

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

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Speaker*

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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	Ind.
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	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
SMITH, Bernadette	Point Douglas	NDP
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, Hon.	Gimli	PC
WIEBE, Matt	Concordia	NDP
WISHART, Ian, Hon.	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC
YAKIMOSKI, Blair	Transcona	PC

LEGISLATIVE ASSEMBLY OF MANITOBA

Wednesday, November 8, 2017

The House met at 1:30 p.m.

Madam Speaker: O Eternal and Almighty God, from Whom all power and wisdom come, we are assembled here before Thee to frame such laws as may tend to the welfare and prosperity of our province. Grant, O merciful God, we pray Thee, that we may desire only that which is in accordance with Thy will, that we may seek it with wisdom and know it with certainty and accomplish it perfectly for the glory and honour of Thy name and for the welfare of all our people. Amen.

Please be seated. Good afternoon, everybody.

ROUTINE PROCEEDINGS

Madam Speaker: Introduction of bills?

COMMITTEE REPORTS

Standing Committee on Agriculture and Food

First Report

Mr. Derek Johnson (Chairperson): Madam Speaker, I wish to present the first report of the Standing Committee on Agriculture and Food.

Clerk (Ms. Patricia Chaychuk): Your Standing Committee on Agriculture and Food presents—

An Honourable Member: Dispense.

Madam Speaker: Dispense.

Your Standing Committee on AGRICULTURE AND FOOD presents the following as its First Report.

Meetings

Your Committee met on November 7, 2017 at 6:00 p.m. in Room 254 of the Legislative Building.

Matters under Consideration

- *Bill (No. 35) – The Agricultural Producers' Organization Funding Amendment Act/Loi modifiant la Loi sur le financement d'organismes de producteurs agricoles*

Committee Membership

- *Mr. ALLUM*
- *Hon. Mr. EICHLER*
- *Hon. Mr. GERRARD*
- *Mr. JOHNSON*
- *Mr. LAGIMODIERE*

- *Ms. LATHLIN*
- *Mr. LINDSEY*
- *Mrs. MAYER*
- *Mr. MICHALESKI*
- *Ms. MORLEY-LECOMTE*
- *Hon. Mr. PEDERSON*

Your Committee elected Mr. Johnson as the Chairperson

Your Committee elected Ms. Morley-Lecomte as the Vice-Chairperson

Public Presentations

*Your Committee heard the following three presentations on **Bill (No. 35) – The Agricultural Producers' Organization Funding Amendment Act/Loi modifiant la Loi sur le financement d'organismes de producteurs agricoles**:*

Dan Mazier, Private Citizen

Dean Harder, National Farmers Union – Manitoba

James Battershill, Keystone Agricultural Producers

Bill Considered and Reported

- *Bill (No. 35) – The Agricultural Producers' Organization Funding Amendment Act/Loi modifiant la Loi sur le financement d'organismes de producteurs agricoles*

Your Committee agreed to report this Bill with the following amendment:

THAT Clause 9 of the Bill be amended by striking out "on October 31, 2017" and substituting "on the day it receives royal assent".

Mr. Johnson: Madam Speaker, I move, seconded by the honourable member for Seine River (Ms. Morley-Lecomte), that the report of the committee be received.

Motion agreed to.

Madam Speaker: Tabling of reports?

MINISTERIAL STATEMENTS

Madam Speaker: The honourable Minister of Indigenous and Northern Relations, and I would indicate that the required 90 minutes notice prior to routine proceedings was provided in accordance with our rule 26(2).

Would the honourable minister please proceed with her statement.

Aboriginal Veterans Day

Hon. Eileen Clarke (Minister of Indigenous and Northern Relations): I'm very proud today to rise and recognize Aboriginal Veterans Day.

More than 7,000 First Nation members served in the first and second world wars and the Korean War, and an estimated 12,000 Inuit, Metis and other indigenous people also participated.

These men and women represent over 600 communities, including upwards of 55 languages and distinct dialects. Their dedication and sacrifice in supporting our shared interests, both at home and around the world, speaks to a strong tradition of service and selflessness stemming back many, many generations. In doing so, indigenous people have and continue to make incredible contributions to our country's peace and security, and this is something that we should all be very thankful for.

This day is an opportunity for us to reflect not only on their service and sacrifice, but our relationships with our indigenous people at large. We remain committed to fostering respectful relationships as we move forward on a true path to reconciliation.

Let us never forget all those in uniform who answered the call of duty and made the ultimate sacrifice. Their legacy to all of us is a strong, free and united Canada, including the friendly Manitoba communities we all call home.

Thank you.

Mr. Wab Kinew (Leader of the Official Opposition): I rise to honour Aboriginal Veterans Day.

You know, at every powwow, one of the first songs that we sing is a veterans' song. Such is the nature that we hold veterans in such a high respect in our communities.

Now, there are the heroes known across the country. Francis Pegahmagabow, for instance, of the Wasauksing First Nation, is called by many the most effective sniper of World War I, his shot having found its mark some 378 times in combat. In World War II, here in Manitoba we're familiar with the story of Tommy Prince, one of the most decorated soldiers—First Nation soldiers of the Second World War.

What is peculiarly important about the contributions that indigenous veterans made to our country is that many of them had to fight for their rights and freedoms once they got home from combat as well. This generation that served in the world wars came home and were not allowed to vote in this country. Many of them were disenfranchised of the benefits that they were entitled to as veterans. And yet, standing on the foundation of their service to their country, they demanded better, and it was their generation that secured our basic rights and civil liberties as indigenous people in this country today.

It touches our families. I know the member from St. Johns acknowledged it, and I would like to acknowledge my uncle, Norbert Kelly, who served in the United States Armed Forces, as well.

Today we honour those who fought for freedom overseas, as well as—

Madam Speaker: The member's time has expired.

Hon. Jon Gerrard (River Heights): Madam Speaker, I ask leave to speak to the minister's statement.

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

Mr. Gerrard: Madam Speaker, I'm honoured to speak today to Aboriginal Veterans Day and to honour and respect the many indigenous men and women who have fought admirably for Canada over many years.

Today, more than 1,200 First Nations, Inuit and Metis Canadians serve with the Canadian Forces at home and overseas with the same dedication and pride as their forebears.

Today we recognize and respect the contributions of Aboriginal veterans. In addition to giving their lives, many gave up their status rights and lost benefits of First Nations people living on reserves. In some cases, indigenous veterans were denied the services and support offered to non-Aboriginal veterans, including land and educational and voting benefits, and I understand this particularly affected Metis veterans. This was a sorry chapter in Canadian history.

Mike Mountain Horse, a First World War veteran from the Blood Tribe in Alberta said, and I quote: The war proved that the fighting spirit of my tribe was not squelched through reservation life. When duty called, we were there, and when we were

called forth to fight for the cause of civilization, our people showed all the bravery of the warriors of old.

To all Aboriginal veterans, on behalf of the Liberal caucus, I say thank you for your service and the future it has given us. We will not forget.

MEMBERS' STATEMENTS

Richard F. Sellen

Hon. Ron Schuler (Minister of Infrastructure): Madam Speaker, today I stand in honour of Flying Officer Richard F. Sellen. In 1939, when freedom and democracy were threatened across Europe, war was declared and Canada immediately joined the effort to defeat the aggressors.

During the Second World War, Canada became one of the great air training centres and was dubbed the 'aerodome' of democracy. More than 130,000 trained aircrew were added to the Allied cause, and over half of these were Canadians.

One of these Canadians was Flying Officer Richard F. Sellen, who enlisted with the Royal Canadian Air Force at the age of 21. As a pilot, he flew operations on Wellington, Lancaster and Halifax bombers; was assigned to 426 Squadron, "Thunderbird," in England and conducted 39 missions over enemy territory in Europe. Mr. Sellen recounts that, with each mission, they started shooting at us when we crossed the English Channel and kept it up all the way to our target and back.

* (13:40)

During one bombing mission on April 20th, 1944, his Lancaster aircraft was severely damaged by incendiaries and subjected to a continued aerial attack from an enemy fighter. Flying Officer Sellen was able to evade the attack, maintain control of his bomber, complete the mission and bring the airplane and his crew safely back to England.

He was to receive the Distinguished Flying Cross, but he felt that his entire crew should be awarded a medal rather than just himself. When he was informed that only one medal would be awarded, he declined the DFC and had it awarded instead to a crew member whose brother had recently been killed in action.

His performance on operational missions was recognized and Flying Officer Sellen was assigned to instruct other pilots, teaching what he had learned from his combat experience. After victory in Europe,

he immediately volunteered for the Pacific theatre, but the war ended before he arrived.

By the war's end 1.1 million men and women had served in Europe—uniform for Canada and, sadly, more than 44,000 had lost their lives. Each year, Mr. Sellen actively participates in the Act of Remembrance.

We welcome his faithful reminder to be eternally grateful for those who've served in protecting our freedoms and especially for those who made the ultimate sacrifice and gave their lives in that service. For greater love has no one than this: to lay down one's life for one's friends.

God bless all of those who are serving and have served. God bless Canada.

Would you please join me in welcoming our guests here today.

The Belgian Club

Mr. Greg Selinger (St. Boniface): Depuis 1908, le Club Belge a été un grand lieu de rassemblement pour les communautés belgo-canadiennes d'origine flamande et francophone de Saint-Boniface et des régions rurales du Manitoba. Aujourd'hui, il continue à accueillir de nombreux nouveaux arrivants et offre une panoplie de belles activités pour tous.

Translation

Since 1908, the Belgian Club has been a major gathering place for the Belgian-Canadian communities of Flemish and Francophone origin of Saint-Boniface and rural areas of Manitoba. Today, it continues to welcome many newcomers and offers a wide array of great activities for all.

English

A life membership in the Belgian Club has always been \$4. However, today, a non-Belgian could be a member for \$10 a year. It's worth it, if you ask me.

Prosper Gevaert and Alfred De Cruyenaere contributed tremendously to the club. Prosper, born in Belgium, was a founding member and served as an alderman of St. Boniface from 1922 to 1925, and Alfred, founder of Modern Dairy Limited, now known as Parmalat, in St. Boniface, served as president of the Belgian Club from 1935 to 1938.

Having such a place to carry on traditions means a visit today to the club will allow you to partake in Belgian activities like Belgian bowling. The club is

also home to many others, such as the Robin Hood Pole Archery Club, Belgian Club Ladies Group and the Belgian Folkdancers of Winnipeg. Since 1927, the Belgian Veterans Association has called the Belgian Club home. I would like to thank the veterans for their service and protecting our rights and freedoms.

I've been to the Belgian Club on many occasions, enjoying the dancers at Folklorama, Kermis Week in the winter, the monthly summer barbecues and fall suppers. I would tell you how great the food is, but getting a table now is hard enough.

Many people drive by never knowing what happens inside, like the many that also drive and fail to see the magnificent details of the war monument sculptured by the St. Boniface sculptor Hubert A. Garnier.

I have heard, for those so inclined, that the club has 24 types of Belgian beer on hand. I encourage everyone to drop by the Belgian Club to enjoy the hospitality and food that the club members Lorraine Snare and Marcel DeGrave, joining us today, have to offer.

Thank you, Madam Speaker. Merci.

Ryan Houle

Ms. Janice Morley-Lecomte (Seine River): It is with great pride that I rise today to speak on behalf of a gentleman who I had the honour of meeting on take your MLA day—MLA to work day, sorry: Mr. Ryan Houle. I received an invitation from Ryan to join him at his employer, Ron Paul Garden Centre, for a tour and to learn more about Ryan and the work that he did at the greenhouse.

When I arrived, I met Ryan, his mother Ceci DeBraga, and Ernie Thiessen from Premier Personnel, as well as Ray and Jeanne DuBois, the owners of Ron Paul Garden Centre.

During the tour, I had the opportunity to learn how Ryan's strengths, such as his attention to detail, was a skill the business required. Ryan did a variety of different jobs at the greenhouse. Ryan would help with the preparation of soil, transplanting seedling plants into ready-to-sell planters, deadhead the flowers, which I learned was one of the areas Ryan excelled in. Ryan's patience and ability to pay attention to detail was necessary to make sure the flowers were ready for sale at the right time.

To quote Jeanne Dubois: Ray and I are thankful for the hard work and dedication that employees such as Ryan give to our business.

Having such a symbiotic relationship between the employee and the needs of the business wasn't a fluke. It was made possible by the hard work of Premier Personnel, who worked hard to identify Ryan's strengths and match them with the needs of a business.

In this province we have an untapped workforce that is almost double the population of Brandon. These individuals perform equivalent to, or sometimes better than, the general workforce.

Employment opportunities provide access to a dynamic environment and opportunity for social interactions which are needed by everyone. When hiring someone with a disability, employers aren't taking a chance; the only chance they are taking is when they miss out on a quality employee.

I would like to thank Ryan for inviting me to learn about his challenges, successes, and thank all of those who have supported Ryan in his employment.

Thank you.

Original Filipino Seniors Association

Mrs. Bernadette Smith (Point Douglas): The Original Filipino Seniors Association of Manitoba, also known as OFSAM, was formed in 1977. It was created to unite the Filipino community, culture, traditions and love with a strong and pride membership. OFSAM's members work hard to—for future generations to ensure their rich Filipino language, traditions and culture are retained and passed down, because seniors believe that the youth are the hope for the future.

For the past 40 years, OFSAM members have volunteered and hosted many, many community events themselves and with other senior associations as well. They've hosted community picnics, dances, dinners, educational sessions, plays and outreach programs for newcomers. They have also fundraised tirelessly for disasters in other countries such as Haiti and the Super Typhoon Yolanda in the Philippines.

Wab Kinew, the Leader of the NDP party, and I had the honour of attending OFSAM's 40th anniversary celebration on October 22nd at the Viscount Hotel here in Winnipeg, where Ms. Clarita Nazario was crowned OFSAM's queen for 2017, in recognition of her amazing selfless community work

she does not only here in Manitoba, but also in the Philippines. Ms. Nazario leads by example and OFSAM is full of incredible Filipino seniors who do extraordinary heart work.

OFSAM is a volunteer group who uplifts and celebrates all of their members. On behalf of our NDP caucus, we wish to uplift and celebrate all of OFSAM's members. Today we are joined in—by several of OFSAM's members. Please join me in congratulating them for the great work that they do for our community.

Miigwech, Madam Speaker.

I ask for leave to include the names in Hansard.

Madam Speaker: Is there leave to include those names in Hansard? *[Agreed]*

Original Filipino Seniors Association of Manitoba: Estelita Antonio, president; Clarita Ortega Nazario, vice-president; Lorenza Fernandez, treasurer; Florencio Antonio, adviser

Recognizing Royal Canadian Legion Branches

Mr. Rick Wowchuk (Swan River): Today, I'd like to recognize the Royal Canadian Legion branches in my constituency: Mafeking, Birch River, Bowsman, Swan River, Benito and Rorketon.

The Royal Canadian Legion boasts a rich and vibrant history in many communities across our great province. We are fortunate to have six very active Legion branches in our constituency. With few veterans remaining in each branch, sons, daughters, grandsons and granddaughters help to maintain this great organization.

