of Recommendations, dated May 2016: Animikii Ozoson Child and Family Services Agency, Northern Airports and Marine Operations; Report on the Rural Municipality of St. Clements; Citizen concerns,

North Portage Development Corporation; Office of the Fire Commissioner; Citizen concerns, Town of Lac du Bonnet, Bulk Water Sales; Rural Municipality of Lac du Bonnet, Lake Manitoba Financial Assistance Program, part C and D;

Auditor General's Report–Follow-Up Recommendations, dated March 2017: Citizen concerns, North Portage Development Corporation; Rural Municipality of Lac du Bonnet; Provincial Nominee Program for Business;

Auditor General's Report–WRHA's Management of Risks Associated with End-User Devices, dated July 2015;

Auditor General's Report–Follow-Up of recommendations, dated March 2017: WRHA's Management of Risks Associated with End-User Devices;

Witnesses to be called: the Minister of Health, Seniors and Active Living (Mr. Goertzen); Deputy Minister of Health, Seniors and Active Living.

Madam Speaker: It has been announced by the honourable Government House Leader that the Standing Committee on Public Accounts will meet on May 8th, 2017, at 10 a.m. to consider the following reports:

Auditor General's Report–Follow-up of Previously Issued Recommendations, dated May 2015: section 2, Economic Development: Loans and Investments under The Development Corporation Act; section 5, Animikii Ozoson Child and Family Services Agency; section 11, Report on the Rural Municipality of St. Clements; section 12, Citizen concerns, North Portage Development Corporation; section 16, Office of the Fire Commissioner;

Auditor General's Report–Follow-up of Recommendations, dated May 2016: Animikii Ozoson Child and Family Services Agency, Northern Airports and Marine Operations; Report on the Rural Municipality of St. Clements; Citizen concerns, North Portage Development Corporation; Office of the Fire Commissioner; Citizen concerns, Town of Lac du Bonnet, Bulk Water Sales; Rural Municipality of Lac du Bonnet, Lake Manitoba Financial Assistance Program, part C and D;

Auditor General's Report–Follow-up of Recommendations, dated March 2017: Citizen concerns, North Portage Development Corporation; Rural Municipality of Lac du Bonnet; Provincial Nominee Program for Business;

Auditor General's Report—WRHA's Management of the Risks Associated with End-User Devices, dated July 2015;

Auditor General's Report—Follow-up of Recommendations, dated March 2017: WRHA's Management of Risks Associated with End-User Devices;

Witnesses to be called: Minister of Health, Seniors and Active Living (Mr. Goertzen); Deputy of Minister of Health, Seniors and Active Living.

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Mr. Micklefield: Madam Speaker, this afternoon, we wish to continue with Estimates.

Madam Speaker: The House will now resolve itself into Committee of Supply.

Mr. Deputy Speaker, please take the Chair.

COMMITTEE OF SUPPLY (Concurrent Sections)

EXECUTIVE COUNCIL

*(15:00)

Mr. Chairperson (Dennis Smook): Will the Committee of Supply please come to order. This section of the Committee of Supply will now resume consideration of the Estimates for the Department of Executive Council.

The floor is now open for questions.

Ms. Flor Marcelino (Leader of the Official Opposition): We have a few questions for the Premier related to staffing.

Can the Premier please indicate the names and titles of his senior political staff in the Executive Council?

Hon. Brian Pallister (Premier): Gladly, and I will pull that list together for the member, and I—as I have done with her questions, we'll get the information to her. And just to be clear, I think she was just asking names and positions of staff of the—

An Honourable Member: Senior.

Mr. Pallister: —of the senior staff. And so senior staff would leave out administrative positions and that type of thing. Okay, glad to do that.

If I could, I'll—I had the information the member asked for me yesterday to provide, and I'm bringing that to provide to her today.

So, first of all, she had asked for information from—any information from KPMG reports that—what had been released, and that is the Fiscal Performance Review, which was in Appendix 1 of the budget, pages 24 to 27. As well, the Health System Sustainability and Innovation Review, which is in Appendix 4 of the budget, pages 36 to 39. In addition, the member had asked what the cost was of the Fiscal Performance Review; that was \$740,000; of the Health System Sustainability and Innovation Review, that was \$750,000. And she asked what the cost was of the Advisory Panel on Fiscal Performance, and I would—I can tell her approximately, but there's still a couple of receipts, maybe, to come, so I'll ask her indulgence that it might be a little bit off, but under \$20,000; I think approximately \$17,350, in that range.

Ms. Marcelino: I thank the Premier for the fast response to yesterday's question.

Another question on political staff this time. Does the government—how many political staff does the government employ across departments, say, how many special assistants, how many members of Cabinet Communications, and how many in the various Cabinet offices across the province?

Mr. Pallister: Very good. Now these are the kinds of questions I like at Estimates, because they are to the point of budgeting and spending taxpayers' money, as opposed to some of the questions from the member for Fort Garry-Riverview (Mr. Allum) yesterday which were more rhetorical. These are actual facts—fact-based questions. These are the questions that the previous premier and I dealt with in Estimates year after year, and I think these are fruitful questions, and I thank the member for asking these.

I will undertake to get the information she's requested, and I'll repeat it back to make sure that I'm getting the right information. She's asking, what are the political staff positions—

An Honourable Member: Across departments.

Mr. Pallister: —across—

An Honourable Member: Special assistants.

Mr. Pallister: —special assistants. Would this include constituency people as well?

An Honourable Member: No.

Mr. Pallister: —and executive assistants as—

An Honourable Member: Just in departments.

Mr. Pallister: –just in the departments themselves, and if there are regional offices. I'm assuming you would also want to know the staff there. Good.

Ms. Marcelino: In addition, Mr. Premier (Mr. Pallister), Cabinet communications staff.

Another question: The Premier knows David McLaughlin. Can the Premier indicate what files or departments he works in, and how much money has the Manitoba government spent on his travels since May 2016?

Mr. Chairperson: The—I'm just screwed up today. The honourable First Minister.

Mr. Pallister: Absolutely. We'll undertake to compile that as well. And just to repeat back again: For Mr. McLaughlin, wanting travel costs and salary.

An Honourable Member: Yes, please.

Mr. Pallister: Yes. Okay, very good.

Ms. Marcelino: Maybe we could add to that if—Mr. Chair, could the Premier also provide if the Manitoba government purchased carbon offsets for Mr. McLaughlin's travels? We understand he travels by plane.

Mr. Pallister: I would first remark that our travel expenses are down by 11 per cent from the previous government, so in respect of carbon offsets purchased for any of our travel, no—as was the practice under the previous government—that is not the case.

But I would remark that our travel expense budget is 11 per cent lower than the previous government, and actual expenses are lower. And I would also remark that in the first year of a new government, that is a pretty good accomplishment, I think, because in the first year of a new government, replacing a government which was in for 17 years to reduce expenditures by that significant an amount is quite an accomplishment.

We are utilizing as many mechanisms as cost effectively as we can to gain information, build relationships with other provinces and learn from experts nationally and internationally throughout government.

When I refer to the travel number, I'm referring to the global travel number, so that means I'm also including in that travel by deputy ministers and senior staff in addition.

We're very conscious of the environmental impact of our travel, and at the same time, we are also conscious of the travel costs, and so we're endeavouring whenever possible to use travel effectively and well and also to use other meeting opportunities which are more plentiful now with new technology than they were in the past, granted. You know, opportunities for video conferencing and Skype meetings as opposed to travel are there, and we want to utilize those as well.

So it is my hope that we can continue to keep our costs down in every category where necessary so we can focus resources on priority items that give better services to the people of Manitoba.

Ms. Marcelino: Will the Premier commit to tabling any reports Mr. McLaughlin has written or will write over the course of his employment?

* (15:10)

Mr. Pallister: Well, I think the member is aware we're in the process of consulting right now and have been extensively consulting with Manitobans and researching nationally and internationally in—with the goal of presenting a made-in-Manitoba green plan, and so, that green plan we expect to be tabled in the not-too-distant future for further commentary and review by Manitobans.

The results of that work, we hope, will be, of course, maintaining our very green reputation as a province, enhancing it in the future and making sure that, as opposed to previous years when targets were constantly talked about and never met, we'll actually be achieving improvements in respect of reducing our carbon footprint, in terms of utilizing our resources more sustainably, whether it be water, soil, air. Our plan will be, I think, based on early consultation that we've done, very well-received. And there'll be a great number of opinions expressed about it. And we look forward to hearing those.

Ms. Marcelino: There have been some staffing changes today regarding Mr. McLaughlin.

Can the Premier indicate both what he previously did and what his new role will be?

Mr. Pallister: I can say to the member that Mr. McLaughlin has been leading our green plan development strategies, working very hard on the consultations, doing a lot of work in respect of that. I seriously doubt that there is a single group in Manitoba that has environmental issues that is not aware of his work and that hasn't had a meeting with

him. He has been working very, very hard on that file.

But now a preliminary—as the member knows, a preliminary discussion document is out so that people can view it. I believe we're getting—I know in the first few days there were over 7,000 responses to the interim plan. And so, in the interim period, he'll be assisting us in the—as we move forward with a transformative health—co-ordination of a transformative health office to co-ordinate communications among various health deliverers. Mr. McLaughlin will help us on an interim basis with some communications issues, as well.

The challenges around change are real, and it's important to understand, I think, that making sure—because change causes fear among many people—it's important not to magnify those fears unnecessarily but, rather, to replace the fear with courage and confidence.

Nelson Mandela once said that courage isn't the absence of fear, that it's willingness to seek progress in the face of fear. And so this is exactly what we're trying to do now: make sure that Manitobans can be made aware and confident of what we're doing, and it's communicated well and effectively, and that it continues, as we have done from the outset, to involve and include Manitobans in the process. I think that's really important.

Ms. Marcelino: The Premier has included long-term budget projections for the first time in his budget, and we welcome that gesture of transparency.

But our question is: Do the projected forecasts for revenue for the 2017-18, and subsequent years that the government included on page 12 of the budget papers, include any revenue the government anticipates to receive from the creation of carbon tax?

Mr. Pallister: Well, I see my able assistants here digging. I'll just have to remark that our—what we're striving to do with respect to our budget is something that the previous administration failed to do year after year, and that is to make our figures as close as possible to reality, to make sure that the numbers we put in our budget reflect a very real and likely outcome at the end of the year.

What happened—and I mentioned this yesterday to the member in committee, but what happened year after year with respect to the previous government's budgeting practices was that they understated the amount of their deficits, and so, as a consequence,

those who previously might have wanted to have some confidence in the budget forecasts were losing that confidence increasingly over a period of time.

Many years, the projections were hundreds of millions of dollars at the start of the year below what the actual deficits that were run by the government ended up being. In fact, in the year before the election, the deficit was projected at about \$400 million and ended up being well over \$800 million. That's a significant—that's missing the mark by a wide amount.

And so, in terms of the forecasting that we're doing, we're attempting to be accurate. This year's Public Accounts will show the degree of accuracy, but I believe current projections are that we will be the closest to our actual projections of any year I think in over 15 years. So the closest to our actual projection, we'd be doing a little bit better than we had projected at the start of our first budget in terms of the Public Accounts outcomes we anticipate. We'll know better, of course, in a couple of months' time when they come out, but our current projections show that we've actually overachieved. So our plan here was to, in our projections, make sure that we were reasonable and, I guess, appropriately somewhat conservative in our projections.

So, as far as revenues, because we have yet to see the federal government's plan, we can't assume what their policies will be in terms of carbon pricing with certainty. No carbon-pricing revenues would be included in the projections.

Ms. Marcelino: I'm sorry, Mr. Chair, I didn't quite get if the Premier (Mr. Pallister) did indicate—please confirm—if the Premier would include in the projections the carbon-pricing tax. I didn't quite get it.

Mr. Pallister: Well, again, for the member, we can't include a carbon-price projection based on a federal government plan that has yet to be made clear.

We're waiting for the federal government to table the final plan that they will propose to Canadians and at that point in time we'll be able to then develop reasonable projections based on some certainty of where they would think we should be going. For our purposes, our own plan will be released on Central Standard Time, not on Eastern Standard Time, so we will put out our plan in due course. And at that point in time, Manitobans will have the chance for input and they may have the opportunity to make recommendations and I expect

they will in regard to where they think we should go on carbon-pricing as one of—and only one of—the many-faceted aspects of our green plan that we'll be presenting to Manitobans.

Ms. Marcelino: So it's my understanding—the Premier (Mr. Pallister) will correct if my understanding is not correct—that it will be included in the future projections once you have heard from the federal government.

Mr. Pallister: That would—that's a hypothetical question that I can't answer. I don't know, as I said, what the federal government's going to want to invoke on provinces. They have floated some ideas but they have not yet been firm in respect of those and although some other provinces, predominantly those led by Liberal governments provincially, have signed on to something which is not yet clear, I, as you—as the member knows, will not do that.

I believe that we should have a better understanding of what the federal government's plan is before we sign on to it. And so we'll continue to take the approach that we are proud of our green record, we'll continue to build on it. We believe that more can be done. We'll be developing ideas and have been developing ideas around how we can do more and we'll look forward to enhancing Manitoba's reputation as Canada's greenest province in the future.

Ms. Marcelino: We will certainly be keen on following up on what the feds will do on—as far as carbon tax will be, and how it will be, and what the Premier's government will do with it, or if it will be part of the budget projections.

* (15:20)

Another question for the Premier: Has the government made any attempt in this budget to reduce carbon emissions in Manitoba, and does the Premier know if carbon emissions have at all diminished over the years?

Mr. Pallister: Well, I don't have any technical data with me right now, but I can say that we are one of, I believe, three or four provinces where carbon emissions have actually grown over the last few years. This, of course, one must remember, was under a previous government.

That being said, I would also point out that certain aspects of carbon-emission reductions or increases are related to things beyond the control of any government: natural—certain natural disasters, as

an example, economic circumstances which cannot always be attributed to the actions of governments, as another. In some cases, for an example, there was a major fire at Fort McMurray last year. You know, carbon emissions, as a consequence, were a little different than they would have been without it. I don't think we should blame Rachel Notley for that.

So, under the previous government, yes, the emissions did rise. And I'm not accusing the previous government of anything here except failure to keep their word in respect of reducing them

Ms. Marcelino: Will the Premier sign a national climate accord this year?

Mr. Pallister: We'll have to wait and see what's proposed by the federal government and, at that point, know what we're signing. In the meantime, I don't believe in putting a signature on a document that I haven't had the chance to read, so that's not likely going to happen yet.

Mr. Matt Wiebe (Concordia): With respect to those same budget projections, do they include any projected revenue from when the provincial government may sign the deal for health transfers, and if they are, what rate is the projected transfer estimated to be in the budget?

Mr. Pallister: I welcome the member for Concordia to the committee.

And what we've been doing, I'll say to him—I hope this works for him—is, when I require some research to get back to him, I've undertaken to do that. If we can't get it right away, I will assure him I'll present it at the next opportunity, so—we'll dig, for the—am I on still? For the member, we'll dig right now, see what we can give as a preliminary answer, and then if we—if he requires a more fulsome answer, I'd be happy to get that for him.

Mr. Wiebe: If I can just expand on that for your hard-working civil servants there, is to maybe just ask specifically about any carve-outs for mental health, for addictions, for indigenous health, any other carve-outs that maybe the federal government has suggested might be part of a health deal, if those have been included in the budget projections as they stand right now.

Mr. Pallister: Just in the interest of clarity for the member, I'll just state that—because he's raised three very important issues to him and to our government—the federal government has assured us that there will be no—there's no threat of reducing our share of funds

for mental health or home care, that that threat is off the table. And so, in terms of the allocations, those are in the budget lines that we anticipate we will have available.

On the indigenous health piece, the member is aware, I think, that we have been negotiating with the federal government on a health accord that we feel, in spite of—and I hope the member would agree—the proposal that transfers should reduce to half of what they were before—in terms of the growth rate of transfers, that they should reduce to half. This is not a sustainable approach, and so we remain steadfast in that position.

Nonetheless, with the removal of the threat by the federal government on reducing support for the Factory of the Future, which was a previous agreement, previous announcement, made by the federal government, previously committed to, which they then threatened to withdraw during the discussions on health care, they have subsequently taken that threat off the table. They've assured us now they are committed to that project. Immediately upon them taking that threat off the table, we resumed our outreach to the federal government in terms of continuing the discussions around the accord.

We have maintained from the outset that the health-care accord, as proposed by the federal government, is a dangerous and reckless approach to supporting health care. It actually reduces the federal government's commitments, previously made by a previous federal Liberal government, significantly. Over time those gaps widen, and the member knows this.

We had an agreement signed with Paul Martin back approximately a decade ago which would assure us—had assured all provinces—we'd get 25 per cent, minimum, funding from the federal government on health-care support. That percentage in Manitoba is now 19.23 per cent and forecasted likely to drop with the growing needs for health care in our province: aging population, new technologies, high special needs circumstances for certain cohorts in our population. The member has done his own research on health care, and I know he realizes that it's a dangerous proposition to suggest that federal government commitment should be lessened at a time when health-care needs are growing.

Every expert that has done analysis, every study that I've been able to obtain, says the same thing: this is not a good idea. Kevin Page, for example, who's

the former Parliamentary Budget Officer—and I'd be happy to share my copies of studies with members if they're interested in reading them—Kevin Page has said that this is not sustainable. Stefan Alain [*phonetic*] says, C.D. Howe now did a study that has arrived at the same conclusions. David Dodge, the member will be aware, has done extensive research on these issues—has said that in actual fact, over the next 20 years with the aging population what the federal government is proposing would result in approximately 90 per cent of additional health-care costs having to be borne by provincial treasuries.

And this may not be—and I've had conversations with each of the premiers about this—this may not be as large a concern in some of the larger provinces, but for a province of our size and being so far behind in terms of addressing these issues, we really lag the country in terms of addressing the issues of health-care reform. We're addressing them as best we can, we're trying to catch up, but at the stage that we're at right now, this is—makes us extremely vulnerable to the challenges presented to health-care systems as a result of the federal government's mistaken practices in this area.

Mr. Wiebe: So, just using maybe last year's budget numbers as a starting point, maybe the Premier (Mr. Pallister) can talk about exactly what the percentage increase in mental health and home care and—I'm sorry, I didn't catch if indigenous health was also on the table there as well. But if those—if maybe using the last year's budget projection as a baseline, if he can talk about what the percentage increase to those line items would be and if all of the federal money that has now been, you know, accounted for in this year's budget—we are, as the Premier said, expected to receive that, that's not off the table, it's not part of any threats anymore—is that all, you know, all the money in, going straight out to those programs? Can he, you know, maybe comment on that?

Mr. Pallister: Respectfully, I'll address the indigenous, because I neglected to. And the member had raised it earlier, and that was my fault—but on the issues of the detail around the actual allocations, he'll get far better answers from the Health Minister, I think, if he would direct them to him in Estimates. And I expect he's—I'm not sure if he's up right now, but he's coming soon I think—yes, so he would get better detail—better detailed answers. But we are—we will seek the detail for the questions the member asked.

On the indigenous issue, indigenous health needs are significant. Out of all proportioned population size, the—these—this is not a new piece of knowledge or information, but Manitoba, of course, with the highest percentage of indigenous peoples, is in a—put into a rough situation as a result of the federal government—not just this one, previous ones as well—of their lack of responsiveness to the realities of the needs of indigenous people on reserve.

* (15:30)

Constitutionally, this is a responsibility of the federal government but, as far as addressing these issues, I would say—and this is not a political comment, this was a criticism I had of the government of which I was a member, as well—this is an area where federal governments have been lacking in their focus. And so, as a result, our provincial budgets are—have high demands placed on them to satisfy the needs of neglected federal—federally responsible, if that's a phrase, Mr. Chair—citizens. In other words, for things like kidney disease, diabetes—which someone described as an 'epinemic'—an epidemic among indigenous Manitobans. Costs for these services escalate and grow at a much faster rate than for the non-indigenous population—the general population. And yet the federal government shares very little, if any, of the costs as a consequence of their own neglect.

Their—over the years I have, and many others have suggested remedies apart from simply throwing money at the problem; let's throw money towards preventative programs. Let's take a look at really addressing the causes of these problems. Let's see if we can't reduce the pain of sufferers of diabetes, of kidney failure. Let's try to focus on putting a fence around the top of the hill instead of just an ambulance or a hospital on the bottom. Yet, the federal government has taken—not for lack of effort on the part of many of us—has taken an approach which is somewhat different from that.

So, as part of our negotiations with the federal government, we presented this case on behalf of all—I think all Canadians who understand that, disproportionately, indigenous people are needing support in terms of health care. And we've continued to make that case. And, as a consequence to I hope some degree, at least, the federal government has committed in their budget certain amounts as yet to be defined—to answer the member's question clearly enough for my liking—has said, generally, that it's

going to allocate a lot more money for indigenous health.

Now, we'd like to make sure a couple of things. One: it's targeted to prevention; two: it's targeted on a per-person basis, not a per-province basis.

Mr. Wiebe: So the Premier (Mr. Pallister) will know very well the list of capital projects that, unfortunately, have been cancelled in this—in his first year into his mandate. He'll know I've advocated for those in the House. I've, you know, talked with those communities who've—who are now facing uncertainty about the future of their projects.

And, you know, and frankly it's leaving gaping holes in some of the health-care services that we know we're going to need, and we're projecting that are needed in this province, including personal-care home beds, including CancerCare, including community clinics. So we know that these projects are needed, that they are going to have an effect on the future health care in this province. They're all now frozen.

What I wanted to ask the Premier about specifically was because of this freeze—and, you know, it's been undefined thus far how long this freeze or these cancellations will continue, whether there'll be any news—but what we do see in this budget is that there's a reduction of 11 positions in health infrastructure planning. And, you know, these are, presumably, positions where, you know, managers within the department could identify need, could, you know, identify priorities, reach out to communities and make smart decisions about where our health care capital spending should go. And, you know, I mean, this would be one of the places in government you'd have the most forward-thinking people in our health-care system. They would be the ones who are looking to not, you know, just today and tomorrow, but 10 years and 20 years down the road in making smart decisions to invest in health care in our province again. Eleven positions gone from this budget.

Is this—does—is this a one-time reduction? Is this maybe indicative of the priority that this government places on health care infrastructure, and is it indicative of further cuts or further freezes down the line, and certainly no thawing of those freezes at the very least?

Mr. Pallister: Well, let's start with a couple of things. First of all, \$911-million deficit means we're spending \$911 million more than we're bringing in

with some of Canada's highest taxes. So I'd start with that.

If sustainability means anything to the member, then he would care about this long-term effect of our decision making on health care. He would understand that it's not sustainable to, for example, continue along the path, the rocky road to adding further and further debt, and debt through further and larger deficits in the future onto our health-care system onto our populace. We can't continue to do that, Madam Speaker, and pretend that we're protecting health care for the long term.

So, when he ask me questions about specific reductions, I have to ask him how sustainable he thinks our health-care system is if we continue to have a billion-dollar-a-year deficits. We've already had notification of credit rating downgrades—well, invocation of credit rating downgrades that cost us tens of millions of dollars that doesn't go to health care. And we can't continue down that cycle. That flushing sound is the sound of millions, tens of millions of dollars going to a happy moneylender that's not going to building a new facility.

