

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

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The Honourable Myrna Driedger
Speaker*

MANITOBA LEGISLATIVE ASSEMBLY
Forty-First Legislature

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Wednesday, April 11, 2018

The House met at 1:30 p.m.

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

Please be seated. Good afternoon, everybody.

ROUTINE PROCEEDINGS

INTRODUCTION OF BILLS

Bill 218—The Prompt Payments in the Construction Industry Act

Mr. Reg Helwer (Brandon West): I move, seconded by the MLA for Lac du Bonnet, that Bill 218, The Prompt Payments in the Construction Industry Act; Loi sur le paiement sans délai dans l'industrie de la construction, now be read for a first time.

Motion presented.

Mr. Helwer: This bill deals with payments to contractors and subcontractors in the construction industry. Owners must make periodic payments under a construction contract to their contractors at specified times as the work progresses or when milestones are reached. They must also make final payments promptly upon work completion. Similar obligations apply to contractors' payments to their subcontractors and subcontractors' payments to other subcontractors. If payment obligations are not met, a contractor or a subcontractor may, with notice, suspend work or terminate the contract. An adjudicator may be appointed to resolve payment disputes.

Thank you, Madam Speaker, and we are joined in the gallery today by many representatives of organizations and unions and—in support of this bill. Thank you.

Madam Speaker: Is it the pleasure of the House to adopt the motion? Agreed? *[Agreed]*

Any further introduction of bills? No.

Committee reports? Tabling of reports?

MINISTERIAL STATEMENTS

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

Would the honourable minister please proceed with her statement.

International Day of Pink

Hon. Rochelle Squires (Minister responsible for the Status of Women): April 11th marks the International Day of Pink. It is a day where communities across the country unite in celebrating diversity and raising awareness to stop homophobia, transphobia, transmisogyny, body shaming and all forms of bullying.

Today's Day of Pink was started in Nova Scotia in 2007 at the Central Kings Rural High School. Two high school students, David Shepherd and Travis Price, saw another student being bullied and that student happened to be wearing a pink shirt. The two students intervened and knew that they wanted to do more to prevent homophobic and transphobic bullying.

As a result of the actions of those two youth, a national movement was born whereby each year, on the second Wednesday of April, millions of people wear pink to take a stand. The Day of Pink is a symbol; it is a spark which empowers and inspires youth and adults across Canada to create amazing social change.

Bullying doesn't just happen to children, but also to adults. It happens in workplaces and in everyday life. Females and those who are perceived to be feminine are often overrepresented among the victims. Many have now found the strength to come forward and share their experiences with others. I am proud to be a member of a government who has brought the experience of harassment to the forefront and are actively working to make the province of Manitoba a better and safer place to work and to live.

I want to encourage all of my colleagues today to take a stand against bullying, much like David and Travis did 11 years ago. Together, we can work together to ensure that all people feel accepted and celebrated.

Thank you very much, Madam Speaker.

Ms. Nahanni Fontaine (St. Johns): Pink fills many schools and workplaces today recognizing International Day of Pink, a day uniting us all to stand up against homophobia, transphobia, misogyny and all forms of bullying. Demonstrating respect and standing up against bullying must not only occur for just one day.

Eleven years ago, a male student at a Nova Scotia high school was harassed for wearing a pink polo shirt. When two other male students heard about the incident, they courageously encouraged all students to wear pink shirts. The next day, the sea of pink began, Madam Speaker, a movement that demonstrates our ability as humans to unite, to stand together and work together to stop bullying, to end homophobia, transphobia and all other types of harassments our children and ourselves, especially as women, face daily.

Our youth are our future leaders. It is important that they see us as adults setting the right example by being respectful to one another, to listening to one another and standing up to bullying. Hundreds of schools and workplaces across the province stand in solidarity today. This includes all of us here at the Legislature. Certainly, it starts with us. We must model the type of behaviour that we want.

I lift up all of the youth, Madam Speaker, who founded this movement and all of the youth who have taken up the mantle in ending bullying across Canada.

Miigwech.

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

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

Ms. Lamoureux: It's nice to rise and have the opportunity to speak to International Day of Pink.

