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Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS
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MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

Member	Constituency	Political Affiliation
ALTOMARE, Nello	Transcona	NDP
ASAGWARA, Uzoma	Union Station	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian	Keewatinook	NDP
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy	Kildonan-River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
DRIEDGER, Myrna, Hon.	Roblin	PC
EICHLER, Ralph	Lakeside	PC
EWASKO, Wayne, Hon.	Lac du Bonnet	PC
FIELDING, Scott, Hon.	Kirkfield Park	PC
FONTAINE, Nahanni	St. Johns	NDP
FRIESEN, Cameron, Hon.	Morden-Winkler	PC
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GORDON, Audrey, Hon.	Southdale	PC
GUENTER, Josh	Borderland	PC
GUILLEMARD, Sarah, Hon.	Fort Richmond	PC
HELWER, Reg, Hon.	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
JOHNSON, Derek, Hon.	Interlake-Gimli	PC
JOHNSTON, Scott, Hon.	Assiniboia	PC
KINEW, Wab	Fort Rouge	NDP
LAGASSÉ, Bob	Dawson Trail	PC
LAGIMODIERE, Alan, Hon.	Selkirk	PC
LAMONT, Dougald	St. Boniface	Lib.
LAMOUREUX, Cindy	Tyndall Park	Lib.
LATHLIN, Amanda	The Pas-Kameesak	NDP
LINDSEY, Tom	Flin Flon	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Malaya	Notre Dame	NDP
MARTIN, Shannon	McPhillips	PC
MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice	Seine River	PC
MOSES, Jamie	St. Vital	NDP
NAYLOR, Lisa	Wolseley	NDP
NESBITT, Greg	Riding Mountain	PC
PEDERSEN, Blaine	Midland	PC
PIWNIUK, Doyle, Hon.	Turtle Mountain	PC
REYES, Jon, Hon.	Waverley	PC
SALA, Adrien	St. James	NDP
SANDHU, Mintu	The Maples	NDP
SCHULER, Ron	Springfield-Ritchot	PC
SMITH, Andrew, Hon.	Lagimodière	PC
SMITH, Bernadette	Point Douglas	NDP
SMOOK, Dennis	La Vérendrye	PC
SQUIRES, Rochelle, Hon.	Riel	PC
STEFANSON, Heather, Hon.	Tuxedo	PC
TEITSMA, James	Radisson	PC
WASYLIW, Mark	Fort Garry	NDP
WHARTON, Jeff, Hon.	Red River North	PC
WIEBE, Matt	Concordia	NDP
WISHART, Ian	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC
<i>Vacant</i>	Fort Whyte	
<i>Vacant</i>	Thompson	

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 24, 2022

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.

We acknowledge we are gathered on Treaty 1 territory and that Manitoba is located on the treaty territories and ancestral lands of the Anishinaabeg, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk nations. We acknowledge Manitoba is located on the Homeland of the Red River Métis. We acknowledge northern Manitoba includes lands that were and are the ancestral lands of the Inuit. We respect the spirit and intent of treaties and treaty making and remain committed to working in partnership with First Nations, Inuit and Métis people in the spirit of truth, reconciliation and collaboration.

Please be seated. Good morning, everybody.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Ms. Nahanni Fontaine (Official Opposition House Leader): Would you call for second reading Bill 226, The Public Schools Amendment Act (Provision of Menstrual 'hygiene'—Hygiene Products).

SECOND READINGS—PUBLIC BILLS

Bill 226—The Public Schools Amendment Act (Provision of Menstrual Hygiene Products)

Madam Speaker: It has been announced that the House will consider second reading of Bill 226, The Public Schools Amendment Act (Provision of Menstrual Hygiene Products).

MLA Uzoma Asagwara (Union Station): Madam Speaker, I move, seconded by the member for St. Johns (Ms. Fontaine), that Bill 226, The Public Schools Amendment Act (Provision of Menstrual Hygiene Products), be now read a second time and be referred to a committee of this House.

Motion presented.

MLA Asagwara: Madam Speaker, I think every member of this House—I would imagine that every member of this House—would agree that no student should miss school, no student should miss participation in extracurricular activities, no student should feel shame or embarrassment simply because they menstruate.

And the reality of it is that currently here in Manitoba, across our province at many schools, in all of our constituencies, there are students who are missing classes. There are students who are not able to participate to their fullest in their education simply because they have a period and they don't have access to the menstrual products they need.

That is an unacceptable barrier at any time, but it's certainly an unacceptable barrier in 2022 that we know period poverty is a reality that families are facing, that students are facing, and yet we haven't taken in this House the appropriate action to address that.

And so Bill 226 is an important piece of legislation. It would allow for all of us to unanimously take a step to ensure that students across our province can go to school and not have to worry about missing all the things they want to participate in because they menstruate.

It's really important, Madam Speaker, for us to recognize that there are other jurisdictions who have taken steps to address this—provinces such as British Columbia, Ontario, Nova Scotia, PEI, Newfoundland, Labrador—these are all places that have already made the move to make sure that menstrual products are free and readily available in schools.

Manitoba has an opportunity to do the same. I think it's long overdue, and there's plenty of evidence to support this being a good public health and education decision to make.

There are some stats that I would like to share. I mean, this is something that we've been calling on as a party—as a caucus—since 2019. We've been very vocal on this issue. Many of our colleagues on this side of the House have spoken to this issue. The MLA for Notre Dame, the MLA for Wolseley, the MLA for St. Johns, the MLA for Transcona—several of us, and all of us unanimously support this bill being

passed, obviously, but recognize the importance of understanding how this affects folks.

So we know that one in seven Canadian girls have missed school because of their period. We also know that, based on information research from Plan International Canada, one third of Canadians under the age of 25 who menstruate have struggled to afford menstrual products. We also know that a significant number of those over the age of 14–34 per cent of folks—these are high school-age students—say that they have to make the decision to either afford menstrual products or purchase something else that they need. We know that there are students who are literally making the decision to—whether it's afford to buy lunches or other necessities that they need, or go without menstrual products; it's an either-or in many situations for families. And that's just not okay.

Something else that I think is really important for us to recognize is that financially, this doesn't actually affect everyone the same way, that folks living in rural areas, folks living in more remote communities can spend upwards of \$6,000 in their lifetime on menstrual products—sorry, that's generally—that, actually, that number of \$6,000, which is huge, actually doubles—in many cases more than doubles—for folks living in rural and remote communities. That is just an unbelievable cost, and it's something that should not, yet again, be a barrier to folks being able to fully participate in education.

Madam Speaker, something that I make a point of doing when I talk about period poverty is I always talk about the fact that this affects people of all genders. And part of us making sure that menstrual products are accessible in a barrier-free manner in schools is ensuring that kids—that students of all genders are able to access these products.

There are trans students who menstruate. There are students who, you know, for some folks, they may not intuitively think that person experiences a period, and may not, therefore, immediately think that they need access to menstrual products when that is very much the case in all of our Manitoba schools.

And so we need to make sure that when we're talking about period poverty, we need to make sure that when we're talking about making menstrual products accessible for students, that we're talking about these products being accessible for students of all genders and speaking to this issue in a way that's inclusive and that reflects the needs of students of all genders so that when this bill passes and when this is rolled out in our schools across the province, every

single student knows that they've been thought of and considered in this process.

I wanted to give a shout-out to a couple of local students. Their names are Chloe Crawford [*phonetic*] and Isabelle O'Brien [*phonetic*]. They go to Collège Jeanne-Sauvé.

They are two students who are advocating for access to free menstrual products in their school division. They are just two of many students throughout Manitoba who are standing up and speaking up on this issue because they recognize the importance of it.

* (10:10)

They actually made the point that when menstrual products are available in their schools, and you can go to the washroom—not all washrooms, but you can go to a washroom—you've got to pay a quarter for a tampon. And they realized that there are a lot of students who aren't walking around in schools with change in their pockets. There are many students who cannot come up with that quarter to pay for that tampon or that pad or whatever the product is that's available by cost in their schools.

And they've called for changes to be made to make sure that all students—you know, regardless of their financial—their family's financial circumstances—can access those essential health products.

So I want to commend those two students and I want to also highlight the many students across the province who have reached out to their local MLAs, myself included, to advocate on this issue. There are many local doctors, researchers who are all talking about this issue because they recognize how important it is.

And as legislators, we need to make sure that we're doing our part, listening to the evidence that there's a ton of now available for folks who are interested, and do the right thing here.

So I am very proud to bring this bill forward. I hope that it receives the unanimous support of the House.

And I seriously hope that, you know, as we move through this pandemic—which has seen students experience so much disruption to their education—that we take this step, which we've been calling for now for years, to eliminate a very real barrier due to period poverty so that all students can continue to participate in their education to their fullest, participate in sports, extracurriculars and do so without the worry that, you know, they're not going to be able to, or that they're

embarrassed that they're having to use rolled-up toilet paper or rolled-up, you know, hand paper, or whatever it is they can find because they don't have access to menstrual products like tampons, pads, DivaCups or whatever it is that works for them.

And on that last point, Madam Speaker, I really do think it's important for people to realize that this is an education issue, this is a health issue. Students who are able to find creative ways to—instead of buying tampons or pads or whatever it is they need, they will find other ways. But those other ways put their health at risk.

So if you're a student who is being forced to, unfortunately, use, you know, piles of toilet paper or other cloths or materials instead of tampons, pads, DivaCups and other menstrual products, there's an increased risk of toxic shock syndrome, which is a rare but very real health incident that happens for folks if they're using products for too long, or the wrong products. You increase the risk of bacterial vaginosis, urinary tract infections and other health conditions.

We need to do our part here and this is a very simple step to not only make sure that students can access their education fully and with dignity with what they need, but also recognize that not doing so perpetuates health inequities and actually potentially puts the health of students in their education spaces at risk.

That is not okay. We know this. The information is readily available to us and we have to act.

This is a simple step that we can all take. And again, I hope for and I look forward to the unanimous support of the House in passing Bill 226. Thank you.

Questions

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

Ms. Janice Morley-Lecomte (Seine River): I'd like to thank the member from Union Station for bringing this bill forward.