That being said, we also know that the reality of some administrations is that to avoid finding savings within their organization, such as we're doing by trimming the administrative growth that has occurred over the last number of years by 15 per cent initially, other governments simply raise taxes. So they push the taxes up on people, and really and quite frankly, a deficit is nothing but a deferred tax; that's really all it is.

So I would hope the member is not content with the status quo in this respect because it isn't adequate. Frankly, it borrows on the future for today, and that future is one we hope to be living in and hope our children and grandchildren have the chance to live in, too, and they'll need health care then like we need it now.

So I think in terms of the initial part of the member's preamble, it's quite a legitimate concern about capital budgets. I appreciate him raising that as I have the same concern. I think we have to—and we're very, very diligent about this—we have to remember to focus on repairs and maintenance. We're doing this now to play catch-up after some years of those areas being ignored. Investments were made in new facilities, and we will do the same. But I think we can't forget about the importance of repairs and maintenance.

You know, tomorrow we will mark of an important day in terms of worker safety. When we neglect, and when any government neglects to do proper repairs and maintenance programs, it's asking for trouble, and it's asking for the greater likelihood of a worker being injured or hurt or worse, killed.

So we have really had to do a refocus on investment in those types of things, not just in Health—in the Health file, but in Education, as well, in a number of areas where roofs are leaking, where electrical needs to be repaired, where plumbing has been neglected and deteriorated, structural repairs, access improvements, a lot of these things. So I know that everyone likes to see a new building constructed, at the same time, maintaining the buildings we have is also very critical.

I'll read into the record a list of a number of the projects that we've invested in this year: \$160 million was put towards capital projects in our first year, and \$1.7 billion in total in infrastructure investments was made. That's a very significant commitment and so, although it's easy to list all the projects that weren't done, I know that the member understands that many of those were committed to by the previous administration with no intentions whatsoever of proceeding in any—at any point in the next decade.

Mr. Wiebe: So, I mean, once again, we're talking here about making, you know, smart and strategic investments into health care, which, you know, everyone I think can agree is an important thing to do.

* (15:40)

You know, the Health Minister often quotes Dr. Peachey's work, and the Premier (Mr. Pallister) will know that Dr. Peachey said very forcefully in his report back to government that significant investments in health care are needed to achieve the results they're looking for. And capital spending is certainly part of that to ensure that the results are what they're looking for.

Likewise, I mean this Premier has talked to very clearly in the past about his appreciation for preventative health care, about getting out in front of an issue and addressing health-care concerns and issues, you know, before they become chronic problems for the health-care system, and, you know, he talked about that during the election. This was something that he was going to focus on and bring additional dollars for.

Well, instead, we see in this year's budget that the budget for Active Living and Public Health has decreased by 12 per cent, and, you know, this is a department that looks after things like community-led chronic disease initiatives, inspection services, prenatal, postpartum and early childhood development. They implement population health and health equity policies, so they're very engaged in sussing out those particular populations who are most at risk in our health-care system.

They review—they, in fact, review and direct. They, in fact, lead and co-ordinate the planning and responses to public health emergencies, so this is an important department within government. It's been slashed by 12 per cent.

And so the question is simple: Why did the Premier (Mr. Pallister) think it was a good idea to slash an area that he himself identified was an important one to make investments in before the election or during the election?

Mr. Pallister: I have to say to the member I was born, but I wasn't born yesterday, and anybody who's reading these transcripts is going to understand that it's pretty easy to go through a department with a \$6-billion budget and pull out something that had a spending reduction in it. So, I'd encourage him to understand that really isn't recognizing the monumental challenges that we face as a province and as people in addressing the sustainability needs of our health-care system.

But there are literally thousands of various programs that are important to Manitobans. We can't continue to increase funding in them all. What we've done this year is we're making a record level of investment in the Department of Health, Seniors and Active Living. We've increased the budget, over the last two years, by 7.9 per cent, but we are also cognizant that we can't continue to increase at that level (a) given the reality of the federal Liberal government's commitment to reduce support here in our province, and (b) given the fact that that would mean we would have to continue to basically borrow additional funds from the health-care needs of tomorrow to fund today's needs.

So, you know, pulling out one or two programs and saying, well, they've been slashed, and using phrases like that doesn't recognize the great commitment we've made as a government and, in fact, the priorities we've identified in focusing on health care.

I would say to the member, you know, when he referred earlier to capital budgets, the previous government established a capital cap. They said because they recognized, and quite rightly, that you have to balance between capital investments and the ongoing program needs of your people, that you can't go too high on one or another category, and so they identified a capital cap. It was introduced more than a decade ago. It was raised most recently in 2010. Estimated principal and interest payments on that capital debt are about \$155 million a year.

As we go forward, the pressures on that cap are very real. I would note that the previous government was told that the capital program, if they continued along the path they were on, would exceed the capital cap, that they would exceed it in 2017-18. And so what that meant for us was, because of the cap, quite rightly, identified by the previous administration, we couldn't proceed with all the projects they had promised to proceed with, which would have violated the principles they themselves established, which would have meant putting more borrowed money in place to build more structures at a time when they were exceeding their own capital cap, also, therefore, taking money that could have gone to services and moving it over towards capital budgets.

Instead, what we decided to do was to recognize the need to catch up on the repairs and the maintenance and the various investments the previous government had neglected, investments like, for example, in the Interlake-Eastern Regional Health Authority in Eriksdale, replacing the emergency power generator; in Pinawa, replacing the air conditioning chiller; in Gimli, replacing the air conditioning unit at Betel Home; in Teulon, installing a sprinkler system at the Goodwin Lodge.

The member may think that these things aren't important, but frankly, for a senior living in one of these homes that doesn't have air conditioning on a hot summer day, there's nothing really that matters much more. And yet, these repairs were neglected or ignored and put off and put off while commitments were made in a variety of areas, which now the member highlights as being cuts when, in fact, they were never intended to be proceeded with in the first place.

Even in the pre-election period, the member made all—members—not the member personally, to be fair, but other strategists running his election campaign for his party made commitments to build

all kinds of facilities they had no intentions of building, because they didn't have any capacity with their capital cap, because they already had been told that they were exceeding their capital cap.

So these were empty promises. They were not, as the member falsely depicts them, under our management, cuts, because they were not real in the first place. And frankly, they—those empty promises violated the fundamental principles of sustainable health-care management in the first place when they were made. Why they were made, that just calls for a little bit of common sense to evaluate the degree of desperation of some political organizations at certain times in their history.

But the fact remains that the sustainability of the health-care system is what matters to us, and that's what we're going to keep focusing on.

Mr. Wiebe: So the—I mean, the Premier (Mr. Pallister) will note that, you know, in my previous question, you know, when he claimed I was pulling, you know, random cuts and holding those up as the example, I think those were merely examples within the Department of Active Living which was, up until his government came into power, its own department and charged with preventative health, charged with making steps in preventative health that could save costs and deliver better care down the road.

So, when we talk about the importance of spending smart, smart shopping—I think the Premier has used that phrase before; I am paying attention—this is a perfect example of it. And the Premier himself has talked about it many times and, in fact, campaigned partially on the idea of preventative health being important.

The Premier will know over \$1 billion a year is spent solely on treating individuals with chronic illnesses. This is a major cost saving opportunity within our health-care system; however, it only becomes possible when those investments are made, and what we're instead seeing is a 12 per cent decrease in the funding for the department that's charged with enacting this.

What I would like to do—again, the Premier doesn't want me to pull out particular programs, but maybe I can just ask specifically about a commitment that he made and a promise that he made, and maybe he could give us an answer on that. Has the Premier—does he have plans to introduce a dedicated stroke unit in Manitoba this year?

Mr. Pallister: Unfortunately not, although, in the future, definitely.

And I appreciate and I share the member's concern very much about preventative health-care investments, and it's something I've certainly advocated for at the federal level, as I mentioned earlier, with respect to indigenous Canadians. It's something that I think is—as a general category, is a very important aspect of what we need to do.

We continue to—a former Health minister in this province once said to me: I'm not really the minister of Health; I'm the minister of illness. And, in fact, as the member knows, conceptually, a tremendous amount of our dollars are spent treating illness that could have been prevented with the right decisions being made earlier on.

Mr. Scott Johnston, Acting Chairperson, in the Chair
* (15:50)

But let me add that, when the empty promises of the previous administration were made in respect of promising new facilities in a wide array of categories, at the same time as those were being made, the government—previous government knew that the capital budget cap was already exceeded, and they knew that they would, if they kept any of these promises, exceed that capital cap. But they also knew that if they did that, they would have to not do a number of other things such as the things we've done in the past year: \$150 million worth of projects around things that, though not as noticeable—not as conspicuous in their spending, not as illustrative, I suppose, of caring, as some might misinterpret—they are important nonetheless.

In Gillam, we constructed a new EMS facility. In Thompson, we addressed—began to address the scope of work required to fix mould in the hospital's crawl space. We repaired and upgraded existing heating, ventilation and air conditioning systems in the hospital. We installed a dedicated year-round air conditioning system for the lab at the hospital and upgraded existing heating, lighting and ventilation. In Prairie Mountain, in Brandon, for example, we replaced the heat—the reheat system piping at the Westman Regional Laboratory.

I mention these projects not to try to draw attention to our spending—rather, to draw attention to the reality that we recognize the importance of investing in maintenance and the prevention of further problems in our facilities, just as we recognize the need to address the preventative

aspects of health care. Without the facility's maintenance being maintained, the ability to serve the needs of the people who need the treatment and the ability to protect the best interests of the people who work there are, in fact, very, very important.

So I would mention these as some examples of projects that we've done, and, I think, I may have made the point that health, safety and security projects are a critical aspect of what we need to do on an ongoing basis. I would also, as I alluded to earlier, mention that, you know, the improvements that we've made—over \$30 million of actual specific capital projects in addition to these are—I can get into that list with the member. I guess I'm running down my time here, Mr. Chair, so I'll save that for later.

Mr. Wiebe: Well, the Premier (Mr. Pallister) wants to talk about capital spending that he has done, and so I'd like to maybe just explore that a little bit more.

Of course, one of the central planks of his campaign commitment during the election campaign was for 1,200 personal-care-home beds; I believe that was over eight years. And I think they were quite happy to point out that this was, in fact, over eight years and if you just—all you had to do was take the money that was committed during the campaign, spread that out over 1,200 beds; spread it out over eight years; and oh, all of a sudden, you realized that the money that was committed to actually isn't enough money to build those personal-care-home beds.

So the Premier has offered that maybe there's other solutions out there, other ways that these beds could be built. I know, in my own community, our personal-care-home project has been slashed. I know the member for Lac du Bonnet (Mr. Ewasko) knows this very well; other members on the government side, their personal-care-home projects are in jeopardy.

Maybe he can just talk about and maybe just commit to here today—this would be very helpful—just: What is the specific number—how many personal-care-home beds will be created maybe in the next year? Can we start with that?

Mr. Pallister: Well, again, I appreciate advice from anyone, and money-management advice especially is helpful. But I have to ask the member to remember that it does emanate from a political organization that ran our deficits up repeatedly, year over year over year, doubled our debt in the previous five years, got

us two credit rating downgrades and a warning of a third.

And so, really, in terms of advice on money management, the allocation and resources, I guess I'd ask the member, if he wants to have credibility on that issue, to separate himself from his colleagues and identify his expertise, because it wasn't evident when the previous administration was in government.

You know that there was an actual editorial here a few weeks ago in one of our local papers that said the NDP was returned to power in 1999 with a pledge to focus on improving health care, specifically pushing patients through hospitals faster to get them off gurneys lined up in hallways. You remember—I think we all remember that: end hallway medicine. You know, I think it was an investment of \$30,000 was going to do it or something. Gary Doer said the cap was off on health spending, and it now eats 44 per cent of the provincial budget. So why are Manitobans waiting in the ER hours longer than most Canadians? The ER wait times have been the albatross around the Winnipeg Regional Health Authority's neck. The more it tries, the bigger promises, the deeper the disappointment.

Two years ago, the WRHA pledged it would cut wait times to four hours, on average, by this year, and there was no plan behind the ambitious promise, and, predictably, the WRHA cried uncle before the target date passed. Now, according to the Canadian Institute for Health Information, Winnipeg has the dubious distinction of having the longest ER wait times on average, close to six hours, compared with Canada's three hours, hurray, hurray. And this measure is just a symptom, of course, of malaise within the health-care system. Whole basket of measures show Manitoba lagging Canada in wait times and the cost of health care. Manitobans have longer stays in the hospital. The cost per patient is much higher, as it is per capita spending—as is per capita spending on health care generally. And it goes on to talk about number of the things, and, actually, the member and I agree on the need for us to recognize that we have higher rates of diabetes and obesity, mortality from cancer, heart disease, stroke. We die younger, as do our babies; infant mortality rates are higher than everybody, apart from Northwest Territories and Nunavut.

The editorial goes on to say the Province cannot spend its way to fixing, through hospitals and prescriptions, what ails us. Health science is still

sorting through all of what's driving rising wait problems and chronic disease, particularly in the Aboriginal population where diabetes is endemic in some communities.

So, we have a number of challenges. Obviously, one of them is to stabilize and fix our finances so we're in a position to have confidence when we're investing in repairing our services. Our services have declined to the lowest levels in Canada. The—all that I've heard offered from members thus far and since the election is to spend more. I haven't heard a single idea in respect of reallocating funds with any department or portfolio; just spend more. But they spent more year after year, and less happened as a consequence. They actually took hundreds of millions of dollars out of our rainy-day fund and used it as the rationale that it was going to be invested in reducing wait times, and the wait times got longer.

So, if there's an easy answer, I'm sure the previous administration would've found it, and they didn't find it. And, you know, I have—I wait with great anticipation to hear a suggestion from members on where they might find savings within the operations of government and reallocate some of the resources from programs. They continue to highlight one program out of a—500 or 750 and say this one got gutted, transferred and sliced and diced, when, in fact, they couldn't say no to anything. They just spent more and more. Well, what was the consequence of that? We'll spend close to \$900 million this year on debt service costs. That can't go to any health program. Can't build a road. Can't fix a school up. Can't repair a roof. Can't do any of that because we got to spend all that money on interest.

So, until the members start coming up with some ideas—and it'd be a good time to do that; come up with some ideas on where we could spend a little less money, find some money for us to spend. Maybe they're going to be ripe for the criticism that all they want to do is spend more. And if that's all they want to do, then they're standing for higher taxes and higher debt, higher deficits and less money for everybody else down the road, and we don't think that's a fair way to protect the interests of our people today or tomorrow, and we'll do our very best to try to get this thing back on track now.

* (16:00)

I know that in the '90s, that they decry so much, there was a massive health-care transfer cut from the federal Liberal government, and, in spite of that, two

and a half times as many personal-care-home beds invested in in that period as there were since. So I know that much.

Mr. Wiebe: Well, I mean, this questioning is not about my plan; it's about the Premier's (Mr. Pallister) plan. And he was very happy to talk about it during the campaign. He had it all figured out. He's the one that called it a crisis in our personal-care-home situation in Manitoba and said that we needed to act, not tomorrow, not—now I'm forgetting the quote—not tomorrow, not next week, but right now, right? So the Premier was all fired up during the campaign to get at this.

You know, I think what he's now saying is, and it sort of betrays their entire mantra in government, that, you know, he wants to portray this as being about patient care or solving problems in health care. Instead, what they're actually doing is finding savings at any cost, and that is the cost to patient care. And we've certainly seen this in the personal-care-home space, where communities had projects that were well along in their development, they had not only money in the bank and had raised that through the hard work of the communities, had done their homework in identifying the needs, but in a lot of cases had actually spent money. Money had been allocated and spent in these projects to have them ready to go.

And so I'm sure on election night, when the Conservative government—majority government was elected, these particular groups weren't all that worried. They thought, well, here we are with a great project in areas with high need and a government that is now saying that this is going to be a priority for them. And the first thing that they do instead, is to cut those programs. And I think this took them by surprise, as it did every Manitoban who thought they knew what they were getting when they elected this government.

So maybe I—and, again, so this is the Premier's plan. We're not talking about my thoughts, and I'd be happy to share with him all of my thoughts, and the thoughts that I've had, and the ideas that I've gotten from my constituents and from other Manitobans, certainly, you know, from many, many experts and people who are—know a lot more than I do about personal-care homes and medical delivery of health care in our province. We can talk about those. But that's not what's helpful.

What's helpful is getting down to this budget that this Premier presented, which doesn't allocate the

money adequately to build personal-care-home space that I can see. But maybe he can point me in the right direction. Show me the line. Show me where it is and tell us how many beds are going to be built this year, how many beds are going to be built next year, how many build-beds are going to be built the year after? Let's start with that. At least it gets us the first four years, and then we can go from there. We know the first year has been zero, so we'll put that on the record. Now let's see what year 2, 3 and 4 may bring.

Mr. Pallister: Okay, well, then, we don't—we've only got to go back only 13 months, so let's go back 13 months: NDP's seeking re-election, pretty desperate, pretty scared. They've been reading the polling numbers for the previous couple of years. They had a rebellion because they read the polling numbers. In fact, they were going to go down if they didn't change their leader. They had a contest. Everybody tried to do their best to compete on that contest, kind of ignored the rest of the problems in the province while they were doing it, came out the way some wanted and the way some didn't, and then they decided to get into an election campaign and they started making promises.

So what did they promise? Well, lots of things. So I've got a list here, and I'm going to go through it, because it's important to put in context here, because what they didn't do was they didn't say they'd save a penny, they just said they'd spend more money. And this is what got rejected by Manitobans.

Now what we did, instead, was we ran on the most modest platform Manitobans have seen for a long, long time. We put together about \$100 million of anticipated investments, what we would make, and we outlined \$100 million of savings we would find—a balanced approach. And the result was the largest election majority in a century.

Now, the member's criticizing me for doing it, but we're doing what we said we'd do. What we said we'd do is we'd find savings within the government's operation, not go to Manitobans and jack up taxes—so two budgets in a row, the member hasn't asked me much about that, didn't raise taxes. What the NDP did instead was they went to the people of Manitoba—and the member seems to be pursuing this line again—they promised a ton of things that they would do and they didn't promise that they would reduce spending one nickel.

And what happened at the ballot box is at least partially—I mean, some would blame the previous leader, I suppose, but I would say at least partially a

failure to recognize that most Manitobans understand you can't spend your way out of trouble. So the Free Press editorial I mentioned earlier says the same thing: you can't spend your way out of trouble.

But, before I read this list of over \$600 million of NDP commitments—so-called commitments made in just a five-week period, okay, during the election campaign—\$600 million in commitments, I got to tell you about FleetNet.

You know, now, the member talks about us not keeping our promises, and that's a neat little phrase to throw out there, except we are. We're doing exactly what we said we'd do. We said after a decade of debt, we'd fix the finances; we're focused on that. Decade of decay, we would repair the services; we're making improvements on that. Decade of decline, we'd work with Manitobans, partner on economic growth, and the business optimism in our province has never been as high as it is right now. Capital investment is starting to flow in. It ain't going to be an easy road. It never is an easy road, because the private sector doesn't work like that.

But the fact is if you understand the private sector, you can work with it. And we understand it because we have people from that background in government right now, where the previous government failed to have much affinity for the private sector—a sort of antipathy, I'd say.

FleetNet is a mobile two-way radio communication system. It's used by public safety and public service agencies like fire, ambulance and police to communicate between themselves and other emergency responders during emergencies. The previous administration was told repeatedly over a seven-year period—maybe longer—they were told, you've got to fix this system. This system's obsolete. Your emergency personnel aren't going to be able to communicate and stay in touch with each other. This is what they were told. They were told it repeatedly.

Did they do anything about it? They did nothing about it. What happened? The system started to fail, quite eminently predictable, through neglect. So in the last couple of years, the people running this system have had to buy parts on eBay to keep it going. And we get handed the bill to fix this thing, and we will fix this thing, but it's going to cost half a billion dollars. That's an example for the member of why, when he raises his two or three examples out of 500 programs and says we're slicing them, he fails to recognize the problem he created—he and his colleagues—by neglect.

They neglected roofs and access and electrical and plumbing so they could show off with their infrastructure projects. They neglected FleetNet, a half-a-billion-dollar investment that needs to be made to protect firefighters and ambulance workers.

The member talks—the member for Flin Flon (Mr. Lindsey) talks a good game about caring about workers. He's with—he's surrounded—I know he's a new member. I'm not blaming him, but he's surrounded by people who knew this was going to happen. They knew it for a long time, and they put their front-line workers at risk, and they did it by neglecting to make an investment they should have been making for years.

Now, run away from that one if you will, but I don't think we're going to run away from it. We've got to face it. We have to fix that emergency communication system, and it's going to cost—we have an estimate of close to half a billion dollars. And that's why when the member has his wish list and walks around with it, he's either proposing we jack up taxes, which we did not run on a promise to do; we ran on a promise not to. So he's asked—if he wants to take the position we should jack up taxes or run higher deficits, take it. But if he wants to take the position we're going to ignore things like FleetNet or fixing a roof in a school, we're not going to do that. We're going to invest money in those things, because they're urgent, they're priorities, and they have to be invested in.

Mr. Wiebe: Well, I—and, you know, this member is not picking items off a list—off a wish list.

I'm simply talking about the only personal-care-home projects that are shovel-ready in this province right now and trying to get a sense from this Premier (Mr. Pallister) any number, any kind of idea how he is going to fill his election commitment—the commitment that he made to build personal-care-home beds. The situation that he called a crisis, that he said he was going to fix immediately in his first 100 days maybe—I don't know—but he was going to get on it right away.

And so I'm asking about the three projects—the only three projects right now in this province that could actually help him meet his mandate, and he won't even give me a sense of just even the number. Maybe he's got an idea. Maybe it won't be 1,200 personal-care-home beds this year, I understand. How many would it be? It's been zero so far. That's what I ask him.

But, before I get to my next question, I wanted to ask and maybe he—the Premier neglected—he got all fired up there—he neglected to read into the record this list of commitments that he was mentioning. Maybe he would—just wants to table that, or in his next answer he can just read through that list. I think that would be helpful for the committee.

* (16:10)

What I wanted to ask the Premier about, though, was with regards to the WRHA. The Hospital Home Team care program, which, he'll know very well, was operating—was providing great service at a great value for Manitobans in—right out of the Concordia Hospital, actually.

When did he make the decision that that Hospital Home Team would be cut?

Mr. Pallister: Well, I'm happy to accommodate the member. We've got a couple of lists here I can put on the record, and I will.