International Day of Pink falls on the second Wednesday of every April. This year, it happens to be today, April 11th.

This day was started in Nova Scotia by two high school students. These students took the initiative to stand up against bullying by educating people of the various forms of discrimination and by purchasing pink shirts. That ultimately led everyone in the school to wear pink in solidarity. Talk about inspiring, Madam Speaker.

The message is evident. There is power in numbers, and together, we can do anything. International Day of Pink symbolizes empowerment and inspiration across Canada, so add some pink to your attire today and fight for diversity, for our nation and for future generations.

Thank you, Madam Speaker.

* (13:40)

MEMBERS' STATEMENTS

Pembina Active Living Plus

Mr. Jon Reyes (St. Norbert): At the south end of Winnipeg, there is a group of individuals who, as they get older, only get better and busier, staying active and contributing to our community.

In the spring of 2009, Lynn Arnott and Lois Abraham recognized a need for programs, activities and events where mature adults could connect, socialize, share their talents and develop new ones. By August, a group of twelve seniors gathered for the first meeting of what would be—eventually become known as the Pembina Active Living, or PAL (55+).

Since the first meeting, this nine-year-old organization has grown into a family supporting close to 500 members with a variety of activities including book clubs, painting classes, computer workshops, afternoon movies, craft groups, cycling excursions, bowling, golf and fitness training and, of course, their famous food-and-wine pairing events. They host an annual Zing into Spring, a membership-drive picnic and a Christmas gathering. Look at their online calendar to see just how active they are.

But PAL (55+) isn't serving its membership only. It has given back to the community through programs which include its gardening club, which took on an annual beautification of Kings Park, informational presentations on health, personal security and many other topics, plus intergenerational sing-songs with the neighbourhood chapter of the boys and girls of Winnipeg.

Recently, PAL (55+) kicked off their fundraising campaign so they can provide even more for its members and our community, including those who are not quite members yet. For the record, I couldn't wait until I was 55 to join, so I already joined. I already purchased a PAL (55+) membership myself and I am so proud to be part of such a wonderful organization and to have connected with so many great people.

Jerry Jerrett, board member; Alanna Jones, executive director; Bob Newman, past president; Bob Roehle, president. Madam Speaker, please join me in welcoming them and thanking them for all they do for our community in the south end of Winnipeg. Thank you.

Frontier College Skills Competition Honourees

Mr. Tom Lindsey (Flin Flon): Today I rise to congratulate a group of young people from Frontier Collegiate in Cranberry Portage, Manitoba, for their amazing achievements in the Manitoba skills competition.

One of these students is Northwind Colomb of Pukatawagan, who completed the carpentry program at Frontier with honours. He is also a two-time gold medalist for carpentry in the northern Manitoba skills competition, he's known for his strong work ethic and commitment to excellence on every project, which will serve him well in the workforce.

Another student is Alexis Ballantyne from Moose Lake who has been studying in the power mechanics program and plans to pursue a career in the automotive industry after graduation. Alexis often spends her time in the classroom honing her skills and is a very enthusiastic about school, as she is part of the student leadership program and a positive role model for the students in her community.

Another special guest is William Pronteau of Cormorant, who has been in the power mechanics program and will graduate grade 12 this year along with receiving an automotive service technician certificate. He plans to join the military and become an engineer.

Finally, our last special guest is Jonah Wishart, also of Cormorant, who is also in the power mechanics and is known to be busy working repairing and maintaining various types of equipment for family and friends.

I want to congratulate the students on their remarkable achievements, and I look forward to

seeing where life takes them in the future with their incredible skills. They are the future leaders of our communities, and as they use these skills to help others, we are all very proud of their accomplishments.

It is heartwarming to see the NDP investments in Frontier paying off for the students and their families in the North.

Thank you for your commitment, and congratulations on achieving your goals for your future.

Madam Speaker: The honourable member for Flin Flon.

Mr. Lindsey: Madam Speaker, I ask leave to add the students' names, as well as their instructors and family members who are with them, into Hansard.