Question—does the bill dictate how school divisions spend their budgets or is it requiring new money flow to fulfill the requirement of schools

having menstrual hygiene products on-hand for their students?

MLA Uzoma Asagwara (Union Station): I think I heard the member's question and I appreciate the question from the member for Seine River.

So what we do know is that school divisions do a lot for their students. We know that educators go above and beyond in filling gaps and trying to make sure that the needs of their students are met.

Here's an opportunity within the budget for the minister to make sure that all students have a fair shot at getting a good education, without the disruption of not being able to access education because they menstruate.

It's a really simple sort of concept for us to all wrap our heads around and make a decision to support those very students today.

Ms. Lisa Naylor (Wolseley): Thank you very much to the member for Union Station for bringing forward this very important bill. I remember that back in 2019, the provincial government indicated that they would consider this.

Why do you think they are so reluctant to implement this relatively low-cost health program?

MLA Asagwara: I thank my colleague, the MLA for Wolseley for that question.

I do think that when—I believe it was the current Minister for Families that brought that forward back then, I do think that she was sincere in saying that this is an area of importance, and that they wanted to take steps to address it.

I can't speak to the reasons why this government deprioritized this issue. My hope is that the concern for this issue and the awareness around the importance of it remains in that caucus, and that, at this time, they can see we can all work together to pass this really important bill on behalf of Manitoba students.

So, my hope is that she'll continue to be a leader in—across the way, and encourage her colleagues to get on board and support this bill.

Ms. Cindy Lamoureux (Tyndall Park): I'd like to thank the member for bringing forward this legislation.

I'm wondering if the member spoke with anyone—any other provinces throughout Canada, just in reference to if there have been similar pieces of legislation

introduced in different provinces, and if so, which provinces?

MLA Asagwara: I thank the member for Tyndall Park (Ms. Lamoureux) for that question.

As I stated in my speech, there are a number of provinces and jurisdictions who have taken action: British Columbia, Ontario, Nova Scotia, Prince Edward Island, Labrador, to name some of them—most of them.

Manitoba—I would have hoped Manitoba would have been a leader on this issue. Really and truly, we have some of the highest rates of child poverty in the country, and we know that period poverty is felt heavily in this province. We haven't been a leader but we can do the right thing right now and make sure that we address this issue on behalf of Manitoba students who menstruate and their families.

Mr. Shannon Martin (McPhillips): I want to thank my colleague for introducing this bill for debate this morning.

The member mentioned a number of menstrual products. Menstrual cups are probably the most environmentally sustainable product. I'm wondering if there's an opportunity in this member's bill to promote the use of menstrual cups in terms of environmental sustainability or if that is a secondary to addressing the larger issue of period poverty, as stated by the member.

MLA Asagwara: I thank the member for McPhillips for the question.

You know, whatever period products people choose to use is up to their personal comfort and what works for them. Certainly, there have been advancements made in how tampons, pads, a wide variety of menstrual products, menstrual underwear, have been made and developed, and that is with environment in mind and being very cognizant of climate change.

I think it is incumbent on us to recognize that different products work for different people for different reasons and to support folks in being able to access which products they need for their bodies.

Mr. Nello Altomare (Transcona): I want to thank my colleague for bringing forth this very important bill. It's one that has seen, certainly, its time here at the Leg. and it's time that we all unanimously support this bill, Madam Speaker.

I'd like to ask my colleague: What are some of the stigmas that—around menstruation and how they negatively affect a student's education and well-being when they're at school and at home?

MLA Asagwara: I thank my colleague, the member for Transcona for the question.

The reality of it is, there is stigma attached to menstruation. And that's unfortunate, and it's not right. The fact that there are students who, you know, before they can go to the washroom to change a tampon or pad, are ruffling around in their bags and trying to make noise and maybe seem like it's—they're taking something else with them that's not a menstrual product, speaks to that. That's an experience I think many folks who menstruate can probably relate to.

You know, along with providing menstrual products, we also need to be able to provide good education around why these products are important, that menstruation is a natural, healthy bodily experience that half of the population of the world experiences.

* (10:20)

So, we can do our part—

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

Ms. Morley-Lecomte: Can the member opposite—excuse me—provide an example of a school or schools in Manitoba that already have menstrual products available, and how students are able to access these products?

MLA Asagwara: I thank my colleague for that question. There are educators who, out of their own pocket, provide menstrual products for their students. I know educators who take money out of their own family's food budget in order to pay for products so their students don't have to go without in their classrooms. That's unacceptable.

We need to make this an equitable, accessible initiative across all Manitoba schools. We shouldn't be discriminating against students based on whether or not their staff can afford to do so. So this makes access to menstrual products equitable for all students across the province.

Ms. Naylor: Can the member for Union Station (MLA Asagwara) talk about perhaps the estimated cost? We've placed the estimated cost of this—of providing this service to students across the province at \$300,000 a year.

Do you think that's a reasonable cost? And why do you think that the government should be picking up this cost, and not opposing it?

MLA Asagwara: I thank my colleague for the question.

The costs have been estimated around \$300,000. Quite frankly, the cost is going to be low. And the cost is going to be nothing in terms of what it costs us for kids to not access their education. The cost of kids not going to school, not graduating, not participating in extracurriculars, the cost of the effects on their mental health in terms of depression, anxiety related to the experiences of this being a barrier are far greater than the cost of providing these menstrual products equitably across Manitoba.

And so I would like for us to look at this as something that's an investment with a far greater return in terms of benefitting families and students.

Mr. Martin: I'm wondering if the member can advise in their—or, sorry, in their consultation with superintendents on this bill whether or not they've also spoken to any suppliers or manufacturers of products to see if there's some sort of alignment or opportunity for provision of menstrual products, as well as their involvement in educating and dealing with poverty and the shame around—or the potential shame around menstruation.

Thank you.

MLA Asagwara: I thank our colleague for the question.

There have been partnerships formed in other jurisdictions. We've seen, for example, Shoppers Drug Mart partner with—in Ontario. You know, there has been a number of consultations, whether it's, you know, obviously educators, students, researchers, doctors, nurses—literally everybody is on board with this.

Everybody supports this bill being passed. Everybody recognizes the responsibility of government to get rid of this barrier and make sure that all students can access menstrual products. There's an obvious consensus, and I look forward to that being also reflected in this House.

Mr. Altomare: Again, I want to thank my colleague for the fantastic answers this morning. It really brings forward the importance of this bill.

Can you speak specifically how this would positively impact students in remote and rural communities?

MLA Asagwara: I thank my colleague for the question.

As I stated, we know that folks living in rural, remote communities are paying more than double what folks living in urban communities are paying for menstrual products. That is in—it's just—it speaks to the inequity as a result of your placement geographically, and that is something that can be dealt with and addressed with this piece of legislation.

You know, the reality of it is, folks are making the choice of menstrual products or food on the table. Menstrual products or, you know, some other necessity that they have to pay for, and that is—it's not okay.

So, this is something that would address that geographical disparity. And, again, hopefully, we can be on the same page with that today.

Madam Speaker: The time for this question period has expired.

Debate

Madam Speaker: Debate is open.

Hon. Rochelle Squires (Minister responsible for the Status of Women): I'm very pleased to rise and put a few words on the record regarding this bill that was brought forward by members opposite, and I want to thank members opposite for bringing forward this important topic for us to discuss and debate on the floor of the Legislature.

I also want to mention how pleased I am. This is two Thursdays in a row now where we've come to the floor to discuss and debate something very productively and without a lot of heckling, which is very—I shouldn't say rare, but it feels like a bit of an anomaly these days to be able to come together in a non-partisan way and talk about very important issues with seriousness given to the topic and with all members invested and encouraged to speak freely and from the heart and without being heckled. So, who knows, maybe that trend might even continue throughout the rest of the day into question period, so fingers crossed, here's hoping.

So the member opposite was right to point out that this also is a priority for our government to not only ensure that every person in the province of Manitoba who needs tampons, pads or other menstrual products,

that they have access to them. And the reasons are very eloquently put—pointed out this morning.

It's, you know, it's—we've got to destigmatize the notion of having periods, particularly with younger girls who may be—or girls or anyone who requires these products, as the member had also, you know, pointed out this morning. And I appreciate that learning moment about the need for period products and not looking at it from a gender-specific way, so I appreciate that comment, but about destigmatizing it, particularly for young individuals in the classroom or who are new to menstruating and all the stigma and the barriers that go along with it, and I think it's really important to discuss that and to confront that.

And that is why two years ago, we did, on International Day of the Girl, we had provided—we had worked with nine community resource centres in the province to distribute what we'd called period packs at the time, which not only worked towards destigmatizing periods, but it was also providing period products for those in need. And we had committed to looking at the issue, and that is why, recently, we have tasked our poverty and education task force to look at how to broaden and expand the availability of period products.

We know that Education is right now providing products, but it is not on a consistent basis, and I know that that is something that we're looking at in earnest: how to ensure that we've got the availability of these products where they're most needed so that we can ensure that all individuals in Manitoba who need them can have access to them.

The hygiene initiative—the hygiene aspect was also brought up, and that's worth underscoring; in that, if someone doesn't have products on hand and there may be the temptation to try to stretch things out a little bit longer, and we all know that there's a maximum time usage for, in particular, tampons and the risk of not changing a tampon with regular frequency is the toxic shock syndrome, which is a real serious concern. We all know people—we've heard of the symptoms and some of us know people who have had toxic shock syndrome, and it is a real health concern. And so that is another reason that we are interested in looking to ensure the availability of products for everyone who needs them.

I did want to point out in discussing the poverty factor, which has been—we've talked about period poverty and we've talked about the disparity in incomes, perhaps, that have certainly created a differential in terms of who can provide—or who can

access products more readily than others and to make sure that we've got consistency, and we do know that there is period poverty amongst some individuals that doesn't exist in other individuals. We do think that we want to take a consistent approach in this province and provide—have easy access regardless of income and other factors.

But I did want to highlight in regards to the conversation about poverty an important study that came out yesterday that gives room for optimism here in the province of Manitoba. The Statistics Canada had released their low-income data for 2020 yesterday, and that data shows that Manitoba's child poverty rate has improved significantly. It's down to 6 per cent in the province of Manitoba, down from 19.3 per cent in 2015 or a 69 per cent improvement in child poverty.