On the capital projects that we've committed to pursuing in '16-17, and have undertaken already, I referenced some of them already, so I won't re-read those into the record, but in terms of Prairie Mountain Health, I'll go back to that one: in Brandon, replacing the reheat system piping at Westman Regional Laboratory; replacing parts of the roof at Brandon Regional Health Centre; replacing the nurse-call system at Fairview home; replacing the roof at the health centre personal-care home in Rivers; replacing dry—the sprinkler lines at the health centre personal-care home in Hartney; installing a sprinkler system at the Russell Personal Care Home; in the Santé Sud in Portage la Prairie, replacing the nurse-call and patient-wandering security systems at the Portage District General Hospital; in Notre-Dame-de-Lourdes, replacing the nurse-call system at the Foyer Notre Dame; in St. Claude, repairing the roof at the personal-care home; in Carman, replacing the air unit in the lab at the hospital; in Grunthal, installing a sprinkler system at Menno Home; Steinbach, installing a sprinkler system in the support service areas at Rest Haven Nursing Home; in Manitoba Renal Program, replacing the dialysis reverse osmosis system at Boundary Trails Health Centre; at CancerCare Manitoba in Winnipeg, upgrading emergency power backup upgrades to patient care systems in Winnipeg and replacing and upgrading anchors and railings for the fall protection system; in the Winnipeg RHA, the Deer Lodge Centre, replacing the roof; the Golden West Centennial Lodge, replacing the nurse-call

system; Actionmarguerite in St. Boniface, replacing the nurse-call system; in St. Boniface general hospital, upgrading the elevators, replacing the existing fire panel; in Actionmarguerite in St. Vital, replacing parts of the roof; in Fred Douglas Lodge, replacing flooring; Misericordia Health Centre, replacing the medical vacuum system, replacing the main electrical switch gear; Health Sciences Centre, repairing the existing building siding; Concordia Hospital, replacing the medical vacuum pump system. Estimated investments on just those items I have read into the record: more than \$20 million.

Madam—Mr. Chair, what we have is an example of a number of worthwhile projects totalling \$20 million. That represents one twenty-fifth, or 4 per cent, of the estimated cost of replacing the FleetNet system—the FleetNet system which was handed to us unrepaired, damaged, obsolete, ready to put front-line workers in danger by the previous administration, who did nothing about it. I know that on the list of NDP platform spending commitments, not once did they reference that they would fix the FleetNet system for front-line-worker safety.

Mr. Wiebe: So that's what I understood the Premier (Mr. Pallister) to be tabling for us is the list of—he said—commitments that were—that they were not going to pursue that—I think he said \$600 million worth of commitments that the NDP had committed to do that he will not now follow through on.

So maybe he could read that into the record. Or, table it would be more time efficient.

Mr. Pallister: Well, I'm not tabling anything in reference to fantasy proposals by the previous administration. What I'm putting on the record is actual projects that we're doing. I'm putting on the record money we're investing in actual projects that needed to be done and were neglected by the previous administration.

Let's keep going with these. I mean, Interlake-Eastern Regional Health Authority in Arborg, we upgraded the air conditioning, replaced the X-ray room door and frame at the health centre. Yes, the X-ray room—that—just that one project, the X-ray door and frame at the health centre needed to be fixed. Wasn't fixed. Well, a lot of promises. I mean, we've got—I'll get into these later, \$600 million of promises during the election campaign by the NDP. Nowhere in here did they talk about fixing the X-ray room door at the Arborg facility. No word. There's nothing in here about doing any repairs to

facilities. No, just a lot of other promises. Didn't talk about FleetNet or the X-ray room door at Arborg.

In Ashern, we renovated the shower and utility rooms at the hospital and personal care home, and we replaced the tub at the Lakeshore general hospital, so they got a new tub there. In Eriksdale, we replaced the roof at the hospital and the personal care home; none of that was mentioned. Even though the Interlake riding was a hotspot for political contestation by the NDP, they failed to make any reference to improving facilities in respect of these things. In Little Saskatchewan First Nation, we developed a mobile-clinic site; in Pine Falls, replaced the nurse call system and upgraded the software for the patient-wandering security system at the health complex. In Eriksdale, Fisher Branch and Oakbank, we installed mixing valve; I'll get one of the staff to explain to me what the mixing valves actually do. In Selkirk, we replaced bathtubs—I know what the bathtubs do—in wings one and two, and replacing the door alarm system at the Betel home, in Selkirk.

In the northern regional health authority, in Flin Flon, replaced the domestic water booster system; upgraded the heating, ventilation and air-conditioning systems in the isolation room at the hospital. In Lynn Lake, repaired the main service electrical disconnect; and, in The Pas, renovated the kitchenette at St. Paul's Personal Care Home; and insulated the boiler pump room; and upgraded the heating, the ventilation and the air-conditioning systems in the laundry at the health complex. A lot of good work going on, and these are projects we've undertaken already. In Thompson, we upgraded the operating room theatre's surgical lighting, upgraded security for the seclusion rooms and upgraded the water booster in the hospital.

Now, the member wants me to table what we didn't do, but what I'm putting on the record is what we did do, because, I think, this is how you improve health care: you actually do the things you say you'll do. We said we'd fix the system and repair; that's exactly what we're doing. And we're going to keep on doing it.

The previous administration neglected the repairs, whether it was in health care or in repairing the buildings our children are educated in or in building our road networks and maintaining them properly or in doing drainage around the province. These were neglected by the previous administration in favour of more notable, showy projects—ones

where a sign could go up beside them, something like Steady Growth could be depicted, \$2 million could be spent portraying the investment that the members were making. But, of course, no signs go up around facilities that get a new mobile clinic or a bathtub or a door repaired. It's not as showy; that doesn't mean it's not as important. So we'll keep making those important investments in health care and improve the health-care access and quality for Manitobans as a result.

Mr. Wiebe: Well, in fact, it was the Premier (Mr. Pallister) who offered to table the document or to read it into the record, so he has—he's shown it to the committee. He's held it up for the committee, but he refuses to table it or just read that into the record. So I'm going to ask again. I think if, and I don't know the rules of this committee as—maybe as well as I should, but, I think, when a document is held up and shown to the committee, that it is then used as a prop maybe or expected that the information he alluded to a number of times and, in fact, said he was going to table it. So I'd ask him to do that.

What I'd also like to note from the Premier, and this is something his, I think, his staff could be helpful in, is to find out exactly how much has been spent on the—maybe we'll just start with a list of capital projects that he publicly said he would not fund: so the personal-care-home project at Park Manor personal care home, the personal-care-home project in Lac du Bonnet; at Bridgewater, the CancerCare facility. How much money—government money has been spent on those projects to date? And maybe he can—I could take that as—or he could take that as notice, if that's more—if that's easier for his staff, and I can see them working frantically to find that information. So we'll just maybe leave that with the Premier to answer.

Mr. Pallister: Well, I would hope the member would also understand while he's asking for uncompleted projects, that he should also note that \$500 million of funds will be, of course, used to replace the aging FleetNet—antiquated FleetNet system that, therefore, may not be available to go to the imaginary projects he wishes me to describe.

What I would like to do, though, is continue to describe the projects we are doing, because, I think, Manitobans deserve to know where their hard-earned money is being invested. And it's being invested in the Prairie Mountain Health district, in Brandon: replacing the flooring at the Dinsdale Personal Care Home.

* (16:20)

And I want to remind the member that every one of these projects I mention has been proposed to be invested in to the previous government who chose not to. And so what we are doing is investing in projects which we choose to invest in on behalf of Manitobans using their hard-earned dollars that were some of them around for a long time.

I remember, for example, I remember the previous government talking about putting up a hospital at Selkirk in four different election campaigns. It went on for years and years that promise—[interjection] Yes, yes, and then they put in piles in the ground one year and they—then nothing happened and the snow got on them and the local people took to calling it Stonehenge over there at the site. It was interesting, yes. A lot of promises, but not a lot done.

Anyway on the facility upgrades, Carberry got upgraded fire alarms at their health centre. In Deloraine, we replaced the roof at the health centre and at the Bren Del Win Lodge. In Erikson, replaced the nurse call systems at the health centre. In Glenboro, replaced the shingles at the personal-care home. Hartney, replaced the shingles at the personal-care home as well.

So those are important things to do, you know, you replace shingles on a roof it's less likely to leak. That's important. At Melita, they replaced the fire alarm system at the health centre. In Neepawa, they replaced the flooring and the roof at the health centre. In Rosburn, upgraded the fire panel, replaced the nurse call system and patient wandering security system at the personal-care home. Those are pretty important things.

In Russell, they replaced the fire alarm system at the health centre. Souris replaced the fire alarm panel. I see the MLA for that area nodding in agreement. I know that he would've very likely tried to take credit for that announcement, but we all, as a team, share in the accomplishments that Manitobans enable us to achieve as a result of spending their hard-earned money, and so the member for that riding should not solely and independently of all others try to get credit for this project.

In Treherne we replaced the fire alarm panel at the Tiger Hills Health Centre. In the southern health centre—Southern Health district regional RHA, we—in Altona replaced the dry sprinkler. Now, I would like some explanation as to what a dry sprinkler is.

Maybe one of the members can offer that up—the dry sprinkler at the health centre. I expect the member from Flin Flon knows what that is, and I'm hoping he's going to put that on record.

In Crystal City we replaced the air conditioner at the Rock Lake hospital, and it can get hot down in Crystal City, and people deserve to have an air conditioner that are at the Rock Lake hospital because they are in there because they're sick.

At Gladstone, we installed underground storage tanks at the Seven Regions Health Centre. I'm familiar with Gladstone that's a real nice little community there. Yes, I used to teach there. And then undertaking minor renovations at the kitchen at Third Crossing Manor.

In MacGregor we purchased and renovated a building for an emergency medical services vehicle. Boundary Trails Health Centre, replaced a reverse osmosis unit in the lab and upgraded a patient wandering security system. In Morris, repaired the roof at the hospital.

Now, you may be noticing a little bit of a trend if you're paying attention to all these projects. I've noticed a lot of roofs that went without being repaired for, you know, some of them very likely a long time. It's kind of symbolic, you know, the roof is the thing that symbolically protects the people in the building. It guards, and when you neglect to collect—to protect the people in the building by neglecting to repair their roof, it sends a kind of a good message to people that—it's pretty clear, I think, that you maybe don't care enough about protecting the people you care about something else instead.

In Notre Dame de Lourdes, replaced the fire alarm system and repaired the roof at the Foyer Notre Dame. In Manitou—fine community, great little arts centre there. I encourage you to travel to there. It's named after Nellie McClung, a famous Manitoban—centennial of Nellie McClung's tremendous accomplishments.

And I'll continue, given the opportunity, because there are numerous other projects that we've proceeded with which I would like to highlight and give Manitobans the confidence of knowing that we will be investing in these types of projects to give greater security to them, including repairing the roof over the hospital and care home that they and their loved ones will need some day.

Mr. Wiebe: Well, it's becoming very clear that the Premier (Mr. Pallister) refuses to, once again, table a

document for the committee that he referenced. In fact, he said he was going to table or that he was going to read into the record. He refuses to do that, and it's not very helpful. It's not helpful for the information of Manitobans and I think it was a pretty direct question, and a pretty direct commitment by the Premier that he would do so. So it's very unfortunate.

But, seeing as we're getting nowhere at all with that and he refuses to do that, I'm going to switch gears and just ask very pointedly: Exactly at what point did the Premier become aware that in order to meet their budget target of \$80-million reduction in the WRHA budget, when did he become aware that \$30 million of that savings would need to come from the closing of emergency rooms this year?

Mr. Pallister: We'll dig up some of that information, not the first part which the member falsely alludes to.

He did speak about commitments. Making commitments is something I don't do lightly, and so that's why I react somewhat harshly to the member's false accusation about me making a commitment I did not make. I have committed to reading into the record a list of projects we undertook so that the member has a better understanding of what those are, and I will continue to read into the record those projects.

I will also, though, save for—after I'm done that, save in respect of referring to them, commitments made by the former government in the election campaign of 13 months ago. They made a variety of commitments as well, direct commitments, which, if kept—and I don't think there was any intention to keep them—would have been kept to the detriment and danger of future and present residents of our province.

But going back to important projects to improve health care in our province, in Manitou, we upgraded the patient-security wandering system, and here we go again, replaced the roof at the Pembina Manitou—Pembina Manitoba health centre. And if you haven't had a chance to travel to Manitou—and you should check it out—it's a lot different from Flin Flon, but they're both really nice communities. And Manitou has an incredible little theatre there. It's amazing.

St-Pierre-Jolys, we repaired the roof, again, and also did some drainage work at the DeSalaberry District Health Centre in St-Pierre; in Steinbach, replaced the nurse call system at 'besda' hospital. In Swan Lake, we repaired the building-control system

at Lorne Memorial Hospital. In Vita, which I know one of our members has a great interest in, minor renovations to the kitchen at the health centre. He also has significant interest in the kitchens of our province as well, and some expertise in them.

In Cadham Provincial Laboratory, we have installed airflow monitors, upgraded direct digital controls, replaced freezers and remodelled the clean-and-dirty-space separation. At the WRHA at Actionmarguerite in St. Vital, we repaired the elevator. At the Bethania personal-care home, we installed a key-scan access-control system. At the Deer Lodge Centre, we upgraded the card-swipe system. The Donwood Manor—again, this is in WRHA—investigated possible structural pile issues; at Fred Douglas Lodge, upgraded the elevator, replaced galvanized pipe. At the Golden Links Lodge, we replaced the front doors.

At the Grace general hospital, we upgraded the critical building-management system controllers and replaced the horizontal drain lines. At Health Sciences Centre, we replaced the sanitary-waste stack; Children's Hospital, replaced the sanitary pipe. At Lions Manor, we replaced the flooring on the fourth floor; Luther Home, replaced the flooring; Meadowood Manor, installed a building card-access system and replaced heat exchangers; Seven Oaks General Hospital, replaced a domestic water line, repaired the exterior of the building and replaced flooring in the patient tower; Southeast Personal Care Home, replaced the boiler chimney; St. Amant, replaced the fire alarm system; St. Joseph's Residence, upgrading the roam-alert and integrated card-scan security systems; at the Convalescent Home, installed freeze protection in the laundry room; Middlechurch Home, replaced the reverse-osmosis system; at the Saul Simkin centre, replaced the barcol software and upgraded the emergency paging system; at Victoria General Hospital, waterproofed the service tunnel, replaced the shower water-temperature valves, invested in barricade ligature prevention, and all of these projects, more than \$8 million worth in just that category alone, very significant.

* (16:30)

And I know the member for Flin Flon wants to tell us about this dry fire prevention system that was replaced in the one facility, and I'm interested to know if he could tell us. That was in Hartney—replace the dry sprinkler lines at the health centre. I'm interested to know, and I think he knows what

that means. Dry sprinklers—I don't know what that means. Maybe, Mr. Chair, the member would be gracious enough to just explain.

Mr. Tom Lindsey (Flin Flon): I don't believe we're actually here to waste each other's time, so I'm not going to waste your time and mine by playing that game with the Premier.

Mr. Pallister: I'm sorry the member considers a major repair to a health-care facility as a waste of time, and I'm glad that he put it on the record that he does. I certainly don't.

Mr. Wiebe: When did the Premier (Mr. Pallister) become aware that to meet their budget target of \$80 million in savings this year, that \$30 million in savings would need to come from emergency rooms in the WRHA?

Mr. Pallister: I believe that I became aware that the previous government had handed us a \$500-million bill for FleetNet about—if I recall it was about four months after the election, yes—it was about a \$500-million bill that they had ignored and it was thrown up into our face to fix it, like many other things—fiscal mess, the 10th out 10 rankings on most programs for social delivery, health care, education, social services, child-care waits, bottom of the barrel, poverty, courtroom delays. I mean, the member for Minto (Mr. Swan) knows all about that, because he was there when they were created.

So we have all these challenges and we're going to face them. The members have highlighted today their willingness to promote higher taxes, and certainly they have failed to highlight any understanding of the need to make difficult decisions. Those decisions they failed to make were handed to us to make, and certainly, in the course of our first year in government, we became aware of many things—the poison in the water that we were left with. It's ironic that a political organization that claims that it cares about the environment would poison the water. A political organization that claims it believes you can prime the pump with—tell us to prime it with poisoned water—that just doesn't seem very fair or right.

Mr. Chairperson in the Chair

So there were a number of things that were handed to us, and I think, perhaps, one of the larger ones that just really typifies the neglect of the previous administration was the FleetNet thing. You know, we got front-line workers out there, we got a disaster circumstance, fire or flood; they're trying to

communicate with each other and do the best they can, the best possible job they can to protect themselves and each other and to protect Manitobans, and they're supposed to communicate with something where the parts are bought on eBay. That's just almost unbelievable to me. And to be advised for years in advance and to do nothing about it, that also is just incredible, you know.

The principal responsibilities of government are to protect people in times of need and in times of vulnerability, and when would a better example be than during a fire or a flood or an emergency of some kind. I mean, if you can't communicate, then people can't be well-served and protected. If you can't communicate, you can't protect your colleagues, you're trying to fight a fire or if you're trying to communicate with ambulance personnel and there's a need to change direction, take a call from mid-priority to high-priority, you need to know it. You need to know—you need to know—because lives are on the line, and how do you do that when you have a system that has to be maintained with duct tape and a rubber band—a \$500-million mistake.

And now the members say, well, we're not keeping our promises. Well, we are. We are because we ran on a promise we'd fix the finances. It means making difficult decisions. We ran on a promise to repair the services and that means making priority decisions. It means taking money away from lower priority areas, which the members will always highlight, and I know—I know—they believe that everything's a high priority, but if everything was a high priority then nothing is a high priority, unless you believe. It's apparent some members believe. The member for, I believe it was Fort Garry-Riverview (Mr. Allum) believes that deficits are a neo-Liberal conspiracy. That's what he describes them as, that there isn't a problem running deficits, but most Manitobans who have to try to balance their own books would beg to differ and would understand that you can't just keep spending your kids' money to the point where you're borrowing on their future. That's exactly what the previous administration handed us, including a \$500-million bill for an emergency communications system. Now they say, well, you should build things, and you should build them faster. We're going to repair the services of this province. We're going to improve them. It's going to take time. Can't do 17 year—you can't undo 17 years of mismanagement in one year. And I'd like to do things faster, but I'm not going to do it at the risk of the very programs we

need to maintain and enhance over time. We have to do it sustainably, so we will.

Mr. Lindsey: Can the Premier (Mr. Pallister) tell us what the government's plans are, going forward, to make healthy food more accessible to people in the North, particularly people that are—fly-in communities?

Mr. Pallister: Be glad to pull some information together for the member. I appreciate him raising that question. It's an issue that concerns me. I know it concerns him. And we'll pull something together for him for our next session rather than me—I'll get to this NDP platform list later, but I appreciate his question.

Mr. Lindsey: Does the government have any plan to help out or to work with the federal government and First Nations communities to get them off diesel and get them electrified?

Mr. Pallister: Yes, there was actually—that's a good question. There was an interprovincial group that I was part of that formed a pretty good plan. I'll actually get a copy for the member. I think he'll be interested in reading that.

This is a challenge, as he well knows. You know, we have a number of the remote communities don't have—aren't on the grid, you know, don't have access to very easy alternative sources of power, and diesel has been the mainstay in a lot of communities for a long time. We know the carbon print on that, and so I will undertake to get that report to the member, and I think he'll enjoy reading that.

Mr. Lindsey: Well, let's switch gears. Still talking about the North, but let's talk a little bit about Northern Patient Transfer. My understanding, although there's been nothing really official in the budget documents, is while the Northern Health Region has been mandated to cut \$6 million from their general budget, there's a bunch of things taking place already, that are cutting services and cutting the money that goes towards making health care for people in the North not equal, but more equitable.

Can the First Minister talk a little about what the plan is to make sure that health care remains accessible to people that rely on Northern Patient Transfer?

Mr. Pallister: Again, I'll encourage the member, for a more 'fro'—a fulsome response, he'll get one from the Health Minister because he has access to more of that data. I won't undertake to give him too much on

that because I know the Health Minister would be glad to do that.

In respect of the transfer, the mobility issues, I have a real appreciation for the challenges of rural and northern Manitobans in terms of accessing health care, and I am—always had my eye on this issue because I do think it's important. I think people live in some beautiful communities that are very isolated, and the people there want to grow their community. They want to see more opportunities there, and they want to raise their kids there, and if there is a concern or a fear about being able to access health care, that's a limiting factor. I know I've talked to numerous people at the, well, AMM meetings. Of course, the member attends and knows that people come from around the province to those. It's one example of many venues where you can get perspectives from people who know first-hand the challenges of these communities. Part of this—part of the Look North strategy, it's more focused on economic growth and economic development, I think. The member's asking about health-care services, but they're integrated things because without the health-care services, is a very big challenge to a community to try to grow and attract investment and people. It's a first concern of most families; quality of education'd be high too, of course, and that's another concern. But I think the—as I said to the member earlier, I think in terms of the detail as to the investment dollars and so on, the Health Minister will have that information for him. I would reference, though, that we are still negotiating with the federal government on them doing their part here in respect of this.

* (16:40)

This is—for First Nations communities on transport costs, the federal government has shipped those off to the provinces, and that's not right or fair. There's a bill, I don't have the number right here with me, but it's in the tens of millions of dollars over the years that we've incurred doing the federal government's job for them and needs—they need to step up to the plate and do their part, too.

Mr. Lindsey: I believe that the number that the minister—First Minister's looking for is like \$35 million that federal government owes the Province for Northern Patient Transfer. Now, my understanding is that his government has decided they are just not going to pay anymore for First Nations people.

Is that accurate?

Mr. Pallister: Maybe the member could put more detail on the record. It's the first I've heard of that, but, you know, we did inherit a \$60-million deficit on the RHAs, so there's some real cost challenges. And I've talked a fair bit already about some of the poisoned-water aspects of what we had thrown at us, and that was one of them, \$60 million, not a small amount of money, and that was the year-over-year deficits of the RHAs. I'm not, I mean, I'm not trying to, in any way, minimize the challenges faced by people at the RHAs. They're real and they're big, but at the same time we can't continue—if we care about every other thing that the government has to do and every other department of government and we care about our future financial circumstances and those that we'll leave to others, we can't continue to just simply throw more money at health care and take it from everywhere else. That cannibalization strategy's going to leave us without the ability to maintain education and social services, infrastructure and numerous other programs.

So we're asking the RHAs to get their financial house in order, and that's not going to be an easy task. But not asking them has already had the consequence that we've seen of massive deficits year over year, close to \$1 billion now in debt-service costs, going up, debt accumulating faster because of higher debt-service costs as a result of credit-rating downgrades which add to our debt costs, and this all at a time, I'd emphasize to the member and members of the committee, when our debt-service—when our interest rates, our borrowing costs are very, very, very low. This means that we're at the risk of additional interest rate charges as interest rates rise. In fact, borrowing costs currently for individuals and governments are the lowest they've been in human history. The likelihood of them dropping much further isn't very good; the likelihood of them rising is very real. Certainly, the consequences are greater as we move forward.

If you consider just a household mortgage, somebody has a, what seems unreal to me as an old-timer, I guess, a mortgage at 3 per cent for five years on a \$300,000 mortgage. You know, that 3 per cent mortgage, if it comes in on \$300,000 a year, just thinking simple interest, not talking about repaying the principal, at 3 per cent that's \$9,000 after tax. Now, depending on your tax bracket that could be \$15,000 a year—\$15,000 to pay that mortgage, 3 per cent on \$300,000. What happens if interest rates go to 5? All of a sudden it's \$15,000 interest and you've got to make twenty-two,

twenty-three thousand dollars to get that net—\$22,000 difference for one household with a 2 per cent increase in their mortgage on renewal. You see what I mean by interest-rate risk. And what does that do to that family and what does it do to the economy of a province when all of a sudden there's \$20,000-plus—and that's about the average mortgage, my banker friends tell me. It's unbelievable, but that's what it amounts to and a lot of the—of Winnipeg now, you're talking about \$20,000 coming out of a household just for—because of that interest-rate fluctuation. That's a massive impact.

Now, that's a massive impact for a household, but what about for a province? First of all, that money isn't available to be spent, so that puts downward pressure on your job market and that hurts your economy.