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

Alexis Ballantyne, Northwind Colomb, Grant Kreuger, William Pronteau, Jonah Wishart, Sheldon Yaremchuk

2018 Paralympic Curling Champions

Mr. Shannon Martin (Morris): I am honoured to take this opportunity to recognize and congratulate two very talented athletes from my constituency: Mr. Dennis Thiessen, from Sanford, and Mr. Jamie Anseeuw, from Oak Bluff. Not only were Dennis and Jamie, along with Mark Ideson, Ina Forrest and Marie Wright, selected to represent Canada in wheelchair curling at the 2018 Winter Paralympic Games, but they brought home the bronze medal.

Madam Speaker, from March 8th to 18th, Dennis and Jamie joined their Canadian teammates in PyeongChang, South Korea, to compete in wheelchair curling, an event that has quickly grown in popularity since making its debut in 2006. Team Canada won nine out of 11 round robin games, then lost an intense semifinal 4-3 to the Republic of China before beating Korea to capture the bronze. Their team had a reputation for high intensity with a complete focus on performance excellence, their team dynamics second to none.

Dennis, who has participated as a wheelchair curler since 2005, can add this bronze medal to an impressive collection of wins, including several national titles and a gold medal at the 2013 world championships and the 2014 Paralympics in Russia.

Dennis recruited Jamie to play for Team Manitoba in 2014, and the two went on to become

two-time national champions in 2014 and '17. The 2018 Paralympics was Jamie's first international debut wearing the maple leaf.

Outside of wheelchair curling, both these men have been remarkable examples of redefining the boundaries of possibility. Dennis coaches and mentors the next generation of wheelchair curlers at the Assiniboine curling club, and Jamie mentors snowmobile racers, some of whom have stood on world championship podiums.

Jamie's slogan is dream, believe, achieve. Well, Jamie and Dennis, I believe an entire nation would say, mission accomplished.

On behalf of the province of Manitoba, thank you and congratulations.

Government Notices Modernization Act

Mr. James Allum (Fort Garry-Riverview): Madam Speaker, the Premier (Mr. Pallister) and his government have introduced a bill that will have a serious impact on Manitoba newspapers and all Manitobans who rely on them to access important information.

Bill 8 removes the requirement for government to publish official notices in local newspapers. Instead, the government will now post information on an obscure government website.

These government notices deliver crucial information to thousands of Manitobans every day on changes in legislation or disruptions in services that may affect the health, safety and well-being of our fellow citizens.

Oftentimes these government notices advertise a public hearing to discuss a change in front-line services. It is important all Manitobans are aware of these public hearings, especially when they deal with government cuts to front-line health services like emergency care. Bill 8 would eliminate this commitment to openness and transparency.

Ensuring the information Manitobans need is delivered to them openly and regularly is the foundation of transparency. Bill 8 destroys this commitment, all because of the report of a high-priced consultant.

By advertising in local newspapers, the government is ensuring that this information is delivered to Manitobans' doorstep. Any changes to acts like The Environment Act, The Public Health Act, The Public Schools Act, The Water Protection

Act or even the Human Rights Code, deserves more than simply a post on a website. Families cannot be left in the dark about important changes that affect their health and safety.

What is also of concern is the effect Bill 8 will have on the sustainability and future of local and cultural community newspapers. Smaller papers that represent our rural communities or our vibrant ethnic and linguistic communities, like La Liberté, are the backbone of our province.

This cut was made without consultation and will impact them in ways the Province has clearly not considered. I have heard from Manitobans who rely on community newspapers to stay current on issues and changes in services. Families and businesses must be protected and informed. Small local papers must be supported so that our communities can grow and flourish.

Madam Speaker: The member's time has expired.

An Honourable Member: Leave.

Some Honourable Members: No.

Madam Speaker: Leave has been denied.

Lake Manitoba Outlet Channel

Mr. Derek Johnson (Interlake): Madam Speaker, I rise in the House today to share the benefits of Lake Manitoba outlet channel and to refresh our memory of the devastating flood of 2011.