* (10:30)

So, compared—and even compared to last year, 2019, the improvement is 56 per cent from a 13.5 per cent child poverty rate. So what that essentially means is that today there are 35,000 fewer Manitoba children living in poverty in 2020 compared to 2015, and that is the Statistics Canada data that came out yesterday.

Now, this data was taking a snapshot in 2020. We all know that our world has changed significantly since 2020, and I do want to put that on the record. When we talk about these statistics that have recently come out to show that there are 35,000 fewer children living in poverty today than in 2015, that we know that the last two years have changed, factors have changed significantly. And that is why we're continuing to work with all of our partners to ensure that we're improving outcomes for everybody, helping everybody achieve a better destiny and live fuller lives in the province of Manitoba.

And we know that our work is not done. We have a long way to go to ensure equity and opportunity for everybody.

And that makes me want to pivot to some of our community partners that we're working with. I do want to give a strong shout-out to RaY, Resource Assistance for Youth, for some of the great work that they've been doing, particularly through the pandemic and in working with youth. They also—they distribute products. They make sure that everyone who needs menstrual products has products on hand, I believe.

Kelly, the executive director there, is so committed to the youth that she serves, and we're really pleased to partner with them on some housing

initiatives so that we can reduce barriers for young individuals that are experiencing poverty and other factors, particularly youth who are transitioning out of the child-welfare system and into society and are having challenges related to poverty and lack of housing. And I wanted to really thank them for the work that they do.

I know that our community—our resource centres are also, you know, front-line angels on working with people who are experiencing all sorts of barriers from discrimination, systemic racism, poverty, period poverty, lack of housing, addictions and mental health.

And so that's why I'm really pleased to share with the House yesterday an important announcement was made. The government of Manitoba had provided \$400,000 to the North End women's resource centre for a project. *[interjection]* Yes, it was an exciting day yesterday.

The federal government, Public Safety, had funded a project, a pilot project a few years ago to provide eight transitional beds for women who were coming out of—exiting the street and were experiencing addiction, homelessness and other barriers. And this transitional housing was established and was providing eight people an opportunity to achieve a new life.

And I met one individual who shared her story yesterday, Stephanie spoke so, so gracefully about her exiting the street. She declared yesterday that she's 21 months sober. She recently received her children back from CFS. She's found stable housing. And she's now employed. And that comes after a year of living at the Chriss Tetlock Place at the North End Women's Centre.

And that would not have been made possible if this program had had to sunset because of a federal initiative coming to an end. And I just really want to give a shout-out to Cynthia Drebot, who's their executive director, and their board for highlighting this need, this gap and this potential crisis that was going to be experienced on March 31st, and very grateful that our government was able to ensure that that program is maintained.

We will be working with a lot of our resource centres. I think that they, being on the front lines of poverty and other issues, they'll be great partners for us in eliminating period poverty, as well, just to bring it back to this particular topic at hand.

And in the remaining few seconds that I have, again, I want to reiterate my appreciation to the member opposite for bringing this to the floor of the Legislature. It was an honour to put some words on the record about this, and to reiterate our government's commitment to ending period poverty.

Thank you, Madam Speaker.

Madam Speaker: The honourable member for Wolseley. *[interjection]*

Ms. Lisa Naylor (Wolseley): Thank you, Madam Speaker, and my enthusiastic colleagues.

I'm very happy to have the opportunity to speak on this issue here in the Legislature again, and I have to admit, I'm feeling a little bit hopeful after hearing the Minister of Families' (Ms. Squires) comments on this issue. I felt hopeful in 2019 too, and I'm hoping that—I'm hoping there can be some movement from the other side of the House towards making this happen.

I want to also give a shout-out to a young person named Michayla Carlson, who is a student at University of Winnipeg who has been working really tirelessly on this issue over the last couple of years.

Michayla hosted a forum for other students at the University of Winnipeg, not advocating for free menstrual products at university, but, rather, in schools. She—in public schools, elementary and high schools, and she recalls, although period poverty wasn't an issue for her, she recalled what a significant issue it is for other students that she attended school with.

So, she hosted a forum on this issue last year. She started a provincial petition, which I was able to read in the House last year, and I believe some other members did as well, and she's recently initiated a federal petition on the same issue, so thank you to Michayla for that incredible work that you're doing.

I want to comment on a couple other things that I've heard in the Legislature on this issue. The member for McPhillips (Mr. Martin) asked a really good question today about, sort of, the environmental impact on menstrual products, and, naturally, as the critic on environmental issues, this is something that, you know, I certainly have personally thought about a lot, and I think we could do really well as a Province to provide more education, both, you know, in schools as part of sexual health and family life education, but also as on environmental issues. Absolutely, we could benefit from increased education on more

environmentally friendly opportunities when it comes to hygiene and menstrual health care.

At the same time, I think it's important that we don't put that expectation on, you know, little 11-year-olds or whoever it is that is, you know, first starting out, first needing products. And that we, you know, as a society, we should be working a lot harder towards all kinds of menstrual products and otherwise that are more responsible to the environment and the climate, but that expectation shouldn't be placed on children, and that, you know, everybody has a different comfort level with the types of products that they can use and may not even know about them. And so that education piece is really important.

And, you know, further to other conversations that have already happened in this Legislature about menstrual products in schools, we did hear from the previous Education minister, I believe on at least two occasions, a response to—that this would be the responsibility of individual schools, and I want to talk a little bit about why that's unrealistic.

You know, in my time as a school trustee, and certainly as a parent and what I'm observing today as an MLA, is that more and more and more is put onto schools as part of their responsibility.

So, you know, I initially ran as a school trustee because I worked in mental health, and from the work I was doing with adolescents, I felt like there needed to be a stronger voice at the board table on mental health issues, and, you know, I was elected and I did become that voice.

But what became really clear to me was the expectation on non-mental-health-care professionals to constantly be providing mental health services to students, and that a lot of mental health services were being cut, health services like—schools were expected to do it all. They're expected to feed children because they're too hungry to come to school, and the Province doesn't cover the majority of those food programs.

The Province didn't cover, at Winnipeg School Division, a significant amount of the mental health programming, and now we're talking about health programming.

We've heard so articulately today from both sides of the House, from both of the—from my colleague in Union Station, and from the minister of Housing. We've heard, you know, this is a health issue when products are used for too long; we face issues with toxic shock syndrome, but also it's about sanitation,

it's about dignity, it's even a mental-health issue, right?

When we decrease the stigma, when we make it less stressful, sometimes—you know, we know kids struggle with anxiety about school. Imagine having your period and knowing that you've only got one pad to get through the whole day, or you don't have one at all. Or you just don't know what's going to happen because, you know, lots of times when people are, you know, at the menstrual transition, at the—like in puberty or, you know, and this happens again later in menopause—but during that menstrual transition, periods are incredibly unpredictable.

* (10:40)

I mean, I get it for some people they're unpredictable their whole lives, but for especially in that early puberty years, you know, you might have just had a period two weeks ago and then it starts again, or you—it might last for 10 days or 12 days and you don't understand what's going on with your body, and you certainly don't know how to take care of yourself if you're at school and these things are starting up. And you don't have control over that.

And so just the ease, the mental health ease, the physical health ease of knowing that this is as normalized in the school as having access to toilet paper when you go to the bathroom. It really should be that simple—or having access to papers to dry your hands after you've been to the bathroom.

So those are, you know, some of the things. We need to think about menstrual products in this. Just because it only affects approximately half the population doesn't mean it isn't just as important as all those other hygiene products that everyone in North America should have access to and generally does have access to in a public school system.

The Global Menstrual Collective defines menstrual health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in relation to the menstrual cycle. It notes that people should have access to information about menstruation, life changes, hygiene practices; the ability to care for themselves during menstruation; access to water, sanitation and hygiene services; the ability to receive a diagnosis for menstrual cycle disorders and access to health care; a positive, supportive environment in which to make informed decisions; and the ability to participate in all aspects of life, such as going to work and school.

So that's what we're asking for. We're asking for this rather small investment of money to ensure that equitable access for all students—and you know, mostly this is about period poverty, but I'm sure that there are girls whose families are—young people whose families can afford pads and tampons and have a nice big stash of them in their, you know, giant hall closet, but—in their giant bathroom.

But sometimes that child goes to school and just, you know, that person's 13 years old, 14 years old. They have other things in their mind. They didn't expect to get their period today.

And so they're going to need this resource too so they don't have to go home early, so they don't feel embarrassed or ashamed. And maybe it's only going to be an occasional need for those students whereas for other students this will be a monthly need that they require every time.

One in seven Canadian girls have missed school because of their period. That was the data reported in 2019.

And we know that people who menstruate can have a negative experience of school or college if they're uncomfortable, distracted or unable to participate due to having menstrual leakage.

This experience has long-term consequences. I know that there is great concern from the PC Party on school attendance. And, certainly, again, as a trustee, this was an issue that we were really actively addressing, school attendance issues.

And I know that this government is committed to increasing school attendance, so, again, this is a relatively small investment to help a significant population of students increase their attendance. We know that poor school attendance affects people's future earning potentials, their self-esteem, health outcomes and sense of control.

So I'm hoping that the Progressive Conservatives will pass this bill so that we can end period poverty and help students focus on learning and all the activities they love to participate in school.

I think I'll close my remarks there, Madam Speaker, and give some other folks in the House the opportunity to put their words on the record.

Thank you.

Hon. Wayne Ewasko (Minister of Education and Early Childhood Learning): Good morning to all my colleagues on all sides of the House this morning.

And I'd like to echo some words of my colleague, the Minister of Families (Ms. Squires) as she basically—and I'll give credit to the member from Union Station as well for bringing forward this bill, Bill 226. And it's about setting tone, Madam Speaker. And I think definitely, you know, when we bring forward legislation, whether in—you're in opposition or you're in the government, it's nice to be able to debate important topics to all Manitobans here at the floor at the Legislature without that heckling and back and forth and everything, so I'd like to again echo the words of my colleague, the Minister for Families, on her acknowledging the fact that this is the second Thursday where we're actually having a good debate over very important topics to Manitobans.

