

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

*Published under the
authority of
The Honourable Myrna Driedger
Speaker*

MANITOBA LEGISLATIVE ASSEMBLY
Forty-First Legislature

Member	Constituency	Political Affiliation
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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
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FONTAINE, Nahanni	St. Johns	NDP
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GOERTZEN, Kelvin, Hon.	Steinbach	PC
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GUILLEMARD, Sarah	Fort Richmond	PC
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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

Thursday, November 30, 2017

The House met at 10 a.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.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Ms. Nahanni Fontaine (Official Opposition House Leader): Could you please canvass the House for leave to proceed directly to the second reading of Bill 211?

Madam Speaker: Is there leave for the House to deal with Bill 211 this morning?

Some Honourable Members: Agreed.

Some Honourable Members: No.

Madam Speaker: I hear a no.

Would there be leave, then, to deal with Bill 200, The Planning Amendment Act?

Some Honourable Members: No.

Madam Speaker: Shall we proceed, then, with Bill 204, The Electoral Divisions Amendment Act?

Some Honourable Members: No.

Madam Speaker: Shall we proceed with Bill 206, The Brookside Cemetery Recognition Act?

Some Honourable Members: No.

Madam Speaker: Shall we proceed with Bill 207, The Legal Profession Amendment Act (Queen's Counsel Appointments)?

Some Honourable Members: No.

Madam Speaker: Shall we proceed with Bill 208, The Conflict of Interest Act?

Some Honourable Members: No.

Madam Speaker: Shall we proceed with Bill 209, The Gift of Life Act (Human Tissue Gift Act Amended)?

Some Honourable Members: No.

Madam Speaker: Shall we deal—proceed to Bill 210, The Manitoba Public Insurance Corporation Amendment Act?

Some Honourable Members: No.

Madam Speaker: What is the will of the House?

Ms. Fontaine: Madam Speaker, can we call it 11 and proceed to PMRs?

Madam Speaker: Is it—is there leave of the House to call it 11 o'clock and proceed to private members' resolutions?

Some Honourable Members: Agreed.

An Honourable Member: No.

Madam Speaker: Leave has been denied.

As there is no other business, then, we will recess until 11 a.m. and at that point the bells will ring for five minutes.

The House recessed at 10:04 a.m.

The House resumed at 11:00 a.m.

* (11:00)

Madam Speaker: Order, please.

The House is now back in session.

RESOLUTIONS

Res. 1—Cuts to Outpatient Physiotherapy and Occupational Services

Madam Speaker: The hour being 11 a.m., the time for private members' resolutions.

The resolution before us this morning is the resolution on Cuts to Outpatient Physiotherapy and Occupational Services, brought forward by the honourable member for Minto.

Mr. Andrew Swan (Minto): I move, seconded by the member for Concordia (Mr. Wiebe),

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to condemn the short-sighted cuts to health care, immediately—[interjection]

Madam Speaker: Order, please. Order, please.

An Honourable Member: On a point of order, Madam Speaker.

Point of Order

Madam Speaker: Oh, the honourable member for Assiniboia, on a point of order?

Hon. Steven Fletcher (Assiniboia): Madam Speaker, do you not have to ask for unanimous consent?

Madam Speaker: No. We do not have to have unanimous consent for private members' resolutions, so there is no point of order.

* * *

Madam Speaker: Apologies to the member for Minto.

The honourable member for Minto, to continue.

Mr. Swan: I'll restart.

Madam Speaker: Or to restart.

Mr. Swan: I move, seconded by the member for Concordia (Mr. Wiebe),

WHEREAS the Premier ordered the Winnipeg Regional Health Authority to cut outpatient physiotherapy and occupational therapy services, ending programs at seven different facilities across Winnipeg and laying off dozens of front line health care workers; and

WHEREAS the Premier's decision will result in the direct firing of dozens of physiotherapists and occupational therapists in Manitoba, forcing expert health care professionals out of work, increasing the likelihood they and their families will leave the province in the future; and

WHEREAS there were 21,000 outpatient physiotherapy visits at Health Sciences Centre in 2016/17, 10,598 visits at St. Boniface Hospital, more than 5,000 visits each at Concordia Hospital, Seven Oaks Hospital and Misericordia Health Centre while Grace Hospital had more than 4,200 visits; and

WHEREAS the Premier mistakenly claimed other provinces do not have privatized physiotherapy and occupational therapy services while in fact his cut

would mean Manitoba would be the only province in Canada to not offer publicly insured outpatient physiotherapy and occupational therapy services; and

WHEREAS the Provincial Government is forcing Manitobans to pay out of pocket for private physiotherapy, which can cost between \$75 to \$90 dollars a session, and putting essential health care out of reach for low-income Manitobans, seniors and families without access to private insurance; and

WHEREAS physiotherapists, occupational therapists, surgeons, doctors and health care professionals have repeatedly and vocally told the Provincial Government that access to publicly insured outpatient physiotherapy and occupational therapy services are key for patients preparing for and recovering from surgery and that it should reject these cuts that are driven solely by financial considerations; and

WHEREAS the Peachey report did not recommend cutting publicly insured physiotherapy and occupational therapy services and Dr. Peachey explicitly refused to endorse the Premier's cut to front line health care workers and services; and

WHEREAS funding for preventative health care like physiotherapy and occupational therapy saves the healthcare system money in the short and long term by reducing re-injury, re-hospitalization and complications from surgery by improving the quality of life of patients and families.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to condemn the short-sighted cuts to health care, immediately reinstate funding for outpatient services and rehire the dozens of health-care professionals the Premier (Mr. Pallister) ordered fired so Manitobans can access the essential health care they need to recover from surgery and stay healthy at home.

Motion presented.