Secondly, what about a province that owes a ton of money, say \$35 billion? What happens with all the money that comes up for renewal? All of a sudden we've got all that extra money going out to interest. And, you know, the members are all good to talk about spending more money, and you shouldn't save anything, and you shouldn't reduce any spending, but the fact remains if you don't do any of those things then you're leaving yourself in a real reckless, risky situation, because going forward, well, if you don't think interest rates arise, you might think it's okay, but it's going to be very, very risky going forward if we don't start addressing this now while we have the chance.

Mr. Lindsey: It's a somewhat—I'm not sure what the right term is, but First Minister—

An Honourable Member: Choose your words carefully.

Mr. Lindsey: Yes—makes reference to what the impact of this is on a family, and that's a very good question that he poses. At the time when families are being told that your mother, maybe she's 85 years old, got to go to Winnipeg for a hip replacement, but gee, your dad or the daughter can't go with them anymore because Northern Patient Transfer won't cover the cost to escort them.

Does the Premier (Mr. Pallister) see that there's an effect on a northern family from that somewhat cold-hearted decision?

Mr. Pallister: Well, the member refers to—harshly, I think—refers to the effort that we should all be sharing in and undertaking to try to make our health-care system sustainable, and he calls it

cold-hearted. Well, that's—that might be the way that a teenager describe their dad's behaviour of not letting them take the car out, but it doesn't make any sense when it comes to fiscal management. I mean, either you care about the long term or you're just selling out to today. And I get the sense the member's selling out to today, because what I've seen and what I understand is that—and what I understand is what a lot of other people understand—that you need to get back to balancing your books.

You know, balancing the books, it's not a foreign concept to most people. I think most people understand—Jack Layton understood it. He said, we're going to cost out and indicate absolutely every step that we will be taking to achieve balanced budgets and make sure services are there for Canadians in the future. That's what Jack Layton said. I agree with Jack. They—when he was the leader of the NDP, he unveiled a balanced budget platform. And he felt that that was the right thing to do, and I agree with him. So, you know, these—this is what he said. Here's what he said in a Globe and Mail interview: I have instituted in our party from the day I became leader, the policy of annual balanced budgets. People do not expect miracles. They expect wise and careful decisions that put their needs and those of their families first.

So the member talks about heartless, what would be heartless would be to continue to ignore the reality of what we've inherited in this province, which is a massive debt problem and a massive spending addiction problem by the previous government that needs to be addressed to correct the course. We don't correct the course by continuing with old habits that die hard. As hard as they may die, they must die, because what they do is they jeopardize the very sustainability of the services we count on, that's what Jack Layton said, and I agree with Jack on that. Now, we disagreed on some things, certainly, but on that we do not disagree.

So when the member speaks about cold-hearted or hard-hearted or whatever the phrase was you choose to throw at me there, I think I would say thick-headed and numbskullish would be the behaviour of anyone who would spend a child's money to try to prop up something today that jeopardizes that child's future. I would say that would be a major mistake. That would be hard-hearted. And Jack Layton would agree with me totally.

Mr. Lindsey: Well, it's strange that the Premier talks in a big concept, but he didn't answer the question,

and maybe I'll rephrase it so that—maybe he didn't understand.

* (16:50)

How does he feel about somebody's grandmother not being able to be accompanied on a somewhat arduous journey for someone in ill health, to get on an airplane, fly to a big city that they may not be used to, find a taxi to get to a hospital that they're not sure where it is, unaccompanied, because this government has decided that that person is no longer entitled to have someone go with them to help them get the care they need.

Mr. Pallister: Well, first of all, the member is describing a hypothetical situation that may or may not exist.

Secondly, if he's describing a situation that exists with respect to a First Nations person, this particular government has stood up on—and strongly advocated on behalf of that person and that person's family where his government, and he, himself, have sat on their hands and said nothing. We have stood up and advocated for the federal government to assume its rightful responsibilities. If this is a First Nations hypothetical situation he's describing, and it may well be, given his area of representation, then he needs to understand that we have been standing up and advocating for those very people.

But, when he talks about big concepts it's—really, it's not that hard to grab on to, to understand that you can't just keep spending tomorrow's money today. And so where the member needs—and where his heartfelt pleas to spend more money are going to continue to fall on deaf ears is because they depart from basic fundamental common sense in so many respects.

I mean, here's a quote from somebody who may well understand money pretty well. This was a quote from just a month ago on CBC, on an interview—on a program called *The House*. The member may have heard about it. It's *The House*—probably if he was in charge of it the roof would leak, but, if we're in charge of it, it would have had the shingles repaired. Anyway, it says here—it's quotes here: Are you just dumping more debt on the back of future generations? We have to be careful, because we're leaving a huge debt to future generations without much to show for it.

That was Tom Mulcair, and Tom Mulcair, he's an advocate for balance budgets too. So you got your Tom Mulcair position, your Jack Layton position,

and your member from Flin Flon position and which one of the three doesn't make any sense? I would say the latter.

You know, we have to correct the course for this province; we had to correct our health-care and spending practices to sustain and preserve our health-care programs. And, you know, as I said to the member from Concordia, who I know cares deeply about health care, as do I, as does my government: if you care deeply about health care, remember to care deeply about health care being sustainable; remember to care deeply about health care being available next year too. Remember to care deeply about that, and, if you've got an idea on how we can re-prioritize some spending, if you've got some suggestions on that—this is why I invited the NDP members along with all members of the House to participate in the prebudget consultation process, because they could come in, be part of it. I wanted it open to all party members. The Liberals came; they participated. The member for The Pas (Ms. Lathlin) did come to one meeting, and she was welcomed. But members sitting here today, every other member of the NDP refused to participate, didn't show up, didn't bother to come. People came from all over the province, all kinds of groups, all kinds of individuals came with perspectives, and we heard them, and sure, some of them are at cross purposes. I mean, if two people are always in agreement, one of them isn't thinking. So we're going to have disagreements, but at least we listened, and we have done our best to put in place a plan, a progressive plan, common-sense plan, balanced approach.

We're getting attacked from guys on the right side, saying we should do more to reduce the deficit. We're getting attacked from guys like the member for Flin Flon (Mr. Lindsey), say we should try spending our way to success. I don't mind that, but I do ask the members, in the interest of fairness and balance, to come up with a—come up with some ideas on where some savings might come from. They didn't come up with any when they were in government, but now they can come up with theoretical ideas because they're in opposition. Even that is an opportunity to come up with some reasonable and progressive ideas on how we can move towards a system that works better, not just one that spends more money and tries to get credit for spending it.

I mean, this *Free Press* editorial I started to read from at the outset—and I don't agree with all the *Free Press* editorials. Of course, the columnists I like; I

have great affection for. But I do say that this—the point that is being made here is that the health-care system cannot be improved simply by throwing more money at it. And the evidence is in the results, and the previous administration spent and spent and spent and spent beyond our means to sustain that spending with worse results in health care almost across the board. And that is not the way to future success in this province, so we won't follow their course of action. We'll use it as an example of what not to do while we endeavour to find best practices that give us a better road to follow on finding a future secure system that serves the people of our province now and tomorrow too.

Mr. Lindsey: Before I carry on with my line of questioning, I'd like to correct the Premier (Mr. Pallister) on his assertion that none of the members opposite attended his prebudget consultations. I most assuredly did attend one here. I know that the member from Fort Garry-Riverview attended one. The member from Tyndall Park was there, so perhaps the Premier, before he rails on, should check his facts.

An Honourable Member: Was he there?

Mr. Lindsey: I don't believe he was there, no—*[interjection]* So I just want to make that correction so that the Premier is aware that people were in attendance at some of those meetings.

But then I want to really focus on what he said, in answer to the question before he rambled on about other things, was my heartfelt plea is going to fall on deaf ears from this government, and I find that response so egregious that people in the North, seniors that have devoted their entire lives to building this province are now going to be abandoned by this Premier and this government, and any plea for them is going to fall on deaf ears. That's just so horrendous, Mr. Premier.

I will ask again: Do you believe that people from the North—and not just First Nations people, but certainly them as well—should be denied access to health care because of the horrendous costs associated with them personally trying to escort somebody to the city for health care?

Mr. Pallister: I appreciate the member's desperation in attempting to put comments on the record which do not reflect in any way, shape or form my sentiments or what I said, in fact.

I said that the member's entreaties would fall on deaf ears should he not find some logical way to find

the resources to support these kinds of programs because he is defying common sense—the common sense of Jack Layton, the common sense of Thomas Mulcair, the common sense of most Manitobans. So, as he flies in the face of all that logic, that was what I was referring to and I think and I hope that the member understands that, though his claims to care aren't backed up by any real reflection, any understanding or any demonstrated understanding of how caring actually happened.

I'd never believed that genuine caring was weeping openly while spending other people's money. I never believed that. I'm never going to believe that. And so while the member laments, he hasn't come up with a single idea as to where a dollar would come from to support the important program he references. He fails to recognize the challenges that are real that his previous government, which he chose to run for, ignored for years.

Numerous promises made; numerous promises broken. In the run-up to the election, promises were made to spend over \$600 million on the Keystone Centre, North Interlake Training Centre, combat gender-based violence, capital fund to build greenhouses, QuickCare clinics, the school capital funds, student loans to grants, Lorette multiplex, recreational facilities, research Lake Winnipeg, increase wages, PCH beds, language training, tourism and parks capital, hospital parking, 24-7 resource centres, community multiplexes, child-care and school-fee caps, film production centres, Internet improvements, East Side Road Authority, arts and culture, pool funding, daycare capital, fund apprentices, Concordia and Pan-Am facilities, Winnipeg roads, Front and Centre campaign, rail lines. These are some of the commitments the previous government made in the five-week writ period totalling over \$600 million of empty promises on top of a situation where they handed us a \$900-million deficit after promising that it would be less than half that amount, while ignoring the \$500-million investment that will be necessary to repair emergency phone centres in the province and many other things.

This ignores any other additional investments required for rapid transit, an inner road-inner-ring road, adding housing units, hiring more nurse practitioners, physician assistants, midwives. It ignores dozens of other categories. This is shameful conduct, Mr. Chair; this is not the conduct that will lead to a stronger, better system. This is just empty promises.

I'd ask the members to come up with some balanced approaches for a change, like Tom Mulcair and Jack Layton. We agree with balanced budgets.

Mr. Chairperson: The hour being 5 p.m., committee rise.

EDUCATION AND TRAINING

*(15:00)

Madam Chairperson (Colleen Mayer): Will the Committee of Supply please come to order. This section of the Committee of Supply will now resume considerations of the Estimates for the Department of Education and Training. As previously agreed, questioning for this department will proceed in a global manner.

The floor is now open for questions.

Mr. Wab Kinew (Fort Rouge): Can the minister tell the committee how much money the provincial government is contributing to the Red River College Innovation Centre?

Hon. Ian Wishart (Minister of Education and Training): We are guaranteeing the loan for them, which is \$54.8 million. And, with our guarantee, they were able to secure very favourable financing terms.

Mr. Kinew: So is the provincial government contributing any cash towards the construction of the Innovation Centre?

Mr. Wishart: We're not contributing any cash. Everything that we contribute is in terms of support and in terms of access to the loan. And there is, of course, an element of risk for the government in terms of backdrops should they not be able to be successful in their fundraising campaign.

Mr. Kinew: And what is the outlook in terms of the fundraising plan for the Red River College, you know, capital-capital fundraising initiative?

Mr. Wishart: Well, that is always a question as they have a little history in this area. They are optimistic and we believe in their optimism. They have good connections to industry. They have a very large, very successful alumni, but our guarantee was a key factor in their getting access to commercial loans.

Mr. Kinew: And what is the fundraising timeline for Red River College to hit that target?

Mr. Wishart: They believe they can accomplish their goal in five years.

Mr. Kinew: Is the term of the loan the same as the fundraising timeline? Like, is it a five-year loan?

Mr. Wishart: It's actually a line of credit, so it could be shorter than that; it could be longer than that.

Mr. Kinew: And has Red River College announced any donations towards this capital campaign to date?

Mr. Wishart: At this point in time, with the announcement today, they have not made any announcements about contributions to that, no.

Mr. Kinew: And what have the conversations been between the federal government and the provincial government with respect to financing this project?

Mr. Wishart: Okay, as this is part of sustainable infrastructure funding, the SIF program, this has been going back more than a year and we have a—had a number of discussions with them regarding this and it ended not too long ago when we signed the funding agreement with them. The funding does flow through us to that, to Red River.

Mr. Kinew: And what is the interest rate that the college will pay on the line of credit?

Mr. Wishart: Well, and I thank the—Madam Chair, and I believe this is actually, because it's a—negotiated between Red River and a private financial institution, that this is information we should not be disclosing, that you will have to ask them for that information.

Mr. Kinew: Just a point of clarification: So ask the college?

Mr. Wishart: Yes.

Mr. Kinew: Did the Red River College request a cash contribution from the provincial government towards this project?

Mr. Wishart: Well, I thank the member for the question.

Certainly, there's been some discussions about direct financial contributions over the period of time that it was put forward and in the process of back and forth, but we worked with them in regards to creative alternatives, because certainly there's not a lot of spare cash. And, if you want me to go into why there's not a lot of spare cash around I'd be very happy to talk about 17 years of that, but I don't think that would be a very productive use of our time.

But we did work with them. They are very happy to have us on board with them, to make sure that they have access to dollars from private

institutions that they probably wouldn't have got access to without a provincial backing.

Mr. Kinew: Are there any other initiatives other than the capital construction program that are rolled into this fundraising initiative that Red River College is launching?

Mr. Wishart: There's nothing else as part of this.

Mr. Kinew: Okay.

And has the minister undertaken an environmental survey of the capital fundraising scene in Manitoba towards determining whether there is any capacity amongst, you know, the donor pool in this province to be able to contribute towards a campaign such as this?

Mr. Wishart: Certainly, they had discussions not only with us but also with the financial institutions.

I am told that the financial institution themselves satisfied that there was capacity to do this, and I know that there was a fair bit of discussion with similar institutions in western Canada to Red River to see how—that had a history of doing fundraising from the private sector similar to what Red River envisions doing and so that there was a fair bit of learning with institutions in other parts of Canada as to how that might apply.

Mr. Kinew: So did the department review the due diligence that the financial institution had done?

Mr. Wishart: We certainly did our due diligence on the financial arrangements that were put forward to us for our approval, and we were satisfied not only as our department but the Department of Finance also did due diligence on this.

Mr. Kinew: What will be the province's contribution to the University of Manitoba's Front and Centre campaign this year?

Mr. Wishart: We—and I think the member's very aware of our public position on this—we continue to look at their proposals as they come forward.

I think the member knows that much of what they were looking to do in the future is not very detailed in terms of proposals at this point in time and I think it would be very appropriate for us to look at the value for money on a case-by-case basis.

We've had this discussion with the University of Manitoba. They were comfortable with our approach to this, and we continue to work together on that. We look forward to seeing some proposals from them in

the future. We've already co-funded some stuff with them, particularly related to engineering and a Smartpark.

Mr. Kinew: So which proposals have been submitted by the University of Manitoba to the department that would fall under that Front and Centre banner?

Mr. Wishart: Well, so far, we have worked with them on expanded engineering that I mentioned earlier. A second project in engineering, called the engineering hybrid pathway—the one that I had forgotten to mention earlier, which was the Churchill Marine Observatory, and, of course, Smartpark—yes, that was another one that we worked with them on.

* (15:10)

Mr. Kinew: Has the University of Manitoba submitted a proposal around the million dollars for the National Centre for Truth and Reconciliation?

Mr. Wishart: We've had some discussions with them related to that, but we have no official proposal at this point in time.

Mr. Kinew: Just to clarify, when the minister made reference to the engineering program, was that the additional engineering seats under the Helen Glass program title? And when he spoke of the hybrid programs at the—the joint program with Red River College? Could he clarify those points please?

Mr. Wishart: That's correct.

Mr. Kinew: Thank you.

The minister has announced changes to the MSBI program. What sort of due diligence and sort of environmental review of fundraising capacity in Manitoba was conducted before those changes were announced?

Mr. Wishart: Well, and I thank the member for the question, though it is a complicated one because there was a lot of consultations undertaken regarding to that. Not the least of which was determining some of the values that were existing in endowments out there because we changed the way money was matched in relation to them. So that was certainly a big part of that. And all institutions, all post-secondary institutions were consulted in this process, and we had discussions with them over a fairly long period of time. And, of course, we did quite a bit of consultation with private industry, as well to see what their capacity was in regards to that. We also did quite a bit of work with the Business

Council because they are, of course, a player in this as well. And then at—also with UMSU because they have programs that qualify for this type of matching relationship as well. So it was pretty extensive and over a fair period of time that we looked at what the capacity was.

We had good discussions with the post-secondary institutions as to what they felt their capacity was in relationship to fundraising and the matching money, and worked with them right from the start on this whole proposal.

Mr. Kinew: How much concern did the post-secondaries express during those consultations about being able to fundraise the additional matching funds?

Mr. Wishart: Well, I thank the member for the question.

It was actually very little. There was a few that had institutions that didn't have a lot of experience related to fundraising that did express some concern, and we are certainly working with them to help them through that process. But I think many of them were very quick to come on board with this approach because they felt that there was additional capacity out there. And, in fact, they had every reason to believe, based on what they had been receiving previously, that there was lots of additional capacity to match the dollars that we had put forward. So there was not a lot of concern.

Mr. Kinew: Does the minister expect that all the matching funds will be taken advantage of this year?

Mr. Wishart: At our most recent meetings with them, and we do continue, of course, to meet, it does look like that it'll all be used.

Mr. Kinew: Is University College of the North still a part of this MSBI initiative?

Mr. Wishart: Yes, that's correct.

Mr. Kinew: And so they will be able to take advantage of all the matching funds as part of this program?

Mr. Wishart: They're forecasting that they will be able to meet the goals and so are we.

Mr. Kinew: I'm open to being corrected here, but I believe in past years, University College of the North has not taken full advantage of the matching funds available to them. With that in mind, what steps is the department taking to ensure that UCN will be

able to maximize, you know, student aid—or, well, scholarships and bursaries through this program?

Mr. Wishart: It is true in the past that they have been unable to do that; however, with the help of our department and a number of other departments, including Executive Council, the Premier (Mr. Pallister) himself, they are on line to be able to achieve the fundraising goals that they had in mind.

Mr. Kinew: What will the Premier's involvement be in helping UCN towards that goal?

Mr. Wishart: Really, it's more a question—and we do fairly similar things in regards to that when we're working with private industry, making them aware that this opportunity exists and certainly encouraging them to take a look at helping 'manitotoba' students in this way, and the reception has been extremely good in regards to that. And there are many, mostly very large businesses in the North that are looking at this opportunity. Vale is one that has stepped up in a major way.

Mr. Kinew: Has Vale announced any contributions towards that end?

Mr. Wishart: I am told that they are currently in discussions with UCN and that we expect to hear something fairly shortly.

Mr. Kinew: The premier—or, premier—the minister made reference to the Business Council and the scholarships that are awarded through them; the Aboriginal bursaries initiative, I believe that's what the minister's talking about there. Any changes in terms of stipulations on how that money is spent? Any expectation of changes on the part of the Business Council and who they're awarding those dollars to?

Mr. Wishart: Of course, the choice of who they award to still remains with them, but they are on board with the change in funding ratio, so they are fundraising further.

Mr. Kinew: Thank you.

Can the minister tell the committee what the status is of the midwifery cohort that was located through UCN? And I'm sure you're familiar with the program that I'm referring to, given our past interactions in the House on that.

Mr. Wishart: The cohort that the member is referring to is, I believe, in their last year. We've been working with McMaster to make sure that they

have access to that program, and they are continuing to finish up that year.

Mr. Kinew: Yes, I understand that some of those students moved into their placements in the past academic year and, you know, have been successful to date, which is good news, welcome news.

* (15:20)

What is the—can the minister explain the funding arrangement with McMaster and the level of funding that is directed towards these—this cohort?

Mr. Wishart: This can take a minute, because it's fairly complicated.

Madam Chairperson: Honourable minister.

Mr. Wishart: Well, I thank the member for the question.

We were giving UCN \$993,000 per year. We are giving University of Manitoba \$521,000 per year, so there is a reduction in cost of \$441,000 per year and, as the member recalls, that there was a promise made during—before the election campaign, I guess, not during, to spend an additional \$832,000 that's on top of that and which has never gone forward.

We're in a process, and I'll anticipate the member's next question, I suspect, but we're in a process with Health to determine the labour-market needs now and into the future as to what they anticipate as, of course, they are the biggest single employer of midwifery students in the province. We are not at the conclusion of that so we do not have a final number, but we are having that discussion with them.

Mr. Kinew: So, just so—a quick point of clarification before following up on the larger point. So, the \$521K provided to U of M, that covers the contribution to McMaster and the, I guess, joint nature of the service delivery there?

Mr. Wishart: Yes, that's—amount we give to the University of Manitoba that covers their agreement with McMaster and their costs related to this program.

Mr. Kinew: So is this minister still committed to supporting this cohort through to completion of their program?

Mr. Wishart: Absolutely. We're committed to following this cohort through and we are committed to, once we have established what the target might be with the department of Health, to putting additional

programs in place. No estimate of the costs, of course, related to that, because we don't know what those numbers might look like. I know that some of the regional health authorities have differing views on how useful midwives are to them.

I know in my own one, where I've had discussions with the CEO who is now retired, she was not a particularly big fan of midwives and didn't really think they were terribly useful in her system as they stood. That doesn't mean that there won't be some changes, because she's not in that position any longer, she's retired. And we'll have additional discussions with the new board and the new CEO.

Madam Chairperson: Honourable minister for Fort Rouge—honourable member for Fort Rouge.

Mr. Kinew: Getting ahead of yourself, there.

What is the minister's view about the usefulness of midwives to the system in Manitoba?

Mr. Wishart: Certainly, I'd see that there is a need for them. I think the Department of Health is looking to expand their scope of practice from what it is at the moment, and I believe that will make them far more valuable in the system. I think that's probably important now and into the future.

You know, we're—as the member may recall, the Premier's (Mr. Pallister) second child came into the world with the help of a midwife; I believe the member for Kildonan (Mr. Curry)—yes, pay attention—brought, recently brought a child into the world with the help of a midwife, or actually his wife did, probably.

An Honourable Member: I was there.

Mr. Wishart: You were there; good for you.

And so we certainly value them. I think that particularly in rural and remote communities I think they can be very, very valuable in the future. And I think we should be looking for ways to expand their scope of practice to make them as useful as possible.

So I'm not an expert in this area. I certainly follow other people's—and advice related to this. But I see no reason to not continue to pursue this.

Ms. Nahanni Fontaine (St. Johns): Can the minister provide me with a little bit more information—or this committee—with a little bit more information in respect of what this expanded scope might encompass or might look like? Yes, we'll start with that.

Mr. Wishart: Well, and I could try and do that, but it would be very second- and third-hand. I would really recommend that that question would be far better put to the Minister of Health who is dealing directly with the people that are looking into that.

I had a good discussion with my—in my own regional health authority with the CEO in regards to this. As I said earlier, she wasn't particular fan and that's her choice and you know, well, she made some management choices that reflected that. I suspect that you will find that it does vary a bit from one regional health authority to the other. I suspect that in the northern parts of the province that it'll be a much larger scope that they want to see in play.