This, specifically, Bill 226, The Public Schools Amendment Act (Provision of Menstrual Hygiene Products), brought forward from the member opposite, I do know that back—March 8th, I believe it was—the member for Wolseley (Ms. Naylor) asked me a question in question period on period poverty and the access for students—or students accessing menstrual products in the school system, and I was happy to answer her question, and, hopefully, she took it to heart.

And I think she did because, obviously, she shared that information, and, I think, you know, that was probably one of those questions, Madam Speaker, where everybody was listening intently to the question and to the answer in question period, following your advice to try to, you know, keep good decorum in—here in the Chamber. But I think she probably had a conversation with her colleagues, and that's probably where Bill 226 came from.

Because, in fact, Madam Speaker, through the K-to-12 commission that we launched, you know, after forming government, basically, we know. And, you know, I look across and my friend, the MLA for Transcona—I mean, he was a teacher, administrator, very well respected in his schools and his school division. I know that, and I know that probably part of the reason why he chose to run was to try to strengthen our education system as well.

We do have a great education system here in Manitoba, Madam Speaker, and I have a lot of faith in all our educators, our staff, our administrators, our support staff, our bus drivers who go to school and, you know, teach our most important resources—our students, our kids here in the province.

And I think the member for Transcona (Mr. Altomare) decided to run probably because he

saw, as well as I did after my years of being in the school system, seeing that there were definitely some changes that needed to be made. Of course, there's some great things happening, and we want to leave those alone, and there's some things that need some tweaking and, you know, that's why we've brought forward the K-to-12 commission.

And the topic of poverty was definitely within the K-to-12 commission and some of the recommendations coming from that K-to-12 commission. One was to create a poverty and education task force, Madam Speaker. And so we created the poverty and education task force and, basically, we know that as the member—my colleague, the Minister for Families, had stated, since we formed government—and this is, again, StatsCan, and she put it on the record this morning that this is the 2020 stats—but we were able to make a 69 per cent improvement since we've formed government.

Now, stats will also show, as time goes on, sort of how we've handled COVID. We know that it's been a tough year. And it hasn't just been a tough year in education, it's been a tough year in health, it's been a tough year for all Manitobans. It hasn't just been a tough year for Manitobans, Madam Speaker, it's been a tough couple years for all of Canada and the rest of the world.

I would like to address a couple things that the member for Wolseley (Ms. Naylor) had brought up in her time that she put some words on the record here as well. She talks about, you know, potentially more education, and she talked about the reasons why she ran to become a trustee in the Winnipeg School Division, and I know that my friend, my colleague, the MLA for Transcona, I believe, is the only educator on that side of the House, Madam Speaker, whereas on our side of the House we have quite a few of our members who are either educators their—ourselves, or are married to educators.

* (10:50)

And so when we—because education is the key. Education is the key. And I know the member from Wolseley pointed out the fact that she wanted more education on various topics. And I, Madam Speaker, know first-hand, and so does the member from Transcona, he knows first-hand that our student services teams within our schools, our administration, our teachers, our staff are working hard to make sure that our students are not left behind.

We know that, you know, as the member from Wolseley said, that some of her friends or colleagues have been putting out money from their own pockets, Madam Speaker, educators. I know in the Sunrise School Division, and I'm sure the MLA for Transcona could point out some of the good news stories within his schools and maybe even the one that he administered over.

Our student services team, our staff knew, that in Sunrise School Division, at École Edward-Schreyer School, we had access, students had access to menstrual products, Madam Speaker, because we partnered with not only community, but we actually spoke about these things in staff meetings, making sure that everybody was well educated on the fact of if we had students experiencing or menstruating, they had access to menstrual products in case of those emergencies, or if they could not afford them.

We partnered with, again, back on the more education topic that the member for Wolseley brought up, Madam Speaker, I know—and again, I know first-hand, we taught health at the grade 5, the grade 7 and the grade 9 level on personal hygiene, both for all students—or, for all students in the school system. And if the—whether it was guidance counsellors or resource teachers or people who were teaching health, sometimes the phys. ed. teachers, didn't quite have that expertise. You know what we did? We partnered with our public health nurses, our public health, and we brought in the experts to have those discussions with our staff to make sure that they were educated as well.

And again, education is the key. We know that. We know already that, you know, all members on both sides of the House have talked about the severity of toxic shock syndrome and other adverse effects to, you know, maybe just leaving those menstrual products in place for longer than they should, Madam Speaker. And that again comes to education.

It is not put on the kids. It is not put on the students, Madam Speaker. I know that the staff in our schools are doing a great job educating our students to make sure that they are educated and working with our—working with the parents because the parents are definitely partners, education partners throughout the K-to-12 system and throughout the students' lives.

The member also brought up the fact about funding. We know that—and the members opposite, as well, and I'm actually strongly encouraging all members in the NDP caucus to actually maybe sit down and ask some questions of the MLA from

Transcona because he knows what actually was happening in the school system, right? He knows on how great of a job the staff are doing within the education system, Madam Speaker.

It's just unfortunate that they're trying to paint a picture where the teachers maybe are not doing what they should be doing, or accessing knowledge from experts that they know of within their own communities, within the school community, within the various communities that the schools are in, both—al northern, rural, urban, Madam Speaker.

I know that, again, it does come to working with our education partners across the province. We're working hard on this topic. I would like the member from Union Station to share with me where they came up with the \$300,000, but—

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

Ms. Cindy Lamoureux (Tyndall Park): Glad to have the opportunity to put a few words on record here, and I won't speak for too long, because I would like to see this legislation passed here today.

I do think it's important to just start by saying, we're never too old to acknowledge good behaviour, and I believe that the way that the member from Union Station brought forward the legislation today was a class act, and it was refreshing, and what a change in behaviour—the kindness in bringing forward this legislation, the thoughtful debate that was able to happen because of the approach in this legislation.

It's a nice change of pace, and I think it's important we acknowledge this attitude and behaviour, and hope for more of it in these Chambers.

Now, Madam Speaker, I am just going to share a few thoughts here, I've got two or three minutes.

A couple of thoughts that come to mind when we talk about menstruation in the House is the topic of stigma. It is still considered taboo and it shouldn't be. We need to be able to have open dialogue about it, whether that's being able to name words like menstruation, whether that's being able to talk about how we bleed. As women, that's something we do. Every woman does it. And we need to be able to talk openly and transparency—and transparent about that, Madam Speaker.

But I think in doing that, we can do a better job at not judging each other when a person is not yet comfortable with it. We don't want to make that or give excuses for people who will not talk about it, but

rather than yelling at someone or screaming at someone because they refuse to say the word menstruation, we should be trying to be compassionate. Think about, maybe they had a different upbringing. Maybe in their circles, they don't talk about these things. Let's have compassion towards that. We'll think about the different generations and hopefully work towards all being able to have these conversations.

Madam Speaker, feminine hygiene products, they're not cheap. And it is a basic need that women have. When we talk about the basic needs of humans, we talk about sleep; we need fresh air; we need food in our bellies. We have food programs in school. We need shelter over our heads in case it rains, in case it snows, whatever that may be. Feminine hygiene products is another thing that we need as women, and they should be accessible. Unfortunately, they're not always accessible and affordable to Manitobans—girls and women—in schools.

So, Madam Speaker, we are in full support of this legislation. We hope that it passes here today. I think it's something that needs to happen, and Manitoba could take a nice lead on it.

Thank you, Madam Speaker.

Ms. Janice Morley-Lecomte (Seine River): Thank you for allowing me the opportunity to put a few words on the record in response to Bill 226, The Public Schools Amendment Act.

Madam Speaker, I want to begin by thanking the member from Union Station for bringing this bill forward. This is a very important and yet sensitive subject. Having access to free hygiene products removes the stigma, emotional stress and anxiety an individual may feel. The emotional impact of going through the many hormonal and body changes adds to the stress that many girls experience in their teenage years.

The ability to take part in sports, go to school, have a job and be able to attend social outings is normal and not a burden for some young women. If you're not one of these girls and experience period poverty, these normal day-to-day activities can be stressful for individuals who are unable to purchase the necessary feminine hygiene products they require.

The loss of time from work, inability to play a sport or be a part of a team, and feeling self-conscious because you are stressed over your period, is a fear that no one should have to experience.

For many individuals, peer support, daily pressures have an impact on their self-esteem and the ability to take part in school or social activities. Many barriers present themselves as students navigate through the education system.

The removal of one barrier can have a huge impact—[interjection]

Madam Speaker: Order.

Ms. Morley-Lecomte: Sorry—thank you—on the emotional and mental well-being of a student. Imagine not having to worry about having your period and knowing that you have access to free feminine hygiene products if you need them. This removes a barrier some students face due to their financial circumstances.

Madam Speaker, our government understands the importance of education and opportunities that are created when girls are able to attend, graduate, and find employment in—

Madam Speaker: Order, please. When this matter is again before the House, the honourable member will have eight minutes remaining.

* (11:00)

RESOLUTIONS

Res. 8—Calling on the Provincial Government to Resolve the Surgical and Diagnostic Backlog

Madam Speaker: The hour is now 11 a.m. and the time for private members' resolutions. The resolution before us this morning is the resolution on Calling on the Provincial Government to Resolve the Surgical and Diagnostic Backlog, brought forward by the honourable member for Concordia.

Mr. Matt Wiebe (Concordia): I move, seconded by the member for Union Station (MLA Asagwara), that

WHEREAS prior to the COVID-19 pandemic, Manitoba had one of the longest wait times for hip, knee, and cataract surgery in Canada under the current Provincial Government and the pandemic has now exacerbated this issue; and

WHEREAS other provinces have taken effective steps to address their surgical and diagnostic backlogs, thereby showing that Manitoba's growing backlog could have been and still can be addressed through similar actions; and

WHEREAS as of February 2022 Manitoba had an estimated backlog of 52,327 surgeries, an increase of 2,168 from the preceding month; and

WHEREAS as of February 2022 Manitoba had an estimated backlog of 42,489 diagnostic imaging procedures; and

WHEREAS as of February 2022 Manitoba had an estimated backlog of 66,679 other procedures, including endoscopies, mammograms, sleep disorder and lung function assessments; and

WHEREAS the Provincial Government's creation of a surgery backlog task force was repeatedly delayed and is now led by Matthew Lister, an advocate of further cuts to the public healthcare system; and

WHEREAS the Provincial Government has left nearly 75% of the funds promised to address the surgical backlog this current fiscal year unspent; and

WHEREAS the Provincial Government expanded highway medicine, by announcing a plan to send spinal patients to North Dakota for surgery without having an agreement in place with North Dakota or a timeline to do so; and

WHEREAS the Provincial Government has not made one single announcement on investments or how they plan to address the growing backlog of nearly 162,000 Manitobans here at home.