* (13:50)

These Legion branches host a community hall or a clubroom where veterans and their families and community members can gather. These community Legion halls are often the lifeblood of the community.

Our valley Legion branches have supported our local valley Air Squadron 519 since 1950. They travel to many events within the cadet program and within—with support of our local Legion branches are visible throughout the province.

Our Legion branches hold local Remembrance Day services in their respective communities on November 11th, ensuring that we, as Canadians and Manitobans, never forget the sacrifice that was made and is still being made. The Legion branches

participate in school Remembrance Day services so our young people can continue to learn about why we remember.

In each community, the Royal Canadian Legion has been instrumental with financial support to help build these communities by raising funds for skating arenas, curling rinks, swimming pools, community halls, seniors centres and libraries, to name a few. These same Royal Canadian Legion members roll up their sleeves, when it comes time to do the work that needs to be done.

Our Royal Canadian Legion branches support our young people by sponsoring school trips; Legion athletic, music camps; sporting events and scholarships and bursaries to help young people further their education.

I am proud of the accomplishments of our Royal Canadian Legion veterans from the past. They passed on a great torch in our communities, and today, Legion members continue to carry that torch.

Thank you

Introduction of Guests

Madam Speaker: Prior to oral questions, we have some guests in the gallery. I would like to draw the attention of all honourable members to the public gallery where we have with us today members from the Juvenile Diabetes Research Foundation, who are the guests of the honourable member for The Pas (Ms. Lathlin) and the honourable member for Logan (Ms. Marcelino).

Also in the public gallery, we have Shawn Kirkness, who is a constituent of the honourable member for The Pas.

Also in the public gallery, we have, from Garden City Collegiate, 15 grade 9 to 12 students under the direction of Andrea Wilson, and this group is located in the constituency of the honourable member for Kildonan (Mr. Curry).

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

ORAL QUESTIONS

Changes to Physio/Occupational Therapy Request to Restore Outpatient Services

Mr. Wab Kinew (Leader of the Official Opposition): The Premier (Mr. Pallister) ordered the Winnipeg Regional Health Authority to cut outpatient physio and occupational therapy services.

He didn't make the decision based on any evidence, because there isn't any. He didn't do it because of the cost savings, because there aren't any to be found. He did it simply for ideological reasons. He did it because he does not think that the government should be offering these services that Manitobans rely on.

He also mistakenly said that other provinces don't offer these services, which is not true, and the Premier (Mr. Pallister) never corrected that error.

As there's no research, no evidence, no savings for this cut, will the Premier reverse his cuts to outpatient physiotherapy and occupational therapy services?

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Madam Speaker, the Leader of the Official Opposition continues his trend of putting wrong information on the record. He will know that there is additional investment in health, nearly half a billion dollars, a record level of investment in health, all the things that the member of the—the Leader of the Opposition voted against.

He'll also know, I believe, that there still is physiotherapy; there is pre-op for those who are going—undergoing a hip replacement, and there is post-op physiotherapy that's offered extensive on both sides, Madam Speaker.

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

Mr. Kinew: The Premier and his ministers can pretend all they want, but the reality is that these services are being cut. We've established that clearly. The Premier has taken responsibility for calling the shots and deciding that these cuts will be made.

We know that the Premier cares about the money, but what about the care that people in our province rely on?

Now, we're joined today by Florence Olson, who is a patient who knows the value of outpatient services because she's benefited from them. Her knee was replaced two and a half years ago. She's currently recovering from hip replacement surgery, and she knows there's no way that she could have come this far in that recovery without these services being provided to her.

She also knows, unfortunately, because of arthritis, she may need another knee replacement in the future, at which time, she will rely on these very same services.

Now, this is the type of person who will be impacted by the Premier's cuts. The Premier ought to tell Ms. Olson today why he thinks outpatient physio and occupational therapy services should not be covered for patients.

Mr. Goertzen: Madam Speaker, like other provinces and like with other procedures, there's a clinical assessment that is done in terms of what an individual patient, for whatever procedure, would be required to have to ensure that their health is best protected in advance in the future.

When it comes to physiotherapy and those who are undergoing hip replacement, there continues to be and will continue to be significant pre-op physiotherapy. There'll continue to be significant post-op physiotherapy, and for those who need it on a clinical basis they can still apply for outpatient physiotherapy.

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

Mr. Kinew: What this Premier and his ministers are failing to tell the public is that after these cuts Manitoba will be the only province in Canada that doesn't offer these services to patients.

Now, in July, when the Premier ordered this cut, he said there were, quote, other options for patients. But that's not true, Madam Speaker. For people who are without insurance the public services are very, very important, and this is the type of situation that Ms. Olson finds herself in. Now, she didn't have other options after her surgery. She needed the specialized service in order to make a proper recovery. Because of this Premier's cuts, she will not have access to those types of services in the future, nor will other people in situations like hers.

The Premier needs to reverse course. Will he stop cutting outpatient physio and occupational therapy services for Manitobans like Ms. Olson?

Mr. Goertzen: Madam Speaker, I know that the Leader of the Opposition feels it's his need and his desire to scare people in Manitoba. What he should know is that those who are undergoing a hip replacement, they first meet with a multidisciplinary team of physicians and other medical professionals. They determine what the correct course of care would be, not politicians in question period on the House of the floor, but doctors and nurses and physiotherapists.

There is pre-op physiotherapy that's available. There's post-op physiotherapy that's available, and where it is necessary and where there's a clinical need there's also outpatient physiotherapy that's available.

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

Mr. Kinew: What the experts have told us and what we've established in the House is that for knee surgeries, it's not optional; it's needed. These services are needed and that's why cutting them is wrong.

Now, November 24th is the date the WRHA has decided to make the cut to physio and occupational health services. If the WRHA's criteria had been in place in 2016, that would've meant that over 2,700 patients would not have received access to physio and occupational outpatient services. That's a whole lot of Manitoba families affected, Madam Speaker.

We know that the Premier (Mr. Pallister) and his ministers are dismantling the system, the health-care system that people in our province rely on.

Will the Premier stop his cuts? Will he restore outpatient occupational and physiotherapy services?

Mr. Goertzen: Well, Madam Speaker, that's a little bit rich coming from a political party that spent 17 years dismantling the health-care system in Manitoba. They spent 17 years driving us to be last in waiting for hip replacements. They spent 17 years driving us to be last—[interjection]

Madam Speaker: Order.

Mr. Goertzen: —in waiting for knee replacements. They spent 17 years driving us to be last when it comes to emergency room wait times.

We've been tasked to fix the system. It's not an easy process, Madam Speaker. We're relying on advice. We're relying on advice from experts. Many of those experts were hired by the former NDP government. We're acting on that advice and we will better the system.

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

Mr. Kinew: You know, they're so obsessed with the rankings, but the reality is that after this—

Some Honourable Members: Oh, oh.

Mr. Kinew: No, listen. Listen, because the setup is—

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Mr. Kinew: —building to something good. After they make these cuts—

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Mr. Kinew: Thank you.

* (14:00)

So, after these cuts are made Manitoba will be the only province in Canada that does not offer these services, which would make us 10th out of 10—or last place, as the Health Minister likes to say.

He cites the experts, but when Dr. Peachey was asked about these physiotherapy cuts by media on September 26th, he said that he does not know where these recommendations are coming from. Perhaps it's from the KPMG health report that Manitobans, who paid for it, are not allowed to see.

So where is the evidence that this will improve care? We haven't been able to find it. In the absence of that, will the First Minister commit to reversing these damaging cuts?

Mr. Goertzen: Madam Speaker, on this point the member is actually a little correct. I am obsessed with some of the rankings. I am obsessed, as the Health Minister, when we inherit a system that's last when it comes to hip replacements. I'm a little bit obsessed when it comes to inheriting a system that's last when it comes to knee replacements. I'm a little bit obsessed when I inherit a system that's last when it comes to cataract surgery.

If the members opposite, when they were in govern, would have been half as obsessed with those issues, it would have been a whole lot better than we are now, Madam Speaker.

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

Mr. Kinew: What is clear is that the Premier and his ministers are obsessed with making cuts to our health-care system in Manitoba. We're obsessed with standing up for patients like Ms. Olson.

Now, if they want to fix the system, they would move upstream and invest in primary prevention: primary prevention like outpatient physiotherapy and occupational therapy, which avoids having surgery patients reinjure themselves, which allows people to

stay in the community for longer, to have a better quality of life, which improves—[interjection]

Madam Speaker: Order.

Mr. Kinew:—their situation, but which also benefits the system overall as we avoid the need for repeat hospitalizations and repeat surgeries.

Now, Ms. Olson is worried what will happen to her should she need this surgery again. Will this Premier (Mr. Pallister) and his ministers commit to all Manitobans, Ms. Olson included, that they will reverse this damaging decision?

Madam Speaker: It has been pointed out to me that there has been applause in the gallery, and I would indicate that, at this stage—in oral questions—there is to be no participation from members in the gallery, which means no applause.

So I would appreciate members, if they are—would adhere to the rules of our gallery and our Legislative Assembly, and I appreciate the co-operation of everybody.

Mr. Goertzen: Madam Speaker, I would say to Mrs. Olson and others that physiotherapy is there pre-op, physiotherapy is there post-op, and, based on clinical need from doctors and physiotherapists and nurses, there can be further physiotherapy available based on the need.

But the member opposite talks about upstream. Well, they were in the stream for 17 years, Madam Speaker. For 17 years they were in the stream, and we went up the creek because we were last in so many different areas: knee replacements, hip replacements, cataracts, emergency room wait times—last, last, last, last.

I'm glad he's finally come around and wants to make a difference. I wish he'd have been there for the last 17 years, Madam Speaker.

Advanced Education Act Request to Withdraw

Mr. Matt Wiebe (Concordia): Students came to the Legislature today with 4,000 signed post cards from students from all walks of life and all corners of this province to send a clear message to this government to withdraw Bill 31 immediately.

They came to their building, the Manitoba Legislature, to make their voices heard, and the Premier refused to listen to them, outright. Many of these students are going to be the same people who fill these very same seats that we sit in in the future,

and they're not going to forget the day that this government didn't consult with them and didn't listen to them.

Madam Speaker, will this government withdraw Bill 31 today?

Hon. Ian Wishart (Minister of Education and Training): This government wants to work very constructively not only with the post-secondaries, but the students themselves, to make sure that Manitoba students have access to good-quality, sustainable post-secondary education.

We are pleased to be part of a public process and with democracy involved. When they came to committee, we did patiently hear out all of the people that came to committee, and certainly it was very valuable process.

We're proud to be part of a democratic, open government.

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

Mr. Wiebe: Madam Speaker, 4,000 students signed postcards from across Manitoba. To quote these postcards, quote: Other jurisdictions recognize the need to make education more accessible, but Manitoba is racing in the opposite direction. Tuition hikes only hurt—will only hurt Manitoba students and families. Rising tuition is linked to reduced enrolment and—of lower income students and makes educational institutions only available for the wealthy. End quote. I couldn't have said it better myself.

Will this government listen, actually listen, to the thousands of students and parents and families who signed these cards, brought them to this Legislature and want Bill 31 removed?

Mr. Wishart: Well, this government has listened to students. They told us that they wanted up-front support, and we have done that. We have improved programs like Manitoba Scholarship and Bursary Initiative from a mere \$4,000—or, \$4 million a year under the previous government to \$20 million a year.

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Mr. Wishart: This government is listening to 'manitoba' students and putting in place programs to help those that are in need of assistance to get a good post-secondary education, and we are proud to continue to do that.

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

Mr. Wiebe: Well, the reality is that this government isn't listening to students, because these students who came here today as young people who took the time to engage in the political process, the process of democracy in this place, were actually told to leave their building after peacefully protesting this morning. They've tried to engage with this government, but they haven't been heard.

And now students are questioning this government's commitment to democracy as they shut down debate and they refuse to listen to Manitobans on a number of fronts.

This government's already shut down public hearings before all presenters could be heard on one bill, and they refuse to call public hearings on another. And now they refuse to give space in this building for students to be heard.

Is the minister listening—

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

Hon. Heather Stefanson (Minister of Justice and Attorney General): Certainly, we are—we listen to all Manitobans, including students. Many Manitobans had the opportunity to come out and be heard, and we listened to them at committee.

But I will say, with respect to the allegations that the member mentioned—office—opposite, with respect to security within our building. We have a tremendous amount of respect for the Protective Services staff who look after all of the people not only who work in the building, but all of those who visit our building, and I want to thank them very much for all of the work that they do. They will continue to work hard to protect all Manitobans in the Manitoba Legislative Precinct.

Public Transit Funding Municipal Funding Formula

Mr. James Allum (Fort Garry-Riverview): For the vast majority of the fall session, my colleagues and I have been reading a petition on behalf of Functional Transit asking the government to withdraw its plan to eliminate 50-50 funding for public transit in Winnipeg and across Manitoba.

The petition, which I'm holding one of them now, says that Functional Transit notes that public

transit is good for Manitoba's economy; it's good to preserving its infrastructure and to reducing the carbon footprint.

* (14:10)

So will the Minister of Finance and the government listen to functional 'transit' and withdraw this provision of the bill?

Hon. Cameron Friesen (Minister of Finance): I thank the member for his question.

We're looking forward to more debate on budget implementation tax statutes act in the coming days. That member knows that we have said very clearly we believe in a different approach, a fair-say, fair-share approach. Our support for municipal government in this province is among the most generous anywhere in Canada.

That member should also know that our focus on transit figures largely in our green plan, and I invite him to actually read that document.

Madam Speaker: The honourable member for Fort Garry-Riverview, on a supplementary question.

Mr. Allum: Well, Madam Speaker, a healthy, robust public transit system is at the core of a green plan. You can't have that and cut funding to public transit at the same time.

Now, Madam Speaker, we have representatives from Functional Transit in the gallery today. That bill is still before the House.

Will the minister listen to Functional Transit, call that bill to committee so that the people of Winnipeg and Manitoba can have their say?

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

That member is fully aware that this government's support for strategic infrastructure is one of the largest in the history of Manitoba. That member is aware that we have made important investments in municipal infrastructure. That member is aware that we have called for, specifically, initiatives addressing transit in our green plan. This approach of this government will be different than the other one. We plan to get results.

Madam Speaker: The honourable member for Fort Garry-Riverview, on a final supplementary.

Mr. Allum: Well, Madam Speaker, I'd invite the Minister of Finance to get off his high horse and get on the bus and he would see how important public transit is for commuters, for workers, for seniors, for

students, for families, for every member of the city of Winnipeg and where public transit exists in Manitoba. It's important for those folks, and yet the Finance Minister seems determined to make life harder for Manitobans and he wants to cause anxiety for Manitobans.

So will he do that right thing today and restore the 50-50 formula, or, if not, will he call that bill to committee so Manitobans can have their say?

Mr. Friesen: Well, that member tends to favour agitation over actual facts. But, Madam Speaker, I do welcome any comment from that member on the subject of making life harder for Manitobans.

Madam Speaker, every one of those members went to the door, knocked, told Manitobans we will not raise your taxes. They did so. They raised \$500 million—within two fiscal years—more out of the pockets of those Manitobans who could least afford it, including all of those who take the bus to work.