In the last 100 years, Manitoba has experienced our share of major floods. However, the spring of 2011 was unique for Lake Manitoba. Record-high water flows were recorded on all streams and rivers in the Assiniboine River and Lake Manitoba watersheds.

As the water diverted through the Portage Diversion took its toll, farmers were the first to be impacted. Many of these farms had been operated by the same family for generations. When the flood struck, many farms were destroyed, along with their dreams of continuing on the family tradition.

Also, cottagers and homeowners along the lakes and rivers were devastated, forcing owners to evacuate for extended periods of time. Some have yet to return home.

* (13:50)

The flood of 2011 highlighted several potential weak links in the existing flood control systems. The Assiniboine River and Lake Manitoba flood basins—

Manitoba basins flood mitigation study of 2016 recommended that the Lake Manitoba outlet channel be constructed. This new outlet channel will work in tandem with the existing Fairford water control structure to help regulate water levels and mitigate flooding on Lake Manitoba. When complete, the channel will serve to reduce large-scale flooding of Manitobans similar to what we faced in 2011 and again in 2014. This will offer peace of mind to farmers, homeowners and cottages in these affected areas.

By building the Lake Manitoba outlet channel, we can definitely save millions and probably billions in future disaster relief coming out of taxpayers' pockets.

Thank you, Madam Speaker.

Introduction of Guests

Madam Speaker: Prior to oral questions, we have some guests in the gallery that I would like to introduce to you.

We have seated in the public gallery from Garden City Collegiate 42 grade 9 students under the direction of Lia Baffour-Awuah and Daniel Bruneau, and this group is located in the constituency of the honourable member for Kildonan (Mr. Curry).

And also seated in the public gallery from Royal School we have 25 grade 3 and 4 students under the direction of Chad Gustafson. And I would point out that in this group, Sienna Vermette, daughter of Becki Derksen, our website administrator for the Legislative Assembly, is in this class. And this group is located in the constituency of the honourable member for Charleswood (Mrs. Driedger), and that would be me, and they told me that they are wearing pink today because they are standing up against bullying.

And also in our public gallery we have the Member of Parliament Robert-Falcon Ouellette, and we welcome here to the Manitoba Legislature.

ORAL QUESTIONS

Regional Health Authorities

Budget for 2018

Mr. Wab Kinew (Leader of the Official Opposition): Well, I want to say to the students here today that we want to help you end bullying in our schools and so all the work you're doing, we very much think it's awesome.

And I also want to put on the record that I am very happy that the Winnipeg Jets are in the playoffs tonight, Madam Speaker. I remember back in the day when I was a TV reporter, the return of the Jets was one of the best stories that I covered. On that day, I watched the mayor of the city at that time fill a promise and dance in a conga line at The Forks, and I provided play-by-play coverage of a ball hockey game that was happening at Portage and Main.

Now, we know that the Jets have been to the playoffs since their return, but this year feels different. We have an amazing team, and EA Sports did their simulation of the NHL playoffs last night and they predicted the Winnipeg Jets to win the Stanley Cup this year, so go, Jets, go.

On another note, when will the Premier stop his cuts to the health-care system?

Hon. Brian Pallister (Premier): Madam Speaker, the Winnipeg Jets got better this year because they addressed some of the problems they had. They didn't turn away from them like the NDP are telling us to do.

If you're going to make improvements, you've got to admit when you have a problem, Madam Speaker. Manitobans knew they had a problem two years ago and they decided to change things. The Jets have changed things for the better, and Manitoba's better for it, and they changed their government too, and Manitoba's better for that too.

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

Mr. Kinew: Well, we know health-care professionals are calling two minutes on the Premier for interference—interference with the great work that they're doing to deliver care to patients all across the province.

Now, we know that he likes to stand in the House and recite his message, but the stories that we hear show that those numbers just don't add up. We know that patients are waiting longer to see a doctor. We know that they don't even have a wait list for physiotherapy anymore because that service has been cut entirely, and the care that patients are receiving in hospital is undermined as we see that nurses and health-care professionals are stressed and are being forced to work back-to-back shifts at a rate that, you know, is unprecedented in recent memory.

We also know that the regional health authorities had to submit their budgets to the Premier for approval by the end of March.