THEREFORE BE IT RESOLVED that the provincial government immediately invest in addressing the surgical and diagnostic backlog and commit to a date to clear the backlog.

Motion presented.

Mr. Wiebe: I'm proud to bring this resolution forward to the Legislature. I believe it is extremely urgent and an extremely important topic to be discussing this morning.

The wait lot—list that we put together in preparation for this resolution, which was included in the text, the full text of the resolution, is—just to put that on the record, Madam Speaker.

Mr. Andrew Micklefield, Deputy Speaker, in the Chair

As of February 2022, 52,327 surgeries are now in backlog, an increase of 2,168; 42,489 diagnostic imaging procedures are now in backlog and 66,679 other procedures are currently in backlog.

The unfortunate news to report to the Legislature is that these numbers are now out of date because we just learned this week that the list has now reached a total of 167,000 Manitobans waiting for surgeries and diagnostic testing, an increase over the previous month of 6,000 people.

This is an emergency in our health-care system. These numbers are astronomical and they are the direct result of the actions of this government, or lack of actions.

But we know that these are not just numbers, Mr. Deputy Speaker. These are someone's mother. These are someone's husband or grandchild or friend or grandmother or grandfather. These are people in our communities that I know every single member of this Legislature has heard from.

We heard a story recently about Rick Barker, who is on the wait-list for knee surgery, who had the surgery cancelled twice in just one month, including one time as he was being wheeled into the OR to be operated on.

We know that these aren't simply just routine procedures and diagnostic procedures, although those are important and part of the numbers we are talking about today. But these are serious, life-threatening surgeries, where folks have reached out to us saying they're on the wait-list for heart surgery. Their mobility is restricted. And yet, they sit at home and wait and watch to get the surgery.

But again, it's not just the numbers we're talking about here, Mr. Deputy Speaker. We're hearing about—from doctors directly, that this wait-list is out of control and only growing, even after this government has announced plans to try to deal with this.

So, they continue to say, well, the wait-list is going down. They bring out their own numbers. But we listen to doctors in this party, Mr. Deputy Speaker. And I can tell you, Manitobans trust doctors, they don't trust this government, when it comes to the health-care system.

It's our friends, our families, our neighbours, and it's this government's lack of empathy that has led us here, and it's this government's lack of empathy that continues to see this wait-list grow.

Well, I wanted to, Mr. Deputy Speaker, let Manitobans know just how we got to this place that we're at. Because it seems like this PC government's plan of doing nothing at all hasn't worked and they're all out of ideas, it seems like at this point.

But this is a slow-motion failure that we have seen coming ever since this government was elected in 2016.

This government, the PCs, inherited a health-care system that had some of the lowest wait times for knee and hip surgeries in the country; cataract surgery,

some of the lowest wait times in the country. Some of the best neurosurgeons, some of the best heart surgeons in the country were in this province. That's the system that this government inherited.

Now, their hospital reorganization set the disaster we see now in motion. Cuts and reorganization saw surgery wait times start to climb. We saw them go up month over month and year over year, every single month from this government as they reorganized the health-care system.

As they proceeded with these reckless cuts, we saw the disaster coming and we flagged it. Doctors in this province flagged it. We said this was a problem but it wasn't until the pandemic hit that we really saw this government's cuts show their full impact. The health-care system was put under enormous strain across the board.

And what did the government say? What did their—was their reaction, more cuts? So surgical wait times ballooned out of control. They hid behind the pandemic. They said, well, it's just because of the pandemic that these wait times are going so high. It was their excuse for everything.

We continued to pressure them: doctors, nurses, health-care aides. The entire system was screaming out as people were waiting longer and longer.

Finally, this government announced a task force to deal with this issue. A task force that was announced, then months of radio silence. Then it was announced again, and still no answers from this government.

So, finally, after pressuring them here in this House, pressuring them in the public, they came forward and they announced the members of the task force. No plan, no timeline, no ability to hold them accountable for the work that was being done.

They then started to misrepresent the numbers, as we heard in the House just the other day, and talk about the task force, reporting which never actually ended up happening.

So what have we seen from this government since then? We have seen a plan to send people across the border to North Dakota; a small, very, very small fraction of the number of people who were on the wait-list, again, relying on highway medicine because the health system that they have created in this province has crumbled under their cuts.

And it's telling, Mr. Deputy Speaker, that even today as we pressure them, day after day after day,

simply set a target, simply offer Manitobans some transparency, some hope that they are actually going to deal with this backlog—they refuse to do that.

So the question that Manitobans are asking themselves, who is it that they trust on health care? Is it a government that has created the problem from the start with the reorganization that was rushed, that was—that put cuts first, that saw an actual rise in wait times before the global pandemic?

Do we trust the government that, when the pandemic hit, when all Manitobans were united in their message that we need now to invest in health care? This is the time. Put your ideology aside. Let us come together and prioritize health care.

They had absolute carte blanche to actually invest in and enhance the health-care system. Do they trust a government that, when given that opportunity, still saw cuts as the only answer and the only path forward, or do they trust the doctors who are telling us this is an emergency, that this resolution needs to pass today and this government needs to act, that they need to set a date for the pack-backlog to be dealt with, that they need to give Manitobans some transparency and some clarity about what the plan actually is and how they can address this backlog?

Did they listen to the nurses and the health-care aides who are working on the front lines day in and day out who are being praised by the patients that they have to tell that they have to wait a little longer or an indefinite amount of time longer?

* (11:10)

Manitobans aren't blaming those folks on the front lines who are telling them this. They know who is behind this.

And do they trust us, Mr. Deputy Speaker, the party that has stood up in this House day after day after day after day to call on this government to stand with doctors, with nurses, with health-care aides and other front-line workers, to say, now is the time that we invest in this health-care system, that we clear this backlog and we rebuild the health-care system that is resilient and will serve Manitobans?

Well, I think we know. Because a government that lacks empathy won't even listen to Manitobans or be accountable to them; that's not the kind of government that Manitobans want. They want a government like our party who will stand up for them and stand up for health care every single day.

Thank you, Mr. Deputy Speaker.

Questions

Mr. Deputy Speaker: A question period of up to 10 minutes will be held and questions may be addressed in the following sequence: the first question may be asked by a member 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. Ron Schuler (Springfield-Ritchot): The member for Concordia should know that the surgical and diagnostic backlog is not a unique problem. It can be found all over Canada due to the COVID global pandemic.

Can the member opposite provide a solution to the surgical and diagnostic backlog here in Manitoba? What's the NDP plan?

Mr. Matt Wiebe (Concordia): Can this minister—this former minister—answer for his government allowing the wait times and causing the wait times to go up before the pandemic?

He has no answer for that, Mr. Deputy Speaker. In fact, this whole government has no answer for their rushed and reckless cuts and reorganization that they undertook against the advice of health experts across this province.

Ms. Nahanni Fontaine (St. Johns): The former disgraced minister seems to forget that he is actually part of the reigning government and so can't even come up with what they should be doing right now to be dealing with this.

So I would ask my colleague, you know, why he thinks the government's commitment to laying out a clear timeline to fix the diagnostic and surgical backlog is severely missing here?

Mr. Wiebe: Well, I thank the member for St. Johns for the question.

As I said, it is not only in order to give people hope and to give them some sense of how this crisis might finally be resolved, but it's also to hold this government to account, to allow them to put on the table what their timelines, what their plan is, so that Manitobans can see for themselves.

Is their plan to cut actually the best way to deal with this backlog? I would suggest not.

Hon. Jon Gerrard (River Heights): Mr. Deputy Speaker, the question I have relates to the wait-list of 168,000 provided by doctors. The government seems

to provide numbers, which, if you can believe them, are lower than this.

Is there a problem in the way that the government provides its numbers? Or where is the discrepancy?

What—why are the government not providing accurate numbers, if that's the case?

Mr. Wiebe: Well, doctors have been clear that the numbers that they're presenting are reported by their members, by individual doctors, collected by Doctors Manitoba and then reported to the people of Manitoba.

They've been asking for more accurate and more up-to-date information from this government. We expect that this number is actually low that the Doctors Manitoba have provided because that's simply from their members, and there may be others that aren't captured in these numbers.

It's an important question and it's one that I think the government should be answering: Why aren't they giving us and giving doctors the real numbers?

Mr. Rick Wowchuk (Swan River): Our government has listened, and we continue to listen to the health-care professionals through the pandemic as we work to improve our health-care system.

Why does the member from Concordia continuously—opposite—think that as a politician, they're more equipped than our health-care professionals to solve decade-old, systemic issues?

Mr. Wiebe: Well, you know, it's quite telling that the member for Swan River (Mr. Wowchuk) is apparently siding with the former Health minister, who called into question doctors in this province, called into question their motivations, Mr. Deputy Speaker.

We stand with doctors, we listen to their information and we stand with all health-care professionals who—on the front lines—who are saying this is a crisis.

This is a crisis caused by this government that needs to be fixed immediately and, so far, there's been no plan.

Ms. Fontaine: I do want to thank my colleague for putting—or, bringing forward such an important resolution.

You know, this is a resolution that Manitobans care about, particularly those Manitobans that are waiting for surgeries, and in pain, Deputy Speaker, which I don't think the members opposite, all in government, again, don't seem to get or care about. That's why this resolution is so important.

So I'd ask my colleague: If the rates for surgeries and 'diagnostic' tests have almost returned to pre-pandemic levels as stated by the Health Minister, why does the backlog continue to grow?

Mr. Wiebe: I just want to start by thanking the member for St. Johns (Ms. Fontaine), because we—I don't want us to get caught up in just the numbers. The numbers are stark, and they are an important indicator.