Mr. Swan: Madam Speaker, this is the first opportunity for private members' business in this new legislative session, with the passage of the Throne Speech over our objections and our reasoned amendments yesterday, and I think it's very important that we start off with the first private member's resolution being a discussion about health care in the province of Manitoba.

I know that in this House there are always—things are always partisan; we're always taking sides; we're always listening to what—sometimes what people with our own political views or political beliefs might be.

But, when it comes to health care the changes that are happening, the cuts that are happening are having an impact far beyond any one group or people with any one particular viewpoint, and we've been hearing, our New Democrat caucus, from people all across not just the city, but all across the province, people with all different political views expressing to us their concerns with the way that this government is moving in the area of health care.

And we've heard from people on a number of issues that have been especially important. I've heard from many people upset about the closure of the Mature Women's Centre at the Victoria General Hospital, which was actually serving 5,000 women every year, bringing together expertise in one place. That doesn't exist any longer.

We've heard people from all across the political spectrum that cannot believe the way this government moved to do away with lactation consultants at Health Sciences Centre that, as the member for St. Johns (Ms. Fontaine) has put on the record, as I've put on the record, have helped our families and many other families not just in Winnipeg, but across the province.

Mr. Doyle Piwniuk, Deputy Speaker, in the Chair

We've heard from people all across the province concerned about what this government is doing in the area of emergency medical services and ambulances and, again, regardless of people's political views, I do have friends that are Conservatives, Mr. Deputy Speaker, and even they have said they do not know what this government was thinking when it shuttered the Misericordia Urgent Care Centre that provides vital urgent care to people who most need it.

And probably no issue more than any other that has got people—whatever their political beliefs may be, whatever their world view may be, has got people not just scratching their head, Mr. Deputy Speaker, but angry—is this government's decision to cut physiotherapy and occupational therapy services within the regional health authority in Winnipeg.

What has happened is that this government has directed the regional health authority to make serious

and drastic cuts, and we're now finding out exactly what those cuts look like.

And with respect to physiotherapy and occupational therapy services, the health authority has ended programs as of last week at seven different facilities in every corner of the city of Winnipeg, and has consolidated what's left at the Health Sciences Centre, but as a result have stopped providing those services in those seven facilities and, at the same time, have laid off dozens of front-line health-care workers, people who are trained physiotherapists, occupational therapists, who do valuable work assisting people who've had injuries, who've had falls, who've been involved in motor vehicle accidents, who've had surgery, including strokes, cancer, all different health-care situations where they require assistance to regain mobility, to regain their range of mobility, to get assistance in strengthening their muscles and tendons, to continue to have a decent standard of life. And for reasons of cost alone—and there is no valid operational reason, for reasons of cost alone—this government has decided to cut services that people used to enjoy up until just last week.

And we know, not just that dozens of highly trained health-care professionals are now out of work or seeking work in the private sector or perhaps leaving the field altogether, we know that there's mass disruption to people. In 2016-2017, there were more than 10,000 visits to the clinic at St. Boniface Hospital, more than 5,000 visits to each of Concordia Hospital, Seven Oaks hospital and Misericordia health care centre, while Grace Hospital had more than 4,200 visits. Each and every person who was getting service at those hospitals in their communities is now having to do one of two things: either they are hoping that they can go down to the Health Sciences Centre and somehow find their way onto what is going to be a very, very busy docket, or they are going to be trying to get the same services in the private sector, if they can afford them and if they can get out to where those services are being provided. And those are big ifs.

And that's why people are so angry about this decision by the government, and that's why today this resolution is calling on—well, perhaps not the front bench of this Pallister PC government, but the other members who've been hearing the same things from their constituents as we've been hearing from our constituents: that this plan, which is only going to save the health-care system, we believe, \$1.5 million, putting that cost onto the backs of their

constituents and our constituents. It's not what people voted for in the last election. That's not what they were promised by this Premier (Mr. Pallister) in the last election campaign, and this is not what is right and it is not what is fair for people in the province of Manitoba. And you know, it was the Premier who, four days before the election, told people that he would protect—he would protect—front-line services and he would protect the very people providing those services, and now we see the Premier is doing the exact opposite.

And we've heard how the Premier has tried to justify this reduction in service, and he actually put on the record his belief that other provinces do not have—do not offer this service to their own citizens.

And, unfortunately for the Premier, these things can be checked, and indeed we did a scan across the country and now Manitoba, from being a leader not that long ago, now falls to the bottom of all provinces in Canada by refusing to provide these services to its citizens. You know, the Premier talks about the most improved province. We have just become the most stingy, the most cruel and the most unreasonable province when it comes to providing vital physiotherapy services to its citizens, and that is what this resolution is all about.

And you know, there's many parts of this that are frustrating, and we can go on and we can talk about the dollars, we can go on and talk about a bulk number of visits—10,000 visits—that are not going to happen now at St. Boniface.

* (11:10)

The really upsetting part of this is the impact on the patients, patients who require this service, and as late as last week we heard from people saying, you know, the clinic is closing and I don't know where I'm supposed to go. No one can tell me whether I'm now going to fit these clinical criteria at the Health Sciences Centre, and if I'm not covered under those clinical criteria, nobody's told me where to go. Nobody's told me if these services are going to be covered and no one has told me how I'm now going to afford potentially hundreds of dollars to get a service that was being provided by the health authority up to just last week.

And that's what's so painful and so frustrating for people, is that this government in its rush to try to cut costs is cutting the very services that people rely upon. And that's just not right.

And I look at where these services might be provided for those who can afford them. If you go to see a physiotherapist, usually like 60, 70, 80, 100 dollars per visit. And perhaps the Premier and perhaps members of the Legislature think, well, no problem, we've got health insurance. Well, I can tell you that the—that our health insurance plan which is a good plan, similar perhaps to what many other Manitobans have, your benefits run out after five or six visits to a physiotherapist. So if you are having to have an appointment three times a week for three or four months to regain your mobility, your strength after a fall or after a car accident, you are now facing potentially thousands of dollars.