There's a bit of internal conflict between—especially rural GPs and midwives, because rural GPs have to keep a minimum number of births annually on their record, and so they wish to do them, rather than have 'midwives' do them, simply because they need it to meet their minimums. So I'm not sure which way—whether that'll have some impact on how some regions view the usefulness of midwives.

I think that that question will get—you get a better answer by asking the Minister of Health.

Ms. Fontaine: Would you be so kind as to explain why she's not in favour of or in particular favour of midwifery—[interjection]—hold on—and is that part of your—is that going to be part of your analysis, just this one individual?

Mr. Wishart: No, that was personal discussions with the CEO actually, before she retired. She does not view them quite the same as—and I asked the question because I was curious as to how she viewed them and in terms of usefulness in the health-care system. That was her personal opinion, but I'm sure it was reflected to some degree in what—how she managed in that particular regional health authority.

* (15:30)

Yes, I—that's not our soul source of information. And, as I said, our discussions are very much directed by the Department of Health, who are putting together across province information. I think if you want quality information, I think, you'd be best to go there.

Ms. Fontaine: And I appreciate that, certainly, those are some questions that need to be asked to Health. But, of course, you know, midwifery is kind of a married partnership between your department and

Health, so that's why we're asking the questions. You provide the important piece here in respect of dollars.

So can you advise, then, what is the plan in respect of assessing, you know, where midwifery will be in respect of Manitoba's overall health-care plan?

Mr. Wishart: Well, I can. It's fairly consistent with what we do in regards to any other professional standards.

We are looking much more in the future, and this actually exists a lot in the college system right now, where labour market determines what we want in terms of training capacity. We have to try and align the training capacity that's available within the province of Manitoba with the labour market needs now and into the future, which is—as I made reference the other day, I used the Gretzky analogy, to go where the puck's going to be. So, you know, it—maybe not particularly relevant, but we have to be able to try and guess what the needs are going to be in the future.

So, in many of these areas, we're always looking to the labour market. In this case, the biggest thing, you know, employer for midwives, as I mentioned earlier, is Manitoba Health. They're not the sole employer, but so and such we also do consult with the association and the College of Midwives, as trying to get information as to what they perceive the needs to be. And, I think, the member's very aware that there is a bit of a difference of interpretation there. We have to take that into account, but we do depend for—fairly significantly on the assessment of Manitoba Health in terms of their needs for midwives in the future, as we do for a number of other professions in what we look at.

Ms. Fontaine: You'll excuse that I don't really watch hockey, so I wouldn't understand that analogy.

An Honourable Member: It's not appropriate then.

An Honourable Member: So I wouldn't understand that.

Madam Chairperson: The honourable minister.

Mr. Wishart: We'll leave it.

Ms. Fontaine: So, in respect of, I guess, you know, this overall kind of environmental scan in respect of, you know, midwifery in Manitoba, you know, we hear repeatedly that, you know, the government is consulting with and talking with, you know,

whatever the range of—whatever the issue is that we're talking about.

And so what in this plan that's going to be looking at the labour market and—what is the government's plan in respect of assessing the need and priority or scope of midwifery in respect of talking with women and those health-care front-line workers that, you know, work in midwifery or work with women in respect of accessing midwifery? What's going to be the department's plan on that?

Mr. Wishart: Well, as I kind of alluded to in my previous explanation, we depend a great deal on the information that we get from labour markets, and a lot of that comes from sector councils, of which there are 17 across the province.

Life sciences includes health care as part of that, so they would have at least some information in regards to that. But we also do depend a fair bit on the information we get from employers directly and, in this case, Manitoba Health, of course, would be the biggest single employer. They would be providing us with the biggest chunk of information that we would use in terms of our assessment and to help us determine whether we need additional capacity in an area or reduced capacity in an area.

Being in the position of having to train for the end need, we want to align that as closely as possible. We don't want to invest—either have people invest in their own education, because they do pay about 40 per cent of the cost of tuition, and the rest is paid, of course, by the Province of Manitoba in grants in one form or the other. So we, as the public dollar—taxpayer dollar, invest significantly in training people as they do themselves.

So we want to make sure that we don't train a bunch of people to not have jobs available at the end. Now, that is always your option and we don't have absolute controls on that, so sometimes we train people that leave the province and find employment elsewhere. That's part of the game and we get people into the province from other provinces—also part of the game. People move where they want to, there's absolute freedom of movement when it comes to the job market and, in fact, our agreements—yes, well, the training agreements plus the new free trade agreement, yes, it gives us even better access to other job markets. That's more in the area of trades and apprenticeship than it is in professionals. They already had quite a bit of that access.

So, between assessing for the job market and trying to work that backward into a number in terms of the amount that we need to support, it's a bit of a guessing game but we do try and apply as much science and rational thinking as possible to it to try and make sure that needs of Manitobans are met now and into the future. During that whole process there's actually new trades coming into the process often, new professions coming in, so we're always developing new ones.

We worked very closely with the colleges up until now and then we're beginning to have the similar discussions with the universities as to how they need to—engineering's a really good example. They've changed the nature of their courses that they're teaching to put themselves in a position where their graduates are very employable when they graduate. So it's—we work with them, and the sector councils related to that and we pass the information through it. We work together with them; that's why we increased capacity in engineering in Manitoba already and looks like we may have to do more of that.

Ms. Fontaine: So, I mean, nowhere in your narrative or in your answer did you actually note that you would actually be talking with Manitoba women. Actually, in—it is Manitoba women that actually birth Manitoba children.

And I know that in a lot of the consultations that I've had with just a wide spectrum of Manitoba women in respect of reproductive health—as you know, that's something that I bring up quite frequently in the House—not most, actually all the women that I've spoken with in other groups have talked about actually the definitive need for more midwives in Manitoba so that—and, you know, if you build it, they will come. So that there—you know, there's actually that support for women to make kind of, you know, a wide spectrum of reproductive health choices and midwifery is a fundamental piece of that reproductive health for women.

So I do want to point that out for the minister, in respect of what is actually a quintessential need here in Manitoba, to ensure that there is that reproductive-choice infrastructure for Manitoba women. And I would encourage that any, you know, strategy or plans that are developed, you know, make a concerted effort to speak with Manitoba women, again, because I will point out it is us that birth Manitoba citizens, right, so certainly we should have a place at the table.

And then I guess my question for the minister is: Is your plan, after this cohort—and, I mean, I know we keep talking about this cohort, but there are other individuals who want to become midwives right now. So, is your plan to still continue to fund this program?

Mr. Wishart: I'll touch on the first part of your explanation before I try and answer the second part.

We do all the time work with, and I mentioned earlier, the college, the midwives and the association. So I assume that they are in touch, but we do not go beyond that point of surveying women as to what their intentions were or their intentions are or whether they would've used a midwife had one been available on a certain situation on a certain day.

The sector councils, however, do that kind of information in terms of health professionals, so we depend on their information to us and, no, we don't go out and do independent surveys. We trust that they are representative of their sectors and, certainly, past experience has shown that most of the sector councils are operating very well. There's one or two that we are working with that we think could improve the level of information that they're supplying to us. So we continue to do that, the life sciences one being one.

*(15:40)

In terms of the ongoing plan, we do plan on continuing to fund this. We are currently waiting for an assessment that involves Manitoba Health in the life sciences sector council as to what the demand would be now and into the future so that that will determine the level of which we might increase funding or maintain the same funding, depending on what the anticipated demand for midwives is, but we have not come to a final conclusion to that. The discussion, I know, is ongoing between McMaster and the University of Manitoba about additional spaces in the future.

Ms. Fontaine: So, some additional spaces that you just noted, when—what would that look like and when would those be available? And the funding that you're speaking about, is that just for this particular cohort or is there room and space for additional students that want to get into midwifery?

Mr. Wishart: Well, the dollars that we have allocated to this program is there, and if there's an increased demand—sorry, we would depend, I think, more than anything else, on whether Health

would give us an indication of increased demand, increased need, for midwives into the future.

So there is room to do additional. The actual nature of the negotiation in terms of amount of dollars for the different types of services is actually between University of Manitoba and McMaster University. We're not actually directly involved in that. We do see the final result, but we don't—we're not part of the negotiation process.

If we needed to fund additional spaces in regards if Health so determined, that would be something we would have to look at at the time, but right now we have no message from Manitoba Health as to what their anticipated demand in the future is. And I go back to my earlier comment. I think some of the details on long-term needs as determined by Manitoba Health are better directed to the Minister of Health.

Ms. Fontaine: I just have two more questions.

So, in respect of Health's assessment, then, when are you expecting to get that, I mean because clearly we have to kind of forge ahead and look ahead in respect of budgeting and all of that, so when are you expecting to get that from the Health—from Health Department?

Mr. Wishart: In relation to that we don't have a definitive date on that. We're in ongoing discussions with the Department of Health on this and a number of other professional programs right now. I, as I said—perhaps this question would be best directed to the Minister of Health as to exact timing and what capacity he sees as in terms of need.

Ms. Fontaine: I know that recently, and I believe it was—I don't know—within the last year there was an indigenous doula program training that was undertaken by—actually it was headed up by Melissa Brown, who is a midwife and they began doing some doula training with indigenous women here in the city.

Can the minister advise whether or not there were any departmental dollars that—training dollars that were allocated to that, and whether or not there's going to be any additional dollars, and what would the amount be?

Mr. Wishart: It will take us a couple of minutes to determine whether we were part of that program. I'm aware of it, but I'm not sure whether we funded it or not. We will find you the answer.

Mr. Jeff Wharton, Acting Chairperson, in the Chair

* (15:50)

Thank you for your patience. It would appear the Department of Education and Training did not fund that program in any specific way. It is possible that there were other departments involved in the funding of that, but I cannot answer that question.

The Acting Chairperson (Jeff Wharton): The honourable member from Fort Garry—or Fort Rouge, pardon me.

Mr. Kinew: So, just a quick question of clarification. So the minister refers to the life sciences sector council. Is that the Life Science Association of Manitoba?

Mr. Wishart: Yes, that's correct.

Mr. Kinew: And on the midwifery program, is the minister consulting with the Minister for the Status of Women on this program?

Mr. Wishart: Yes, we have had some discussions that included that department, and, of course, we do all the time have discussions at the Executive Council that would include that, but there have been other consultations with the department as well.

Mr. Kinew: And going forward on this midwifery program, will the minister be consulting with the Manitoba Women's Advisory Council, the council that works with the Status of Women?

Mr. Wishart: We will certainly be working with the Minister responsible for the Women's Advisory Council and asking her to carry that message forward for—with us, but we will be consulting with them through the minister.

Mr. Kinew: Are there any changes foreseen this year to the funding contributed to Frontier Collegiate?

Mr. Wishart: Thank the member for the question.

There has been no change in the funding.

Mr. Kinew: Same question, just with respect to Frontier School Division: Is there any changes to the funding there?

Mr. Wishart: To the member, it was a 1 per cent increase, 418,550 in terms of dollars.

An Honourable Member: That's the increase, is four eighteen? The increase is four eighteen?

Mr. Wishart: Four eighteen, five fifty.

Mr. Kinew: And can the minister tell us what is happening on the enrollment side in the Frontier School Division from this year compared to last?

Mr. Wishart: A—on a year-over-year basement—or, base, sorry—the enrollment was down 1.8 per cent, or 119 students.

Mr. Kinew: I'm certainly happy to see Frontier School Division getting more resources. However, I also know that the department announced 98 per cent funding for school divisions with declining enrollment, so I'm just wondering if the minister can explain, you know, the situation with Frontier School Divisions and how it is that they have an increase with declining enrollment.

Again, I support more resources for Frontier, but I would just like to understand the situation here.

Mr. Wishart: Frontier is kind of a special case. They have little ability to tax and so, accordingly, we fund them at a higher percentage and we take into special consideration the extra costs that they have from being rural and remote with a large number of their schools. So we do provide additional support on a fairly regular basis historically, and continue to do so even though their enrollment was down slightly.

Mr. Kinew: Oui, j'ai quelques questions sur l'éducation française.

Alors, sur la page 57, il y a une ligne qui nous montre qu'il y a des paiements de transfert qui est, je pense, 20 000\$ de moins cette année—

Translation

Yes, I have some questions about French-language education.

So, on page 57, there is a line that indicates that there are transfer payments that are, I think, \$20,000 less this year—

The Acting Chairperson (Jeff Wharton): Sorry, honourable member for Fort Rouge, one moment, please.

The honourable member for Fort Rouge, we would have had to have been notified in order to translate to the other members of the committee from French to English, as we don't have the—simultaneously set up in the back.

* (16:00)

Mr. Kinew: Good thing we didn't invite any parents of French immersion students here today.

So page 57, there's a decrease year over year in the grant—

The Acting Chairperson (Jeff Wharton): The honourable member for Fort Rouge, with a question?

Mr. Kinew: Oh, yes. Yes, I am.

The Acting Chairperson (Jeff Wharton): Okay. Honourable member for Fort Rouge.

Mr. Kinew: So there's a year-over-year decrease in the grant on page 57 that's under French language education, curriculum development and implementation. I'm wondering if the minister can explain what the grant is; why the amount has been reduced.

Mr. Wishart: That particular program was Scientists in the Classroom, one that had fallen down in terms of its usage. Isn't really a French-specific program. It was actually province-wide, available to all classes, and it was the advice that we got from senior staff to us was—and the school divisions—that it was not being used; therefore, we should discontinue it.

Madam Chairperson in the Chair

Mr. Kinew: So can the minister clarify? It's a reduction of \$20,000. So is the entire program discontinued and there's other programs in this line which are continuing, or is this a scaling back of that program towards phasing it out?

Mr. Wishart: That's a discontinuance of the program. As I said, it was—it had fallen into disuse in a major way, and we encourage teachers of science to actually reach out to their local scientific community and bring individuals in directly, which appears to be happening.

Mr. Kinew: What continues to be funded out of this \$50,000 there?

Mr. Wishart: The—there's \$30,000 that go to the Manitoba phys-ed teachers association, which includes their PT-PA days as part of that, and some other associated costs specifically to that association. And there's \$10,000 that goes to a drug-awareness program and, in particular, to sports medicine and related programs for that and science—through Science Council of Manitoba.

Mr. Kinew: Okay.

I received emails from parents in Louis Riel School Division who are concerned about the

capacity for French-immersion seats in the division, because we know French immersion's very popular today. Many students, especially in the earlier years as they go up towards secondary, there's concern that—I think it's CJS and Béliveau in the division won't have the necessary seats to cover it.

What is the department's outlook in terms of French enrollment seats needed—sorry, French-immersion seats needed in the division going forward, and where is the division at in terms of seat capacity for high school right now?

An Honourable Member: The last part of that was for high school specifically?

Mr. Kinew: Projections and—yes, for expected need for seat capacity, and where does the division currently sit in terms of seat count—

An Honourable Member: Seat count.

Mr. Kinew: —for high school?

Mr. Wishart: Now, we've been working with the division on quite a bit lately regarding this particular problem. Certainly, we've received some of the same letters, and the school division itself has expressed some of the same concerns.

A number of the feeder schools have quite large numbers, and so that gives us a fairly clear message that we'll have to do something. And we're estimating in—when we work with the local school division, that we will need to bring a couple of portables in to Béliveau, I believe it is, isn't it?

An Honourable Member: Both.

Mr. Wishart: Both—to both, sorry. Béliveau and—what's the other school?

An Honourable Member: Jeanne-Sauvé.

Mr. Wishart: Jeanne-Sauvé, by 2019. And we are also in discussions with a—the school division about long term in regards to this. French immersion is something that is—that—a choice, so you have to look back into the early years to see where things are in terms of numbers. There is some capacity in that school division, but it's in English-only schools and particularly in the early years in terms of some empty classrooms do exist in that school division. We need to make sure that, as much as possible, we're making use of those classrooms.

But, that said, we're anticipating, if this trend continues, that there would be something that would be needed at some point in the not too distant future.

Mr. Kinew: And when the minister says something, he's making reference to a new high school in the division, is that correct?

* (16:10)

Mr. Wishart: I thank the member for the question.

Both the schools in question, Béliveau and Sauvé, are—we actually have course—core units that are—were never fully—the number of classrooms that have been added on never fully up to their capacity. So both of those schools have potential for expansion, and that is the type of discussion that we're having with them right now.

But, of course, no decision has been made as to whether we do one or the other or both until we determine what the numbers coming in will look like moving into the future. I mentioned that we will be 'moring'—moving portables in to deal with the short-term need, but hopefully the decisions regarding long-term construction would be made before that time.

Mr. Kinew: Can the minister explain what he means by the core that's not being fully used to capacity? Is he referring to physical space or is he talking about academic programs?

Mr. Wishart: That refers to physical space. When we build schools now we usually build the core, beyond the—that would be the basic unit, which could be administrative, also gymnasium and change rooms that kind of stuff capacity, usually build that beyond the number of classrooms that are there so that a second wing could be added some—at some point in the future. That's become standard practice in terms of design. So the core in both these cases is not fully utilized so that there is room to build on additional classrooms in both cases.

Mr. Kinew: So the next step beyond building a portable—or installing portables at CJS and Béliveau would be to expand the physical infrastructure of the schools. Is that correct?

Mr. Wishart: Yes, that is correct. We—they've actually approached us about that option and we are discussing with them which one or whether they both need to be, based on anticipated numbers now into the future. As I mentioned earlier, it is a little bit like looking into the crystal ball and predicting what people will do in the future.

We know that there's increase in French immersion that's actually already in the system. We know there's increasing demand for French

immersion as well. So we look to try and place ourselves correctly in terms of dealing with the demand. Some of this is holdover from previous situation where we didn't have the capacity built in the system.

The Louis Riel situation is fairly unique in that we're seeing capacity in the English schools that, frankly, is a little underutilized. Is there some options there? If demands get high enough, you can actually do school swaps, which have been done in some cases to make good use—better use of capacity.

It's not always very popular because people get used to going to one school and they don't want to have to change their habits, but we do have an obligation to try and make the best use of the capacity that's available in any particular school district, and we try and work with the school division to make sure that that happens. Some school divisions, frankly, are really good at this on their own. Others, sometimes, we have to hold their hands a little bit.

Mr. Kinew: Yes, I understand that there is quite a spike in students coming—from what I have seen at CJS, for instance, from 2020 to 2025, the number of students would probably grow from 700 to 950. So it's about, you know, 35, 40 per cent growth in the student population there over five years, which probably is going to put a big demand for new space there.

So are there any plans or proposals from the division to build a new high school as of right now?

Mr. Wishart: I thank the member for the question.

We have not received from that school division any requests for additional high school. However, there is a discussion about expanding the existing high school. There is capacity, in the core there, to expand that one, as well, so that would be the first place we would go. And that is the discussion that we are having with the school division right now.

Mr. Greg Selinger (St. Boniface): I wanted to ask some questions on readiness for school and particularly what kind of screening programs are in place with respect to learning disabilities as children enter into the earliest years of school.

Can you tell us a little bit about what you've got going there?

Mr. Wishart: Could I ask for a little clarification: Are you asking about the early development initiative—measurement, not actual diagnostic?

Mr. Selinger: I'm asking what kinds of diagnostic analysis you do of young people when they enter school and what kinds of screening is going on. What are you looking for, hearing issues, language issues, dyslexia issues; is there any evolution in that? Are there trends that you're seeing for which you think there needs to be further testing and—or changes in the way we do things?

I know it's been going on for a long time, but there's also new issues coming up and new trends appearing, and I'm trying to get a sense of where you're going with all of this. And I'm going to have a specific question later on about dyslexia.

Mr. Wishart: Okay, and this will get down to a lot of detail fairly quickly, but, I mean, in terms of EDI, there is some slight improvements showing there. But we still—we use the EDI, really, to determine, in conjunction with the teacher, if there's need for additional diagnostics. And I know the member is aware that in terms of hearing we're now doing newborn hearing, so over time, that that one particular element will be removed from the need for the diagnostics. So we work very much in conjunction with the teacher using the EDI assessment, and, then, if there's something identified in terms of concerns, that's when the detailed diagnostics would be brought into play.

Mr. Selinger: And what I wanted to get to was: do you do any kind of screening or testing or—around issues of dyslexia?

* (16:20)

Mr. Wishart: Well, and thank the member for the question, certainly in terms of any needs for additional diagnostics, every school division has a certain amount of expertise within it and that, of course, where they would go first if they had any identified concerns. But we do have expertise available through the department that is there, basically, at the request of the school division if they feel they need additional expertise in that area. So we work in conjunction with them to make sure that no one goes without at least some effort to get the diagnosis that they need and then of course through that we would be looking to provide the services that are needed.

Mr. Selinger: So is—when you do the EDI instrumentation, is there any specific part of that that addresses—

An Honourable Member: Dyslexia?

Mr. Selinger: Yes.

Mr. Wishart: Nothing really specific to that. If they were concerned, then there would be additional resources brought in to do that on a—probably on a contract basis either by the school division or, if they were working in conjunction with us, through us.

Mr. Selinger: Could there be some early testing for that that would be able to pick it up early rather than wait until it becomes an issue?

Mr. Wishart: I thank the member for the question.

The EDI process would certainly help identify that there's a learning disability, and then, of course, in conjunction with the teacher, they may be able to narrow that down. But dyslexia in particular is one that is fairly hard to diagnose early. So it would have to be in conjunction with the teacher and then, through them, the school division bring in the expertise of the specialist in the school division.

Our department, if necessary—then we would have to—by process of elimination, I suspect—identify the particular type of learning disability that was in case—that was the case for each individual student. Not a very quick response time. There is really nothing in terms of early diagnosis for dyslexia that we have been able to find to use. So you know—basically have to enter into the system, find out that they have a problem, and then try and diagnose the specific nature of that problem before we can bring in the expertise to help with that. It's not a—it's a reaction, not an up-front.

Mr. Selinger: I've had—I've been approached by some people that are working on this, and—both in terms of what they do to make a living but also as a non-profit foundation—and they're gathering some information about how these matters are dealt with in other jurisdictions and what tests are done.

Would there—would it be, Mr. Santos—Dr. Santos, if we wanted to bring the people from the community together with some of your people in the department to see if there's things that we could do that would improve our ability to get an early diagnosis, find ways to address those needs and—as you would understand, minister, the sooner you get to these matters, the better it is in terms of preventing problems for kids and labelling and being segregated out and all those things that go on.

Mr. Wishart: I thank the member for the question. And I understand that they have also been in touch with our department as well. We would be—and they

asked for a meeting with the minister, and the immediate reaction was no, that's probably not appropriate. However, we're quite prepared to have the staff meet with them and try and learn a little bit more. I understand that they believe that there is some earlier diagnostic tools that are available. We would be interested to see, you know, whether these work and look at the information available.

I absolutely agree with the member in that the earlier we can diagnose disabilities, especially ones that can be worked with and corrected like that, the better off for the child, absolutely, and the better off for the education system as well.

Mr. Selinger: Yes, I thank the minister for his answer. And, with his permission, I will try to find a way to link up with the early childhood people to take a look at this and see what can be understood and whether there's value in some of their ideas and some of the tools they have for assessment et cetera, because I understand dyslexia is a fairly significant issue among lots of young people, and it has a very significant impact on the trajectory of their learning experience and where they go with that. And so I appreciate the member's answer.