Why does he continue to miss the bus?

Access to Mifegymiso Northern and Rural Availability

Ms. Nahanni Fontaine (St. Johns): Yesterday, Health Canada relaxed many of the strict criteria surrounding the accessibility of Mifegymiso.

The Pallister government has missed the whole point of the abortion pill by limiting women's and girls' access to Mifegymiso by only making it available at centres that are already providing surgical abortions. This severely limits women and girls living in rural First Nation communities and isolated communities to essential reproductive health care.

Will the minister commit today to providing the abortion pill free to all Manitoba women and girls across the province?

Hon. Rochelle Squires (Minister responsible for the Status of Women): As members opposite know, we certainly did. We put the abortion pill on the Manitoba formulary. We offered it at the centres that already currently provide surgical abortions, and we are monitoring the situation in rural and remote Manitoba.

What we cannot do is make it mandatory for doctors and care providers to provide access to this service, and, if that's what this member is advocating for, I wish she would come clean and speak about that freely.

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

Ms. Fontaine: I'm not even sure where the minister was going with that.

The point is is that with Health Canada—*[interjection]*

Madam Speaker: Order.

Ms. Fontaine: —changes, the Pallister government now has little, if any, obstacles to consider in making Mifegymiso available to Manitoba women and girls. The Pallister government doesn't realize—or, honestly, care—that Mifegymiso is a game changer, offering women and girls full control over their reproductive health. It offers women and girls living in remote communities the ability to access abortion at home instead of having the burden of leaving their communities and travelling to Winnipeg.

Will the minister tell us what their strategy is—is engaging pharmacies to ensure that all women and girls have—in Manitoba—have access to Mifegymiso.

Ms. Squires: Madam Speaker, the trend of misinformation from members opposite continues with the false allegations that this member is putting on the record.

Our government is very concerned about expanding health services to women throughout the entire province and standing up for women in all circumstances.

What the member opposite is asking for is politicians to be providing a service in—which really belongs in the medical field. Doctors and pharmacists are enabled and empowered to make decisions regarding their patient care.

We provide the drug on the formulary and the doctors and the patients take it. It is a conversation—a very private conversation—between a doctor and her patient and I wish that members opposite would respect that.

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

Ms. Fontaine: To be clear, I'm not asking any member in this House to go out and give an abortion to Manitoba women and girls. So I'm not sure what the minister is talking about in us mandating doctors to be able to do their job.

This is the material point: the Canadian Pharmacists Association is calling on all provincial governments to provide all women and girls equitable access through universal coverage across Canada and, certainly, in Manitoba. The bottom line is that offering Mifegymiso only at centres that currently offer surgical abortions severely and unjustly discriminates against women and girls from northern and rural communities.

Will the minister figure out what she's doing, and will she offer the abortion pill free to Manitoba women and girls?

Ms. Squires: Madam Speaker, for 17 years members opposite failed to expand services outside of the region of Winnipeg or Brandon. The most that members opposite offered for women in regard to reproductive health services was either a bus ticket or a plane ticket into Winnipeg.

Madam Speaker, we're working with women throughout this entire province. We also respect the jurisdiction of the doctors, and we heard very passionate testimony two nights ago regarding the medical assistance in dying that doctors require the autonomy to work with their patients and to also work in the—with—in regards to their own conscience.

And if the member opposite is acting—asking for something for us to do outside of the realm of what politicians should be doing, she's clearly misguided.

Provincial Nominee Program Application Processing Update

Ms. Cindy Lamoureux (Burrows): This past February, I conducted a 33-hour sit-in urging the Minister of Education and Training to fix the Provincial Nominee Program. One specific request was to improve the processing times for the applicants, and one outcome of the sit-in was that the minister committed that all completed applications would be processed within six months.

I would simply like to get an update from the minister on how this commitment is shaping out.

Hon. Ian Wishart (Minister of Education and Training): Well, our government made a commitment, actually back in November that we would be moving towards a six-month processing time, and we believe we have reached that goal. Certainly, there are always individual issues, but we—in general, we have met the goal of six months in terms of processing, and continue to do that.

* (14:20)

We're very proud of the Manitoba Provincial Nominee Program. It's an important part of economic immigration in this province, a program that a Tory government put in place.

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

Ms. Lamoureux: Madam Speaker, the minister's answer is very disappointing, because that goal has not been met.

It is now November, over nine months—or a year according to the minister—since the six-month commitment was made, yet I have 22 applicants waiting to receive answers, one of which has been waiting more than two years, Madam Speaker. It appears that the minister's commitment is not being fulfilled.

My question to the minister is: Why have these 22 applications not heard back from the program regarding their case files?

Mr. Wishart: Well, when our government came into place, we had a waiting list of over 4,000 applications, and we—and up to 36 months in length. During the period of time we have been government, we have eliminated that waiting list. We continue to work, and there are occasionally ones that do—*[interjection]*

Madam Speaker: Order.

Mr. Wishart: —take a little extra time. And to help her with that, we have put in place a special email line available to MLAs if they want to bring to our attention individual cases, something that never existed under any previous government. So I would certainly encourage the member to make use of that offer.

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

Ms. Lamoureux: I guarantee no other MLA uses that email line as much as I do.

Yesterday, I brought forward a resolution asking the government to consider establishing an all-party committee that would bring forward recommendations to improve the Provincial Nominee Program. Many of my constituents have approached me, hoping that something can be done to improve the application process.

Madam Speaker, imagine the uncertainties and the risk of leaving your home country to immigrate

to Manitoba. No person deserves to have their life put on hold like that.

Will the minister commit to getting these 22 and any other outstanding cases processed immediately?

Mr. Wishart: Well, I certainly—we are committed, as a government, to the six-month processing time, so we certainly will continue to work to meet that goal. And I would like to compliment the hard-working staff in the area of MPNP program that have done wonders in terms of eliminating the backlog that existed and the long-term—the long waiting time.

Certainly, I understand that people don't want to wait, but we do have certain rules and regulations, many of which come to us from the federal Liberal government. And in fact, our biggest problem in dealing with the waits is the slow turnaround time with the federal government.

Mitchell International New Winnipeg Headquarters

Mrs. Colleen Mayer (St. Vital): Madam Speaker, this government has been steadfast in our commitment to addressing our three main election pillars: fixing our finances, repairing our services and rebuilding our economy. In fact, this year alone, we have created thousands of private sector jobs and have some of the lowest unemployment rates in the country. *[interjection]*

I'm so glad members opposite agree with that statement.

As a testament to achievement, could the Minister of Crown Services, the minister responsible for Manitoba Public Insurance, please inform this House about last week's announcement with MPI and Mitchell International?

Hon. Cliff Cullen (Minister of Crown Services): I certainly thank my colleague for the question. Clearly, there is much work to do, but we're certainly moving as a government to meet our election commitments.

As minister responsible for Manitoba Public Insurance, last week, I had the pleasure of attending the grand opening of Mitchell International's Canadian headquarters, right here in Manitoba. Together with MPI executives and Alex Sun, president and CEO of Mitchell International, I was pleased to announce this great news, which will see Mitchell International have a team of over 20 people here in Manitoba.

We recognize their strong potential for even more employees as Mitchell seeks opportunities both inside Manitoba and outside of Manitoba. Mitchell International chose Manitoba as its base because of its innovative partnership with MPI—

Madam Speaker: The member's time has expired.

Neighbourhood Renewal Corporations Status of Funding Proposals

Mrs. Bernadette Smith (Point Douglas): Neighbourhood renewal corporations work with community groups to revitalize communities. They provide key services to support safer communities, promote well-being, food security, affordable housing and business and economic development.

In late August, the Pallister government put out a call for proposals for a Neighbourhood Renewal Fund. The deadline to submit was September 11th. We are now in November and neighbourhood renewal corporations have not heard anything from this government about the status of these funds.

Can the minister tell us today when the neighbourhood renewal corporations can expect to hear back about these neighbourhood renewal funds?

Hon. Jeff Wharton (Minister of Municipal Relations): I thank the member opposite for the question. And, again, Madam Speaker, we did have an intake on September 11th and we are, of course, looking forward to making an announcement very shortly on that intake. And we know that we're making investments in community programs that were maintained from 2016 through 2017 at record levels.

Thank you, Madam Speaker.

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

Mrs. Smith: Communities won't receive the services they need if the renewal funding does not come through.

They also started considering laying off people because they haven't heard back about project funding they were relying on.

Can the minister tell us on whether he plans to extend the project deadline, which is March 31st, to make up for the delay to ensure that these communities receive their vital services and meet their goals?

Mr. Wharton: And, again, I'd like to thank the member for the question.

The most recent intake, as I alluded to earlier, madam 'speakem'—Madam Speaker, will allow new capital projects and other activities to support three priority areas that were identified during our consultations, and that are reducing barriers for Manitobans, supporting newcomers and enhancing green space and active transportation of Manitobans. That's what we get when we consult with Manitobans.

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

Mrs. Smith: Neighbourhood renewal corporations are vital hubs in our communities. They work in partnership with governments, non-profit and the business sector to make sure community services are delivered in a collaborative and efficient way.

After the project deadline expires March 2018, will there be more neighbourhood renewal funds available?

Mr. Wharton: And the new single-window intake was launched, Madam Speaker, just after extensive consultations with community organizations, where we were told to reduce red tape, streamline the application process and move forward in a timely way.

That's exactly what this government is doing, Madam Speaker. Why don't they get on board and start to listen and learn how to consult with Manitobans?

Garrison Diversion Project Concerns Impact on the Red River Valley

Mr. Rob Altemeyer (Wolseley): For over 100 years, the International Joint Commission has helped to mediate disputes between Canada and the United States when it comes to water.

So why, then, is it that when I contacted staff at the International Joint Commission just this week, they told me that nobody from the Pallister government or from the federal Liberal government has contacted them with any concerns about the potentially devastating Red River Valley water supply diversion project in North Dakota?

Madam Speaker: The—[interjection]—order.

Hon. Rochelle Squires (Minister of Sustainable Development): Again, here we see that trend

continuing with false information being put on the record by members opposite.

Members opposite know full well that we did also file a Notice of Appeal with the US District Court. We are standing up for protecting Manitoba waterways.

I wish he was as interested in protecting our waterways when they allowed aquatic invasive species to come into our province, come into our waterways and into our lakes at an unprecedented level—[interjection]

* (14:30)

Madam Speaker: Order.

Ms. Squires: —so I'll take no lessons from members opposite when it comes to standing up to protect Manitoba rivers and lakes.

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

Mr. Altemeyer: The minister should probably be a bit more careful about levelling accusations of false information before making a catastrophic error herself in her first answer.

The project she filed an appeal to is the Northwest Area Water Supply project, also in North Dakota. I'm asking about the Red River Valley Water Supply Project, also known as the Garrison diversion project, which she and her government have said absolutely nothing about.

It's her turn to answer accusations of false information, Madam Speaker.

Ms. Squires: Madam Speaker, when it comes to standing up for Manitoba rivers and streams, our government is in—committed to protecting the environment, committed to protecting our waterways, unlike members opposite who, in 2014, received a report that the aquatic invasive species were coming in at an unprecedented level and scientists were wondering what is the members opposite doing to rectify that, and the answer was absolutely nothing. And when the situation had become so out of hand, what did they do? They dumped \$500,000 worth of potash into Lake Winnipeg, to no avail. So I'll take no lessons from members opposite.

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

Mr. Altemeyer: Madam Speaker, it just gets worse for this minister today.

She said in Estimates—

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Mr. Altemeyer: —quote, there's nothing that's concrete action that has occurred that would signify that they, North Dakota, are moving forward with the Red River Valley Water Supply Project.

There's a website she might want to go read. It's from the Red River Valley Water Supply Project, and one of the headings is construction updates. I've got three copies here for her. Maybe she wants to read that and start standing up for the rights for Manitoba's water.

Some Honourable Members: Oh, oh.

Madam Speaker: Order. Order.

Ms. Squires: Member opposite kindly pointed out a link to me. I'd like to point out a link for him to read, and that's the Auditor General's report for Manitoba that talked about members opposite's colossal failure on the environment. They failed to protect the environment.

Where they failed to protect this environment, we will take concrete action and get it right.

Thank you, Madam Speaker.

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

The time for oral questions has expired.

Point of Order

Madam Speaker: Oh—the honourable Government House Leader, on a point of order.

Hon. Cliff Cullen (Government House Leader): On a point of order, Madam Speaker.

Madam Speaker, I just wanted to seek some advice in terms of use of props in the House. I know today in question period the member from Concordia raised the issue about some postcards that he had received. There was no mention of tabling those postcards, but I do see boxes sitting on his desk, and I just seek your advice in terms of the use of props in—during question period and in the House.

Some Honourable Members: Oh, oh.

Madam Speaker: Order. Order.

The honourable member for Concordia, on the same point of order.

Mr. Matt Wiebe (Deputy Official Opposition House Leader): It's been your instruction in the past that a point of order is a very serious matter and that I would just ask for co-operation of all members that we have this be taken seriously.

I did reference postcards presented by the students. They are a message directly for this government. I'd be happy to share it with any minister that wishes to read them.

In terms of the question of whether this is a point of order and whether this is a prop that's being used, I just simply was given the postcards to make reference to by the students. I brought them into this Chamber and placed them on my desk. They are—in no way were they held up, waved around, used in any other way other than sitting on my desk, as I see other members have—

Some Honourable Members: Oh, oh.

Madam Speaker: Order. Order.

Mr. Wiebe: We see various items on individuals' desks. I know this is a common practice for us to bring in notes and other materials.

Some Honourable Members: Oh, oh.

Madam Speaker: A point of order is a serious matter, and I would ask that when members are speaking to points of order, that other members respectfully hear them out.

Mr. Wiebe: Well, thank you very much for your direction on that, Madam Speaker.

I simply will wrap up now by saying I, too, would welcome your input on this. I do not believe it's a point of order simply because, as I said, this was not used as a prop, but simply an item that was brought into the Chamber. I'd be happy to share it with the minister, as I think students want it to be done, but I welcome the—your ruling on this.

Madam Speaker: I would indicate that, technically, those boxes could be considered as an exhibit. I wasn't quite sure whether the cards were in those boxes, but it certainly did give the allusion to the fact that it could have been a prop, and I would urge the member to remove them from his desk. If he wishes to present them to government, that would be fine.

I would remind all members that props are not allowed to be used in this House.

* * *

Madam Speaker: Petitions—oh.

The honourable member for Kewatinook, on a point of order?

Ms. Judy Klassen (Kewatinook): On a point of order.

Point of Order

Madam Speaker: The honourable member for Kewatinook, on a point of order.

Ms. Klassen: After the member for Concordia stated that students may sit in these seats one day, the member for Radisson stated, in a mocking tone: yes, opposition seats, to which his colleagues laughed.

Madam Speaker, I obtained my degree in 2013. I was a recent student and I sit in an opposition seat today. I am proud to have achieved this, and we shouldn't make statements that could hurt one another in any way.

Let's all stand together and encourage our students to enter any field.

Will the member apologize to this House for his comments?

Mr. James Teitsma (Radisson): Just as a point of clarification, I asked a question as to which seats they would be sitting in.