And what have doctors said? Doctors have said they're very worried that without the certainty of those services being there, there are some patients who are simply not going to be able to afford those services. And doctors have said if people can't afford those services, as doctors they're saying they ought not to be doing those surgeries in the first place.

Health care is a right, and the idea that now people get a knee surgery or a hip surgery or reconstructive surgery after an accident that doesn't cover the very services that everybody in the health-care profession knows are needed to regain their strength, regain their mobility, regain their freedom are no longer part of our provincial health-care system, that quite simply is wrong. That's why I'm asking all members to pass this resolution this morning.

Thank you, Mr. Deputy Speaker.

Mr. Deputy Speaker: Member's time is up.

Before we start the question period, I just want to remind the member, I think, you meant to—said the Premier's last name and the PC government. It's the Pallister government or the PC government, okay? Just a reminder. So just keep it in mind when you're saying that.

Questions

Mr. Deputy Speaker: Okay, a question period of up to 10 minutes will be held. The question may be addressed in the following sequence: the first question may be asked by members from another party; any subsequent questions must follow a rotation between parties; each independent member may ask one question; and no question or answer shall exceed 45 seconds.

Mr. Len Isleifson (Brandon East): Just a really—a question. I love Stephen King novels because they're fiction and they create fear, and he goes out and he seeks research and consultation.

So I'm wondering if the member from Minto did the same thing and if that included any of the health authorities.

Mr. Andrew Swan (Minto): Well, I can tell the member for Brandon East that I've been hearing from average Winnipeggers concerned about this. Like Maria [*phonetic*], who came in last week to watch the debate, to put her fears on the record that because of this she doesn't know if the physiotherapists—physiotherapy services that she's receiving at her local hospital are going to be covered.

The member for Brandon East needs to talk to people who are being affected by this, the thousands of people who are no longer going to have coverage. That's what this resolution is all about. That's what the member for Brandon East and his colleagues need to think about, and that's why the member for Brandon East should do his education and support this resolution.

Mr. Matt Wiebe (Concordia): I did want to acknowledge that the—I believe that the member for Minto has brought this resolution in the spirit of hoping that others in this Chamber would support this and would see the folly in these cuts. And I'm quite disheartened to hear the preamble put on the record about the legitimate concerns that Manitobans have come forward with about this particular bill.

I just wanted to ask the member for clarification. Has there been any justification given other than the cost-cutting measures that this Premier (Mr. Pallister) has put forefront in his move to cut these services for Manitobans, has he put any other justification on the record as to why he would make these cuts?

Mr. Swan: I thank the member for Concordia that question.

And, you know, we've certainly been trying to drill down on this and see if there is some other justification than trying to save money, and we've been simply unable to determine why this would be the case. We have clinics operating in all of the regional hospitals that have been providing service for people close to home, and if anything, I've heard people say how efficient it is. They come into the clinic, you have physiotherapists, but also occupational therapists and other health-care

professionals, that are able to attend to people's needs in a very, frankly, in a very productive, timely and cost-effective way—

Mr. Deputy Speaker: The honourable member's time is up.

Mrs. Sarah Guillemard (Fort Richmond): You know, this government is really focused on improving services, which does include, you know, financial accountability, and we have heard multiple times that there's been a lot of waste within the system. So part of our job is to look at the system and find out how we can improve the services and our financial accountability.

And I'm curious, does the member opposite think that a more effective way to improve services in a government department is to just quit, like he and his four colleagues did in November of 2014?

Mr. Swan: Well, Mr. Deputy Speaker, there is always a point when you can tell that this Progressive Conservative government has lost the argument—[*interjection*]

Mr. Deputy Speaker: Order.

Mr. Swan: —and that's when they pull out a line like that.

If the member for Fort Richmond wants to say that providing—[*interjection*]

Mr. Deputy Speaker: Order.

Mr. Swan: —wants to say that providing physiotherapy services and occupational therapy services—[*interjection*]

Mr. Deputy Speaker: Order.

The honourable member for Minto.

Mr. Swan: —at Victoria General Hospital is waste, I encourage her to go around, knock on the doors and see what people say about that, because I'll be in that member's riding and the members of all those other members, telling them that they believe that providing these services in hospitals across the city is a waste of money.

Shame on the member for Fort Richmond.

Hon. Jon Gerrard (River Heights): My question refers to the fact that the member has given us statistics for outpatient physiotherapy services, and I'm just wondering whether the member would comment on the number of outpatient occupational

therapy services and the impact of reducing the occupational therapy services.

Mr. Swan: Well, I thank the member for River Heights (Mr. Gerrard) for what is a very important question because, of course, we know physiotherapy is part of it and occupational therapy is an equally important part of it. I don't have those figures at hand. I believe it is also thousands—thousands of visits for occupational therapy in each of those regional hospitals and St. Boniface that we believe is very important, as well.

And, again, we know that the efficiency that's provided in these various clinics to be able to provide the particular expertise, if somebody shows up for occupational therapy, it may be that the best services after some time with the occupational therapist are then provided by a physiotherapist.

We've had the ability in all the hospitals across Winnipeg to make sure those services are provided together—

Mr. Deputy Speaker: The honourable member's time is up.

Mr. Wiebe: I'm glad to hear that the member for River Heights is asking about occupational therapy. I know that members of our caucus met with the occupational therapists when these cuts were just being announced and when some of these changes were happening, and certainly I heard from them directly that there were some concerns, so I appreciate that he's put that on the record as well.