Yes, what I would like to do, if I could, is move to just a couple of other issues.

You're also a minister in charge of the training opportunities for people, and I know your deputy minister comes from federal experience where there are training programs available. Has there—do we still have linkages with our training people and the social assistance people to find ways to provide opportunities for people on social assistance to get into the labour market, get experiences and skills and training they need to move off of assistance? And we had a pretty significant initiative at one time with respect to single-load parents—single parents, and I just wondered what the status of that is and whether we're continuing to find pathways for those people off assistance.

Mr. Wishart: I thank the member for the question. He's certainly very familiar with the fact that these programs have been in place, and we do continue them, and, in fact, we've expanded several of these areas already.

We aren't—we have changed the focus just a touch in that we now make a greater attempt to identify the job that we're training to, and that has, to date, has worked very well for us.

And, in particular, we have initiated a special program for refugees—the REDI program, we're calling it, refugee initiative—and that we're finished our first group, I think, or nearly so. Yes, we're just finished up our—the classroom portion and getting them into the workplace. And that one was actually focused around painting and drywalling, and that had been identified as a trade amongst some of the refugees. And we had had an employer come forward and say, yes, and we're very prepared to work with this particular group. And we've set up a language-of-work type program in conjunction with Red River and also in safety as part of that. And so that part is completed, and they'll be in their job finding very shortly.

* (16:30)

And we anticipate adding several more in this area. One is in the agricultural worker area, because a number of the refugees have some type of agricultural experience, so relevancy to Manitoba conditions was a little bit. And then there was a couple of others.

And, in addition to that, we're also doing that in the construction trades, in the hospitality situation, in tourism and also in manufacturing. We're also expanding that, of course, to include EIA and youth at risk and, in particular, the CFS graduate portion of youth at risk. So we're trying to expand that as much as possible.

As I mentioned earlier, a little more focus on we have the job at the end of this, a place for them to go and get that work experience because there has been some criticism in the past that we trained a lot but nobody ever got a job at the end. We want to resolve that criticism by making sure they get into a job placement at the end.

Mr. Selinger: Can you comment about the programs for lone parents or single parents that have—there was a time when they were not in any way connected with until the child was five, and then we tried to make an effort to have a connection earlier on, at two.

What's the status of those kinds of initiatives right now?

Mr. Wishart: That program continues to exist. We're actually looking at the potential to expand that further.

It has come to be known by the program name Empowered to Change and it has been very successful.

Mr. Selinger: On a related topic, one of the things that we had noticed in some of our high schools was a lack of bridges between the trades and learning opportunities in high school, and we'd made some commitments around some skills, labs, equipment and co-op education.

I just wondered—first of all, I'll ask about the DSFM but, then, more broadly, what initiatives are being taken there to help create a bridge to the trades and skills? And I know what we've done with MITT, and I know that there's initiatives there, but what's your thinking about how we create the opportunities for young people to go into the trades and non-traditional trades, as well, in terms of gender, et cetera?

But can you give us an update on what's moving on—moving along there, and perhaps give me some specific updates on what's happening in the DSFM with that?

Mr. Wishart: Well—and I thank the member for the question.

You know, one of the reasons we've restructured the department the way we did was actually to facilitate and align with this type of thing that the member is asking about. We were attempting to get the K-to-12 system better access to the vocational—the apprenticeship system—that portion of the training, and even to bringing more of that back into the high school. And so we certainly are investing in additional vocational facilities.

You specifically asked about the DSFM situation, and we're doing—trying to deal with that in two ways. Of course, the long-standing relationship between MITT and DSFM that works well for them both, it seems, but there is increased demand there, as well, so we're certainly working with MITT to have a look at that.

There is—DSFM has some concerns about long travel times for some of their students. And, in regards to that, we're working with other school divisions that now, too, have vocational facilities. And the co-operation there in the past hasn't always been perfect and so we're trying to be a little more persuasive with the additional school division to make sure that DSFM students from nearby would have better access to them so they didn't have to spend the long periods of time coming in to MITT.

I know that the case of St. Claude and Notre Dame, which is on the boundaries of my own constituency, actually just out, they do spend a fair bit of time on the bus coming in to MITT, and yet vocational capacity in both Carman and Portage la Prairie, that would meet at least some of their needs—not all. So we're trying to take a rational approach to that and make sure that there's a level of co-operation.

We're very much onside in terms of getting vocational training as much as possible into the high schools and getting better access for a wider range of students, non-traditional students. We have the competition—skills competition coming up as well. National skills competition will be in Winnipeg here in June, and we are taking advantage of that in terms of bringing in a high number of students from, you know, the early—not the early years, really—early high school years, to make sure that they're exposed to some of the options that are there.

Apparently, it looks like the number that are going to be participating in this is more than 10,000 students. So that'll provide us with a great opportunity to introduce a lot of students to trades that they would probably never see otherwise because very few schools would have that wide a range of vocational options available to them. So we do hope that that will actually be a bit of a catalyst in terms of getting a wider range of interests. That might give us some headaches in the future and that we'll be experiencing some greater demand for a wider range of vocational services, but we'll deal with that when the time comes.

Mr. Selinger: Yes, okay, and I know that we had looked at upgrading some of the facilities right in the high schools with skills labs so that they would have access to the kind of equipment that is right up—necessary to master for the job site, and is there anywhere in your capital program you're still considering doing these skills labs, taking the shops and making them more modern and more connected to the workplace?

Mr. Wishart: Well, I thank the member for the question.

We are certainly looking at expansion of that, and it's in process. I did mention yesterday—I believe the member for Minto (Mr. Swan) because he asked some questions about the vocational lab at Tec Voc, and we're trying to bring in new schools, and of course, that one is very closely associated with the aerospace industry, and we did get—though we didn't

get into that level of detail then, initially the plans were to bring a jet engine right in.

That proved to have some associated problems with that because of noise and air capacity and that sort of thing. But we are working to—with the industry to make sure that we bring in, as much as possible, new tech so that when students come out of the vocational training that we're able to offer them through the high school system, they're able to move right into the training and trades and as quickly and as nicely as possible into—right into a profession.

One of the other ones that we're certainly looking at—and traditionally more often for girls—is the ECE process, and bringing that into the high school system. One of the things that we noted fairly quickly was at Red River, our second-year ECE process has a lot of vacancies. People come the first year—in fact, there's a waiting list for the first year—but then they find a job, even with one year's worth of training, and they don't come back for the second year. And so we're not using the total capacity that's available. So we're looking for ways to make sure that that happens. And that's also one that, in terms of immigrants and refugees, we hope to have a course specific. And we're working towards that, as well, to try and get them into the second year where we know we have capacity sitting idle.

Mr. Selinger: I encourage the minister to pursue those initiatives. I think there's good opportunities there and close to where people live, as you indicated, even in the DSFM, a partnership with the St. Boniface university on early childhood education and other forms of a college-level education, I think there'd be—I think there's a lot of natural synergies there and capacity that could be developed there and potentially some federal money to support that that I think we could take advantage of to the benefit of everybody.

* (16:40)

I did want to just check a couple more things before I turn it over to the member for Burrows (Ms. Lamoureux) who's going to ask some questions.

On your—do you—is the Green Team initiative under you?

Mr. Wishart: I'll deal with this in two parts. Actually that particular initiative is under Aboriginal and Municipal Affairs, so the question should go in that direction.

In terms of DSFM and the partnerships between the colleges and the universities, we're certainly finding a lot more interest—Brandon with ACC and Brandon University, and we're encouraging Université de Saint-Boniface to look at partnerships that they might pursue, whether it be with MITT or DSFM. I would share with the member for St. Boniface that it's surprising where the value or the benefits of having a French-speaking university turn up.

The member is aware, of course, that we're all very pleased to have Roquette located in Portage la Prairie. It's a French company, a private company, and many of the senior executives with it will be coming from France, and one of the questions that they wanted answered was do we have French schools available to them, and they were very pleased to find we also have a French university available, so it was a factor, I think, in their choice of Manitoba over leading jurisdictions, because where else would they get that.

Mr. Selinger: I'm glad to hear that because that's a very significant investment in the province with a leading-edge source of plant protein which will create a lot of good jobs and help on the health side but also help diversify our population and that's a very good story.

I'm just going to ask a couple questions on the mental health and then turn it over to the member of Burrows. I noticed you have some—an initiative in the Estimates for additional money for the mental health strategy.

Do you want to elaborate a little bit on how you're planning that? I have to say, before you give me the answer, I've always been very impressed with the high schools and the students in the high schools taking the lead on this and some of the work that they've done, and I'm hoping that any initiative we do on mental health will have a full partnership with the students that have been providing a lot of leadership on this.

Mr. Wishart: And I thank the member for the question. And mental health, particularly mental health for students, is one of our priorities. The numbers in terms of mental health issues, especially in the post-secondaries are a bit alarming in terms of the rate of growth, and, you know, I know it's—I know society has changed a lot over the years and I suspect that the advent of social media and the additional pressure that that is putting on post-secondary students is maybe, at the very least, a

factor in that. But we're dealing with mental health, particularly for—in the school system as a priority.

We'll continue the existing programs. We are planning on building on those but we're still in the process of developing it. I take under—as good advice that the fact that perhaps we should deal with students a little bit more. We are part of the Peace of Mind program that is very much student-driven each year, and perhaps we should look for a way—so far it's just been an awareness, perhaps a little bit of a relationship-building initiative. Perhaps we should look for them to deliver a little bit more in terms of recommendations and perhaps that's a good doorway for us to try and get better engagement.

It is certainly a growing concern. I mean, we see it in rural and remote communities showing up in a way that is alarming, frankly, and we need to make sure that not only the education system there, but the community itself has paths forward.

I see very often some of these mental health is loss of hope as a big part of that, and so we do hope to be able to build on providing students with ways forward and very clear in terms of we're putting a lot of focus on getting the message to students in the K-to-12 system that there is options for you available, whether it be vocational or training, whether it be universities, and that there's funding available to do that—up-front funding—and the member's heard me in the House talk about the man-Scholarship and Bursary Initiative, which is a major increase in dollars, and I know the message has to get out there to students, but we're very much focused on making sure that those that have barriers in place, whether they would be financial barriers, whether they be distance barriers, we can provide them with some alternatives, and that that's the focus for us. And so we hope that that message will get down there and help improve that situation.

We don't want anyone to feel that access to post-secondary is limited to them. It is often a challenge, especially when you come from rural and remote communities. I know it's not the same now as it was back in the day when I went, but it was a, you know, a big choice to leave your community where you had spent your whole life and had all your connections, and to move on to try to move to a post-secondary, you changed your lifestyle, you had to live away from home. It was a lot of things that we had to learn at one time. And it's even more so for some of the rural and remote—and we have some programs in the high schools, like the Morningstar

program, that continue to exist, and we—it's a great example of providing opportunities.

Mr. Selinger: It's my last question, and I'll turn it over.

I do appreciate that the minister has an interest in this, and I would just encourage him to have sort of a whole-person approach in terms of culture and language and colonization, inclusiveness, bullying, all those human rights dimensions of mental health, as well as issues around anxiety and all the pressures kids are under to make choices for their lives when the complexity of things is very much more rapid and difficult these days.

There's lots being done in other jurisdictions around mindfulness, but it's—there's just no one solution to this. It has to be part of sort of developing an affirmation of the whole person and all that they bring to the learning experience and how we can support them in progressing through that with the best resources possible to address mental health issues, particularly if they're alone, like the minister has said, and disconnected from their families and their communities or in a situation where they might be in a minority situation and subject to victimization, whether it's through the social media or directly on the campus or wherever they're happen to be living. So I would encourage him to continue to take that approach with the staff that he's got, who, I know, understand some of these things. Thank you.

Mr. Wishart: Thank you for the comments, and we certainly will be making every effort to do that. We recognize that it's a challenging area. You know, very much in my mind, it's about building the confidence of the student, whether it be early on in the high school process and whether they can continue on to the universities or the post-secondaries in regard to that.

But we need to provide the additional supports where possible, and it's a challenging time. And I would share with the member that I have a daughter in second-year university who, you know, it was a challenge for her to come from a community that—and a fairly quiet lifestyle—to the big city and the busy world that universities are these days. So it's certainly taken her a little time to adapt, as well. And it's a challenge even for kids that have all the supports in the world; what can it be for those that have virtually no supports?

Ms. Cindy Lamoureux (Burrows): I want to start off by apologizing if I ask a question that has already

been asked. I'm at the end of the line here for talking about Education, and I've been in and out of other Estimates rooms, so I'm sorry if I missed something.

I'm going to talk about scholarships and bursaries. How do you qualify to receive these new scholarships and bursaries?

* (16:50)

Mr. Wishart: I'll try and answer the question. We did touch on this a little bit, nothing exactly specific.

Usually—with MSBI, for instance—that traditionally has gone through the institution that you wish to apply to, and that will still be the process that they apply to. There is websites available through them all, or you can do it on a in-person basis if you so choose. Many of the students that go in for, you know, a bit of a period of exposure to the university and to look at the options are made aware of that. So we're certainly looking at trying to raise the awareness on this one because certainly, we're very pleased that we've increased this amount substantially and that it'll provide additional access.

The institutions are—and the term is—used—is merit-based; that is not strictly scholastics. That is in terms of people that have shown leadership in the community and, you know, been volunteers and things like that. Those type of things will be recognized and valued in the process as well.

Ms. Lamoureux: So, to clarify, the standards will change according to institution.

Mr. Wishart: Didn't quite catch that; I'm sorry.

Ms. Lamoureux: I just want to clarify that the standards will change according to the institution.

Mr. Wishart: Well—and I think I understood the question. I mean, really, the institutions will set the vast majority of the criteria. Though, as I mentioned earlier, the merit-based approach, which we see as more than just scholastics, will be something that we're encouraging them to do more of in regards to that, and of course with a larger resource base to work from, they should be able to find the opportunity to do that.

Ms. Lamoureux: Like to thank the minister for his answer.

The \$1.8-million increase to bursaries for advanced education, how many students will that fund?

Mr. Wishart: Well—and I thank the member for the question.

The additional dollars that we're putting forward, it's multiplied in a couple of ways. I mean, first off, much of the previous money that was put forward actually would end up in endowments. And endowments—though they do pay out in terms of the interest—usually didn't amount to a lot of dollars that went out in any particular year. So I—in terms of the average year now—well, we do still—for the record, we still match endowment, but only as it comes out, not as it goes in. So none of the government money will sit—other than what's already there, will be in endowments. It'll be going direct to students.

And, of course, we've also changed the ratio. So, it was one-to-one previously; now it's two-to-one, private dollars to government dollars. So that of course levers substantially more in terms of industry support. And we did spend a little time talking about that earlier, whether we were getting good response, and we are getting good response in terms of industry support for that.

So what this should effectively amount to is, the amount of money that was going in the—into the hands of students was about one and a half to 1.7 million dollars per year previously through the MSBI program. Now it will be in the area of \$20 million. So this is a substantial increase, upfront money, you know. I'm sure that once people become aware of this, it'll change a lot of attitudes.

We do need to get a little communications out there to students that there's a much greater opportunity to be successful, and applying through Manitoba Scholarship and Bursary Initiative and that the range of awards for the types of activities we talked, you know, about other types of programs being recognized, is also much greater. So there's a bit of a communications challenge here that we are recognizing we're going to be working on, but it is certainly a lot bigger pool. And I'm sure that the word will get out among students fairly quickly once they come to realize that.

Right at the moment, I know they're all busy writing exams.

Ms. Lamoureux: Do you have any idea how many students will benefit from these new bursaries and scholarships?

Mr. Wishart: Well, in terms of—I'm hoping I'm remembering your question here right now—in terms of access to the dollars and how they would get it,

the existing institutions will be how they provide. But we also have added some institutions to this as well. CMU will have access to it as well, limited dollars but there. Booth, Steinbach Bible College, Providence and MITT, the students will also have access to this and they didn't before, so wider range of options for those that want to go on to post-secondaries of various types.

Ms. Lamoureux: The question was actually how many students, but I can appreciate the scope of schools.

I only have a couple more minutes. I'm going to be choosy with my questions.

How many more—or how many post-secondary graduates are currently receiving the tuition rebate in the 2017 tax year?

Mr. Wishart: In terms of additional students, it will really be at the end of the year before we know exactly how many more we would get. I mean, we anticipate four or five times the number, absolutely. And in terms of the tuition rebate, you actually need to go to Finance to get that particular number. We get our information from them, and we would be out of date on that the minute we get it.

Ms. Lamoureux: I can appreciate that.

How many graduates are staying in Manitoba when the rebate was being presented?

Mr. Wishart: I can give you some numbers in terms of 2008 when that was brought in—or 2007, sorry. The net provincial out-migration was 3,449. We do track that, and now in 2016 it had increased to 6,659. And in those years we know that about 38 per cent of the—

Madam Chairperson: The hour being 5 p.m., committee rise.

HEALTH, SENIORS AND ACTIVE LIVING

*(15:10)

Mr. Chairperson (Doyle Piwniuk): Will the Committee of Supply please come to order.

This section of Committee of Supply will now resume consideration of the Estimates for the Department of Health, Seniors and Active Living.

At this time, we invite ministerial and opposition staff to enter the room—the Chamber.

Could the minister of—the minister and the critic please introduce their staff in attendance.

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Yes, I'm happy to again, Mr. Chairperson, introduce the Deputy Minister of Health, Karen Herd; Dan Skwarchuk, who is our ADM for Finance; and Mr. Milton Sussman.

I will just make note, if I could now Mr. Chairperson, I had indicated to my critic from the NDP that if there were certain lines of questioning he wanted to proceed with, I would try to ensure we had the right focus here. It is not my intention to recall Mr. Sussman to be here following the break week unless the critic indicates to me that he feels there will be significant questions on the Winnipeg Regional Health Authority, and, if not, I know he has other work to do that I would be happy to release him to do following today.

Mr. Chairperson: The opposition critic, could you introduce your staff.

Ms. Amanda Lathlin (The Pas): I have here—

Mr. Chairperson: Your staff member—

Ms. Lathlin: Yes. I have here today our research co-ordinator, Ms. Emily Coutts.

Mr. Chairperson: Okay, thank you.

As previously agreed, the questioning of this department will proceed with a global manner but based on what the minister has indicated, that he would like to make sure that the right people are—the right staff are on attendance when it comes to the type of—topic of questions that are considered, the floor is now open for questions.

The honourable member for The Pas, for the—for open—the floor is open for questions now.

Ms. Lathlin: As part of our team here, I'm here to ask questions, and my first one for the Minister of Health is about the rural doctors program. My first one is: When did the department finalize the decision to cancelize the rural doctor grant program?

Mr. Goertzen: Well, you know, it's a good question and I know that this has resulted in some media attention, Mr. Chairperson, and, being someone who has lived in rural Manitoba my entire life, I know full well the challenges of getting doctors and other medical professionals to practise in a rural setting.

Having lived in rural Manitoba my whole life, I would, of course, advocate to anyone that there is few better places to live than in rural Manitoba and I might be more particular to the city of Steinbach but

there are other smaller places around such as Winkler and Morden which also are okay to live in. But I do know that it's a challenge for—to get doctors to commit to practise in their community.

The program, I think, was well intended in terms of trying to motivate doctors to come and to have return-of-service agreements in rural and remote communities but we didn't see the results, I think, that certainly I would have liked to have seen—or, I'm sure, the former government would have liked to have seen.

Part of the challenge is that the commitments were made so far up front, when students were entering medical school, and then the return for service would come five, six, seven years later, that so much had changed in that environment, in their lives and in the medical field, their interests in terms of where they wanted to practise, so it was hard to see sometimes, commitments fulfilled or fulfilled in a way where the individual truly wanted to fulfill them, and that's an important part too.

The other issue is in some of the research we've done when it comes to speaking with doctors who decide to leave the community, a rural community, money is rarely a significant factor. I don't want to suggest it's not a factor at all, but in the litany of factors that doctors generally cite when they decide not to practise in a rural area, money is pretty far down the list.

Far more often, they were citing the nature of the practice, the ability to work with other individuals, the facilities that they're working in, the community. I mean, do they feel welcome in the community, do they have similar interests within the community, are there similar cultural expectations within a community? There's a lot of things that didn't result in a pure money motivation.

And that, I think, is evidenced in the fact that 19 emergency rooms closed under the former NDP government during 17 years. If the program was working, if the program was successful, you would not have seen 17 emergency rooms—sorry, 19 emergency rooms close under the former NDP government and so, you know, there's a lot of different reasons why the program wasn't successful and that we need to have a broader provincial strategy.

I would list more succinctly that clearly money was not a clear motivating factor. There was too much time between the agreement to have a

return-of-service agreement and the actual service, and it was evidenced by the closure of emergency rooms.

Ms. Lathlin: From listening to his question—I mean, his answer—can you expand more about that—about his statement that money is rarely a factor for rural doctors?

* (15:20)

Mr. Goertzen: Well I mean, I wouldn't—again, wouldn't say it's not a factor but it's certainly not the most significant factor when we talk to doctors and when there are exit interviews that are done.

Now, I'm sure the member could go out and talk to a doctor, and there would be some doctor who would say, well, money's important to me. But, I think, the reality is that doctors in the current environment—although there's been some change, you know, over the last number of years in terms of availability of doctors across Canada, but, generally, doctors do fairly well financially as compared to the rest of society. They would certainly be in the top percentile when it comes to wage earners in Manitoba and in Canada more generally. And so, given that reality and given that doctors, in many cases, can make similar money in other provinces, and given that there is still significant demand for doctors—although, again, I think that has changed a little bit over the last number of years—money wasn't their key motivating factor.

Doctors who are well skilled and well trained can make certainly above the Canadian average of income in virtually any part of Canada, and so, then, they start to look at other factors in terms of what it is that will motivate them to work in communities. And, certainly, the ability to work with others in an environment; the ability to use their skills to the full ability of their skills and their training is important; the nature of the communities that they're living in. Are their families comfortable in those communities? Do their families want to live in those communities? That, of course, is important; it would be important to all of us, I'm sure.

And so the factor of money will not—you know, if they listed 20 factors, I wouldn't want to suggest that money might not make the top 20, but it certainly wasn't one of the key factors in determining how we spend our funds. We had to do it in a way that had the most value for money.

Mrs. Sarah Guillemard, Acting Chairperson, in the Chair

Ms. Lathlin: Another question I have for the—our Minister of Health is the rural doctor grant program. Can you elaborate, for me, to—provide evidence that this program indeed did not improve doctor retention in rural Manitoba?

Mr. Goertzen: Well, Madam Chairperson, I think, we know one of the key sources of evidence is the fact that 19 emergency rooms were closed under the former government over the last 17 years. And I know that when the program began, it was very much to try to ensure that these facilities could be stabilized, and these facilities could remain open and that they could be provided the support that Manitobans would hope to find in rural Manitoba. But that wasn't the case, and I'm sure that if I had time, I could provide a list for the member of times when emergency rooms were closed temporarily or had been suspended longer than that in rural Manitoba. But, if I listed every day that an emergency room in rural Manitoba was closed because of a lack of a physician, I would probably have to take down part of, you know, the boreal forest to do so. And I don't think she would want that, because it is such an enormous challenge in rural Manitoba having physicians to be able to staff these facilities.