But in any case, I do apologize. I certainly want to encourage young people around this province to consider a career in politics. It is a noble cause and a noble service on either side of the House, and so I do apologize to the member and to all those members present.

Thank you.

Madam Speaker: The apology should conclude the matter.

I would also indicate that a—[interjection]—order—that a point of order is to raise a breach of a rule or a practice of the House.

So that was not a point of order, but I do appreciate the comments that have been made and the apology that was provided.

PETITIONS

Concordia Hospital Emergency Room

Mr. Matt Wiebe (Concordia): Madam Speaker, 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 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 plans for ACCESS centres—

Some Honourable Members: Oh, oh.

Madam Speaker: Order. I'm having some difficulty hearing the petition being read.

I would ask members to please make the Chamber a little bit quieter so that we can properly hear the member that is presenting petitions.

Mr. Wiebe: I'll start at No. 2 again.

(2) The closures come on the heels of the closing of 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 the 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 visit the emergency room frequently, especially for those who are unable to drive or who are low income.

(5) The provincial government failed to consult with families and seniors in northeast Winnipeg regarding the closure—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 is signed by many Manitobans.

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

Transit Funding

Mr. James Allum (Fort Garry-Riverview): I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) Bill 36, the budget implementation and statutes amendment act, 2017, section 88(8), repeals the portion of The Municipal Taxation and Funding Act which states, quote, "The municipal grants for a fiscal year must include for each municipality that operates a regular or rapid public transit system a transit operating grant in an amount that is not less than 50 per cent of the annual operating cost of the transit system in excess of its annual operating revenue." End quote.

(2) Public transit is critical to Manitoba's economy, to preserving its infrastructure and to reducing the carbon footprint.

(3) Eliminating the grant guarantees for municipal transit agencies will be detrimental to transit services and be harmful to provincial objectives of connecting Manitobans to employment, improving aging road infrastructure and addressing climate change.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to withdraw its plan to repeal the annual operating grant for municipal transit agencies and remove section 88(8) of Bill 36, the budget implementation and statutes amendment act, 2017.

Madam Speaker, this petition is signed by many Manitobans.

Taxi Industry Regulation

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

The background to this petition is as follows:

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

(2) 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.

And this petition is signed by many, many, many Manitobans.

Northern Patient Transfer Program

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

The background to this petition is as follows:

(1) Manitobans recognize that everyone deserves quality accessible health care.

(2) The people of northern Manitoba face unique challenges when accessing health care, including inclement weather, remote communities and seasonal roads.

(3) The provincial government has already unwisely cancelled northern health investments, including clinics in The Pas and Thompson.

(4) Furthermore, the provincial government has taken a course that will discourage doctors from practising in the North, namely, their decision to cut a grant program designed to bring more doctors to rural Manitoba.

(5) The provincial government has also substantially cut investments in roads and highways, which will make it more difficult for northerners to access health care.

(6) The provincial government's austerity approach is now threatening to cut funding for essential programs such as the Northern Patient Transportation Program, which was designed to help some of the most vulnerable people in the province.

(7) The provincial government has recently announced it would cancel the airfare subsidy for some patient escorts who fly to Winnipeg for medical treatment, which will be devastating for patients with mobility issues, dementia or who are elderly and need assistance getting to the city.

(8) The challenges that northerners face will only be overcome if the provincial government respects, improves and adequately funds quality programs that were designed to help northerners, such as the Northern Patient Transportation Program.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to recognize the absolute necessity of maintaining and improving the Northern Patient Transportation Program by continuing to respect Northern Patient Transfer agreements and funding these services in accordance with the needs of northern Manitobans.

Madam Speaker, this petition has been signed by many, many northern Manitobans.

Concordia Hospital Emergency Room

Mr. Ted Marcelino (Tyndall Park): I wish to present the following petition to the Legislative Assembly.

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 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 visit the emergency room frequently, especially for 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.

This petition was signed by many Manitobans.

Thank you.

Madam Speaker: The honourable member for Minto (Mr. Swan)—oh, the honourable member for St. Boniface.

Health-Care Investment

Mr. Greg Selinger (St. Boniface): And thank you to the member for Minto.

I wish to present the following petition to the Legislative Assembly.

And the background to this petition, Madam Speaker, is as follows:

The Premier has launched an attack on Manitoba's health-care system, imposing reckless cuts to facilities and services, which will have a devastating impact on the health and safety of Manitobans.

The Premier has broken his promise to protect the front-line health-care services families and seniors depend on, as well as to protect the front-line workers who deliver those services.

The Premier is closing three emergency rooms and an urgent-care centre in Winnipeg, forcing families in south and northeastern and western Winnipeg to travel farther for emergency health care.

The Premier has already shuttered the St. Boniface QuickCare clinic and has announced plans to close four more clinics in Winnipeg, meaning families will no longer be able to access primary health care in their own communities.

The Premier cancelled \$1 billion in health capital projects, including a new facility for CancerCare Manitoba, primary-care clinics for the St. Vital—for St. Vital and The Pas, a consultation clinic for Thompson, a new facility for Pan Am Clinic, two new personal-care homes and an international centre for palliative care.

The Premier's millions of dollars in budget cuts have forced the WRHA to cut crucial services like occupational therapy and physiotherapy in hospitals, lactation consultants for new mothers, the Mature Women's Centre at Victoria hospital, a home-care program for the chronically ill.

The budget cuts have also resulted in the raising of fees for seniors in long—in the long-term-care program and cancelled a program that recruited doctors to work in rural communities.

On top of these cuts, the provincial government has opened the door to privatization by bringing in private home-care companies and expressing interest in private MRI services.

We petition the Legislative Assembly of Manitoba as follows:

To urge the provincial government to immediately reverse these cuts which hurt families and seniors' care, weaken health-care services and

drive health-care workers out of the province and to instead invest in the provincial government health-care system in order to protect and improve publicly provided patient care.

Signed by Carmelle Chartier, Trish Sinclair, Mark Hudson, Andrea Bachand, Jamie Johnston and many, many other Manitobans.

Concordia Hospital Emergency Room

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

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 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 visit the emergency room frequently, especially for 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.

This petition is signed by many, many Manitobans, Madam Speaker.

Madam Speaker: Grievances?

ORDERS OF THE DAY

GOVERNMENT BUSINESS

House Business

Hon. Cliff Cullen (Government House Leader): Madam Speaker, on House business.

Madam Speaker: On House business.

Mr. Cullen: I would like to announce the Standing Committee on Legislative Affairs will meet on Thursday, November 16th, 2017, at 1:30 p.m. to consider the following reports: the Annual Report of Elections Manitoba for the year ending December 31st, 2015, including the conduct of The Pas by-elections; and (2) The Annual Report of Elections Manitoba for the year ending December 31st, 2016, including the conduct of the 41st Provincial General Election, April 19th, 2016.

Madam Speaker: It has been announced by the honourable Government House Leader that the Standing Committee on Legislative Affairs will meet on Thursday, November 16th, 2017 at 1:30 p.m. to consider the following reports: Annual Report of Elections Manitoba for the year ending December 31st, 2015, including the conduct of The Pas by-election; and Annual Report of Elections Manitoba for the year ending December 31st, 2016, including the conduct of the 41st Provincial General Election, April 19th, 2016.

OPPOSITION DAY MOTION

Madam Speaker: The House will now consider the Opposition Day motion of the honourable member for Minto, and I now recognize the honourable member for Minto.

Mr. Andrew Swan (Minto): I move, seconded by the member for St. Johns (Ms. Fontaine), that the Legislative Assembly urge the provincial government to make investments in palliative care, mental health supports, drug treatment and pain relief and to ensure adequate access to medical assistance in dying when the legal criteria are met.

Motion presented.

Mr. Swan: I bring this opposition day motion this afternoon asking this Legislature effectively to speak as one voice to commit to doing everything we can to support Manitobans as they near the end of their lives.

And it's my sincere hope that this motion will pass and pass unanimously this afternoon. I hope that my comments and the comments of other members, whichever party they may be from, will not be seen as being made for the purpose of scoring points, but for speaking with one voice in support of Manitobans.

* (15:00)

I believe every member of this House wants to give Manitobans the opportunity to live out their last days in comfort, in peace and in dignity. And I suppose I've been moved by events regarding Bill 34. Last week, as you know, Madam Speaker, Bill 34 passed second reading and moved on to committee on Monday evening. And I think all members who were present at the committee on Monday night would find that it was an excellent committee with many thoughtful and important presentations, and I believe both the minister and myself commented about the important presentations being made by the presenters that night.

And, at the end of that, as we moved to line-by-line consideration, I asked the minister to clarify a number of points made in the course of the committee by the College of Physicians and Surgeons of Manitoba. And, in light of the minister's comments on the record, and in light of the respect that was shown by medical professionals for the work of the college, we were certainly prepared to pass the bill from committee without delay, and we anticipate being able to debate and finalize the bill tomorrow.

Bill 34 effectively codifies conscience protections for doctors, nurses and other health-care professionals. I hope members will see today's motion as a companion to the healthy discussion that we had in Bill 34 and, indeed, Madam Speaker, I would put forward that this motion actually allows us to carry forward and put into effect the testimony of many of the presenters that came before the committee the other night.

This effectively affirms commitment to palliative care, to mental health services, to ensure there's appropriate drugs and other comforts for those nearing the end of life. And, as I said at second reading, it's possible for members of this House to have different views on medical assistance in dying, different views on the Supreme Court ruling in the Carter case and different views on the federal amendments to the Criminal Code. And those views may come from individual members' religious

beliefs, their moral or ethical beliefs, what they were raised with in their own family, can also be tempered by experiences they've had, Madam Speaker, with loved ones ending—nearing the end of their life. And, like other members of this House, I've had that experience, and I know that it is a very personal decision for each of us in our own lives as legislators, but when we come into this Chamber, we actually take on a more important mantle of trying to do the best for Manitobans.

And I'd like to believe, and I certainly hope, this afternoon, that all members can support the statements that are being made in this motion. The committee, as I've—as I think I've said, has cleared up what is and what is not expected of health-care professionals when a patient wishes to discuss medical assistance in dying, and it's now settled that health-care professionals do not have to be involved. They don't have to make a referral themselves to the Manitoba medical assistance in death team. The way that operates in Manitoba, which, I think, is something accepted by all members in this House, there is an obligation to give timely access to a source that can give appropriate information. For doctors, it's set out in their standard of conduct, which we heard about from the college the other night, also set out in the standard of conduct for nurses, and there may be other similar standards in other self-governing professions, which we now happily have confirmed are not inconsistent with what's contained in Bill 34, which we expect to become law tomorrow.

It's also confirmed, and, of course, as we heard from health-care professionals, health-care professionals cannot abandon patients who wish to seek out the information. And I just want to put on the record, I don't think there was any suggestion that any health-care professional in Manitoba would do so.

This motion affirms the rights of patients to obtain the appropriate information if they ask the question in an appropriate way, which is already set forward in the governing rules for the medical profession, for the nursing profession and which can also be provided through policy and direction to the Winnipeg Regional Health Authority for those professionals who do not have similar governing rules.

In terms of palliative care, I think back the other night to the presentation of Professor Shariff, who looked at laws in various countries, and she found

that the nature of conscience protection in Bill 34 is an important part of jurisdictions which allow for medical assistance in death. Professor Shariff said so too is palliative care. And I will just read very briefly from part of the presentation of Dr. Shariff the other night, and she said, point 10 on page 3 of her submission: Last point, please consider palliative care. Not only did Belgium and Luxembourg create a right to palliative care when they legalized MAID, medical assistance in death, so, too, did the country of Colombia and the province of Quebec, all of which protect the right to exercise conscience with respect to participation in MAID.

We heard this from many of the presenters the other night, and, of course, I believe every member supports what those health-care professionals had to say. And, when we hear from health-care professionals, whatever their position on the issues in Bill 34, they have spoken with one voice to say that we need to continue to affirm our efforts to improve palliative care and to improve the way that we deal with people nearing the end of life.

If there are those in this Chamber who support medical assistance in death, well, they should agree it's important. If we want to make it less likely that an elderly Manitoban would be inclined to choose assistance in ending their own life, we expect the best way to prevent or to defer that choice is to make sure there's proper options for care, whether that is in the person's own home with the support of their family and other resources, whether it's someone living out their last days in a nursing care home or in a palliative-care unit or a hospice. We want to make sure that they're treated with the respect and dignity to which they're entitled, and that may mean access to drugs to make them comfortable; that may mean medical care, as is needed. And I'm hoping that this resolution will simply affirm that fact.

We also heard from presenters the need for mental health services to assist those who may be suffering from a terminal illness or who may otherwise be heading towards the end of their life. And we know, again, that if we are able to provide those mental health services in a timely way, it, again, might make it less likely that an elderly or a terminally ill patient would actually seek out medical assistance in death. And, again, that's whether they're in a hospital or personal-care home or whether it's someone living out their days in their own home, where they may well be, with the appropriate supports, the most comfortable and be surrounded by friends and family.

The motion also speaks about pain relief and providing comfort, and we heard that from some of the presenters just the other night, that it is important that pain relief be provided to those who may be suffering from cancer. They may be suffering from other conditions that are very, very painful. And we know that there are the possibility of drugs to make that suffering less, but also to make sure that they have access to all the other medications they need. In our government, we did provide coverage for cancer drugs at home. I'm pleased that the government now is continuing that. They are often expensive, but an expense that I think we can all agree must be borne to make sure that people are treated with dignity and respect.

So, in conclusion, Madam Speaker, we know that Bill 34 is for the protection of health-care professionals. I believe that this resolution is—this motion is complementary to what this Legislature is going to accomplish. This motion is for the protection of all people of Manitoba in a way that doesn't offend the conscious rights of health-care professionals nor, for that matter, any other person who supports Bill 34. To the contrary, it actually affirms what we've heard from health-care professionals.

It is not an easy area for us to discuss. It is something that, as individuals, we will all have to address in our roles within our families, within our friends, within our communities. We want to make sure that all Manitobans are treated with respect and dignity and given the ability to live their lives and to end their lives with dignity and respect.

So, with those words, Madam Speaker, I look forward to what members have to say on this resolution—or motion this afternoon. I do hope that the government will take this in the spirit in which it's offered, and I do hope that this afternoon we'll have a good debate and we can pass this motion and send a message to all Manitobans that this Legislature, when it had the opportunity, spoke up for them.

Thank you very much.

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): I thank the member for Minto (Mr. Swan) for his comments. He is correct; the committee that we had a couple of nights ago, I think, was one of the most respectful and helpful committees that I've had the pleasure of attending in my 14 years as a legislator here in Manitoba. And, certainly, we did here from many medical

professionals who were there to support Bill 34, and I appreciate that the member for Minto, the Leader of the Official Opposition (Mr. Kinew) and the member for River Heights (Mr. Gerrard) have all indicated that they will support Bill 34.

But we did hear from medical professionals, that they were there to speak on behalf of their individual conscious rights, Madam Speaker, their conscientious rights to not participate in medical assistance in dying in any fashion and, in a similar accord, with what this—been set out by the College of Physicians and Surgeons.