As the member for Minto (Mr. Swan) would know, we have the Hip and Knee Institute at the Concordia Hospital, a facility I'm very proud of. It's a world-class facility. And I just wanted to get a sense from him what exactly would the role be for physiotherapy and occupational therapy in recovery for post-surgery for a hip replacement or a knee surgery that would be performed at that facility.

Mr. Swan: Well, unfortunately, the member for Concordia (Mr. Wiebe) has to go back and tell concerned people in his community the answer is nothing; that now, if there's a surgery taking place in Concordia, there's not going to be occupational therapy, there's not going to be physiotherapy services, which are absolutely necessary to help people regain their strength, regain their range of motion and be able to regain their independence and their freedom.

They will now, of course, have the choice, if they meet clinical criteria, of travelling down to the Health Sciences Centre. There are good people working there, there's no question about that, but they are going to have too much on their plate and they are not going to be able to deal with all of the cases that are now going to be coming in from the seven clinics which have been closed by this—

Mr. Deputy Speaker: The honourable member's time is up.

Mr. Scott Johnston (St. James): Despite spending the most on health care, the member's previous government, Manitoba still ranked last in health-care performance.

* (11:20)

What improvements will this resolution accomplish?

Mr. Swan: Well, I thank the member for St. James (Mr. Johnston).

And, as the member for St. James and I have some things in common, my mom lives, actually, in his constituency, and I know we—our—I know that we have actually a lot in common.

What I would tell the member for St. James is that if he would actually listen to us and read the resolution and support the resolution, he could go back to his constituents and say: I did my part to stop the province of Manitoba from falling to the bottom and having the worst coverage for physiotherapy and occupational therapy in the country. If the member for St. James wishes to support us, he can say that he's done his part. I hope that's the case.

Mr. Deputy Speaker: The honourable member's time is up.

Ms. Judy Klassen (Kewatinook): Does the member believe these cuts will save costs?

Mr. Swan: Well, it's a very good question from the member for Kewatinook as we try to understand the rationale or lack of rationale for this government, and what I suppose they will tell you is that in—they will save \$1.5 million in the short run by laying off physiotherapists and occupational therapists.

Who knows what the true costs are going to be when we have people who aren't able to regain their range of motion. Who knows what costs there'll be with people who will be unable to go back to work, or people who are unable to remain in their own homes because now they're not able to get up and

down the stairs. They're going to need long-term care. They're going to need personal home-personal-care-home beds which, unfortunately, this government has also stopped building.

Mr. Wiebe: I just—I wanted to put on the record that I find it absolutely unbelievable that members opposite are standing here in this House reading scripts obviously written by the Premier's (Mr. Pallister) office and not actually expressing their own views and the concerns of their constituents in this House. And I challenge every member—

Some Honourable Members: Oh, oh.

Mr. Deputy Speaker: Order.

Mr. Wiebe: —opposite to go knock on those doors—

Some Honourable Members: Oh, oh.

Mr. Deputy Speaker: Order.

Mr. Wiebe: —and tell your constituents exactly what you did here today this—in this House and that you supported—that you wouldn't support this resolution. I find it unbelievable. You know, this—every single member opposite said they would protect front-line workers and front-line services.

Can the member for Minto (Mr. Swan) talk about the impact that this will have on those front line—

Mr. Deputy Speaker: The honourable member's time is up.

Mr. Swan: Well, it was hard to hear the member for Concordia (Mr. Wiebe) with the amount of noise that those members in the other side are making now that they have realized just how serious this is and just how angry constituents not just in areas that are represented by a New Democrat or by a Liberal or by an independent, but their own constituents, and they are going to have to deal with physiotherapists and occupational therapists, highly trained experts in their field of health care that have now been given a pink slip by this government. Some of them may try to find work in the private system, some may leave their profession altogether, and I do hope that they listen when they hear from those individuals because I don't think, Mr. Deputy Speaker, this is a very funny issue at all.

Mr. Deputy Speaker: The honourable member's time is up.

Time for question period is expired.

Debate

Mr. Deputy Speaker: The debate is open. Any speakers?

Mr. Len Isleifson (Brandon East): Now, I'm perplexed, because we had the member who 'provised' the resolution that stands and says that our government, and I quote, is stingy and cruel for investing an extra \$450 million in health care more than they ever have, and yet he thinks that's stingy. The big difference, Mr. Deputy Speaker, by our governments is that good governments make difficult decisions and we're certainly not behind on doing anything but making those difficult decisions.

We've experienced a decade of debt, a decade of decay and a decade of decline. Health-care services declined over that decade. I can tell you, Mr. Deputy Speaker, they invested money in health care, or at least they put money into health care, they put lots into health care, but the results came down. What we're trying to do and what we are doing is reversing that trend.

Just as of this morning the average wait time combined of all ERs in Winnipeg is three hours, and that's a drastic decrease and it's because of the excellent work of the Minister of Health, Seniors and Active Living (Mr. Goertzen).

Some Honourable Members: Oh, oh.

Mr. Isleifson: You know what, Mr. Deputy Speaker? Now they're saying it's not true, or they can just go right online right now and have a look because that's what I did at 11:06 a.m. this morning. That's where those stats come. So, if they want to say that the Winnipeg Regional Health Authority is not putting the truth out there, they can call the Winnipeg Regional Health Authority and tell them that.

What I do know is under the previous NDP government, we did have some of the longest wait times in Canada while spending the most amount at any time. Our government is taking steps to implement improvements and investments that will result in better patient care in a system that is both integrated and sustainable. There's no opportunity that we will take to take any lessons from the opposition, Mr. Deputy Speaker. Maintaining the status quo is not an option.

And maybe that is the lesson that we take from the opposition is not to do the mistakes that they made. Our government is prepared to make the tough

decisions that the NDP was unable to make, and we are making changes to a system to ensure that it's sustainable.