And the program, which was intended, I think, to try to find doctors to be in these communities and keep these facilities open and to then, after they'd established themselves in these communities, to stay to retain the doctors simply wasn't able to do that. So I think the evidence is very much in the fact that these facilities were not able to be stabilized.

I think the member could speak to many rural Manitobans, not the least, I'm sure, her own constituents who would speak about the challenges that have happened in terms of trying to keep doctors in communities, and that those challenges haven't dissipated over the last number of years in return for service agreements— simply were not meeting the results that one would have hoped.

Now, I think, there's a difference, you know, in terms of the family doctor program for northern communities. That part of the program remains, and, I think, there has been success there. I'm sure she knows of that success. But, more generally, trying to entice someone who is graduating from medical school who has probably if not the most, certainly among the most well-defined and well-crafted career paths of any person coming out of university, to work in a rural remote community based solely on

the fact that they might make a little bit of money or have costs repaid to them—it just wasn't enough of an enticement.

Ms. Lathlin: I'm really interested to know if there is data that shows that their retention rates were not improved by the grants.

Mr. Goertzen: I think it would be helpful for the member to hear some of the specific—not failures of the program directly, but some of the things that the program hasn't been able to alleviate for the more than \$4 million that's provided to it.

So ERs that have been closed as—under the former government as a direct relation to physician staffing shortages include the emergency room in Reston, the emergency room in Erickson, the emergency room in Rossburn, the emergency room in Wawanesa, the emergency room in Birtle, the emergency room in Rivers, the emergency room in Shoal Lake, the ER in Baldur, the ER in McCreary, the ER in Winnipegosis, the ER in Teulon, the ER in Emerson, the ER in Pembina Manitou, the ER in St. Claude, the ER in Gladstone, the ER in MacGregor, the ER in Vita.

And then there were a series of other emergency rooms that can't remain open on regular hours that often have shared days in terms of when they are open.

And it brings into question, really, what is the definition of an emergency room? I think that there are far too many in rural Manitoba who don't know if the so-called emergency room in their community is going to be open on certain days, is going to be open on certain hours, that—in fact, you know, there have been some who have argued that not only does it not meet the definition of an emergency room, but it could potentially cause negative health outcomes when individuals are going to facilities that are not open but who they might have the expectation to be open because there's a name on the door that says emergency room. And that's been the case for 17 years now.

* (15:30)

And so, when this list and others can't remain open because of the unavailability of a physician, that, I think, is a clear indication that the program, although well-intended, simply wasn't working.

Ms. Lathlin: I like to thank the minister for sharing that information with me, but I'd like to go back to the rural doctor grant program. I would like to know,

how does the minister measure the success of the grant programs, that is, what kind of indicators were used by the department to determine this?

Mr. Goertzen: Well, I mean, at the highest level, of course, you measure the success of a program by whether or not it is achieving the things that it was set out to do. And I think that when the program was established, clearly one of the key considerations—and I often heard former ministers of Health under the NDP government stand in the House when they were defending the closures of ERs in rural Manitoba and saying, well, yes, the ER has closed, but we have this program where doctors have a return for service.

And that was true for the past many NDP Health ministers who talked about the fact that the return-of-service agreement for doctors was one of the primary tools to keep rural ERs open, and yet it never did. It never changed anything. These ERs continue to close almost like dominoes over the years, over the last 17 years, and almost annually, you'd hear of one or two more ERs that had been closed, now to the point where, I believe, there are 19 that were closed under the former NDP government.

And so, when you'd hear former NDP ministers of Health stand in this House and say that the program was intended to help these ERs stay open, and yet year after year these ERs close, clearly to that was an indication that the program was not working.

Now, of course, when we have spoken with others within the health-care system, those within the regional health authorities when they were—because regional health authorities have the primary role for recruiting doctors into their areas—they would often acknowledge that it was difficult to attract a doctor to a community. If it was simply about money, well, they could certainly bid up, and often they tried to bid up doctors.

I know in my on community during times—and there still is a shortage of doctors, I would say. There would be times when the community would talk about putting money in and bidding up to try to provide additional money to—for doctors to come, but it wasn't the issue. They were concerned about the facilities that they might be working in, whether there was other doctors who they'd be working with, whether they could use their full scope of practice—or, their full training, I should say—in these facilities, whether the communities were like communities to

what they were coming from, whether they had the same amenities that their families might want, whether there are cultural connections, faith-based connections, a whole host of other things.

If it was simply about money, if it was simply about saying to doctors, well, we'll pay you an extra \$50,000 if you go and work in a community, it would have been far cheaper for the Province, previously, under the NDP government, just to write cheques for \$50,000 to these doctors to stay in these communities, but clearly that didn't happen because it wasn't the main impact—or, the main cause, for doctors wanting to practise in a certain area.

Ms. Lathlin: My next question is—for the minister is: How many doctors received grants since the program's inception, and can he provide a percentage of doctors who received those grants, worked for more than two years in our rural communities?

Mr. Goertzen: We are seeking those statistics that the member asked for. I do want to, while we await those statistics—and if we're not able to provide them to her now, I'm sure we can provide them to her on assurance shortly.

However, I do want to put on the record that the northern remote—and I mentioned this in question period a couple of days ago—the Northern/Remote Family Medicine Residency Stream, which I think she may have alluded to a little bit in her question, which provides \$50,000 in assistance for residents in their second year of the two-year family medical residency training stream to work in rural northern facilities, that is still ongoing. That program hasn't changed. We did see success there. I think part of that is because of the shorter time frame between the grant and the return-of-service.

So that portion of the program has not changed. It remains in place.

Ms. Lathlin: Can the minister explain how this grant program will eventually wind down, and when will the department stop distributing these grants?

Mr. Goertzen: The funding hasn't stopped at this point. However, it would be the expectation that it would not be made available for the next academic intake of students into medical school which would take place later this year.

Ms. Lathlin: In relation to these services here, I'm just wondering for the physicians who are willing to establish a practice in rural Manitoba, would that be—that funding be cancelled as well?

* (15:40)

Mr. Goertzen: I'll just provide a bit of information and then ask the member to repeat the question.

So my understanding is that over the course of the program, and this is an approximate number, but that there's been about 1,400 grants provided under the program, and, I think, that that illustrates the problem, is that if there were 1,400 doctors who remained in rural Manitoba after receiving the grant, we'd be in a much different situation than we are today.

The challenge is, of course, doctors are going for very short periods of time; leaving; deciding that they don't want to be within a community; and, in some ways, leaving the communities, I think, in a more difficult spot than they may have even been before, because they're now then scrambling again to find different doctors.

So the extraordinarily high turnover is—it's a challenge. It's one of the challenges with international medical grads at the IMG program. I know I often hear people say, well, we should have more IMGs coming to Manitoba, and that's a valid perspective. But the challenge is that many of them come, and they come into rural communities where they have no connection points, and it's very different than where they may have practised previously, and they don't stay very long, and that turnover is causing significant problems in rural communities.

And so, yes, there's been a high number of grants that have been applied, but, if you were to drive through rural Manitoba and see the 19 ERs that have been closed, you would know that it didn't work to keep these doctors there. And so that is certainly a significant part of the challenge.

Now, I'm sorry. I didn't—I know the member asked another question, but I was trying to get that date in. I didn't hear her question. If she wanted to repeat that, I would try to get an answer.

Ms. Lathlin: Well, in addition to that question, will the minister's plan have a focus of creating more general practitioners who provide primary health care for rural communities?

Mr. Goertzen: Yes, I thank the member for the question. Certainly, the plan that we are working to develop is to have a more provincial strategy in terms of recruitment and retention of doctors, including family medical doctors, and I mentioned to

the member previously the Northern/Remote Family Medicine Residency Stream, remains in place; that hasn't changed.

But the rural RHAs have been primarily responsible for the recruitment of their doctors, and they still will primarily be responsible for that, but there needs to be a provincial body that works in co-ordination, because what we're seeing is that there's a lot of different things that are happening when it comes to recruitment of medical physicians, and there's a lot of competition that's happening between the RHAs that isn't necessarily resulting in good results. I'm not sure that it makes sense to have, you know, multiple RHAs show up at a recruitment fair internationally to try to recruit international doctors. You'd want to try to ensure that you're not only using best practices but you're doing it in a way that improves the overall system within Manitoba for the availability of physicians.

And so we have remained, and have kept the northern/remote family medical residency stream, but we do believe there needs to be a broader provincial overlay so that we don't have a lack of co-ordination between the five regional health authorities in recruiting doctors, recognizing that the Winnipeg Regional Health Authority is in a slightly different position than the other four RHAs—housing, of course, the largest population, largest community, most medical facilities. It does attract doctors in a much different way, of course, than rural and remote communities.

Ms. Flor Marcelino (Leader of the Official Opposition): I would like to ask the minister: Did the minister begin work on constructing a new plan prior to announcing the cancellation of the program?

Mr. Goertzen: Just for clarity, I think I understand the member's question, but I wouldn't want to answer the wrong question. I've done that before. The—I think she's asking whether or not we began a restructuring plan prior to the Peachey report.

Is that what she's asking? [*interjection*]

The Acting Chairperson (Sarah Guillemard): The honourable member for Logan.

Ms. Marcelino: I'm sorry. Thank you, Madam Chair.

Yes, please.

Mr. Goertzen: While there were many discussions, obviously, about the need to reduce wait times in emergency rooms from the very earliest days that I

became Health Minister, and I learned about things such as Oculus, and saw the different dashboard reporting that was done by the Winnipeg Regional Health Authority in terms of wait times in the ER.

No, certainly from the ministry perspective there was not a restructuring plan that was happening parallel to the Peachey report. I learned of the Peachey report relatively early when I became minister—that that work was ongoing, although I didn't grasp, maybe, the entire scope of it as a new minister of health and not having a great deal of background with the department.

I was trying to grasp a lot of different things at the same time. Still am, I would suggest. I'm sure the member would probably agree with that. But the Peachey report happened without government interference. It was allowed to proceed in the time frame that Dr. Peachey had wanted it to be placed, and it happened in the time frame, I believe, that the former government had set out.

I know that the interim Leader of the Opposition was a member of the Cabinet in the former government, so she may have some more information about that in terms of the time frame of the Peachey report having been commissioned by her government, but I do know that we were respectful and respectful of Dr. Peachey and his work, remained hands-off, and awaited his report and implemented it as presented.

Mr. Rob Altemeyer (Wolseley): Thanks to the minister and his staff for taking our questions here today.

I'm wondering if they could explain for us all the relative costs of a person needing care if they end up in an emergency room or if they go to an urgent-care centre. Is there a difference in costs? Is one cheaper than another?

*(15:50)

Mr. Goertzen: I thank the member for the question.

And I think it is a good question because I think that there's a lot of misunderstanding maybe between the different roles of emergency and in urgent care. That'll be part of the process of education, to ensure that people have a better understanding of what the different facilities provide.

The emergency—sorry, the urgent-care centres are still staffed with emergency room physicians. They still have the same training as you would find in an emergency room. There are differences in

terms of the level of services available. So in an emergency room you would naturally find more specialty services. You would find more trauma services, of course, because it is dealing with a higher level of need in terms of those presenting. But urgent-care centres do still have the staffing of emergency room physicians.

Mr. Altemeyer: I thank the minister for that answer, such as it was.

Let me see if I understand what he's trying to say. Am I correct in interpreting his remarks that because there's a similar level of staff expertise available at both an ER and an urgent-care centre that, therefore, there's no cost difference to the system if a person shows up in an ER or shows up at an urgent-care centre?

Mr. Goertzen: No, I wouldn't want to leave that impression. I think I was trying to simply say I think that there's sometimes a misconception that in urgent-care centres that there either are doctors or they're not fully trained, in terms of emergency care. I mean that isn't the case. I think the public needs to know that there are emergency room physicians in the urgent-care centres. That, of course, isn't where people should present if they don't have an emergency. But the training of the doctors is certainly high and appropriate within the urgent-care centres.

Urgent-care centres would not be as costly as emergency rooms, in that there are less consult services, there are less, of course, acuity services. So to operate an urgent-care centre, no—excuse me—it wouldn't cost as much as operating an emergency room. But certainly people have to know that those urgent-care centres are there to deal with really the vast majority of things that people are now presenting at emergency rooms for.

So, for example, the information that'll be provided to the public has already been provided, but I think more aggressively provided as changes happen in the system—is that you would go to urgent care for minor injuries and illnesses, including brace and musculoskeletal injuries, colds, flu, cuts, stitches, certainly able to manage chronic illnesses when there are flare-ups. And, if somebody presents at an urgent-care facility and they really require emergency room facility, they would be transported, of course.

But I think it's important to know that the majority of people now who are presenting in some

of the community hospitals, such as in Seven Oaks, are really presenting in an emergency room with these sort of things that I've described. So they are presenting in an emergency room for what are really urgent-care needs. And so, for the vast majority of those who, using Seven Oaks as an example, who are in the emergency room, they are somewhat misplaced, and by becoming an urgent-care centre, they will have become—come to the right place because those are the sort of things an urgent-care centre would take care of. But, no, it doesn't cost as much to operate an urgent-care centre as it does an emergency room.

Mr. Altemeyer: I thank the minister for that answer and that clarification.

And picking up on his point, which I agree with, that you can end up with people in one health facility who could be better treated, faster and more efficiently, by the health-care system if they were arriving—medical language, presenting—at that other facility, which leads to the question that I and many have been asking for quite some time: What is the rationale for the government's proposal to shutter the Misericordia Urgent Care Centre? Doesn't it defy logic? If our goal is to get more people treated more effectively, to get the right care in the right place and the right time, how does it make sense to shut down an urgent-care centre when the minister's own plan is calling for more of those to be created?

Mr. Goertzen: And this is—I know this is the challenge, and this is a communication challenge, of course, with the public, and I think—and I fully embrace that challenge. It's important. I think Dr. Peachey, when he was here during the announcement, did a much better job and a more articulate job than I could ever do, in explaining that more doesn't always mean better. But, of course, we are conditioned, I think, and, certainly after 17 years of the former NDP government, the feeling would be more—would be better. But, I mean, if you look at what happened over the last 17 years, more than \$100 million was poured into the emergency-room system and things got worse, and they got worse and they got worse. More didn't equate to better, and the question then becomes: Why is it that communities like Vancouver, Calgary, Ottawa, much larger than the city of Winnipeg, have fewer emergency rooms and yet they do much better in terms of their wait times?

Now, I understand the member's question, and I certainly understand the reasons he's asking for it,

and I respect the reasons he's asking for it, but the extension of that logic is, you know, really, how you'd get a better system is if you had an urgent-care centre or an emergency room on every corner of every street because then you'd have, you know, remarkably short wait times because everybody could just walk out their door and basically fall into an emergency centre or into an emergency room.

But that doesn't work because if you don't have the staff, if you don't have the diagnostics, if you don't have the speciality services for some of those facilities, then what you get is, as opposed to having, under the member's scenario where you'd have 300 urgent-care centres around Winnipeg, you wouldn't have 300 really effective urgent-care centres; you'd have 300 really bad operating facilities. And that's exactly what Dr. Peachey was suggesting when he came and he presented at the announcement is that we have more emergency rooms in Winnipeg than in other cities that are much larger than Winnipeg. We have six, and so you would think that that must mean we have much better service in these cities, but, in fact, we have worse service because instead of having three really good emergency rooms, we have six that aren't working particularly well as a system.

So more doesn't always mean better. Is that a challenge, of course, in terms of communications? Well, yes, it is. I mean, if we could have urgent-care centres on every street corner, emergency rooms on every street corner, that would feel good. If we could have an emergency room in every community that had more than 20 people that would also feel good. But none of those would work, and I don't think there's a better example than looking at, you know, rural Manitoba. I mean, the former government shut down 19 emergency rooms because they couldn't staff them. And so how does that help, you know, to have facilities that are scattered throughout different places, whether that's Winnipeg or other places, but you can't keep them open or you can't properly operate them?

* (16:00)

So I understand what the member is saying in terms of, wouldn't it make sense, then, to have, you know, urgent-care centres everywhere because everybody could just have better service? But Dr. Peachey is right; it doesn't work that way. You have to make sure that you have facilities that work very well, that are doing the things they are supposed to do, as opposed to having a bunch of them all

over the place where everybody is getting equally unsatisfactory service.

Mr. Altemeyer: What is the WRHA's current policy position on medical transfers, let's say within the city of Winnipeg? Is this something they are happy about, the number of transfers that are happening? Are they looking to have more, or is their objective to reduce the number of medical transfers within Winnipeg that are occurring?

Mr. Goertzen: This is another good question by the member, and I'm—we should take this show on the road and we could have some good explanations out there.

But I—this is one of the things that Dr. Peachey identified in his report, is that in a city like Winnipeg there are far too many transfers happening, and they're happening with the people who are the sickest. So what's happening too often now in the city of Winnipeg, and more than in other cities that are much larger than Winnipeg on a per capita basis, is people will show up in an emergency room like Concordia, for example, but the Concordia doesn't have the ability, either the staff or the equipment, to deal with them, with the high level of acuity that they have, so then they get transported from Concordia to St. Boniface, for example, or to HSC. They get dealt with at those tertiary hospitals. And then they might have to be transferred back again. And that is exactly one of the problems, is that people are presenting at emergency rooms that aren't properly staffed or equipped to deal with the level of acuity that an individual has, which is why it's important to have your services concentrated in a way that you, when you present with a high acuity, you can get dealt with there so you don't have to get transferred again.

Now, does that mean that this will be seamless and that it—will there be never be somebody who presents at an urgent care when they really should be presenting at an emergency? Well, no. The health-care system isn't seamless anywheres. But it is the expectation by the Winnipeg Regional Health Authority and by Dr. Peachey that we will reduce the number of transfers from people who are the least stable to be transferred.

Now, where you'll see transfers continue is anywhere else. If you were to present to one of the three emergency rooms with a high acuity, you are dealt with with the issue that you have over the hours or days. You would then be transferred back to one of the community hospitals. And that is the system should—that is how the system should work. You

should present to an emergency room if you have a very high and significant acuity, as a severe injury, you are dealt with there, and when you are stable, you then get transferred back to a community hospital.

What's happening now is people are presenting with a high level of acuity at a community hospital. The community hospital can't deal with them. They're loaded up in an ambulance and transferred to St. B or HSC where they can be dealt with, but they are the least able to be transferred. They are in the most challenging situation at that time when they are being transferred. So it's a good question, because the redesign of the system is exactly to try to reduce the amount of transferring of those who are the least stable to be transferred.

Mr. Altemeyer: Is the minister aware of how many people, as a percentage, that present to Misericordia Urgent Care Centre present with challenges with their eyes?

Mr. Goertzen: Madam Chairperson, we're trying to seek the information the member asks for. It's fairly granular so we're—it's—either may not be available immediately or we'll probably see if we can get it to him quickly.

But while I do have the floor and the opportunity, rather than just let the clock run, I did want to put onto the record the importance both of urgent-care centres and the information that will be provided to the public and I don't think we can often repeat this enough, recognizing there's not an awful lot of us in the House but there may be some who read Hansard at another time, that urgent-care centres provide extended-hour access for unexpected but non-life-threatening health concerns which require same-day or -evening treatments. Patients coming to urgent-care centres may arrive on their own or be transported there by ambulance. Urgent care is not a first-come, first-serve system. Patients are seen in urgent-care centres based on their medical condition and the severity of the situation. Urgent-care teams typically consist of nurses, nurse practitioners and physicians. An urgent-care centre's also supported by an on-site laboratory and X-ray department. Hours of operation vary, depending on the facility; please check for operating times and locations. For serious and life-threatening concerns, always go to your nearest emergency department or call 911. Visit an urgent-care centre for illnesses or injuries that require same-day/evening treatment but are non-life-threatening. If you are unsure if you

should be visiting an urgent-care centre, you can call Health Links for information.

Common conditions that are treated in urgent-care centres include broken bones, sprains, cuts, asthma, dehydration, pain and infections. The role of the urgent-care centre is to provide a transitional step of health service between community physician offices and hospitals. Urgent-care centres have a broader and deeper range of services than physician clinics but are not equivalent to emergency departments. They have—but they also help to conserve the emergency room resources for more life-threatening conditions.

So that's information that's available and that we'll continue to make available to the public because we recognize that this is largely an exercise of education and that that will have to continue.

Mr. Altemeyer: Yes, this is an exercise in education. I think the minister has a few things to learn himself.

I would encourage him to try and find out how many of the patients that present at Misericordia Urgent Care Centre are there initially because of an injury to their eye and how many of them are then able to go from Misericordia urgent-care centre, after being triaged and treated, directly over to the Buhler eye centre in the same building, thereby reducing the number of medical transfers that are required.

Under the government's proposal, we no longer have an urgent-care system in the inner city. Someone who has an eye injury, even if they live right next to Misericordia, is going to have to somehow get themselves out into the suburbs to receive care, under the minister's plan, and then, after they've received that care, perhaps be transferred through a medical transfer, adding more costs to the system, back to the Misericordia at the Buhler eye centre to receive treatment. Once again demonstrating on this particular point on the role of the Misericordia Urgent Care Centre, the government does not appear to have done its homework.

*(16:10)

The minister has acknowledged urgent-care centres are cheaper to operate than an emergency room. They are able to treat people locally in their community. When those facilities are shut down, people will go to the next most available facility and, in this particular case, with the Misericordia, that means they're going to the very same emergency

rooms that the minister claims he is trying to improve performance at.

Setting aside everything else in the report, on the one particular aspect of the government's plan to shut down the Misericordia Urgent Care Centre, all I can say, in conclusion, Madam Chairperson, as this will be my last question today for Estimates, is that from the point of view of improving the health-care system, from the point of view of improving the health outcomes for the people who need medicare and who rely on it, and from the point of view of saving money, which seems to be all that this government ultimately really cares about, shutting down the Misericordia Urgent Care Centre does not make any sense.

I would encourage the minister to take that particular item back to the drawing board and ask his staff to remove that provision from the government's plan. I am by no means the only one who has said that this makes no sense. I am by no means the most well-informed person who is saying that this makes no sense. As someone who does not have the depth of knowledge that people who work at the Misericordia have or the patients who have received excellent care at Misericordia, I freely admit I'm not as well informed as they are, and yet even I can understand that shuttering an urgent-care centre in the inner city, when the QuickCare clinic has already been shut down, is only going to lead to a massive influx of patients heading to the emergency rooms, which is exactly 180 degrees different from what the government's claim has been for this plan all along.

Regardless of whatever else happens with this government and the health-care system, I hope they would have the composure, I hope they would have the decency, to acknowledge that this particular recommendation, as they see it—and I don't see it in the Peachey report, anywhere; nowhere in that report does Peachey recommend the Misericordia Urgent Care Centre be shut down—but, even at the most basic logical premise, it does not make sense to do this and I would ask the government—

The Acting Chairperson (Sarah Guillemard): Order.

I would like to remind members that, as we are asking questions and answering them, I would appreciate if there was no heckling.

Mr. Altemeyer: Just to conclude my remarks. I don't know if the minister is going to give his political answer, the type of performance that we see in

question period. Manitobans need better than that. Mistakes happen all the time. It is a demonstration of character and compassion and experience when mistakes can be admitted to and corrected. This is a mistake in this direction the government is going. I would ask the minister to reverse it.

The Acting Chairperson (Sarah Guillemard): The honourable—time is up.

And, before I acknowledge the minister, I just want to remind those in the gallery that there will be no public participation, including clapping. Thank you.