But as the member mentioned, it's about the stories, it's about the individual experiences, it's about the quality of life for our friends and our family and the lack of empathy from this government, time and time again.

I think it's clear, as I said, the numbers that the government is providing simply don't tell the whole story when it comes to why the list continues to grow. Doctors are telling us their individual lists are going up, that the lists that they have and they collect across the province are going up.

So if the government has different numbers that they want to present to the Legislature, backed up by the actual experiences out in the community, I suggest that they should table them today.

Mr. Shannon Martin (McPhillips): I'd like to thank the member for Concordia (Mr. Wiebe) for the resolution.

I was reading, Mr. Deputy Speaker, that the government of British Columbia, an NDP government, in addressing their—I believe—half-million backlog, in terms of diagnostic testing, is doing some work with private surgical centres, though publicly funded.

I'm wondering if the member has spoken to his brothers and sisters in new—in British Columbia about their experience and their analysis as to how that approach of partnering with public—or, private sector, will address their backlog?

Mr. Wiebe: Once again, you know, if we could see a plan, if we could even, as a House, as a Legislature, debate or inspect and carefully consider any kind of plan or any kind of timeline from this government, maybe we could get into these kind of discussions. We're not seeing that.

We saw a trickle—a trickle—of people being sent on the highway across the border—to a state, I might add, that had a high number of COVID cases and, apparently, is able to take our patients, because our health care is crumbling under this government.

Seven years in power—they have a lot to answer for, Mr. Deputy Speaker.

Ms. Fontaine: I concur with my colleague. They will have a lot to answer for, and they started to answer for that in the by-election and what we saw there. Manitobans are not happy with any of the folks on that side.

So, what is—what has this government done to demonstrate to Manitobans that they can trust this government—we know they can't—and its surgical diagnostic task force to address the backlog?

Mr. Wiebe: Well I mean, the member for St. Johns (Ms. Fontaine) knows the answer, because she's listening to her constituents, and she's listening to the people of Manitoba, unlike this government.

But I do think that it is an important note that, you know, we should not have to continuously hear alarm bells from doctors directly. That's not usually how the health-care system in Canada, in a province like Manitoba, works.

We trust, as the citizens of Manitoba, that the government will give us the true numbers and they will come honestly to issues like this. But they haven't been doing that. So that's where you hear from nurses, you hear from doctors, you hear from all these front-line workers who are telling us—

* (11:20)

Mr. Deputy Speaker: The member's time has expired.

Mr. Wowchuk: Since the establishment of the Diagnostic and Surgical Recovery Task Force, we've seen improvements in wait times: CT scans, 12 per cent improvement; ultrasounds, 16 per cent improvement; MRIs, 12 per cent improvement. Our government is investing in health care and addressing the backlog.

Can the member opposite set the record straight with factual information?

Mr. Wiebe: Who do Manitobans trust? Do they trust the government that cut health care as soon as they came into power? Do they trust the government that reorganized, recklessly and without any kind of additional funding, the health-care system? Do they trust the government that still to this day won't give a timeline of when they are going to actually deal with this backlog—no plan, and tells us numbers that don't jive with those people who are delivering health care on the front lines?

Do they trust this government on health care? They do not, Mr. Deputy Speaker.

Ms. Fontaine: Certainly, nobody trusts the member for Swan River (Mr. Wowchuk). Like, how he's still in this Chamber is a shock here, Deputy Speaker. Bully, bully, bully—*[interjection]*

Mr. Deputy Speaker: Order.

Ms. Fontaine: —how you're here is beyond me. *[interjection]*

Mr. Deputy Speaker: Order.

Ms. Fontaine: How will this government prepare—I lost my colleague, here—for future health-care emergencies or a resurgence of the COVID pandemic?

Mr. Wiebe: Well, as I said, Mr. Deputy Speaker, this problem predated the pandemic. But there was an opportunity when we saw the severity of the pandemic to invest in health care in a way that actually would have prepared us for what then became the second wave and the third wave, which was, under this Premier (Mrs. Stefanson), who was then Health minister, who had an opportunity at that time to see the consensus among all Manitobans that we could then invest, and we could actually do something about the surgical wait times, about all wait times across the system.

She failed to do that. She continues to fail to do that as Premier, and it's shameful, and it will be seen as a dark time in our province's history.

Mr. Deputy Speaker: Member's time has expired. The time for questions is over.

Just a comment to all members. It seems to me—*[interjection]* Order. Seems to me the—some people's microphones were working perhaps better than others. Just check, if you're speaking, that your mic is exposed and not covered over by papers, please.

Debate

Mr. Deputy Speaker: The floor is open for debate.

Mr. Ron Schuler (Springfield-Ritchot): Very interesting—one of the questions that was asked of the member for Concordia (Mr. Wiebe) is, what is the NDP plan? What are they going to do and suggest that they would do to reduce this list?

And, typical of this particular NDP, typical of this member for Concordia, particularly the member for St. Johns, right away they get into throwing mud and personal attacks. And that's the only thing they have.

And I'd like to point out to the Chamber that we had a by-election this week in which the NDP got the bronze medal. And they got on the podium; now, there were two political parties and I—

Some Honourable Members: Oh, oh.

Mr. Deputy Speaker: Order.

Mr. Schuler: Wow, it's very exciting. *[interjection]*

Mr. Deputy Speaker: Order.

Mr. Schuler: Mention—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Schuler: Mention the fact they came in a very poor third and it just lights up the place. I—*[interjection]*

Mr. Deputy Speaker: Order. Order.

The honourable member for Springfield-Ritchot (Mr. Schuler) has the floor. *[interjection]* Order.

Mr. Schuler: So, the member for Concordia (Mr. Wiebe) says it's serious, and then he denegrates the debate continuously. I'd like to point out—first of all, I'd like to thank my incoming colleague Obby Khan for that great win. He worked very hard for it.

He's a—and I can see why the member for Concordia and the member for St. Johns (Ms. Fontaine) are so angry, and they talk about this as a serious debate, and then they just into mud-slinging and personal attacks. That seems to be the only thing they have.

In fact, the Winnipeg Free Press even identified that and said they have to become more serious in the way they're going to handle themselves in opposition. Because the way they're going with mud-throwing and personal attacks—fact, the other day in question period, probably new low for this Parliament, for this Legislature, where anybody and everybody on the opposite side, they just threw mud at them and try to disparage them and tear them down.

I'd like to point out to members opposite, that is why—it wasn't that you got the bronze medal or third place, it's how low down you actually were. There was once a time where the NDP was actually competitive in city constituencies. They're not even competitive anymore.

Fact, I had the opportunity to be in the constituency and had the opportunity to actually go door to door and speak to people, and the first thing that you realize was how popular Obby actually is—Obby Khan

is in the constituency. People spoke about how much they liked him and how he's engaged in the community—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Schuler: —and all the work he did; working, certainly, coaching hockey and his son's in hockey and all the various communities—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Schuler: —that he's involved with and what he's doing. And, secondly, they certainly appreciated the fact that he was going to be part of government and going to be building this province further.

Now, the member for Concordia and the member for St. Johns, the two individuals that know only one thing, and that is personal attacks and throwing mud, have to come up with something better.

So I would like to point out to the member for Concordia, he did work for one premier, Gary Doer, and I'd like to point out to him that I was here with Gary Doer as premier—he was across the way from us—and worked with the Doer government. And the NDP that currently sits across the way is no Gary Doer government. That is a way, way far too extreme from where Gary Doer ever would have been. He was far more of a reasonable, middle-of-the-road individual than the member for Concordia who you would have thought, working all those years for Gary Doer—I think he was a constituency assistant—you would have thought he would have learnt something from Gary Doer and the style of politics.

Now, Gary Doer had an interesting policy, which was an absolute joke, talking about trying to be serious. In 1999, he ran on the—that they were going to solve health care with \$15 million and in six months. Now, that was just the train wreck of political campaigns; that slogan was just appalling. And people, I guess, kind of voted for it in spite of that policy.

And by the time the member for Concordia and the member for St. Johns and all the others—the member for Elmwood (Mr. Maloway), who is like Halley's Comet; he comes through this Chamber every so often, then he goes to Ottawa—fact, he has that great claim. He has a claim of being the individual who spoke the most words in one session of Parliament and bragged about it in his brochure and then he, too, got the silver or bronze medal—I can't remember where he placed. And you know, he seemed to also struggle with getting the gold medal.

But, yes, he's back, so he must have won something, and he's back, and—anyway.

The member for Elmwood (Mr. Maloway) would know that, by the time the NDP were done with their reign of error in government, that we had singularly the most expensive and worst health-care system in the country.

And it wasn't that we were 10 out of 10. I mean, at least the member for Concordia (Mr. Wiebe) can brag that he came three out of five—I mean, he—very poor, No. 3, but he still got the bronze medal. But in health care we were 10 out of 10. And it wasn't that we were every year 10 out of 10. It's that the distance between us at No. 10 and No. 9 kept getting greater and greater.

Our outcomes and what we were actually achieving—in fact, I would like to point out to the Manitoba Legislature that there were wait times—an average wait time of 5.6 hours in ER. That you actually had, in some respects, you actually had a better chance of flying to Toronto, getting your health care and flying back, and it would take less time than—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Schuler: Oh, the member for Concordia is gaslit again. *[interjection]*

Mr. Deputy Speaker: Order.

Mr. Schuler: You know, he got his 10 minutes. You know, perhaps we should ask for leave and see if we can get him another 10 minutes. But while others—while others are speaking—*[interjection]*—oh, there he goes again. You know, maybe we can give him 20 minutes.

But while others are speaking, he's actually supposed to allow us—*[interjection]*—okay. He's—*[interjection]*—we'll let him speak. *[interjection]*

* (11:30)

Mr. Deputy Speaker: Order. *[interjection]* Order. *[interjection]* Order. *[interjection]* I'm calling the member for Concordia to order.

The honourable member for Springfield-Ritchot (Mr. Schuler) has the floor.

Mr. Schuler: Thank you very much, and the member for Concordia took about two minutes of my time. Perhaps if he wants leave, we could give him another 10 or 15 minutes and he could try to explain his way out of the mess of when his government was in their

reign of error on health care. The worst health-care system in the country; we were decreasing every year.