So the—can the Premier tell the House: How much did he direct the RHAs to cut from their budgets this year?

Mr. Pallister: Well, Madam Speaker, the myth of cuts is all the member has to foist on the people of Manitoba, but it is, of course, a myth, and we are investing in health care, as the No. 1 priority of Manitobans, more than half a billion dollars more than the NDP ever did.

That being said, Manitobans knew that the NDP management of health care was ranking us last in the country, and they put them in the penalty box, where they belong, Madam Speaker.

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

Mr. Kinew: We know that the Premier's refusal to answer questions in this House is no different from the way that he's been treating Manitobans on the issue of health care. They've been asking for answers as to where did this plan come from to close the emergency rooms in the city of Winnipeg. None of them remember—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: —voting to close emergency rooms in the last election.

Now there was a slight reprieve when, you know, this government decided to delay things, but they could go one step further and just announce that the plan to shutter the Concordia and Seven Oaks emergency rooms are just off the table. But all the other cuts and closures and service reductions that we've seen in the system are having an impact.

So I would ask again: We know that the Premier has already made his directives to the regional health authorities for this year, so can he tell the House how much did he direct the RHAs to cut?

Mr. Pallister: Well, the member has a short memory, Madam Speaker, because I believe that most of the people in this House, certainly, and the people who work here and the people across the province remember what they voted for in the last election. They also remember what they voted against. They voted against Canada's longest wait times. They voted against Canada's highest ambulance fees. They voted against the least

sustainable health-care system in the country under the NDP with billion-dollar deficits becoming the norm.

What they've got now is a government that's ready to face the challenges of making things better, and good luck to the Jets tonight for being better. We hope they continue a long time, just as we believe Manitobans want this government to continue for a long time too.

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

Minimum Wage Increase Request

Mr. Wab Kinew (Leader of the Official Opposition): We know that life is getting a little bit more difficult for people in the province. It's getting more difficult because transit fares are going up as a result of cuts that this government has made. We know that there's going to be a new carbon tax implemented that won't be revenue neutral, meaning that money won't be going back to Manitobans in the province here, and we also know that hydro rates are going up because of the decisions being made by this government.

Now, what has the government sought fit to do for working Manitobans, for some who we might classify as the working poor in our province? Well, they've seen fit to deliver a raise of only 20 cents. Now, 20 cents, I'm sure we can all agree, is not going to be enough for those working full-time jobs trying to provide for their families to keep up with all the additional cost of living expenses that are coming down the pipeline.

So when will the Premier come forward with a real plan to bring the minimum wage in our province to \$15 an hour?

Hon. Brian Pallister (Premier): Well, one thing that has become eminently clear, Madam Speaker, is that although the NDP may have a new leader, they have the same old ideas, and those ideas involve keeping—*[interjection]*

Madam Speaker: Order.

Mr. Pallister: And those ideas, of course, involve taking money away from hard-working Manitoba families and seniors so they can spend it.

Madam Speaker, they have a legacy of record tax hikes. Every Manitoban who has home insurance knows they now pay 8 per cent more for it thanks to

the NDP broken promise on not raising taxes when they added the PST to home insurance. They also added 8 per cent onto the cost of benefits that people purchase to protect their families.

* (14:00)

This is not how you leave more money in the pockets of Manitobans, Madam Speaker. Raising the basic personal exemption by \$2,020 in 2020 does leave a significant amount of money in the hands of working Manitobans and seniors, and that is one measure of many that we are undertaking to strengthen the finances of Manitoba families.

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

Mr. Kinew: You know, if they just increased the minimum wage to a living wage, then that would put substantially more money into the pockets of working Manitobans. Now, as—that would be money that they could use to spend as they see fit.

Now, I appreciate that the First Minister's raising his broken promise, the promise that they broke that was reported on yesterday, that they're not going to be indexing the basic personal exemption once they pass the carbon tax bill. So I'll acknowledge him for, you know, putting on record that he did break a promise there. But the question was, when are they going to stand up for working people in Manitoba and come forward with a real plan to bring the minimum wage in our province to \$15 an hour.