I know we talk about—in this particular resolution—physiotherapy and occupational therapy. Mr. Deputy Speaker, I can tell you from experience, the folks that work in both those areas are amazing people. I have spent numerous times—in high school I had a football injury to the knee that I required occupational—or, physio—pardon me, physiotherapy for. They did a tremendous job. Later on, I sprained a thumb so bad I was in for a year getting service. I paid for it. I paid for it.

I worked in the health-care system. I saw what the purpose was of the OT and the physios in there. We're encouraged in an important conversation about the future of health care, and we need to have the input of Manitobans. And that's what we're doing. I know the member talks about them talking to people. Well, so have I. I still have friends that work in health care; I see them on a weekly basis and I ask them about it. And I ask them: what is—what are your views? What are the services you're providing? And they're very supportive.

Do we have a long way to go? Absolutely we have a long way to go. We can—[interjection] It's getting longer, but we cannot fix 17 years of problems in 19 months. I know we have a lot of abilities and I know the opposition knows that we can make it happen, and they just want us to do it a little bit quicker.

The member's resolution itself talks about putting essential health care out of reach. Well, let's just look at the NDP's high ambulance fees that are getting hospitals out of reach for many people. So they're getting educated today, Mr. Deputy Speaker. They're finally hearing some truth and they're getting educated.

Some Honourable Members: Oh, oh.

Mr. Deputy Speaker: Order.

Mr. Isleifson: And I do have proof, as well, Mr. Deputy Speaker, that the opposition refuse to listen. And I'm going to go back to question period on November 23rd, 2017. It's right here in Hansard, when the Leader of the Opposition said a lady by the name of Marie Kuhn had knee surgery last January and she knows just how valuable this service is. It helped her to recover. It helped her to regain health.

At the time, the Minister of Health, Seniors and Active Living (Mr. Goertzen) responded: physiotherapy will be available pre-op for those who are undergoing the procedure. It will be available post-op for those who are undergoing the procedure and there's a clinical team, those who are medical professionals—doctors and others—who will be involved in determining what the clinical need of those who are under medical procedures and operations are when they go to physiotherapy.

So there's the answer. There's the answer and yet they still haven't heard the answer. They're still going out with these comments that are trying to put fear into Manitobans of cutting, cutting, cutting. I think they said the other day chop, chop, chop. Is that what it is, is chopping now? So they took it out.

So we have, again, another—if I may, Mr. Deputy Speaker, from the same Hansard report from the minister, the issue of physiotherapy, it is available pre-op, it is available post-op and there'll be a team of medical professions who will do a clinical assessment to ensure that the needs of patients and Manitobans are met.

* (11:30)

So not only once did we give them the answer, we've given it to them twice, and yet today they come forward with a resolution that still says we're not going to be doing what the minister says we are doing.

So it is very perplexing when we stand here and try to look at some things and we look at ways that we're trying to improve a health-care system, when we look at even though Manitoba had more emergency rooms per capita than any other province in Canada, Manitoba had some of the worst health-care outcomes in Canada when the previous administration was in.

We are encouraged that our reforms to clinical services are showing an early indication of reduced wait times, as I've already mentioned, and, again, I went on this morning. I wanted to make sure that the information that I put on record is actual, factual and very precise and, again, at 11:06 a.m. the average wait time was three, which is a lot lower.

So, again, Mr. Deputy Speaker, we talk about decreases in wait times in the ERs at 28 per cent. So things are happening. It is unfathomable that a opposition government would expect us to take 17 years of a big hole that they've dug for all Manitobans and turn it around in only 19 months.

However, we have made great progress and, again, I want to thank the PC government for making that progress for those of us in Manitoba.

So, again, just—I just want to conclude, again, on a personal note, when we look at physiotherapy in the province of Manitoba—I have a sister-in-law who had a knee-replacement surgery. Again, the service was great. She went on for a length of time. She is now walking great. That service was there for her when she started; it was there when she finished and, it's amazing. It's the same thing that's happening now. When people go in for surgeries, as the previous lady that was mentioned here, she is there for pre-op. She is there for post-op and she is there for rehabilitation services afterwards. The program's not going anywhere. It is still there to serve the people.

What we're doing is we're making the system better. We're making it more sustainable and we're making it for every available—for patients in Manitoba where they need it and when they need it the most.

Thank you very much.

Mr. Matt Wiebe (Concordia): I wanted to start just by a few comments based on the comments put on the record by the member for Brandon East (Mr. Isleifson).

And, at first, I thought we're making some progress because he started his comments by not walking away from the cuts, but, in fact, acknowledging them. That's the way he started his speech. He said, you know what, Manitobans need this; this is tough love; we're willing to do the tough work that the opposition won't stand up and do. The opposition won't cut—talk about cuts to health care, but we will, we have the guts. That's how he started his comments so I thought we were making progress. Then he went on to talk about how important occupational and physiotherapy was, in fact, talked about his own experience with physiotherapy and how vital it was to a healthy recovery for all Manitobans. And then, at the end of his speech he says, well, wait a minute, that's not—we're not actually making those cuts. Those cuts don't exist.

So I'm just confused, Mr. Speaker, and I think, actually, maybe we made some progress. I think maybe the member from Brandon East believes that the cuts aren't happening and so he's going to support this resolution today and he's going to support the importance of physio and occupational therapy that

this member for Minto (Mr. Swan) has put on the record today.

I also wanted to take a brief moment to correct the record, Mr. Speaker. The member for Brandon East said that the combined wait times at 11:06 were, I believe he said in the range of three hours. Right now I just checked it: 23 hours 45 minutes combined wait times across the emergency rooms and urgent-care centres in Manitoba. The Connected Care app is on everybody's phone, I would imagine, so I'd ask everybody to just download that app. You can check it absolutely any time: combined wait times 23 hours and 45 minutes.