* (15:10)

But what we did—heard from those medical professionals was that they were not trying to limit access. They understand that the court in the Carter case has made a decision. They understand that access needs to be provided, and we certainly have said as a government and we have shown that with action, that access will be provided in accordance with the law and the legislation that governs medical assistance in dying. In fact, we have a MAID team that does this particular work. We think it is one of the most innovative ways to provide the particular procedure. In Canada, we are the only jurisdiction that has a team that is dedicated and that moves around to ensure that there is access. So this is not an issue about providing the access that is mandated by the decision of the Supreme Court and the subsequent legislation from Parliament.

In addition, we do believe there needs to be investments in palliative care, mental health, drug treatment and pain relief. We are making those investments at record levels—more than has ever happened in the province of Manitoba. So we certainly are in agreement with the two key principles of this Opposition Day motion.

I do want to emphasize and re-emphasize again, because this is part of the debate on Bill 34, the member for Minto indicates this is a complementary debate, and I would suggest that it is. When it comes to Bill 34, we continue to strongly indicate that medical professionals, be they doctors, nurses, pharmacists, others who might be asked to participate in some form or fashion in medical assistance in dying have the right to not participate. The college of physicians in particular, and other colleges, have indicated that includes the right not to participate in a referral.

So the compromise that has been established, and we think that this law—Bill 34—holds, is that information has to be provided—information in terms of how to access the MAID team. That is the appropriate balance, and we think is a good Manitoba—not compromise, because I don't believe we're compromising conscientious rights or other sort of rights to balance that off. But certainly, it is a practical solution to what is a difficult and evolving issue on the national landscape.

So the college has indicated that there needs to be information provided for somebody who is asking for it so that they can access the MAID team, but not a specific referral. And we certainly believe that this legislation supports that. We, of course, also believe it supports the specific rights of individual practitioners to not participate in the actual procedure of—a medical assistance in dying procedure.

Separate from the legislation, but not unimportant, of course, we have indicated as a government that faith-based institutions should have their institutional rights protected, to not have to have a medical-assisted death occur on their premises. Now, institutions like St. Boniface have indicated that they will do the assessment on-site, but not the actual procedure. Again, we believe that that is an appropriate compromise to deal with the different interests that are involved here.

We know that the Charter of Rights and Freedoms lays out a number of different freedoms that each of us individually as Canadians have protected. But they are not a hierarchy of rights. One right does not trump another. They are individual rights, and sometimes come into collision—that sometimes compete for space, as it were, Madam Speaker. And when those things happen, you need to look for compromise to do your best to ensure that each of those rights are protected. So there is a right that is now protected by a ruling of the Supreme Court of Canada to a medically assisted death. That right exists by virtue of that decision and the subsequent decision of Parliament through their legislation. We uphold that right to the access to medically assisted deaths, but there are individual rights—conscientious rights, rights of religious—religious rights are certainly part of that. And conscience rights, Madam Speaker. And we uphold those rights of the individuals—medical professionals in this case—by ensuring that they don't have to participate in the actual procedure or provide a referral.

We as a government—and we've set it out in policy that institutions also have rights. Faith-based institutions have rights as well, and we will provide protection for those rights.

Now, I recognize that there are some that would say the Carter case didn't speak specifically about institutional rights, and Bill 34 doesn't speak specifically about institutional rights, but I do know that it's a legal landscape that is continually moving. But we will side on the side of protecting those institutional rights because we believe that they should be protected. Access has to be provided, but not universal access, Madam Speaker, and so we'll continue, and I will, as Health Minister, continue, to stand up for those who want to ensure that those institutional rights are protected while continuing to ensure that access is provided as the courts deem that it needs to be provided.

So there is nothing in this motion that I think is contradictory to Bill 34. There's nothing in this motion that I could not support. We do support palliative-care investments; we do support drug treatment for pain relief; we certainly do support mental health resources; and we do recognize that there needs to be adequate access to medical assistance in dying, as we currently provide, Madam Speaker.

So we will support the Opposition Day motion. We appreciate that the government is providing their support to Bill 34, and I think it speaks well of this Legislature that we will be the first Legislature in Canada to pass legislation that will provide for protection for those individual medical professionals.

We heard passionately and personally how important it is at committee from those presenters, the vast majority of those presenters who were there in favour of Bill 34, the vast majority of letters, the 14,000 letters that I've received, from individuals who support Bill 34.

And I think it speaks well on all of us as legislators that we, in a classic Manitoba way, have found the right balance, have found the right compromise, if you will, although I don't want to have the negative connotations of that word attributed to this debate, but the balance is really what we have struck, Madam Speaker. We have found the balance between what we are obligated to do, by virtue of legislation and the courts, and what we can do and are also obligated to do in terms of protecting individual rights.

And so we appreciate that this Assembly can come together and support universally on Bill 34 and to see it passed tomorrow, unless the government—or the opposition would like to pass it today. But, if not, then we'll see it pass tomorrow, and we appreciate their commitment and support of the bill. And there's certainly nothing in this motion that would prevent us from supporting it, Madam Speaker.

Mr. Ted Marcelino (Tyndall Park): I have the honour and privilege of speaking in the sequence that we're supposed to do in this Chamber regarding this very important issue raised by the member from Minto.

The balance that has to be struck between the medically assisted dying provisions of Bill 34 wherein the conscience rights of health-care professionals are protected and their employment also protected is—it is a very important social issue that we have to face up to.

Mr. Doyle Pivniuk, Deputy Speaker, in the Chair

But the balance that I was talking about is the provision of sufficient and effective palliative care for those who are in the terminal period of their lives. And the—I have had a lot of experience with the palliative institutions that we have provided through the Riverview Health Centre in the old municipal hospitals. It's a brand new building that supported at least four, already—four of my members of my family. And I saw how important those support systems for those who are dying really are even for the families.

* (15:20)

And one who died there was my mother, and it's a very important event. It was for all of us, because the death of my mother came after three years of suffering. We were taking care of my mom at 1466 Bannatyne, at the house—or the home of my brother for three years. We were with her every day, and the cancer that took over her life became a little bit more than just a cancer. It was a sentence of death. And it was very hurtful, because I saw my mom really suffering. And hydromorphone and morphine even in those intervals of two hours did not help. She was moaning.

And that's the reason why we asked our health care co-ordinator—the home care co-ordinator and the nurse to allow us to put her name in the palliative-care program, and we got lucky that she was allowed into the Riverview Health Centre, and people should

realize that there are no visiting hours at the Riverview.

You could visit your patients at whatever time you want, and even during the wintertime we were there. And my mother was taken care of by the health-care system that we have with a lot of care and compassion and, of course, expense. I saw that in the number of people who were taking care of her at the end of her life. And even my brother-in-law who had bone cancer when he checked in at the Riverview. We were—and I think my brother-in-law even occupied the same room that my mother-in-law did.

And it's amazing how the grieving process that starts from the time that you are taken in up to the time that you're gone from this world, the grieving process really starts right then and there, because you know that you cannot escape from the Riverview Health Centre palliative-care unit unless you got really lucky.

And the caring that they showered upon everybody, including those who are on the verge of losing their loved one, it was very—it was something that really you never expected from non-relatives. The nurses, the health-care aides, even the cleaning staff, and the doctors. I can't remember the name of the doctor at that time, but he was Hispanic, Latino, who said: we are lucky we have this in our province; we are lucky we have this in our country. That for those things that, really, we take for granted in our province, there may be none in other countries. I know of one country that has it—Spain's got it, and Denmark and France, but we are way up there as a world-class system that take pains in providing the supports for everybody who needs it, especially health-care-wise.

This motion is more of an indication on the part of our caucus, our party, that there also needs to be a balance. It's not just the rights of the doctors, but we need also to look at the other side of dying, meaning that palliative care should be supported with maximum logistics so that people who are lonely, people who are on the verge of dying, as far as they are concerned, may consider continuing on with their lives.

I'm referring to that recent news item where a certain ex-teacher was crying out for help, and there's that. We learn a lot from the experience that we have and, hopefully, we can get the support for this resolution from the government caucus and let this be a common theme in everything that relates to the

caring and compassionate nature of our health-care system.

Thank you very much, Mr. Speaker.

Mr. Len Isleifson (Brandon East): I certainly rise today—I know a lot of my colleagues would like to put some words on the record as well, so I'll keep this brief—it is certainly a pleasure to stand in the House before all my colleagues and, as we've heard already from the minister, that, you know, we value life, and that the bill that we're debating today is certainly one that we are supporting moving forward.

But, again, when we talk about some of the provisions of this bill, or this statement here, is we look, for example, of palliative care. I think it touches all of us in similar ways. I'm sure we could all stand in the House today and talk about various aspects of palliative care that have affected us personally, and I'm certain we could be here all day talking about that because it is really passionate about what we hear.

When we talk about palliative care, Mr. Deputy Speaker, we definitely all face challenges with our emotions when those that we love end up in hospital, especially in the palliative-care unit or receiving palliative care throughout the facility. Sometimes we're anxious; sometimes we're scared. You know, we may be sad or even confused as to what's happening with our loved ones. But, again, we must, at the same time, be very thankful to the professionals who dedicate their lives to make the lives of our loved ones comfortable in their final days.

Mr. Deputy Speaker, we know that the end-of-life care is an approach that—it improves the quality of living and dying for their patients and their families, and, again, I don't believe that we'd have a single person in this House who would be against making investments in palliative care. It is certainly something that we as a government are striving for, and I'm very honoured to work with our Health Minister, who is dedicating hours and hours and hours of his life to Manitobans in putting forward a great health plan.

*(15:30)

I just—I sit back, and I heard a comment on Monday evening when we were discussing Bill 34, of a lady who came up and said, and I quote: The end of life is so final. End of quote. So, when we look at this motion, Mr. Deputy Speaker, it talks about the various aspects of mental health. It talks about drug

treatment, pain relief. And I truly believe—and it is with no difference for me in my previous position, before I got involved in politics, that one of the toughest areas of understanding for anybody not working directly in the mental health field is mental health.

And, again, I worked in the industry for 22 years, and I always said to everybody when I got called down to the mental health unit to help out and to assist is: I need more. I need more training. I need more understanding. Because no matter—even after 22 years, there's still many aspects of mental health that I still don't understand, that I still try to educate myself on.

So, obviously, it'd be pretty difficult and inappropriate for me at this time to speak about situations in specific, but I will say, every time I went down there, Mr. Deputy Speaker, it, certainly, increased the respect that I had already for mental health workers.

I have seen some great achievements and advancements in mental health and in the recovery of mental health. A number of my friends who I've come to know over the years worked in the mental health industry, and we can't talk about mental health without talking about addictions. Again, that's part of mental health issues, and we need to face the fact that there are addictions out there. And, again, we need to give a big shout-out to those in the community who continue to work with those who are struggling with addictions.

Again, I think it's important to credit both the Addictions Foundation of Manitoba and the Manitoba Addictions Helpline for the work that they do. I'm very happy, Mr. Deputy Speaker, to have two organizations available to provide assistance to those in need, and I believe it is appropriate at this time to again mention to those who may be listening or be reading Hansard, that if they are dealing with, you know, mental health issues and mental health addictions, they can certainly call the Manitoba Addictions Helpline at 1-855-662-6600.

Again, the part of this bill that we've 'disussed' so far, again, is already a top priority of this government. And, again, when we look—and I won't go into a lot of details—we all know Bill 34 discussions the other night. Again, I have numerous pages here that I can refer to, Mr. Deputy Speaker, both from what was talked about during the course of those debates and public hearings and consultations,

but also with my experiences that we move on, you know, again, through my 22 years.

So, Mr. Deputy Speaker, I will end my comments by providing a conclusion that recognizes the great work of support these professionals are doing in the medical field in all of these areas. And, again, I think, when we sit back and we talk about legislation that affects the public, that we not only do what we feel is right but to give credit to those who are serving the community in those aspects. So I'll conclude my remarks with that.

Thank you very much.

Mrs. Bernadette Smith (Point Douglas): Just wish to put a few words onto the record. So I want to talk about—share a story about a friend who was in Riverview recently that just passed away this summer.

She was battling with cancer, same age as me. We went to school together, elementary school. The care she received at Riverview was phenomenal. The amount of, you know, care that the nurses and the health-care practitioners support—supplied to her family, not even to her but even to the people that were coming to visit her.

I watched this young woman, you know, go from, let's say, 220 pounds down to 80 pounds, and just watched her deteriorate—and the amount of grieving that her family did while they were there, and friends, and just coming every day to see her.

At one point, her family did take her home, because she did want to die at home. But the pain was too great. And she was provided some services at home, but the family wasn't able to incur the expenses of bringing more people in to care for her. So, ultimately, she did end up going back to Riverview and spending her final days there.

But the amount of care that, you know, families receive in that place—and we need to continue to make sure that those supports are there, that people that are in the last stages of their life are receiving—continue to be just as strong.

My mother and my sister both work in the health-care field. My mom works at Children's Hospital, but at one point in her life she worked at Health Sciences Centre and she worked with palliative-care patients, but it was too emotional for her. My mom's a very emotional person, and to watch people in their last stages of life was very trying on her. She ended up going on a leave of

absence because she, you know, she had to leave for her own purposes because it was too hard on her mental health. She did end up going back but she did end up not going back to the same job because of that. She ended up going to Children's Hospital, where, you know, unfortunately, children do pass away, but not to the extent that the people in palliative care do.

My sister works in home care, so she visits lots of patients. In fact, one of them just passed away about a month ago and she received a letter from the WHRA because the family had written a letter saying that the amount of care and—that she had provided to this man was incredible, and she had gone to his funeral and he actually ended up in Riverview himself and she continued to visit him there. This speaks to the amount of care that, you know, our health-care providers give to our palliative-care patients.

And, as someone who helped start Drag the Red here in Manitoba—which drags the river and searches the banks for, you know, people who have gone missing or who have put themselves into the river because of mental health issues or addictions or other things that happen within their lives. I want to speak to one story of this woman, Sandra Pangman, that went to St. Boniface Hospital. She had been brought there by the police and she had been assessed. She had been released on her own recognizance. The family hadn't been called and she had been dealing with some mental health issues. She was off her medication and this woman, who had children, that was loved by her family and adored, this matriarch of this family, left St. Boniface Hospital, walked down to the riverbanks right by the bridge, took off her clothes, neatly folded them, put them neatly by the river and walked into the river. So it's stories like this that we need to ensure that we have the supports in place for families that are dealing with mental health, palliative care, that the services, you know, are continuing to be as much as we have there.

And just this summer there was a young boy that was at St. Johns Park and he was also another young man that had gone into the river. He was—they were having some drinks, he had gone and thought he could swim and he ended up losing his life, and it was Drag the Red team that actually went out in the boat alongside the police, who were also diving for this young man but they had exhausted their time there, and Drag the Red continued to search for this young man, and they ended up recovering his body the next day. And the amount of emotion that those

five people who were on the boat went through—and one of them talked about, you know, losing someone in their family, that they had sustained so much pain in their life through dealing with their cancer that they had just decided to end their life on their own because there wasn't services.