So I'll ask him again: When will the Premier bring a timeline into this House to bring the minimum wage in Manitoba to \$15 per hour?

Mr. Pallister: Well, Madam Speaker, the difference couldn't be more evident. The member references broken promises, something he himself has great experience with, as does the NDP. However, in our case, we are keeping the promises we made to Manitobans when we asked for their permission to fix the finances, repair the services and rebuild the economy of our province.

And so, by raising the basic personal exemption by \$2,020 in 2020, we will be giving every Manitoban—every working Manitoban—a raise. Madam Speaker, we're also committed to reducing the PST, which the NDP raised. We have also committed to lowering the small-business tax on small businesses that are our engine of growth.

Madam Speaker, what does the NDP have as a new position? The same old, same old position.

They're against lower taxes for small businesses; they're against lower taxes for seniors, and they're against lower PST for all Manitoba—*[interjection]*

Madam Speaker: Order.

Mr. Pallister: —families.

We know what they're against, Madam Speaker, but we're not sure what they're for. *[interjection]*

Madam Speaker: Order.

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

Mr. Kinew: So, again, the question was on the minimum wage.

In the face of the Premier's hikes to hydro rates, in the face of an increasing Winnipeg Transit fare, in the face of higher tuition, what does he deliver to working people in this province? Well, an increase of only 20 cents to the minimum wage.

We've seen other provinces that are moving towards \$15 an hour find success with that. In fact, they now have unemployment rates that are better than under this government here in Manitoba. We know that the unemployment rate—the situation has deteriorated under what this—*[interjection]*

Madam Speaker: Order.

Mr. Kinew: —Province—what this provincial government has delivered. So perhaps they could take a step in the right direction, start to deliver real support to people in our province and come forward with a plan to bring the minimum wage in Manitoba to \$15 an hour.

Mr. Pallister: The member's entitled to his own opinion, but he's not entitled to his own facts, Madam Speaker. And the unemployment rate in Manitoba is lower than every other province but one in Canada, and we're aiming to be the lowest in Canada.

Our average weekly earnings last year increased by 2.4 per cent. That is second highest among all provinces. That's the highest in five years through Manitoba. He speaks about more money in people's pockets, Madam Speaker; we're building the economy of this province in partnership with small enterprises around the province to make sure there are jobs for people who want to work.

And, Madam Speaker, that is the key to getting out of poverty, is giving people an opportunity to work and to develop skills and to use those skills in a

province that rewards their work with lower taxes. That's what we're about; that's most certainly not what the member and his party are about.

QuickCare Clinics Winnipeg Closures

Mr. Andrew Swan (Minto): Madam Speaker, I quote: QuickCare clinics are there to meet your unexpected health-care needs during times when other clinics may be closed. QuickCare clinics are staffed by nurse practitioners and registered nurses who diagnose and treat your minor health issues, saving you a trip to the emergency department or having to wait for regular clinic hours. QuickCare clinics provide walk-in services as well as by appointment. End quote.

Why did this Minister of Health and this Cabinet approve the closing of five Winnipeg QuickCare clinics earlier this year? *[interjection]*

Madam Speaker: Order.

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Madam Speaker, as I tried to explain to the member in Estimates yesterday afternoon, and I might have the opportunity again this afternoon, the QuickCare clinic resources were moved to the ACCESS centres. The ACCESS centres had lots of empty space, and in some cases they had floors of empty space, so those resources were moved into there and rebranded as now the Walk-In Connected Care Clinics. So there's now Walk-In Connected Care Clinics at many of the ACCESS centres in Winnipeg.

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

Mr. Swan: Well, Madam Speaker, in my quote in the first question, I wasn't quoting a past press release or historical document. I was actually quoting the current Southern Health authority website, which directs residents to the QuickCare clinic, which continues to be open Monday to Friday, 9 a.m. to 9 p.m., and Saturday from 10 to 6 in the city of Steinbach, and I'll table that if the minister isn't aware of that.

The current website tells us how QuickCare clinics are part of a broader provincial—*[interjection]*

Madam Speaker: Order.