So—I—you know and I—I mean, I take exception with the member's characterization of wait times as being the sole measure of the care that folks are getting in the emergency rooms. And I think that—I think every Manitoban understands—and this is really what this resolution is about today—that every Manitoban understands that cuts to services—which, again, the members opposite knocked on every door and said read my lips: we will not cut front-line services. Every Manitoban understands that cuts to front-line services will not result in better health care in this province.

So, you know, I hope that the member stands by these cuts. I hope that he takes that tact in the future, and I hope that he has the guts to go to every single member in his constituency, every voter, and tell them absolutely clearly what he did here today in the House.

Now, I did want to, I think, address this issue in the way that the member from Minto had brought it forward, and that is to say that our caucus stands very firmly behind delivery of these services and the health-care workers that do deliver the services in their—across the city. You know, as I mentioned in one of my preambles to one of my questions this morning, I do have, in my own constituency, the Concordia Hospital, which is under attack by this government and set to close the emergency room in the spring—but they also have what I mentioned as a world-class facility in the Hip and Knee Institute.

And, when the Hip and Knee Institute was proposed by my predecessor, Gary Doer, and brought forward by the NDP government and constructed by an NDP government, invested in by an NDP government, it was seen, as I said, as a world-class facility. In fact, the research that's done at the Hip and Knee Institute is shared around the world. And so not only are they providing an

essential service for all Manitobans, and I would venture to guess that, at least from our MLAs that have constituencies in the city and even probably those who are from other parts of the province, would know the work that's done at Concordia Hip and Knee Institute because they would have relatives or friends that have experienced that care.

So there's no question that the care that's provided by the doctors and the services provided by the doctors at Concordia Hip and Knee Institute is absolutely top-notch. What the concern then becomes—and this has been put on the record multiple times by the Leader of the Opposition in question period, and we still have yet to understand the answer to this—is that by taking away the physiotherapy services for Manitobans, by putting those who are most vulnerable and most marginalized in our society without the resources to receive that physiotherapy after surgery, it puts them risk. And it puts them at risk in a way that ultimately will cost our health-care system more in the long run.

And so, you know, I mean, this—we haven't heard any justification from this government about why these cuts would be a good thing. They haven't brought forward one nurse. They haven't brought forward one occupational or physiotherapist. They haven't brought forward one doctor who will stand behind them and say these are—these cuts are good for the outcomes, the health outcomes, of patients.

They didn't even bring forward Dr. Peachey to say that, because if you go through the Peachey report and you read every single page—not just page 52 or whatever the page that the minister likes to cherry-pick—if you read it, you don't find anywhere in the Peachey report that Dr. Peachey would recommend the cancelling and the cuts to these physio and occupational therapy. In fact, Dr. Peachey has refused to come out and refused to acknowledge that this is part of his plan.

So, they haven't brought forward anybody from the medical field. They certainly can't bring forward any individuals who have received these services, because every person that's come to this gallery, every person that's spoken to the media, every person that's come out in their communities, contacted their MLAs, has talked about how important these services have been for their recoveries. So, they haven't brought forward anybody. They haven't given any justification other than the cuts to save money.

And, again, as the leader for the opposition often points out, we ask about care for patients; we get an answer back about saving money. But if—even if you were to take that perspective, even if you were to buy into that perspective wholeheartedly, you would still not find savings in the long run. And this is the argument where it completely falls apart and where the government's view on this completely falls apart because there's absolutely no justification for having patients come back to the emergency room where it costs the health-care system a lot of resources to have them come back potentially for additional services and additional surgeries. This will cost the health-care system more in the long run.

So, when we talk about moving upstream and investing in health care in a preventative way and in a way that actually talks about the real health-care outcomes of patients, we can see that there's savings there as well, and we certainly believe that this is the path forward for investment in our province.

* (11:40)

Now, I also wanted to mention briefly—I can see my time is getting short—the other reason why I thought this particular resolution was particularly timely to be discussing today, and that is because I think most ML—I know every MLA in the opposition benches, and I understand some of the members of the government, also met with the nurses who were here in our building yesterday. And it was fantastic to see them here, for us to be able to bring their concerns directly forward and ask the Premier (Mr. Pallister) those answers—or for those answers directly and have the nurses here.

We also read petitions that were signed by nurses. So it was really a day where we could honour the work that they do. And what—when I met with the nurses they talked about all the pressures that they're feeling. And I had to tell them right off the hop, I said, well, I do have three nurses in my immediate family and so—I told them, I actually get this feedback all the time. But I appreciated them giving their perspectives and their nuance from the facilities that they worked in and the experiences that they had.

And one of the things that they brought forward that I found—that I don't think we've talked about, and I think it's worth putting on the record and focusing on. And the member for Minto (Mr. Swan) had put in his resolution the fact that there are—actually, there are physiotherapists who are being—leaving the province. They're being fired and they're leaving the

province. They're finding work elsewhere. So we find that there's inefficiencies here.

But what we also—what was also brought to my attention by the nurses is that because the physiotherapy isn't there and because people won't be able to recover as quickly, they need to remain in a hospital for longer. They are actually occupying a bed in a hospital for longer because they're not getting the proper physiotherapy to get out of the hospital and get better at home.

And so not only are we finding inefficiencies in losing front-line workers, not only are we losing efficiencies in having to bring people back and pay for additional surgeries or services, but we're not getting them the help that they need to get out of the hospital, to free up beds, to allow emergency rooms to move people into beds and to give everybody better care. And so not only are we finding inefficiencies in losing front-line workers, not only we're losing it—efficiencies in having to bring people back and pay for additional surgeries or services, but we're not getting them the help that they need to get out of the hospital to free up beds, to allow emergency rooms to move people into beds and to give everybody better care.