Mr. Goertzen: I thank the member for his comment and I appreciate him and the member for Elmwood (Mr. Maloway), the member for Concordia (Mr. Wiebe), the member for Tyndall Park (Mr. Marcelino), you know, they bring forward concerns of their constituents—member for River Heights (Mr. Gerrard) as well. That is absolutely appropriate and it is the place for that disagreement to happen, and I respect that and I know that that is an important role as an MLA, to bring forward those concerns.

I want to assure him that the evidence that has come forward in terms of how the system should be aligned has been well collected. It began in the fall of 2015 with the hiring of Dr. Peachey, hand-selected by the NDP. Mr. Peachey, after he was chosen specifically by the Selinger government, began to have interviews with those in the medical profession and facilities, so including Misericordia, of course. There were discussion of—in terms of the services that they provide and the system alignment. Dr. Peachey also met with those representing the Manitoba Nurses Union who also had a seat on the steering committee, Doctors Manitoba who also had a seat on the steering committee. There were legion of meetings with those across the health-care system. I think he then undertook—worked to come up with a broader environmental scan along with the steering committee and provided his report in a process that took well over a year to happen. And it was the first—the member would know what is important to repeat—it was the first assessment of its kind in the province of Manitoba, and the mandate that the former government gave was for it to be evidence-based and patient-centred. And I support that and I think that that was the right thing to do.

Now, I want the member to know and give him the assurance, and he can certainly give the assurance to those that he is hearing from, that

discussions, of course, will continue—very early stages of the implementation plan and discussions will continue with the Winnipeg Regional Health Authority, and each of the facilities within the region will be continued to be consulted with. And it will be communication back and forth where there are issues that arise as such as the member has raised here. I know that those will be discussed with the officials within the Winnipeg Regional Health Authority and those individual facilities. That will be important for those discussions to continue to happen. So it is early in the implementation, of course, so communications about issues will continue on.

We recognize that there'll be some disruptions within the system; there'll be some challenges that will be unforeseen. That is not unexpected in a change this big or a change this significant. But change had to happen.

I suspect—the member hasn't said that change shouldn't happen. I suspect he believes that there does need to be change, and we can disagree on how that change looks, and that's all fair.

But I do want to give him the assurance that there'll be continued discussions as the rollout happens with Misericordia. And the concerns that he has raised will be part of those discussions in terms of how to deal with issues around the urgent-care centre at Misericordia and those who are presenting for—in different ways, but also to remember that people are presenting from very different areas in Winnipeg as well, and that it's not true that everyone or even most of those who are presenting at the urgent-care centre at Misericordia are doing so from a walking distance or a tight radius around Misericordia; that the majority of them are presenting from areas right across the city of Winnipeg, and so that is also important to bear in mind.

But I do take the member's comments seriously. I think that they're important and they're well-positioned, and I know that the region will continue to have discussions with Misericordia, and that his specific concerns will be part of those discussions.

Mr. James Allum (Fort Garry-Riverview): Thank you, Madam Acting Chair. Nice to see you in the Chair today.

And, of course, I want to thank the Health Minister and staff from WRHA and from the department as well for being here.

I wonder if the minister could describe in some detail the announcement that he made today to create a transformation management office.

* (16:20)

Mr. Goertzen: I thank the member for the question. It is a timely and a good question.

The Transformation Management Office was a recommendation of the KPMG report, the health sustainability and innovation review report. There are—if one were to look through other jurisdictions, Saskatchewan, for example, there are transformation offices in—or ADMs sometimes specifically responsible for transformation in health care. And it's particularly important these days because there are so many changes in health care, and I don't just mean in Manitoba or, you know, or in Winnipeg, but really across Canada. You couldn't find a jurisdiction where significant change in health care isn't happening. And, of course, significant change results in significant debate, and never more emotional than when it comes to health care.

But the transformation office was specifically recommended by KPMG. The office would be expected to ensure that there were results realized when it comes to the change that is happening in the system—not particular to the change that is happening within the Winnipeg Regional Health Authority, but including that, obviously. It wouldn't be—it's not formed specifically as a result of the announcement, but generally with change in the system. They would be involved with ensuring that there are leading practices being developed within the region and that there's sharing of that knowledge across regional health authorities. Most importantly, they will be driving the execution of key initiatives and opportunities. So they are not only looking in the environment and seeing things that need to change based on best practices across Canada, North America, and across the seas, of course. Anywhere where health care is delivered in the world. But then they would drive the execution of those key initiatives with the idea of transforming the health-care system. Not just once, though, but always evolving. There needs to be an always-evolving health-care system.

So the Transformation Management Office will have a key role in that in a dedicated form to ensuring that the changes that are happening within the health-care system are being done in the right way; that new practices are being sought across

Canada, North America and around the world; that those changes are executed in a way that end in results; and that new opportunities are sought. And then that will continue on as a circle. I don't expect that it will ever stop—[interjection]—and, well, the member for Elmwood (Mr. Maloway) wants to talk about the structure of government in the Soviet Union, and he is well positioned to talk about that. I would love to listen to him sometime describe that; he would know much more about that than I would. But I certainly would hope that he would welcome the transformation office and the continuous improvement, I hope, that it will bring.

Mr. Allum: According to the press release that was provided by the government today on the Transformation Management Office, the governance—I'm quoting, here, the governance, structure and alignment of the TMO will be guided and developed by Olivia Baldwin-Valainis, within Priorities and Planning Secretariat.

If I'm correct, Ms. Baldwin-Valainis was previously—or until today, I guess, the head of Cabinet Communications. Is that correct?

Mr. Goertzen: Yes, I think—I don't know the official title that Ms. Baldwin-Valainis had in terms of the director of communications for government—for Cabinet Communications, but that would be correct. That would be the role that she has held up until today.

I would say, for the record—and I have no problem saying it—I've known her for many years. She is driven; she's exceptional in the work that she does. I think she puts her heart and soul into everything that she is tasked with doing, and that is exactly the kind of person that we need involved in this sort of office, someone who has a broad range of experience in different levels of government, someone who is dedicated to the job, someone who is committed to seeing change in the system, someone who works well with others and who knows how to build teams and I'm expecting that she'll do an exceptional job.

Mr. Allum: Well, I have no doubt that she will work very hard. That goes without saying.

The question is: Is what possible expertise could a former communicator have in governance, structure and alignment of TMO, related to the health-care system in Manitoba? Could he—minister help us to understand, or articulate for us, what her expertise in these areas are?

Mr. Goertzen: Well, the member will know that people bring different skills to different positions. I'm trained as a lawyer and I'm the Health Minister, so I guess by virtue of his question, he would say that I'm a particularly bad choice as Health Minister. He would probably put that on the record today, and I'm sure he'll say that anywhere. But I believe he's an academic, and he was the Justice minister for about a year, and I might've had my opinions about that.

I believe former Health minister Theresa Oswald was a teacher; former Health 'minister' Sharon Blady was a professor; former Health minister Erin Selby was a news broadcaster; former Health minister Darren Praznik was a lawyer.

You know, there are a not—a lot of different folks who take on different positions who have different skill sets. And I—if he's suggesting that you can only be successful in the job if you have the four squares of a particular academic background, then I think he needs to look around and have those discussions with his own caucus, or maybe he's reflecting on his time as the Attorney General in the province of Manitoba.

I don't believe that. I think that people have a variety of different skills that come somewhat from their academic background, of course—that is important; it lays the foundation—but also from their life experience and skills.

And I would say, about Ms. Baldwin-Valainis, that she has a wide range of experience in government, not just in our government. She's worked at various levels of governments. She has seen a transformation in many different ways, been a significant part of that, been a significant part of policy-making and those who are involved as policy-makers. I believe that she has the right dedication and skills to do a good job.

* (16:30)

I'm sure the member isn't disparaging her. I think he would believe that she is very capable and very skilled, and I would hope that he would at least give her that chance. I know when he was appointed the Attorney General, I may have been somewhat skeptical, but I gave him a chance. And, you know, I think he served in the role. I won't try to value-add how he served in the role but he served in the role, and, you know, I think all of us bring different skills to a job, but if he's being critical of some of his former colleagues who held roles in Cabinet or who were appointed by the former NDP to certain positions, I would say that would be unfortunate.

Maybe it's a reason why there still is division within that caucus, those sorts of aspersions on individuals who are otherwise professionals and have great backgrounds in the work that they do.

So I am pleased and excited that Ms. Baldwin-Valainis to take on this role. I have every expectation that she is going to fulfill it to the highest standard as she has in all the other occupations that she's held.

Mr. Allum: I'm disappointed that the minister feels the need to take cheap shots during a course of an answer when I—it was a legit question to ask, I think, what skills, what background, what qualifications that this individual has for a job.

Now, we're not talking about an elected official who's appointed to a position. As he well knows, that's the nature of being an elected official, but elected officials—and he is a minister with three staff members in front of him, rely on the professional expertise of public servants in order to do their jobs well. It was no different for me as Attorney General and minister of Justice when I relied on a significant number of lawyers and others to help in that role. Same when I was minister of Education and Advanced Learning. You rely on the professional expertise around you to help navigate your way through the system and, hopefully, serve the people of Manitoba well.

I would say that the jury's still out on whether the Health Minister is a good Health Minister or not. He's off to a rocky start and he's having some troubles; I can appreciate that, and so he—but I'm willing to give him the benefit of the doubt.

Could he tell us, though, because he's refused—categorically refused to release the KPMG report—did that report recommend that Ms. Baldwin-Valainis take this role?

Mr. Goertzen: Well, you know, Madam Chairperson, I would take some exception with the characterization of a rocky start. I mean, it's a—well, in fact, it's—it's been a year, I mean, you know, Health ministers in Manitoba serve an average of 18 months, so you'd think this is more than a start, I would hope.

But I would say—I would say, Madam Chairperson, that I have no problems at all. In fact, I'm quite excited that Ms. Baldwin-Valainis is taking on this very critical role. There are few people, if any, who I could think who would do the job more exceptionally and more with dedication.

Now, the member suggests that somehow maybe she isn't up to the job or able to do the job, and, you know, I would say if he wants to cast aspersions on the job that I do as Health Minister, well, that's fair game, I mean, that's what we get elected for. It's part of being in politics. It's part of being in the democratic forum, and partisan politics is a part of that. And I'm more than willing to take those shots if he wants to provide them. I think I've given a few over my time, and I guess I've received a few now. And that's all—that's okay. I don't mind that; I think that's part of what our democracy is about, Madam Chairperson.

But, you know, to try to suggest that someone who has 15 years of providing strategic advice to provincial and federal governments, someone who has 10 years as a director of regional affairs in the federal regional office here in Manitoba isn't qualified to do the job, that concerns me, that the member would take that sort of approach, to take someone who is distinguished academically, has an honours degree in conflict resolution—in fact, maybe the caucus of the NDP would have liked to have hired her to resolve some of the conflicts previously, but maybe that still is available as a side job, or that somebody who has a master's degree in political science and international relations from Dalhousie University wouldn't be able to fulfill this job, well, maybe he sets the standard unrealistically higher. Perhaps he doesn't recognize how skilled an individual this is. Or, maybe he's sorry that he wasn't able to hire her for some position when they were in government.

But I, one, will ignore the aspersions that this member has put on such a highly skilled individual with such a distinguished resumé and say that I fully look forward to the work that she'll do in the office for me as minister for as long as I retain the position. And I know that she will have a distinguished time in the office of the transition management office as she has distinguished herself in other—every other office that she has held. And I look forward to being able to come back to the Legislature in one form or the other in the future and to say to the member, once the evidence is in, of the strong work that Ms. Baldwin-Valainis has put in to the job, that he owes her an apology. I would, of course, suggest he probably owes her an apology now, having cast these aspersions on someone who has worked so distinguished—in such a distinguished way in the federal and provincial governments, Madam

Chairperson. But I don't expect the member will apologize; it's not really his style to do so. I—he might go home over the next week, his break week, and feel remorse about the things that he has said and, even if he doesn't verbalize that apology, he still might feel it internally. And that might be enough for me, I guess, if he feels the remorse of his comments here today and in trying to say such derogatory things about someone who is an accomplished female and an accomplished Manitoban.

So I hope that in the quietness of his heart over the next week as he reflects upon his words here in Estimates, that he will feel that sense of remorse and feel that sense of regret of his comments. And whether he comes back after his week away and puts that onto the record or not, it is my deepest hope—it is my deepest hope—that that is how he'll feel over the next week, Madam Chairperson.

Mr. Allum: Well, I don't know if I'm more disappointed with the Health Minister's answer or the fact that the minister behind him actually clapped for an answer of that kind.

It's fair for us to—when the government makes an announcement—to be able to say—to ask what the qualifications for a person previously employed in a highly political activity—that is, director of cab communications, or whatever they called it—to suddenly now have a very important job right in the middle of the health-care crisis, apparently. And so it strikes me as unfortunate that the Health Minister can't take the Estimates process seriously and has to go to the lowest common denominator when it's the opposition's obligation to ask relevant questions about government announcements.

Because this—frankly, if I might say—strikes us as an exercise in public relations, when you take a public relations expert and put them in such an important transformational position as this, in a very complicated business of health care. It does strike us as very bureaucratic for a Health Minister who seems to daily rail against bureaucracy. He throws the bureaucracy under the bus every possible day that doctors, nurses and emergency wards are on his hit list every single day, as he undervalues their particular work. And then we—also strikes us that this is—seems to be the mechanism toward the minister's unstated goal toward privatization.

But I asked him if whether KPMG recommended that Ms. Baldwin-Valainis be given this job. Could he answer that directly for us?

Mr. Goertzen: Well, I mean, before I have the opportunity to answer that question directly, I have to, of course—can't leave some of those derogatory comments unresolved that the member has now put onto the record.

* (16:40)

I mean, he suggests that, on the one hand, Ms. Baldwin-Valainis had an—moved into an important job from director of communications. Well, you know, she's moving from one important job to another important job, I'd even say, you know, I'm a little biased, of course, being in the middle of the Health transformation, that this is perhaps one of the most critical and important jobs that she's had, and I would say that the work that she's had leading up in her career, working federally, provincially, being involved with policy decisions and discussions at the national level, more recently at the provincial level, with an academic background in political science and in international relations from two distinguished universities—that doesn't seem to meet the bar of the member opposite for being able to do a job. And, you know, I think it's unfortunate that for such a distinguished woman, and the great career that she has had at the very early stage of her career, I'd suggest, Madam Chairperson, that the member would find the gall to come into this House and to speak so negatively about her position.

Now, you know, maybe I forget, because I'm getting older and I do forget more things, Madam Chairperson, but I don't remember the member opposite, when the former premier hired someone off the union floor to come into the Premier's office and try to save his leadership when the revolt was in the heaviest arsenal in the fire, when the NDP were rising up in the ranks and the rebel five and the dissatisfied 10 and the furious 15 and all the different cabals that existed within the NDP prior to the last election. Now, maybe, you know at that time, when the former premier decided to walk the union floor to try to pick someone to save his leadership prior to—or during the rebellion, maybe the member opposite stood in caucus and said, well, what qualifications does this individual have, coming from the union floor to try to save the boss, to try to save him from the rebellious Cabinet ministers, to try to save from the uprising of the backbenchers in the NDP. Maybe he hammered on the table as he hammers in the—on the table here in the Assembly almost daily and said, tell us, Mr. Premier, tell us, member for St. Boniface (Mr. Selinger), what qualifications does she have? But I suspect that he didn't. I suspect he nodded his

head and said little because he was afraid of losing whatever position he held at that particular time.

But there shouldn't be a parallel, of course, because the distinction here of this individual as compared to many others that the NDP either employed or sought advice from I think is remarkable. My expectation, based on the experience that I've had and that I've seen with Ms. Baldwin-Valainis is that she will take all of the skills that she has to put them into the job of transformation and working with the health-care system, along with others, of course, and there'll be others, of course, that she'll work with, of course, who have specific health experience. *[interjection]* And she might even listen to some of the advice from the member for Elmwood (Mr. Maloway). I hear him chirping some of it across the hall, and I'm sure if he wants to put pen to paper or get out his computer and send us some emails about some of the advice that he might have, I'm sure, because she's a very gracious individual and someone who is open to different ideas and really respects the views of Manitobans generally, even the member for Elmwood, I'm sure that if he, when he isn't ordering T-shirts, because we know he needs new ones, having turned the other ones inside-out for the last protest, I'm sure that if he would send the email and send the letter, that Olivia Baldwin-Valainis would be more than happy to read it and to consider it, and we'd be happy to look at it if he's got some unique and novel ideas.

But I would just say how disappointed I am for the member for Fort Garry-Riverview (Mr. Allum), who I, you know, I wouldn't—I consider him an honourable member, as I do all honourable members in this House, and I think this is one of his lower points in terms of taking shots at this young, distinguished woman in Manitoba, and I hope that he has the opportunity to apologize yet, Madam Chairperson.

The Acting Chairperson (Sarah Guillemard): The minister's time has expired.

Hon. Jon Gerrard (River Heights): I have not a lot of time, and I have some fairly straightforward questions, so perhaps the minister could try and provide some fairly straightforward answers.

First of all, I had asked at the end of yesterday whether the home-care money from the federal government and the mental and brain health money from the federal government was in the budget or not.

Mr. Goertzen: The member's questions relate directly to the Canada Health transfers and negotiations. Obviously, we have had concerns about how those negotiations unfolded. Certainly, the threat to lose the Factory of the Future was significant for the province of Manitoba. We would've looked for support from the member. Failing that support, we stood up for Manitobans and made sure that that threat was removed. We are satisfied that that threat has been removed from the table, which means that there are—there's an openness now for discussions regarding the Canada Health transfers, but it is a transfer. It is a transfer from the federal government to the provincial government. If it were—if and when it would be completed, and that would be directed from the Finance Department in Ottawa to the Finance Department in Manitoba.

So it may be a question that might be better directed to the Minister of Finance (Mr. Friesen).

Mr. Gerrard: I thank the minister.

First of all, I and my Liberal colleagues have been very, very supportive of making sure that the Factory of the Future is here, but we have also been supportive of making sure that the money for home care and brain health, mental health, are also here. So—but I want to move on from that, and I will certainly ask that for the—from the Finance Minister.

My question, second question, relates to the program for supporting medical students to become rural doctors. And my understanding is that the minister has essentially completely cancelled the program and that that would mean that somebody who's a medical student in training, that they would no longer receive any further grants, and is that the case?

* (16:50)

Mr. Goertzen: Thank the member for the question.

He is correct. The program is coming to an end. It wasn't meeting the, I think, the expected hopes of the ability to provide stable and predictable medical service in rural or remote communities. He is correct that, as I mentioned earlier in Estimates, the program would not be offered in the fall intake for medical students or for those who are continuing on in education who might be partway through medical school.

Mr. Gerrard: Yes, I thank the minister for those comments.

I have long been of the view that one needs a several-faceted approach to making sure we have sufficient numbers of rural physicians. I would urge the minister to look very carefully at a program that was begun many years ago in Minnesota, which was very successful. It involved medical students going out not for four weeks, as we mostly do here, but for a year out into a rural area having full support in that rural area including a very carefully thought out distance learning program visits from physicians as part of a continuing medical education program, which turned out to be important not just for the medical students but for doctors practising in rural Manitoba.

But I am disappointed that students who are already in the program will no longer be able to continue because the funding is dropped. Because I think that they could have eventually been contributed and that this part of the program might have been one element which could have helped.

Now, there is a program, which the minister has also, I believe, terminated, and that was a program to support family physicians who are training in rural areas. And I think the northern part of that program continues but the part of that program which is in southern Manitoba is ended.

Is that correct? Can the minister clarify that?

Mr. Goertzen: A couple of things I want to—I know that the member, being an independent member, has to sort of bargain for time sometimes in Estimates. So, I will save him the trip over to Finance whenever the Finance Estimates begin.

We are advised from financial folks that the budget, which is before the House now, the Estimates of this budget, do not include the potential increase of funding for mental health and for home care. It is based on a 3 per cent increase from the federal government.

Mr. Gerrard: I thank the minister very much for that clarification.

And would return back to the question which I just asked, which deals with the family physician support program.

Mr. Goertzen: I'm sorry. I forgot that.

He's correct in Northern/Remote Family Medicine Residency Stream does continue on, but it does not continue on for southern.

Mr. Gerrard: I just wanted to confirm that.

And would it be true that the resident who's in that stream in the south will—that program will terminate as of July or September or whatever the date is so that the individual would not then continue in the program?

Mr. Goertzen: I think we might have a little confusion on the question. I just want to make sure we get it right.

So the grant is paid out annually when an individual is in medical school. The return for service, of course, begins when they're complete with their medical school, and they're doing the return for service in the communities that they'd agreed to serve within. So, if you're currently serving in a community and returning the service agreement, our understanding would be that you would complete that service. So you would complete that service because you'd already received the grants previously.

So it's a little confusing in that the program continues, but the grants are not. And so, if you've already received your grants, but you had made commitments on a return of service, that continues. So, if you're serving currently in a southern community as a result of a return-for-service agreement—you finished medical school, you've gotten your grants—that doesn't change.

Mr. Gerrard: Yes, I thank the minister for that clarification, but my understanding is that the program—not the medical student support program, but the family physician support program of which the northern program continues and there is a southern program which doesn't continue—that there was support at some level for whether it was family practice residents or for physicians to be practising in family practice, that that program has also been cut as well as the program for medical students to stay in the province. And, for family physicians who may be residents, I would think at this point, will—to what extent does that program stop and to what extent does it continue because those grants are ongoing?

Mr. Goertzen: The questions are good questions in terms of how the program might look different even in the North. And, I mean, we will also mention that the northern residency program will continue, but we will be reviewing that to see if it can be strengthened and whether or not the funds are being used in a way that is getting the most results for those individuals who are trying to access that program.

Member is asking in terms of some of the southern residents who are already in the program. If they've received their grant, the program will continue on.

But we will—we have the benefit of having a week now. We will get the Hansard and review his question, because I think there was some uncertainty about exactly the question that was being asked, and we will provide him a more fulsome answer on our first session back here, which, I'm assuming, is going to be the Monday after next week.

The Acting Chairperson (Sarah Guillemard): The hour being 5 p.m., committee rise.

Call in the Speaker.

IN SESSION

The Acting Speaker (Sarah Guillemard): The honourable Government House Leader, on House business.

House Business

Hon. Andrew Micklefield (Government House Leader): Madam Acting Speaker, I believe you will find there's leave of the House to not see the clock to entertain a request regarding the next Public Accounts meeting.

Thank you.

The Acting Speaker (Sarah Guillemard): Is there leave of the House to not see the clock for the House to consider a request regarding the next Public Accounts meeting? *[Agreed]*

Mr. Micklefield: Madam Acting Speaker, could you please canvass the House for leave to waive rule 119 to allow the Standing Committee on Public Accounts to call as a witness the chief information officer of Manitoba eHealth for the May 8th, 2017 meeting only?

The Acting Speaker (Sarah Guillemard): Is there leave to waive rule 119 to allow the Standing Committee on public accounts to call as a witness the chief information officer of Manitoba eHealth for the May 8th, 2017 meeting only? *[Agreed]*

The Acting Speaker (Sarah Guillemard) The hour being after 5 p.m., this House is adjourned and stands adjourned until Monday, May 8th at 1:30 p.m.

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, April 27, 2017

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