In fact, it was the member for Concordia and the member for St. Johns (Ms. Fontaine) who worked for the NDP for four years and never produced anything. To this day, she was a consultant, she goes to produce a report, never produced—you know, not a document, not a page, not a paragraph, not a sentence. Nothing could be found. But, you know, they certainly knew how to spend money.

The worst health-care system in the country, we kept dropping—not just were we No. 10, we kept becoming worse at No. 10 every year under the NDP.

The Peachey report, which they commissioned and paid for, it was their report, it was laying on a shelf somewhere collecting dust, they didn't even have the 'forewithal' to wipe the dust off the Peachey report. It was their report, it's what they actually recommended. It was implemented.

We just came through a pandemic. Yes, there's a lot of work to do. Yes, we're working on it. Yes, things are improving. We've got the Minister of Health (Ms. Gordon) who is sitting here right now, and we owe her a lot of credit in what she has been doing in health care and I'd like to thank her very much for the work that she's doing. We will get it done.

Nobody in Manitoba is currently alive who was an elected official the last time we had a pandemic, the last time we went through something like this. We are learning as we go along and we have a great Minister of Health who is leading us in health care, moving us forward.

We have spent more than ever before, ever before under the NDP, and we're getting results.

There are a lot of good things going, and again, we did go through a pandemic and we went through a very tough time and Manitobans are pulling together. We understand that there is hardship, and the Minister of Health and our government has recognized that. We are doing the appropriate changes.

I'd like to point out to this House in the few minutes, those that are remaining to me—the ones that the member for Concordia didn't steal from me—that we are spending far more than ever before under the NDP, we're getting good results, and like under the NDP, we don't want to be No. 10 and increasingly worse under No. 10.

We're not going to do the foolish kind of things that the member for Concordia and member for St. Johns (Ms. Fontaine)—fix health care in six months and \$15 million. We're not going to do that kind of trite, glib kind of stuff. We're going to have a government that's going to do what's right before Manitobans, got a great Premier (Mrs. Stefanson), great leadership in the Minister of Health (Ms. Gordon).

We will get it done, and the member for Concordia should ask more—for more time and try to explain his mess when he was in government.

Mr. Jamie Moses (St. Vital): After hearing our last speaker here, the former minister, I feel like I need to raise the level of debate and actually talk about the issues that are affecting Manitobans, like the incredibly long surgical wait-list that everyday Manitobans are facing.

Hundreds of Manitobans are facing surgical—no, no, no, sorry. I correct the record. Thousands of Manitobans—oh, no, sorry, sorry, Mr. Deputy Speaker. Tens of thousands of Manitobans are waiting for their surgeries because this government refuses to act, because this government spends its time pointing fingers and calling out stories and having—listening to the comedy stylings of former ministers instead of talking about what Manitobans care about. And that's about getting health care in this province and not having to wait with lists of tens and hundreds of thousands of Manitobans for surgeries that they want to get, to get better health care, better care, better quality of life in Manitoba.

These are the issues that we fight for every day on this side of the House, not what they're caring about and talking about on that government side of the House.

But this ultimately—this, ultimately, Mr. Deputy Speaker, is a story about the failed short-term vision that this government has, the failed short-term investments that they make to our health-care system and the failed short-term view that they have on their approach to health care—instead of taking a longer term, beneficial view of what should be done to help Manitobans in the long term—and that story begins with the actions they took before this pandemic even began.

Now, let's look at some of those actions that they took before this pandemic began. When it comes to surgeries, we know things were bad before then, that we had long surgical wait times before this pandemic.

We know that that was the case. And instead of pointing fingers, what did this government do? They made that bad situation worse. They made that bad situation worse. Instead of tackling the issue head-on and looking at ways to improve the quality of life of Manitobans, they pointed fingers.

They pointed them at the doctors in our province and called them out. They pointed them at Manitobans themselves and told them that they were waiting too long, going to the hospital too many times in the emergency room. Instead of working to solve their problems, they made a bad situation worse.

How many cuts and closures did they make to emergency rooms? How many times did they reduce funding for things such as foot treatment, which led to more people requiring surgeries?

They made this surgical wait-time list longer because of their actions. And instead of working 'collabratilly'—collaboratively by listening to nurses, health-care professionals, by doctors, they criticized them. They critiqued them and then they cut them.

How many nursing positions did we lose in this province because of the decisions of this PC government? Again—not tens, not hundreds, but thousands because of their decisions. Now how did that help our surgical wait times? How did that help the everyday Manitobans who rely on a government to provide them health-care services?

And, again, this is a story of them making short-term decisions to—that affect us all in a negative way in the long term. And all those chickens came to roost when we all suffered through a global pandemic.

And yes, it is a global pandemic. We are all facing this challenge. Everyone in Canada, all politicians in the country are facing this challenge. But why is it, Mr. Deputy Speaker, that Manitobans have faced some of the worst outcomes in our country?

We're all in this together, but yet, it's Manitobans that face the worst outcomes. And it's no coincidence, Mr. Deputy Speaker, that we face the worst outcomes because we have the worst government responsible for health care in the country.

They are the least responsive. They seem to be the least dedicated to health care. And, in fact, I think this shows that they care the least about everyday Manitobans when it comes to health care.

We see this response that during by the—during the—there—you know, when we kind of went through the first wave of the pandemic that other provinces

were facing with very little here in Manitoba. They thought that we had, even though there was well-documented warnings from health professionals of us to prepare for the coming wave of COVID, to be ready to get our hospital staff and plans in place.

What did this government do instead? They put out a billboard, a campaign saying that we're ready to go, that Manitobans are open. Let's come and party, but—when we should have been getting ready for the next wave.

And did that next wave come? Yes, it did, despite the warnings of health-care professionals, despite the warnings of Manitobans who asked us to get ready. It came, and this government was unprepared.

When they had the choice to be proactive, did they do it? No, they failed.

Again, another example of this government taking a short-term view instead of a long-term benefit for Manitobans—no vision whatsoever.

They closed the health incident command centre. They closed it down in the middle of a global pandemic—has been his—has been stated by the former minister, yes. Is this a global pandemic? So, why would it make sense to close down a health incident command centre during that pandemic? No sense at all.

* (11:40)

Did they look at this properly when it came to personal-care homes and long-term care; when there are experts warning, when we all saw the devastation that took place at our long-term-care facilities in Ontario and in Quebec? Did we take those safety measures here to protect those lives? No, we didn't. This government failed to do so.

Did we take those—when our—when the situation eased between waves, did we take the opportunity to work on reducing the surgical backlog as other provinces did in this country? No, we didn't. No, this government didn't. They failed to do so.

Every time, time and time again, throughout this pandemic this government has been warned, has been advised, has seen cautionary tales around the country of how it could do better. But does it do better? No.

Every time, time and again, time and again, this government has failed to act on the best interests of Manitobans when it comes to health care.

Before the pandemic, during the pandemic, and I can't see into the future, Mr. Deputy Speaker, but

I have no doubt that given that 'trackord' it will happen again in the future. This government simply cannot be trusted when it comes to health care.

So, where are we now, Mr. Deputy Speaker? We are in a huge crisis when it comes to surgeries, when it comes to the surgical backlog, when it comes to the wait times that Manitobans face to access surgeries. And this government proposes some very, very weak solutions.

They put forward a task force, which we've called for many months before it was installed. And after it was put into place, we—have we seen any substantial work from this task force? No, we haven't yet. We're still waiting for this. Again, another wait that Manitobans are desperate to see and desperate to know, when am I going to get my surgery?

And what's their short-term solution here, Mr. Deputy Speaker? What's the short-term option that they're putting forward? It's to send Manitobans out of the country to get your surgery done instead of building capacity here at home. Instead of investing in health care here at home.

Let's get Manitobans—let's get our health-care system on track by investing in health care here in Manitoba—not investing in health care out of the province, not investing in health care out of the country—investing in it here at home. And these are the ways that we solve the problem.

The former minister asked the question, how do we solve these problems? Invest in health care here in Manitoba, that's the way to solve these problems. That's what we're focused on here on this side of the House, and that's what we're going to do every single day—the best interests of every Manitoban so that they can get the health care that they deserve.

Thank you very much, Mr. Deputy Speaker.

Mr. Shannon Martin (McPhillips): It's always a pleasure to rise this morning in the House and share the democratic experience that we all collectively share here in Manitoba, especially in light of what's going on overseas in Ukraine. I think it gives us pause to reflect on what we're seeing in terms of the hyper-partisanship this morning and the need of Manitobans to work together.

I noticed this morning that President Zelensky of Ukraine was before the NATO alliance, again asking for the NATO alliance to provide the necessary military and humanitarian support for that country,

Mr. Deputy Speaker, for that unlawful invasion by Russia.

So it is in light—you know, we talk about, and there is no doubt that there is a situation here in Manitoba, there is no doubt that action needs to be taken on the wait-list and diagnostic surgical wait times, Mr. Deputy Speaker.

But what is particularly interesting and what should always put it in perspective—what should put it in perspective is, again, the horrors and the tragedies that we're seeing around the world, especially with our brothers and sisters in Ukraine where hospitals are literally being bombed.

And so as our province opens up its arms, and as our government—federal government and all provinces, indeed, open up their arms to the refugee crisis, some 2 and a half, 3 million individuals now. And as countries take those individuals in, we need to make sure that they are properly taken care of, Mr. Deputy Speaker.

So, Mr. Deputy Speaker, also on the subject of democracy, I think it's important also to take a moment and congratulate our newest colleague Obby Khan, who'll be joining this Legislature very soon as the very first Canadian Muslim, and I think that is a wonderful, wonderful step in this Legislature.

It is unfortunate—it was really telling, actually, yesterday, that there was two MLAs or prospective MLAs in the gallery yesterday: there was Obby Khan, a Black Muslim; Ron Kostyshyn, a Caucasian—a middle-aged, Caucasian male. What was interesting, Mr. Deputy Speaker, is that when Obby Khan was introduced, it was the opposition sat on their hands. They couldn't bother to applaud and acknowledge the very first Muslim elected in Canada. But an NDP—a Caucasian NDP member stands up in the gallery, and the NDP members are up on their feet, clapping their hands as fast as they can.