It's one example, Mr. Speaker, and it's one example that came straight from the front-line workers. We're going to listen to those front-line workers every single day. We're going to listen to average Manitobans every single day. I would ask that this government—

Mr. Deputy Speaker: The honourable member's time is up.

Mrs. Sarah Guillemard (Fort Richmond): Mr. Deputy Speaker, our government is taking steps to implement improvements and investments that will result in better patient care and a system that is both integrated and sustainable.

Mr. Deputy Speaker, health care is not free. It has never been free. It was never intended to cover all the services that we see offered today. The intention was that anybody who needed life-sustaining and life-saving therapies and treatment would be able to receive it, regardless of their station in life and their ability to afford it. What we have integrated and included in this health care has expanded and grown over the years, including the technology used and the difficulties that we see in terms of the different diseases and treatments out there.

Mr. Deputy Speaker, there is absolutely no way that these therapies and these programs can continue without another source of revenue. And our citizens are taxed to the max at this point, so we have to come up with solutions that we can retain these services well into the future with sustainable levels and reasonable expectations from our citizens.

Mr. Deputy Speaker, in order to maintain the status quo, which is what the members from the opposition are claiming they want to see, it would mean a continued 6 per cent increase in our federal transfer payments, and the federal government made sure that that would not happen. I didn't hear any members from the opposition joining us in asking the federal government to continue these supportive measures financially so that we could keep these very services that they now decry are necessary. Where were they when they were needed? Where were they when Manitobans said we need to cover these services? *[interjection]*

Mr. Deputy Speaker: Order.

Mrs. Guillemard: Mr. Deputy Speaker, the previous government had years of knowledge in advance that these transfer payments were going to be reduced, and did they put programs and implement changes so that they could adjust for this change? No, they didn't; they went on a spending spree, Mr. Deputy Speaker. They spent monies. They introduced new programs that we would never be able to afford into the future, knowing they would put us in this position. That is the definition of irresponsible decision-making and we will not continue in that light.

So, instead of planning for this loss, they were paying for services that could not be sustained with the reduction of fees. This is so ridiculous and so very sad when it comes to how they've treated—*[interjection]*

Mr. Deputy Speaker: Order. Order.

Mrs. Guillemard: —and disrespected our citizens in this province, Mr. Deputy Speaker.

Mr. Deputy Speaker, I had a visit from a constituent. Ten years ago, she had her first knee surgery. This program was not in place, actually, at the time. Ten years ago, there wasn't a program in place to offer physiotherapy and recovery services. It took lot longer and she did not regain the full motion of her knee. A year and half ago, she received another knee replacement in the other leg and the program was in place. And she absolutely benefited

from the physiotherapy services that were made available.

Mr. Deputy Speaker, we agree that these are very important and beneficial therapeutic services that are offered. And people will still have access to these physiotherapists for their needs in order to regain the full motion of their knees. We are not taking away services. We are reducing the funding in certain areas because we know that Manitobans, when they value a service, will pay out of pocket for it.

Mr. Deputy Speaker, I'll tell you a little story, a personal story, that I had given birth to my second child. He happened to be quite a large child; he was 10 pounds, 13 ounces at birth. That, in itself, I will say, was quite an ordeal. However, at the time—I guess that might be minimizing it a little bit, but I recovered very well from his birth. But two months afterwards, as I was lifting him to—in his car seat to get back into the vehicle, I threw my back out. Now, what I later learned is that sometimes when you go through giving birth to a large baby and you're carrying that weight out front, well, your back can kind of compensate, and you can get some injuries if you're not very careful with lifting.

I didn't know this beforehand, but I did require physiotherapy services in order to allow my neck to turn and for me to get some sleep at night. Mr. Deputy Speaker, I paid out of pocket for this service. Why? Because I was in excruciating pain and I needed relief from that pain and I didn't complain about the cost. We were on a very low income, a single-income family with two young children. It wasn't easy but that was essential for me to get that service and I don't regret one minute for spending that—those dollars on getting relief from that pain that I experienced.

They ended up having to hook me up to these electrodes, Mr. Deputy Speaker, to give me relief. Now, that in itself was very painful but the relief that followed, well worth going through.

So, Mr. Deputy Speaker, our health-care services are set up to support those in need of immediate emergency health care and some chronic disease supports, but it is not free. You ask any person with a chronic illness whether health care is free in this country and in this province and they will resoundingly tell you, absolutely not. But they are thankful for the services that are covered. But it is not entirely 100 per cent covered for anyone seeking health-care support.

So we need to change the dialogue here. We need some personal responsibility in terms of our own health care, in terms of our own outcomes. We will be given advice. We will be given professional advice from very, very capable people within our health-care system. And their intentions are to help us to come to full recovery, but we have responsibilities of ourselves as citizens, as individuals, to follow along in that advice given to us. When you don't follow along in that advice, you won't recover—

Some Honourable Members: Oh, oh.

Mr. Deputy Speaker: Order.

Mrs. Guillemard: —to the full extent that is possible, Mr. Deputy Speaker. The changes to the physio programs—

Some Honourable Members: Oh, oh.

Mr. Deputy Speaker: Order.

Mrs. Guillemard: —were not due to poor outcomes—

Some Honourable Members: Oh, oh.

Mr. Deputy Speaker: Order.

Mrs. Guillemard: —Mr. Deputy Speaker. They were made so that we could keep these important services and therapies well into the future.

* (11:50)

And sustainable—that is a major idea that needs to be a part of every conversation. There needs to be an understanding of what does sustainable mean. It means not that everything you could ever want within a system is going to be paid for. The government is not the person that provides every single need you have. It provides the needs that are basic, and there's a responsibility on every Manitoban that they, too, are going to seek out the advice to recover appropriately, as we all have had to do.