* (15:40)

So we certainly are in support of this bill and we want to ensure that anyone that, you know, wants to end their life can but also that the doctors and the practitioners who—that they're also protected and if they choose, through, you know, their religion or whatever to not participate, that if someone's at St. Boniface Hospital, that they can go to another hospital and get those same services if that doctor is not willing to provide that.

So miigwech. Thank you.

Hon. Jon Gerrard (River Heights): Mr. Speaker, I speak to the opposition's resolution this afternoon.

In the Liberal Party, we are certainly in support of making sure that there are adequate resources for the medical-assisted-in-dying team so that those who need, and want, and meet the legal criteria and medical criteria for receiving medical assisted in dying are able to access this service.

We've seen an instance where at—an individual at one of the institutions in Manitoba had trouble accessing the services, and that received considerable media coverage. And so it is important that we identify where the barriers are and that we address those barriers. It seemed to me that the barrier in that particular individual's case was making sure he had access to how he would request to see the medical-assisted-in-dying team, and that that was—access was made available so that the process that he wanted and needed and, from what we know, met the legal criteria for, could proceed.

I think that the limits to access are likely to be more difficult outside of Winnipeg, and so I will speak for a moment to that, as this service should be available, to the extent that we make it available through our health-care system, to people throughout the province. We have a specialized MAID team which delivers this service, and it is my understanding that they are travelling to where it is needed.

So, certainly, in addition to the investments which are described by the opposition, there would need to be the adequate support for transportation for

the MAID team to go to wherever it needs to go in the province, and that there would be access to, presumably, something like a video conference that could be used to assess the situation together with, likely, a physician on site in a place like Flin Flon. Or it might be, for example, in a place like St. Theresa Point where there is a nurse or nurse practitioner on site who could be with the patient at that end of the video conference.

There is a concern that we have not got the broadband access adequately and the video conferencing adequately to all areas of Manitoba, as this is likely to be an integral part of the service, because one would want to ensure that the individual was meeting the criteria, that the team had been able to do at least a preliminary assessment before going to the site so they wouldn't have to go to the site unnecessarily or they wouldn't have to go to the site twice.

It would appear to me that, knowing the situation of broadband access around the province, that we fell very sadly and very badly behind under the previous government, and we are still playing catch-up, but not a lot better, under the present government.

So, you know, it doesn't seem to matter whether it's NDP or Conservative, that broadband access has not been the priority that it should've been so that we could be able to deliver the video conferences that are necessary for this and many other health-care situations to help deliver effective health care throughout the province.

There are, of course, access to varied services, which become very important, including pharmacist's services, including counselling services. One of the areas which has been of concern to me and others is that people may, when they are suffering from a short-term depression, be much more likely to decide that they want to proceed with a medical-assisted-in-dying procedure. And I think we have to be careful in this respect that where there is a treatable condition, you know, like, for example, a depression—wait for—cause which is treatable, then it would seem to me that we need to be able to address that and improve the mental and brain outlook for individuals in this circumstance. So that is an important part.

Another really important part is making sure that the palliative care is as good as it possibly can be, that people have access throughout the province to really excellent palliative care. And while we do have very high-quality palliative care in Winnipeg,

there are many areas outside of Manitoba where the quality of the palliative care needs to be improved. And this was a legacy issue from the previous government, and it is one that the present government has not dealt with adequately. And so that is certainly an issue, and it is part of this resolution, and a good—glad to see that the government is supporting this resolution because it should, if we pass this resolution, result in an immediate infusion of significant investment into ensuring that the quality of palliative care is the highest possible quality all over Manitoba, including southern Manitoba as well as northern Manitoba. And I think that all members would agree that that is important and we're glad to see that there is, in fact, support from all MLAs, it would appear, to make sure that the 'qualiative' palliative—quality of palliative care is improved outside of Winnipeg up to the quality where it really needs to be.

So there are elements here which have been identified, will—which will require the investments to make sure that we're able to deliver the services. I think it's important that we reiterate this. It is important that this matches up with what is said in the Bill 34 and that these are proceeding, as it were, in parallel.

So, Mr. Speaker, as I have said, we will support this. There is a critical need, as I've said, for improvements in certain areas, and particularly outside of Winnipeg, and I hope that we can see that these areas are addressed quickly by the current government because they have been short for quite some time.

And so, with those words, Mr. Speaker, I will sit down and pass it on to others to comment.

Ms. Janice Morley-Lecomte (Seine River): Thank you for the opportunity to put a few words on record in support of this motion. As I stand today, I want to reflect on some of the great work that this government has done so far when—

Mr. Deputy Speaker: Yes, Seine River. Yes.

Sorry, the mic's not on.

The honourable member for Seine River.

Ms. Morley-Lecomte: Do you want me to start over?

Mr. Deputy Speaker: Go—sorry about that. Go ahead.

* (15:50)

Ms. Morley-Lecomte: Thank you for the opportunity to put a few words on record in support of this motion.

As I stand today, I want to reflect on some of the great work that this government has done so far when it comes to mental health support, palliative care and moving forward on medical assistance in dying.

As a front-line worker in the social service area, I had seen many individuals who are in need of support for their mental health and addictions, and that support hadn't been available. Individuals and their families were suffering as a result of the lack of medical supports. Mental health and addictions are two areas of health care that are often closely linked, but their support systems are separate.

Our government is looking at different ways to address this gap and to assist those individuals who are in need of medical support. Understanding that these issues often coexist is critical in providing services to individuals that suffer from mental health illness or addiction. Our government strategy will ensure that experts look at how the two systems can work together and align.

Our government is committed to providing better services to Manitobans needing mental health and addiction services. To achieve this, an RFP was issued to develop a multi-year mental health and addictions strategic plan. The mental health and addiction strategy will look at ways to improve access to and co-ordination of mental health and addiction services in the province.

As their population ages, Manitobans will rely more on the medical system. Aging populations have different health needs, and we need to be prepared as a government to meet these needs. Part of this plan is establishing a health-care system which is able to efficiently provide services for all Manitobans who require medical assistance. We are committed to providing the investments necessary to achieve this.

Deputy Speaker, Manitobans in need of palliative care deserve the very best of care. Our government is doing its best to provide these services. Every health region has a palliative-care co-ordinator to manage access to palliative-care services, and direct palliative-care services are provided through home care in every region of the province. A provincial palliative-care program specialist has also been hired to lead with development, co-ordination and delivery of

palliative-care education to health-care providers and volunteers across the province.

Deputy Speaker, our government is also vastly improving health care through a new recruitment of more than 60 physicians to rural and northern Manitoba. The recruiting of the family and primary care doctors and specialists by Manitoba's rural health authorities in co-operation with our government and other stakeholders will deliver improved health outcomes and timely care. It will help create a better health-care system in all regions.

Through our government's new provincial health organization, Shared Health Services Manitoba, our work on the recruitment and retention of physicians will remain a key priority as we improve our health-care system and ensure quality medical care for Manitoba's rural and northern families.

In addition, this government has begun to make improvements to the province's rural emergency medical services, including an investment of more than \$1.7 million for enhanced paramedic staffing. Enhanced staff resources will ensure Manitobans are able to access health care services when they need them across the province.

Deputy Speaker, our government has been working to enhance and invest in our health-care system. The recruitment of doctors to the northern areas and a more efficient dispatch and response ambulance service will help create more specialized medical care in Winnipeg—are just a few of the first steps.

On Bill 34, Deputy Speaker, our government is committed to rolling out medical-assisted death in a balanced way. Individuals will be able to, without repercussions, refuse to participate in medical assistance in dying because of their personal convictions, views and beliefs. We are also committed to ensuring that any individual who wants the procedure can access it. To start, an interdisciplinary medical assistance in dying team has been established by the Winnipeg Regional Health Authority. It serves as a central consultative and practical resource for health professionals, patients and families in Manitoba on how to access medical assistance in dying.

Our government is working to better the lives of all individuals seeking mental health services, medical support and assistance in dying in our province, and plans to continue on this path.

Investing in our health-care system means investing in Manitobans. For this reason, I support the motion.

Thank you.

Mr. Rob Altemeyer (Wolseley): Anyone who wants to see a legislature wrestle with a difficult topic—I think this qualifies. And for those Manitobans who are interested in those perhaps rare moments where all parties can come to agreement, I would suggest that there's also this debate and discussion as a small example of both wrestling with a difficult issue of the government making its views known and the opposition party saying let's broaden the conversation a bit and all sides seeing the legitimacy in the work that is being done.

The starting point for this discussion, of course, dates back not recently and certainly didn't start with the introduction of Bill 34 in this Legislature. I remember the plight of Ms. Rodriguez from out in British Columbia. The Canadian society has wrestled with the rights, the competing rights of access to assistance in dying for a number of years. What has changed most recently is the Supreme Court of Canada made a ruling that found certain parts unconstitutional. Certain parts of the Criminal Code have now been declared to be unconstitutional, and those sections of the Criminal Code made it a crime to assist someone in the process of seeking assistance while dying.

So the federal government brought in legislation that simply removed those provisions from the Criminal Code, a long overdue step in the eyes of many, but it went no further and did not even begin to prescribe the appropriate process, either in law or in social programs funded by government in Canada, of how medical assistance in dying is to be conducted.

The provincial government here has taken a step in that debate with their Bill 34, which we, as the Official Opposition, will be supporting. It does address a few of the issues but only a few of them, and those issues being protection of health-care professionals, health-care workers who may be involved in providing a medically assisted death who choose not to do so. It protects them from any repercussions in declining from participating in that procedure and also takes steps prohibiting any medical professional association, such as for doctors or for nurses, nurse practitioners, in similarly being able to force members of their association to participate in procedures that they, for conscience reasons, choose not to be involved in.

And that's as far as the provincial legislation goes. And so, while we respect these two pieces that the provincial government is addressing in this way, we recognize, as the official opposition, that there are many more equally legitimate aspects to medical assistance in dying that also need to be addressed. And I am encouraged to hear that the Health Minister and presumably his government caucus will be voting in favour of the resolution that we have brought forward today, pointing out some of these additional factors that are not addressed in the law yet but which very much need to be addressed, if our society is going to have a proper system in place that respects all views when it comes to a difficult ethical issue and yet also a very important medical process as well.

So, amongst the items that our Opposition Day motion calls attention to, is the need for investments in a number of public services that can support people at the latter stages and the end stages of their lives as well as support the family members of those individuals, and investments has not, to date, been the strong suit of this government.

Investments in palliative care, in mental health supports, in drug treatment and in pain relief would just be some of the more obvious examples of supports where this government could and should and, hopefully, will, in future years in its mandate and with future budgets, take some good steps forward to improve access for medical assistance in dying.

* (16:00)

And the Health Minister and I are both very familiar with one prominent local medical ethicist, Dr. Arthur Schafer. Not long after both of us were elected as MLAs—many, many years ago, before either of us were even parents—we first met actually at Dr. Schafer's house. The Health Minister was a student of Dr. Schafer's at the time. I had been a former student. And Dr. Schafer, of course, has been extraordinarily articulate in raising some very legitimate questions in local and in national media. And those issues, as well, are going to need to be addressed if we are to have a robust system and an appropriate system that respects everyone's wishes.

And the complications are not straightforward here. We will have diversity amongst patients, Mr. Deputy Speaker. Some patients will be very much opposed to any medical assistance in dying. That needs to be respected. Other patients will be very much interested in pursuing that option in the last

stages of their life. We will have family members with the same competing interest. We will have medical professionals, some of whom are fully prepared to assist people in this manner—and with the pain management, with the palliative care, with the mental health counselling leading, perhaps, to that decision on how someone wishes to end their life, and other medical practitioners who do not wish to participate in any of those processes.

And then, of course, we also have institutions—medical institutions in Manitoba, some of whom are explicitly saying they do not wish to have this procedure performed on their premises at all, and other medical facilities which do not have that explicit rule in place. And debates about all of these rules, debates about—and discussions about all of these hopefully not competing rights, but certainly diverse rights, will need to take place if we as a government and if we as a society are going to be able to make sure that a patient who wants medical assistance in dying is able to get it.

Other speakers earlier today and previous to today have made the very good point that there is a wide degree of accessibility of these services right now in Manitoba. Here in Winnipeg, it will be a much different situation than it would be in other locations in Manitoba, and we cannot lose sight of that fact—that these decisions that we make, the decisions that this government makes about the types of support that it puts in place, the types of rules that it puts in place, must be applicable and reasonable and functional in all parts of Manitoba.

So, Mr. Deputy Speaker, I will close my remarks there and simply conclude and observe that while we are taking a few, small steps, both with Bill 34 here today and then some additional steps brought forward by our Opposition Day motion, we all have a lot more work to do on this front. I'm proud that our caucus has broadened the conversation with this important motion, which raises the profile of issues that are not addressed either at the federal level or at the provincial level. But, as someone once wisely said, the perfect can be the enemy of the good.

And, with that closing thought, I will cede the floor to the next speaker as we proceed with debate and, hopefully, eventual passage of this Opposition Day motion today.

Thank you very much.

Mrs. Sarah Guillemard (Fort Richmond): I had the honour to attend the committee meeting for

Bill 34, and we were privileged to hear from many people of the health—in the health profession, including doctors as well as representatives from the College of Physicians and Surgeons. And the overarching message that we were hearing was that patient care is the centre of all of their decision making, and good patient care appropriate—patient care for the needs that are presented are at the heart of the reasons why our physicians go into this profession. They want to help those who are suffering to heal, to be healthy and to lead productive lives.

Mr. Deputy Speaker, we were able to hear from some very insightful individuals who shared very deep personal stories of their own experiences, whether dealing with suicide, whether dealing with mental health issues, and offering help to their patients. They expressed that the thought of making that decision to end someone's life would tear at the very fibres of who they are, and they would be faced with having to choose between their career or setting aside their own personal identity and who they committed to be.

And, Mr. Deputy Speaker, this is why Bill 34 is so very important, that we recognize, as a government, that we all actually make decisions based on our conscience, based on our experiences in life and based on our own limitations of who we want to be in this world and how we want to interact with others.

Now, Mr. Deputy Speaker, the bill also recognizes that the Supreme Court of Canada has deemed it is legal, in certain circumstances, to end your life and have assistance in the end of your life when faced with certain criteria. And those criteria must be met. And there is a team in place, certainly, here in Manitoba, a very capable team that is available to those individuals who are contemplating having assistance in ending their life, who come out and will assess whether this truly is a situation that meets the criteria for this assistance.

And the concern is that many people, when they are faced with the end-of-life decisions or end-of-life diagnoses, are fearful. And I can only speak to my own thoughts on the matter, Mr. Deputy Speaker. We all will get there one day. We all will face death, because that is the ultimate end to life. If you have life, there will be an end one day. And it's not death that I fear, and I think there are many people who will share the same views that it's not the actual death that I fear, but the process of dying, the process

of feeling uncomfortable or discomfort—what that's going to feel like, what it's going to look like.

And sometimes those thoughts can lead you to want to either avoid discussing some of your treatment plans or all together just ignore the fear aspect and just want to take back control, because a lot of times we feel fear when we don't have control of our situations.