But, Mr. Deputy Speaker—*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Martin: —we will let members defend their Islamophobia.

An Honourable Member: Point of order.

Point of Order

Mr. Deputy Speaker: The honourable member for Concordia, on a point of order.

Mr. Matt Wiebe (Concordia): Mr. Deputy Speaker, I know there are very specific rules in this House about how we represent the actions, or in some cases the—even just the presence of other members.

I'm not sure that there's a specific rule with regards to, again, how the actions of members are represented, but what I can very clearly put on the record is, is that as a caucus, we're always happy to recognize the democratic will of Manitobans, and we welcome all MLAs who are elected to this Legislature.

So I would just caution, I think there's role for the House to caution the member for misrepresenting the actions of members in this House, especially when it comes to something as fundamental as the respect for democracy that we appreciate on our side of the House.

Mr. Deputy Speaker: I would just say it's not a point of order, it's a dispute over the facts.

* * *

Mr. Deputy Speaker: The honourable member for McPhillips (Mr. Martin) does have the floor, and if I might ask to remind the member of the topic which we are discussing this morning.

Mr. Martin: Absolutely, Mr. Deputy Speaker, and I do appreciate you bringing the member to order and ruling his motion out of line.

So, I listened to all colleagues speak this morning, and it was interesting to hear some of the comments. And I know my member—my colleague, the member for Springfield-Ritchot (Mr. Schuler) made reference to waiting times of five and a half hours, and I know the member for Concordia actually found that quite amusing.

And what's particularly disheartening about that, Mr. Deputy Speaker, is that nowhere in the comments by members opposite did they ever mention the name Brian Sinclair. I mean, you want to—you talk about wait-lists. He was a victim—an absolute victim of NDP health policy—who sat in a waiting room looking for assistance, who was shunned by the health-care system through racist—clearly, there may have been racial motivations. There was obviously poverty and access—all issues for Mr. Sinclair.

But, unfortunately, under the NDP, Mr. Sinclair passed away. And he waited and, unfortunately, Mr. Deputy Speaker, 36 hours he was deceased in an NDP waiting room.

And so we talk about the health system, and no one will argue that the health system is not in a state of upheaval. And it has always been in a state of upheaval because here the members opposite like to talk about, you know, the good old days under the NDP, and yet they don't mention Mr. Sinclair laying in a hospital waiting room for 36 hours deceased.

I find that just absolutely shocking and shameful, Mr. Deputy Speaker, that for all the solutions they've put forward, they were unable to solve when they were actually in government.

But they did recognize that there were problems in the health-care system. I know one of my colleagues mentioned the Peachey report, Mr. Deputy Speaker. And I know, in talking to former NDP Health ministers about the background of the Peachey report, which was, in part, to deal with the crisis in the health-care system created by the NDP. And I remember that the former Health-NDP Health minister saying that they had realized, finally come to that realization around that NDP caucus table, that the health-care system was an absolute disaster, that our hospital system was a disaster, that waiting lists were climbing.

And there was no pandemic, Mr. Deputy Speaker. There was no reason for it, except for, you know, the usual NDP incompetence.

* (11:50)

But, you know, the former NDP government, they saw the error of their ways, and they had a sole-source contract, I mean, something that they argue against, but they did that.

And they hired a Canadian doctor out of Nova Scotia, a Dr. 'Peacher'-Peachey. And they gave Dr. Peachey his sole-source contract to investigate our health-care system to tell the NDP what is wrong with the system they had created over their 17 years of mismanagement, Mr. Deputy Speaker.

And I can't remember how many millions that the member for Concordia (Mr. Wiebe) and his friends paid Dr. Peachey, Mr. Deputy Speaker, but when the report was issued, they couldn't distance themselves fast enough from a report that they authorized. *[interjection]*

Mr. Deputy Speaker: Order.

Mr. Martin: So it leaves you to wonder how honest they are in terms of when they say listening to the experts. They tell us every day, Mr. Deputy Speaker, the member for Concordia-*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Martin: -says we need to listen to the health-care professionals. We need to listen to the doctors. We need to listen to the nurses. We need to listen to the nurse practitioners. *[interjection]*

Mr. Deputy Speaker: Order.

Mr. Martin: We need to listen to those who operate within the health-care system. Those are the individuals that we are told we need to listen to. *[interjection]*

Mr. Deputy Speaker: Order.

Mr. Martin: But we have a situation, Mr. Speaker, in which members opposite said, yes, we do need to listen. You know-*[interjection]*

Mr. Deputy Speaker: Order, please. The member for Concordia seems to be engaging in his own monologue while he does not have the floor. I would remind all members that it is only the honourable member recognized by the Speaker who is meant to be speaking.

Occasional heckles are part of the-of Parliament, and we all accept and acknowledge that, but a monologue that happens while another member is supposed to be speaking is not part of how things are meant to go here.

Mr. Martin: I thank you for clarifying and admonishing the spirit from Concordia, and reminding all members opposite, the NDP members, that this is a democratic institution. We are here to learn, to listen, Mr. Deputy Speaker, and to listen with respect.

So, one of the other things of interest that came up-and the member for St. Vital (Mr. Moses) had some terrific comments, Mr. Deputy Speaker. And he made mention of, actually-and I think-that we need to invest here in Manitoba. And I agree with the member.

But what's particularly interesting about that comment, Mr. Speaker, is that, under the NDP, for 17 years, they had a secret deal where they funnelled patients from southeastern Manitoba down across the border, and they ferried them across the border into the States for medical treatment.

And then they would stick them with bills not of \$100, Mr. Deputy Speaker, not of \$1,000, not even of \$10,000; literally, hundreds of thousands of dollars. Manitobans were being saddled with health-care bills for health care provided by the NDP in American institutions.

But under the leadership of our Health Minister, we are seeing patients travel down to the States, to Sanford clinic, to get the services that they were denied under the previous government. And those individuals are not being faced with remortgaging their homes, Mr. Speaker, as they had to do under the NDP.

And what was always amusing, Mr. Speaker, about the NDP's reaction to sending patients south of the border, is it was never an issue during their 17 years—when Manitobans in that south-eastern corner came to the member for Concordia (Mr. Wiebe) and said, I've had to remortgage my home, we've had to sell our business, you know, our child can't go to university because we've had to pay for this life-saving surgery because it's not available in Manitoba.

And they had nothing. The member for Concordia would not even mention it in this House. It wasn't until members became opposition that suddenly, this became an issue for them, Mr. Speaker.

So, in terms of investing in Manitoba: absolutely. But as the saying goes, we need no lessons from members opposite on this file.

Mr. Deputy Speaker, also, historically, it's always interesting. So, under the NDP, as well, the Americans actually, at one point, were authorized to bring a travelling diagnostic vehicle up to Manitoba, authorized by the NDP. And this vehicle would charge Manitoba residents fees for 'diagnofic' services in the back of a minivan.

And it was only when members of the PC Party brought this to the attention of the government and the population that they realized, you know what? This kind of NDP highway medicine is unacceptable.

So, Mr. Speaker, with those few comments—

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

Hon. Jon Gerrard (River Heights): Mr. Deputy Speaker, wait-lists and backlogs are far too long and far too high. Doctors Manitoba reports we have 168,000 Manitobans waiting for diagnostic or surgical procedures.

We don't even have a report with numbers from the government, but the doctors have a lot of credibility—in fact, probably considerably more than the government at this juncture.

People are losing their sight; they're losing their mobility; they're not able to work because they are waiting and even some people are dying.

This is a result, in part, of very poor planning during the pandemic itself. The backlog should have been addressed starting in May of 2020, almost two years ago, with plans. Instead, the government delayed, delayed and delayed. Other provinces did much better and don't have as much in the way of backlogs.

We need to address these long wait-lists. We need to measure wait times better so they more accurately reflect what's actually happening. We've suggested as well that the government remove the cap on surgical procedures. It's a NDP-PC cap that's been there for a long while. There's no reason or rationale for that except that it delays people more.

We've said—called on the government to provide the critical funding needed so that more eye surgeries can be done and more procedures can be done to make up this deficit.

We are far behind when it comes to eye surgeries. The latest numbers I have for WRHA alone is almost 10,000 people on the wait-list for eye surgery. It is unbelievable that there is no ophthalmologist on the task force, given how important this is to so many people.

The incredible costs of such delayed surgeries are large in falls, in injuries because people can't see as well as they need to; the extra costs of people not being able to work; the extra costs of the procedures being more complicated when the surgery is not done as quickly.

The cataracts get harder, more difficult to remove, and this is typical not just of eye surgeries but of others as well. Getting things done quickly and on time actually saves money.

The NDP have talked about trusting the NDP but the fact is that the NDP left a mess. There were large wait-lists for eye surgeries and for other surgeries when they were—left office, and there was clearly major things which needed to be addressed.

The government has allocated \$50 million, but we have no idea what that's based on or how it's going to be spent because the government has not given us a plan, and the estimates that we've seen are that it's probably going to be a lot more costly than that.

I've—getting calls daily of people who are waiting on the backlog who are in pain, who need these surgeries if they're going to live, if they're going to work. There's a lot to be done. It needs to be done quickly instead of waiting and waiting.

I called on the Minister of Health (Ms. Gordon) to act in a question in question period on March the 3rd. She said they would have their wait time report the next day on March the 4th, but it didn't arrive and it still hasn't arrived.

This government is late, it is in trouble and it is not doing well on health care, Mr. Speaker.

Mr. Rick Wowchuk (Swan River): You know, I kind of say oi yoi yoi when I hear comments like the member from Concordia about—something about handing over the best health-care system. I'd hate to see the worst if that was the best that we inherited.

And also, you know, the member from St. Vital admitted they handed over a bad situation. And if that's the case, there's a lot of disjoining. And then, when facts are put on the table, the member from St. Johns bullies with mud-flinging comments, and pretty soon—Winnipeggers understand what this party is all about. They understand—they probably want to see a fourth-place medal down the way. I mean, third isn't going to be good enough.

Our government continues to invest more—
[interjection]

Mr. Deputy Speaker: Order, please. The hour being 12 noon—oh, when this matter is again before the House, the honourable member for Swan River will have nine minutes remaining.

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 24, 2022

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