Most people who require physiotherapy services will continue to be funded. Let's get this clear, Mr. Deputy Speaker. Manitobans are eligible for outpatient physiotherapy services based on clinical criteria. We want the experts deciding who needs this kind of care and how intense that care is. So we are getting input from orthopedic surgeons and the OTPT clinicians. They're the ones who determine those who qualify for this particular service.

Physiotherapy and occupational therapy for specialized adult rehabilitation services and pediatric rehabilitation services are also still available, and those services remain unchanged. We need to get facts on the record, Mr. Deputy Speaker. That is what we care about, that people hear the truth of what is happening.

For those who are receiving physiotherapy services for stroke, neurological, amputee or specialized hand therapy purposes, they will receive physiotherapy free of charge with no clinical criteria to meet. We are not overhauling a system, and there is a clear distinction between cutting services and reducing funding, Mr. Deputy Speaker. The services are still available, and if you deem them valuable—which I know they are—physiotherapists are still available to offer these services.

And like my own experience, I was very willing to pay that money, and it didn't mean that I was flush with money. I was not in a position that anyone would ever consider me to be wealthy in that position. But it was worth the investment, Mr. Deputy Speaker, to access this relief.

Mr. Deputy Speaker, it is so very important that the conversations that are surrounding any of our health-care changes are focused on better service. Manitobans have suffered through long wait times. They have suffered through uncertainties. They've suffered through putting their tax dollars funnelling into a system and not seeing results. That's not responsible government. We will do better.

Thank you.

Hon. Jon Gerrard (River Heights): Mr. Speaker, it's pretty clear that after these cuts there'll be only a minority of services which remain, and for reasons which I'm going to go into a little more detail, these cuts to outpatient physiotherapy and occupational therapy being done in the way that they're done are backward. In many respects they take us back not just a decade, but several decades, perhaps back into the '70s, in the direction that this is going. It is clearly a cut to front-line services. The government—Pallister government promised not to cut front-line services. They are breaking that promise every day not just in this area, but in many, many others.

I want to talk about a couple of trends which are important over time, and one of the trends which has happened over the last several decades is the move to have more services provided out of hospital so that you don't have to have the expensive costs in

hospital. You know, in many circumstances in the past patients might have been kept in hospital longer because there wasn't access to outpatient physiotherapy services. And the concern here is that we will have people being staying in hospital longer because they can't be assured of getting the outpatient physiotherapy or occupational therapy services. Certainly, it has happened in the past, and it could easily happen again now.

There is a higher cost, clearly, in hospital and a lower cost in being able to provide the services out of hospital, and we need as we switch to being able to deliver more care well out of hospital to be able to have that sort of balance.

It was critical and important to be able to give cancer drugs and to have them covered out of hospital as well as in hospital. And, once again, that made sure that people weren't being kept in hospital longer just because they couldn't afford the cancer drugs and that was the only way to be able to get them to be able to be treated with cancer. So there was a cost, but there was also a big savings from being able to provide better services in an outpatient and in the community rather than in hospital.

This trend now, the government is moving to reverse that trend line by not providing the adequate services out of hospital. In fact, it really is shameful that this is happening, because there's been a lot of new money coming from the federal government to provide home care and services in the community, and this government seems to be only cutting those sorts of helpful services provided in the community.

The second and important trend to be aware of over many years is the move from care by individuals to care by collaborative-care teams, and those collaborative-care teams include physiotherapists and occupational therapists.

And thus it is important to have at Concordia Hospital a collaborative-care team, which involves orthopedic surgeons and the physiotherapists and occupational therapists who are specialized in caring for people who have knee and hip surgery. One of the problems of centralizing everything at the Health Sciences Centre is that you break up the collaborative-care team which has been working very well at Concordia Hospital. And that collaborative-care team is important, not just for providing very high-quality care, but it's also important because you can have more efficient care, you can have more preventive care.

In Alberta, it appears that they are reducing the number of hip and knee surgeries that are needed by providing better physiotherapy up front, as an example.

These collaborative-care teams are being broken up, of course, not just by cancelling much of the outpatient physiotherapy and occupational therapy, but they're being broken up at the mature women's health centre, when we're dealing with lactation consultants being cut, the Misericordia Urgent Care Centre being cut—all these are important and have been important collaborative teams.

The collaborative teams are also more efficient at putting patients first. They're more efficient, as I've said, at prevention. They're often better associated with accumulating and developing the research and evidence to progress. They have better ways of getting quality control. And so for all sorts of reasons the arc of history is toward more collaborative-care teams, and this government is going in the opposite direction, and it is sad that that is happening. It is lower quality and higher cost care, and that is also sad.

Now, I understand that the member for Assiniboia (Mr. Fletcher) would like to speak also, because he's had a fair bit of time, and I hope, Mr. Speaker, that there would be leave of everybody here to give the member for Assiniboia time to speak.

Mr. Deputy Speaker: Is there leave for—to have the member for Assiniboia to speak?

Some Honourable Members: No.

Mr. Deputy Speaker: No. Okay.

The next—the honourable member from St. James.

Mr. Scott Johnston (St. James): I am pleased to rise and put some comments on the record with respect to the member's resolution.

Mr. Deputy Speaker, first let me recognize the excellent work our Minister of Health is doing on behalf of the people of Manitoba. Our minister has taken on the challenge of addressing a health-care system in need of repair. For too many years our health-care system did not get the review and analysis it so desperately required.

Under the previous government, the recommendation that helped provide solutions were not acted upon. Wait times have become totally unacceptable and the government—

* (12:00)

Mr. Deputy Speaker: Order. Order.

When the matter is before the House, the honourable member for St. James has nine minutes remaining.

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, November 30, 2017

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