And, Mr. Deputy Speaker, my heart goes out to everyone who has faced these decisions, whether it's family members who are discussing it with their loved ones or the individuals who themselves are facing this most difficult time of their life. I think of my own family members, at the end of their time here with us on earth, and my grandmother in particular had a terminal diagnosis of cancer that the doctors had informed her had spread throughout her body.

Grandma had led a wonderful life and, certainly, had been very loving and influential in my own life. And I remember sitting at her bedside in Jocelyn House, which is a private facility, a wonderful facility that had provided palliative care, and I remember having that discussion and looking into Grandma's eyes, where I asked her, Grandma, you have been a wonderful influence in my life, and I love you, and I am here for you, and I want to help in any way I can. And she looked at me, and she said, I'm afraid. I'm afraid of what it's going to feel like to die.

And I didn't have the answers for her, but I reassured Grandma that I was there with her, and that I, too, was afraid of losing her, of looking at what life would be like without her advice, without her love, without her gentle encouragement in areas I needed that encouragement. But I said I would never regret a moment I spent with her. And I remember the smile that she provided in that moment.

*(16:10)

And it was the last time I actually had a conversation with her, because moments later she did go into an—in a coma. And a couple days later, she passed away. She did pass away very peacefully, with the palliative care and the medications provided. And my hope is that, at the end of my own life, that I, too, would have access to proper palliative care that would keep me comfortable, and I could be surrounded by those who love me and could celebrate a life well lived and a love that has been passed on from generation to generation.

And, Mr. Deputy Speaker, I fully support this motion in that it reveals that we have, actually, made very good investments in treatment for our palliative-care teams. And obviously, there are always steps where we can improve that treatment and improve the experience of those at the end stages of life, that we as a society owe it to those who are most vulnerable, those who are weakest and need that extra support and that—those extra resources. And I absolutely can support this motion, moving forward and recognizing that there are going to be multiple aspects and multiple beliefs when it comes to end of life and decisions made around the way that we will ultimately leave this earth. There is nothing in this motion that I see as counter to the—Bill 34 or to the laws of this land, which everyone in our government certainly upholds and will adhere to.

And, Mr. Deputy Speaker, I sometimes reflect back on my own grandfather's experience, where he fought in World War II, and many soldiers returning from the war suffered from—at the time, I guess, people would say war fatigue or shell shock, which we now know as post-traumatic stress. And certainly he suffered from years of nightmares. But, at the time, it was encouraged to just move past it, that you're not sort of unique in that and you have to just keep going, one step in front of the other. Yet, in his later years, he struggled with not having the same mobility and the ability to participate in building buildings, and the very activities that he loved in life he was no longer able to fully participate in.

And we know that, when you are limited in your physical abilities, there is a risk there for depression to set in. And this is very real of having a diagnosis, a major diagnosis in life. I know when my son was diagnosed with type 1 diabetes when he was three years old, we were warned about the risks of—within families, the stress that diagnoses can cause—major illnesses, chronic disease, diagnoses can cause. And it can lead to depression when you are just worn out from all the information.

So I go back again to my own grandfather and having to go through a lot of the later stages in life, accepting the limitations that your body is no longer behaving, acting or as strong as it once was. And I wonder how many other men and women who do reach the later stages of life also experience some of these mental health issues, which again goes back to this motion of investing and reinvesting in our Manitoba health services, which can help clear thought when we are facing tough decisions.

So, Mr. Deputy Speaker, with those few words on the record, I would like to say that I do support this motion and that our government absolutely will be supportive of all Manitobans and all of their decisions, both difficult and health-care related.

Thank you, Mr. Deputy Speaker.

Mr. Matt Wiebe (Concordia): I appreciate the opportunity to put some words on the record here this afternoon.

I want to echo the words of my friend from Wolseley, who pointed out that we have a rare occurrence, once again, in the Legislature, where I believe that there is some very thoughtful debate happening around a very serious issue—an issue that, as I've put on the record before, our caucus has discussed and dealt with, I think, again, in a very thoughtful, in a very serious way. And I think it's an issue that, quite frankly, Manitobans want us to consider in that manner and want us to debate in a true way here in the Legislature. And I believe that this bill represents a continuation of that debate.

And I believe the last time that I had an opportunity to rise on this issue was with regards to Bill 34—right? Thirty-four? *[interjection]* Bill 34—and, at that time, again, I put on the record that our caucus spent a lot of time digging into this issue, hearing from individuals who've been down this road and, most importantly, hearing one another's stories and hearing one another's experiences. And what came through in those discussions, time and time again, was not only the gravity of the decision that an individual must make when at the end of their life, but I think also equally important was the supports that are there for them that are made available to them. And, to a one—in our caucus, that was discussed as being a very important part of this process for somebody at the end of life and a responsibility for members of the Legislature to ensure that those supports are in place.

So it's encouraging to me see that we've now brought forward this particular Opposition Day motion, which, you know, we see as a companion to Bill 34. You know, rather than speaking solely about the health-care professionals and the application of the policies set forth by the Supreme Court and the rights that are available to all Manitobans, this serves as a companion to that and a companion piece of further direction from this Legislature that the supports that are needed to ensure that individuals have everything that they need when going down this path, on this journey, are made available to them and

that this government sees the value in investment in those supports. And I use that particular word with reason, and that is because it is an investment; it is something that we believe helps our society be a better place and helps patients have all the options and rights available to them when they're making these difficult decisions.

So, you know—so, again, we spent a lot of time debating this, talking about this as a caucus, but, most importantly, sharing those personal stories. And that's what I'm hearing once again in this Legislature, and I think it's encouraging. It's encouraging for members to come to this debate, thoughtfully, but also to come to it in a way that allows us to hear those personal stories, to get a good perspective when they were travelling down that road with someone else, maybe somebody in their family or someone that they were close to, and to share that experience and the emotion that goes along with it, which I think helps inform the decisions that we are making here in the Legislature.

So what we focus on in this particular Opposition Day motion is that every Manitoban should have access to care when they need it. We understand that Manitobans should be able to live their last days with dignity, with comfort and peace and, in the best circumstances, surrounded by loved ones. Patients' end-of-life wishes need to be the absolute centre of any decisions that are made, and, again, Mr. Speaker, we need real investments in mental health support services so that patients and families can access those services when they need it.

* (16:20)

Now, this can take the form—many forms. When talking about investments in health care, we believe that palliative care, obviously, is an important element, something that the—I know the previous government worked with experts from Manitoba, here in Manitoba and elsewhere, to understand how those supports could be made available, where they could be made available, and making sure that institutions had the resources in order to carry out some of the best advice that we could get from experts.

We also understand that pain therapy management techniques, including drugs, must be made available in a responsible way to patients and in a way that helps them to journey down that path in a way that gives them as many options as possible, Mr. Speaker.

So the purpose of this Opposition Day motion—and I think, again, it's brought forward in a way that allows all members to have thoughtful debate and allows all members to have thoughtful input and a say in—you know, we're asking this Legislature to commit to doing everything in its power to support Manitobans facing mental illness, facing addictions and to ensure adequate supports for Manitobans as they near the end of their lives.

So, Mr. Speaker, I simply want to put on the record that I appreciate the opportunity to join in this debate, to consider seriously these issues and to work together when possible on—in real investments in health care in this province. And, in this case, when it comes to palliative care, when it comes to supports for patients nearing the end of life, I feel that we all have an obligation to support those patients, to give them absolutely every option that we can. I'm very proud of our caucus, who has taken this issue on, who has pushed this as being a priority for us, you know, ensuring that this complicated discussion, you know, is brought forward in a way that brings, you know, as many legislators on board—and I feel that we're getting there and we're having some progress on that here today—but also brings all Manitobans on board and helps them to understand that here in this place, although sometimes partisan politics takes hold and the back-and-forth debate of the average day doesn't always lend itself to the most thoughtful conversations, we can have those conversations here and we can ultimately stand up for Manitobans, stand up for investments in health care and stand up for the rights of patients to medically assisted death.

Thank you very much.

Mr. Reg Helwer (Brandon West): I'm pleased to rise to speak to the Opposition Day motion here. And I listened intently to several of the members today, and in particular the Minister of Health, and for him to say that most of the things that we have in this resolution we are already doing as a government, and I guess there is already lots of debates on where those 'resources' should go, should they go more here or more there, and should be larger, smaller—that debate will go on forever, Mr. Deputy Speaker, because for some people there's never enough resources, for other people there's too many resources in one place, not enough in the other.

But we're there for the people of Manitoba, to make sure that they do have access to those resources, Mr. Deputy Speaker, for palliative care, obviously, is an issue all over Manitoba. And it takes

several different guises. It is sometimes available, it is sometimes available in different forms, and it's all dependent on the caregivers and, indeed, the professional mental health supports. Again, those are issues that we struggle with in many places, and I know as we go out to meet with constituents it's one of the major issues on mental health supports and what is available, how they can access them and making sure that they get into the right places.

You know, drug and alcohol treatment is something that, in my journey through life, I have become well acquainted with, with loved ones that have had issues, and I see how they have access to services and what is available there. Indeed, when the next topic of—area of topic is pain relief, and that is one of the areas that often gets people into difficulties with addictions, is when you are injured, Mr. Deputy Speaker. And sometimes you go on the pain medication, and depending on how you deal with that, that can create some addictive properties and lead you down a very dangerous path.

And, of course, medical assistance in dying is a big issue in Canada, has been for many years, Mr. Deputy Speaker, and that is a very personal thing. Many of us have gone through that with parents or in-laws, I know, or grandparents, of course, when we went through the issues with my—both my in-laws at different times, medical assistance in dying was not available, so it was not even a question of whether you would go down that route or not. And we saw the care that was given by the nurses, the doctors, the staff and of course the assistance that we received from friends in that time, and it becomes a very personal journey. And who's to know what decisions you would make in that journey?

It really became, for us, very important on the knowledge and the information, as many in this Chamber, I'm sure, Mr. Deputy Speaker, it would be something that would be the first time you might experience that type of an environment in a hospital setting. And the nurses and doctors are asking you questions that sometimes you—well, often you struggle to understand what those questions mean, what type of interventions do you want for your loved one and how you would deal with those.

And we were fortunate, Mr. Deputy Speaker, to have a couple of very good friends who were medical doctors, very compassionate, as most are, and we were able to go to them to ask them questions about what this meant when they asked you if you were interested in looking into this type of

intervention for your loved one, what that actually meant and what that would mean to the dignity of the loved one that may or may not be suffering at that particular time.

So you really, Mr. Deputy Speaker, as I say, don't know what those decisions are going to be until you get there. We've all had friends that have gone through these particular end-of-life circumstances, and it is, as I said, a very personal circumstance, very personal situation, and all you can do sometimes is offer your help and support, and of course food seems to be a solace, that food does appear at the door and help you through that process.

I had a couple of friends that did contract Lou Gehrig's disease, ALS, that I know many are familiar with in this Chamber. And that is something that until you're in that situation, Mr. Deputy Speaker, who's to know what decisions you might make?

In fact, if you recall, the—I think it was the ice bucket challenge for ALS raised a good deal of money for—mainly for the American wing of ALS, but I think the Canadian arm got some money from it as well.

I do recall being with you in Churchill, Mr. Deputy Speaker, with the member for Morris (Mr. Martin) and the current Speaker as well, and the member for Morris, I think, was challenged in an ice bucket challenge, and he decided to do it in Churchill, a fine place to do it. It was in summer, so not as cold, perhaps, as one might anticipate it would normally be in Churchill.

And as you know, Mr. Deputy Speaker, I'm often pretty good with technology, but this was a bit of a—I'm not sure what would call it, but the brain wasn't exactly functioning. The member for Morris gave me his phone to, you know, record this momentous occasion, the ice bucket challenge, and I played around with the phone to make sure I got everything correctly, and I managed to get him talking and then him all wet. So we missed the—I had the record on for the first part, not for the actual event, and then had it for the end of the event, so he was going to put that all out on social media.

Luckily, Mr. Deputy Speaker, we had other people with us that—you were one. Yes, I know you were—that were recording at the same time and were able to provide the member for Morris evidence that he had gone through, indeed, the ice bucket challenge in Churchill to raise money for ALS, and

his cold, wet circumstance wasn't all for naught, so he was able to prove that to the world.

And I know there was some ribbing that went on about that, Mr. Deputy Speaker, and I continue to hear about it once in a while from the member for Morris (Mr. Martin), because as we all know, he does have a long and extensive memory for these particular types of things, so we will, I'm sure, continue to hear about that again, and I'm sure I've jogged his memory here that it may be something that he does bring up, perhaps, again in—in an inopportune time.

* (16:30)

So, getting back to the crux of the debate here, Mr. Deputy Speaker, there's been some very, very kind words said about the issue today. And, when we look at the families that are going through these situations and circumstances, we want to make sure that there are appropriate supports there for them, whether they are in—any of the particular hospitals that may have chosen, that that type of assistance may not be available there, but they may have to be moved to another facility so that you can make those choices, as an individual and as a family, to ensure that you have access to the resources that are necessary.

You know, I do remember, Mr. Deputy Speaker, speaking to some members of the medical community and they did point out to me, many years ago—this was, I think, when the previous government was in office—that the majority of Manitobans in care die at the Health Sciences Centre. That's not to say that everybody that goes into the Health Sciences Centre dies; that's certainly not the case. They are a terrific place to be for healing. But because of the volume of patients going through there, that is where most patients in care indeed pass away. And we have no palliative care there—never have. It is—has been on the books for many years. I know it's something that the Minister of Health is looking forward to find out how we can make sure that this is accessible.

There are—there is palliative care in other areas, but, if you're admitted to the HSC, if you've been through the hospital there, you know that it is a challenging—not only to navigate the tunnels and the various hallways to discover where you're going, but it's also a challenge to navigate the health-care system to make sure that you get all the care that you have access to. So it's very important to make sure that you are an advocate for yourself and for your loved one. It's something that we are thrust into when

perhaps we are most vulnerable with our loved ones that are ill or in a particular situation that makes them very vulnerable. So it's always a challenge to be strong there for your family. And the staff, the nurses, the doctors there, they do a great job of making sure that you get the information that you need, that they are—even when they are stressed with things that are going on there, that they take time, Mr. Deputy Speaker, I know—to speak with you, to make sure that your questions are answered or direct you in the right place so that you can make sure that you have access to the services that you require.

So I know there are many others that wish to speak on this, and I'll leave it to them.

So thank you, Mr. Deputy Speaker.

Mr. Wab Kinew (Leader of the Official Opposition): Thank you. [*interjection*] Thank you, member from Fort Garry-Riverview, I appreciate that.

So, Mr. Deputy Speaker, the motion that we brought forward today is to call on the government to give additional consideration to the importance of palliative care, mental health and adequate health services at the end of life.

Earlier this session, you know, Bill 34 was brought forward and we had debate over that. We had a committee over that, and, you know, we were supportive of the bill, as the NDP caucus, seeing as how conscientious objectors to medical assistance in dying do have a right to exercise their religious freedoms. At the same time, we know that as a result of Supreme Court decisions and subsequent federal legislating, that there is also a right enjoyed by people in our society that if they meet the legal criteria, if they're of sound mind, then that they should have the ability to end their own life with the assistance of a consenting medical professional.

And so, while Bill 34 was a bill that we supported, we also believe that there is another part of the equation that still needs to be fulfilled to ensure that that Supreme Court decision and, perhaps most importantly, the Charter rights, which are affirmed by that decision, have a real meaning in our society today.

Now, I would say to you, Mr. Deputy Speaker, that, you know, this has not always been an issue, assistance in dying—it hasn't always been an issue that I understood or one that I advocated for. You know, when I was younger I, you know, definitely followed along with the debates around euthanasia as

they proceeded through the courts and through the media. But it's not necessarily one that I advocated on behalf of.

However, in 2012, late 2011 and through the year 2012, I had the opportunity to help my father achieve the fairly remarkable journey that he went on at the end of his life. And as part of that, I took time off from work and helped him in his end-of-life journey. And this was a very meaningful journey for me. It helped me to great a—gain a greater understanding for what this part of our life, while we're—the here and living is all about. I watched him make amends, both on the personal level, but also on a spiritual level, with much that had been left unfulfilled earlier in his life. And, when I had a chance to talk to my father about that, he explained simply that the reason for this is because he wanted to make his life better here and now, not necessarily that he was trying to score points for the hereafter, but just by doing good and being well, that he made his existence in this plane all the more enjoyable.

But it was also during this period that I had an opportunity to think through the issues around medical assistance in dying. You know, my father, throughout his life, was a survivor, literally speaking. He was a survivor of residential schools; he was a survivor of violence in his childhood; and he was also a survivor of the worst parts of former government policies that were directed at indigenous people in this country, be that in the form of de facto segregation or the pernicious elements of the Indian Act, which are overly prescriptive and damaging to many indigenous peoples in Canada.

Madam Speaker in the Chair

So, safe to say that my late father always fought for his life, for his ability to move forward. Yet, after battling with cancer for more than a year, you know, he shared with me that, with respect to ending one's own life, he said, I'm not saying I want to do this, but now I understand. And so it became clear to me through that interaction with him that the toll of his suffering, the pain that he experienced was such that even though he had never given up on any sort of battle earlier in his life, that it must have been so unique and so painful for him that now he, while not wanting to pursue the end of his life prematurely, that he understood how people who want to make that decision come to arrive at that conclusion.

And so, as I pondered on that after his passing and, you know, had an opportunity to meditate as I wrote a book about the experience, I began to

understand that, for us, in our society today we also have to see that sometimes the compassionate thing to do is to help somebody end their suffering and to end their life with dignity and on their own terms.

Now, we have to be conscientious of the fact that there should be a very high bar to clear. We don't want, you know, young people to leave this world too quickly, we don't want people to make a decision to end their life out of duress and we would hope that nobody is suffering from mental health conditions that might lead them to make a decision that they would not otherwise pursue. And, as a result, we brought forward this motion here today because it seeks to create a situation in our society where we could act compassionately towards those who are nearing the end of life and who, after meeting the legal criteria, seek to find a way to ameliorate their condition, to end suffering in a dignified fashion.

* (16:40)

But, in order for us to ensure that, first off, that the legal criteria can be met but also that we as moral members of our society would be comfortable that those individuals who are making the decision without duress, we have to be sure that there is a strong mental health system, that there's a strong palliative-care system, and that the overall health-care system is strong enough so that any Manitoban needing care can access it.

During that year that I referred to, I was very lucky to see what palliative care looks like and the pain management that can be offered to somebody who wishes to spend their last days at home. And we were very lucky to have a wonderful doctor and nurses come and visit us and help us care for my late father.

And it was as a result of that that I decided to volunteer with the Palliative Manitoba organization following my father's passing. And, through participating in that organization, I began to learn that while we had a very good experience with palliative care, that there are many people in our province who still do not have access to those sorts of supports, both for the individual who is suffering and who wants help with the pain management or help being cared for at your end of life but also for the relatives that are left behind.

Many Manitobans do not know whom to turn to when they are grieving for a relative, and so that Palliative Manitoba organization does a lot of good

work in that space to help them. And I'm very proud to have played a small role with that organization in the past. But we know that they need more support, that the medical professionals working in the palliative space need more support, and that we want to ensure that everyone can approach the end of life in a good way, because it is such a meaningful part of our journey here on earth.

Beyond that, mental health is very important and there are many barriers to mental health, some of them are geography. Many people in the North and parts of rural Manitoba cannot access mental health services close to home or, in some cases, at all without getting on a plane. Even in Winnipeg, people suffering from mental health issues may face barriers if they don't know where to access services. And we know that there is also a shortage of beds in many instances, and that family members of people who are suffering from mental health conditions also sometimes struggle to find ways to ensure that their relatives can get the treatment that they need.

And so that's why we know that there's a need for more supports, and those supports need to be there so that when somebody does access or request medical assistance in dying services, that we can be sure that they are of sound mind and that the legal criteria set out by the Supreme Court and the federal government will be met.

So, again, this is about compassion. It is about ensuring that we balance the Charter Rights of conscientious objectors with the Charter rights of patients at the end of life.

Thank you.

Mr. Derek Johnson (Interlake): First off, I would like to acknowledge Aboriginal Veterans Day. This is my first chance in the House today to speak on that, and I want to thank all my colleagues for wearing their pins today. That shows support and respect, and that represents November 8th as a day in recognition of those who have sacrificed, enabling us to stand in this House and actually speak today on behalf of all Manitobans.

And earlier today, we had some guests in the gallery that were amazing guests. One was 97 years old, and he flew missions from England and took on fire from the enemies. And the Minister of Infrastructure (Mr. Schuler) had a very good guest today, and I want to thank him for that as well. *[interjection]* I see I have one fan here today. Thank you for that round of 'applau'—I guess is

singular for applause. I'm not sure, but—so my—*[interjection]*

There—oh, there we go. There we go.

So I, actually, have—you know, I have quite a few legions in my riding and the first one I want to mention is the Metis Legion, No. 250, in St. Laurent, and so they're having celebrations today. I'm here speaking instead of attending them, so I sent my regrets.

But, with Remembrance Day coming up, we have lots of other important legions as well. They all serve a very good reminder of the sacrifices that they've done.

So, just briefly, before I get to the points at hand here: Lunda Legion 185; Arborg Legion 161; Ashern Legion 57; and I have other legions as well that are just as important in the Interlake riding.

But I rise in the House today to address several key areas of our health-care system that are in need of attention. Our objective as a government is to create a health system that can sustainably provide effective service. One of those services is palliative care. Direct palliative-care services provide—are provided through in-home care throughout every region in the province. In order to co-ordinate this, every region has hired a palliative-care co-ordinator to manage access to the services. Furthermore, a provincial palliative-care program specialist has been hired to lead the development, co-ordination and delivery of palliative-care education to the health-care providers and volunteers across the province.

As some of you know—excuse me—if someone you know is in need of support, I encourage you to contact Palliative Manitoba where you can access support groups, grief seminars and even help planning for your final days and hours. This is something that we support as a Progressive Conservative government.

So next is the availability of mental health supports for all Manitobans. The Province is undertaking the development of a focused mental health and addictions strategy that will look at ways to improve access and better co-ordinate mental health and addiction services. We have launched surveys on mental health, substance use and addictions challenges in Manitoba. Those living with mental challenges, their family members, the public and health-care providers all have important perspectives on how we can better co-ordinate our mental health and addictions program and services.

The Progressive Conservative government believe we are taking steps in the right direction by listening to residents and front-line providers. There are anxiety disorder clinics at both the St. Boniface Hospital and Grace Hospital where consultation, assessment and treatment services are provided to individuals as well as the crisis centre—Crisis Response Centre, which is available 24 hours a day, seven days a week, for adults experiencing a mental health crisis. The Progressive Conservative government will remain committed to improving mental support for all Manitobans.

Now, I would like to put a few words on the record in regards to drug treatment and pain relief, access for patients in need. Our government knows how important it is for those with illness to get the drugs and treatment they need to best handle their pain. Budget 2017 saw an increase of \$60.2 million for provincial oncology drug program, as well as an increase of \$9.4 million for a new oncology drug. Budget increases are needed for areas like this as more Manitobans seek treatment and new high-cost drugs are introduced to ensure quality care and life-saving treatment.

Our government has also committed to helping Manitobans who may be struggling with drug or alcohol addiction. Alcohol and drug prevention and early intervention activities are critical in minimizing harm and reducing costs associated with substance misuse. If there are Manitobans struggling with addiction that want help, I encourage them to contact the 'inndictions' foundation of Manitoba today.

* (16:50)

Also, I will speak on Bill 34, Medical Assistance in Dying, also known as MAID. The Supreme Court of Canada declared unconstitutional the prohibitions of the Criminal Code against aiding and abetting a person to commit suicide or consenting to have death inflicted upon them. We are respecting the wishes of both the 'fase'-based institutions and the choices of the patients. Individuals will be able to, without disciplinary or employment repercussions, refuse to participate in medical assistance in dying because of their personal convictions, 'biews'—views and beliefs. I would remind Manitobans that medical assistance in dying is something to—isn't something to be taken lightly and applications must meet—applicants must meet strict criteria to qualify.

Bill 34 will protect individuals exercising their right to refuse to provide or help to provide medical assistance in dying by providing that a professional

'regulatory' body cannot require its members to provide or aid in the provision of medical assistance in dying or discipline a member for refusing to do so. Employers cannot take adverse employment action against employees for refusing to provide or aid in the provisions of medical assistance in dying.

In addition, I would like to quote Winnipeg's own Dr. Larry Reynolds—he's a family physician, professor of medicine—in stating that, violating your conscience is an attack on your identity as a person and as a professional. I can't overstate how important it is for the future of medicine and for the role of Christian nurses and physicians in the future of health care.

So, with those very, very brief words put on the record, I thank you, Madam Speaker.

Mr. James Teitsma (Radisson): I'm pleased to speak to this motion this afternoon. I think this motion talks about what the people of Manitoba expect us to do, and they expect us to ensure that there are good services available for them also in health care. I think universal health care is a benefit that we enjoy here in Canada, and we have to certainly do what we can to ensure that it is sustainable. And I'm very proud of the work of our Health Minister and what he's done to ensure that Manitobans are able to access the care that they need, that they are able to get the right care at the right time at the right place, and certainly I support him as he continues to make the necessary changes in our health-care system to ensure that it's providing the best possible care that it can for Manitobans in a way that's sustainable going forward, that Manitoba taxpayers are able to pay for.

It's a sad state of affairs we have in our province right now where, I remember when I was young we used to talk about, well, you know, if you—if the government keeps on borrowing big dollars, then eventually you might get to the point where the interest payments on those debts are going to prevent you from being able to deliver programs. Somebody, eventually, is going to have to pay the interest.

And sometimes I hear people talking like that today, but to those people I would say that it's very clear to me that that time is no longer in the future. That time is today.

This year alone, I believe our Finance Minister could confirm that our projected debt service costs are expected to exceed \$990 million. That's just about a billion dollars. Next year it'll certainly be

over a billion dollars. And this has a significant impact on what we're—what services we're able to deliver to Manitobans, including the ones so eloquently outlined in this brief but succinct resolution put forward by the opposition members.

Now, that being said, I don't want this to become a partisan contribution to the conversation. I think it's been certainly a good couple of days that we've had here in the Legislature on these types of topics—on the topic of palliative care, on the topic of medical assistance in dying. And I thank the member for Minto (Mr. Swan) for his contributions to that, and also the Leader of the Opposition for signalling early that he was in support of Bill 34. And, certainly, I appreciate that support very much. And I think Manitobans do. Certainly, the 14,000 Manitobans who went through the trouble of sending in a letter to their elected representatives indicating their support for Bill 34 would definitely be appreciative of that.

And, as I was updating my social media feed the other day, after having served on the committee for Bill 34, I was—it kind of struck me that, you know, most days you wouldn't expect that having two lawyers in the position of Health Minister and in the position of Health critic might be the best choice. Certainly, I think many Manitobans would expect, you know, a health-care professional might be a better choice. But, when it comes to these kinds of conversations, I couldn't think of two members who would be better equipped in the governmental role and in the role of opposition to deal with the rights and freedoms of Manitobans, because this is what Bill 34 essentially deals with. It's about the legal rights of Manitobans. And, certainly, we very much appreciate the work that was done at committee.

So I just want to say that I am very much in support of this resolution, and I look forward to us indicating that support by means of a vote.

Thank you.

House Business

Madam Speaker: The honourable Government House Leader, on House business.

Hon. Cliff Cullen (Government House Leader): Yes, on House business.

Madam Speaker, could you please canvass the House for leave to waive the provisions in rule 2 which prohibit debate and amendment in committee

on Bill 36, The Budget Implementation and Tax Statutes Amendment Act, 2017, after 5 tomorrow, thereby allowing Bill 36 to be debatable and amendable in the Committee of the Whole tomorrow?

Madam Speaker: Is there leave to waive the provisions in rule 2 which prohibit debate and amendment in committee on Bill 34, The Budget Implementation and Tax Statutes Amendment Act, 2017, after 5 p.m. tomorrow, thereby allowing Bill 36 to be debatable and amendable in the Committee of the Whole? Agreed? *[Agreed]*

Mr. Cullen: Yes, on further House business, Madam Speaker, could you please canvass the House for leave to consider Bill 35, The Agricultural Producers' Organization Funding Amendment Act, tomorrow for report stage and/or concurrence and third reading, despite the fact that it would not yet be listed on the Order Paper tomorrow?

Madam Speaker: Is there leave to consider Bill 35, The Agricultural Producers' Organization Funding Amendment Act, tomorrow for report stage and/or concurrence and third reading, despite the fact that it would not yet be listed on the Order Paper tomorrow? Agreed? *[Agreed]*

* * *

Madam Speaker: The honourable member for Flin Flon, on further debate.

Mr. Tom Lindsey (Flin Flon): I just want to put a couple of words on in support, obviously, of this motion.

We've spent some time talking about making sure that this service is available to people when they want it, when they need it. This motion that my friend from Minto has brought forward talks about ensuring that the other side of the coin, if you will, is also addressed, that there's good palliative care, that all the things that people need to have dignity at the end of their life are in place. And we should all, obviously, be in favour of that. That—why would someone be against that?

So I just really want to make sure that the—Bill 24, I think, is the right number—34, excuse me, too many numbers—I should be Finance Minister—talked about protection for health-care givers. We need to make sure that this comes into place so that

everybody has equal rights to that which they want at the end of their life.

Madam Speaker: Are there any further speakers on this debate?

Is the House ready for the question?

An Honourable Member: Question.

Madam Speaker: The question before the House is the Opposition Day motion in the name of the honourable member for Minto (Mr. Swan).

Do members wish to have the motion read?

Some Honourable Members: No.

Madam Speaker: No? Is it the pleasure of the House to adopt the motion? *[Agreed]*

Ms. Nahanni Fontaine (Official Opposition House Leader): Madam Speaker, I ask for leave to have it declared unanimous.

Madam Speaker: Is there leave to have the vote declared unanimous? *[Agreed]*

And the time being 5 p.m., this House is adjourned and stands adjourned until 10 a.m. tomorrow.

LEGISLATIVE ASSEMBLY OF MANITOBA

Wednesday, November 8, 2017

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