Mr. Swan: —plan for health care and how QuickCare clinics provide more convenient and timely care.

Why does this minister believe it's fine to deny most residents of the city of Winnipeg a health-care treatment option that continues to operate in his own backyard? *[interjection]*

Madam Speaker: Order.

Mr. Goertzen: Madam Speaker, I know there's been more sightings of the Loch Ness monster in Steinbach than there have been of NDP MLAs over the last 10 years, but I'll try to explain this to the member.

The QuickCare clinic resources in Winnipeg were moved into the ACCESS centres and now they are Walk-In Connected Care. There is still a QuickCare clinic in Steinbach and in Selkirk because there are no ACCESS centres in those communities, Madam Speaker.

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

Mr. Swan: Well, it's indeed strange. I believe we've touched a bit of a nerve on that side of the House, but who else has been touched have been the nurse practitioners—*[interjection]*

Madam Speaker: Order.

Mr. Swan: —and nurses who are working in those QuickCare clinics who were deleted by this government. This government didn't simply move everything along. They closed QuickCare clinics for most of the 750,000 residents of the city of Winnipeg.

But what has happened? Well, and now the Minister of Health wants to remind us, no, there's a QuickCare clinic, it's just in his backyard and in the area of the member for Selkirk (Mr. Lagimodiere).

When will this minister—*[interjection]*

Madam Speaker: Order.

Mr. Swan: —stop trying to balance the budget on the backs of Winnipeggers who need health care and start investing in health care closer to home, saving the system money by allowing people to avoid trips to emergency rooms as the southern authority website tells us? *[interjection]*

Madam Speaker: Order.

Mr. Goertzen: Madam Speaker, I feel sorry for my friend from Minto. I know there's a big game tonight. He's probably been scouring the Crown corporations looking for free tickets, so he hasn't had the time to review Hansard yesterday, when I clearly said the

QuickCare clinics in Winnipeg, those resources were moved into the ACCESS centres.

There were new Walk-In Connected Care Clinics that were opened, and the only reason, Madam Speaker, why the ones in Steinbach and Selkirk remain open is because there is no ACCESS centre in those communities.

I hope he has good fortune in finding tickets for the game tonight, but not on taxpayers' expense, Madam Speaker.

Madam Speaker: As everybody's using hockey analogies, I don't think you want me to put any of you in a penalty box today, but the heckling is getting a little bit hard for me to hear some of the language, so I do ask everybody to please show some respect for those that are asking and answering so we can all properly hear the answers.

* (14:10)

I have started my list again, so I do have a potential penalty box list, and I would also indicate to all of you that there are—while our galleries may not be full today, on a daily basis we have almost 400 people watching question period. And I would just indicate they're all paying attention to what's happening here. So I would encourage that everybody try to do their best, if you can, and listen to the people that are asking and answering questions.

Labour Relations Services Budget Reduction Inquiry

Mr. Tom Lindsey (Flin Flon): Labour mediation and other supports for workers have been important to ensuring a lengthy period of healthy labour relations between employers and private sector workers in this province, yet in Estimates, the minister revealed that he's cut labour relations support by hundreds of thousands of dollars. The minister fails to realize that these services help maintain good relationships and should be improved, not cut.

Will the minister change course, reverse his cuts to labour mediation and other supports for workers?

Hon. Blaine Pedersen (Minister of Growth, Enterprise and Trade): Before I address the member's question, I would just like to inform the House, last night I was at the 2018 Project Management Institute Project of the Year awards gala. There were seven nominees in there, and got—honourable mention goes to Manitoba

Legislative Building, Chamber accessibility awards, Accommodation Services for a job well done. Madam Speaker was there, our Clerk, Patricia Chaychuk, was there, and a special shout-out to project manager Lynn Selman for a job well done, project on time and on budget.

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

Mr. Lindsey: So I see this minister's fallen into the trap of not answering questions anymore either.

So, Madam Speaker, the minister fails to appreciate the important services that these programs provide. Labour relations experts like Professor Julie Guard at the University of Manitoba dispute the minister, noting that if labour relations have been good, and I quote, why change the apparatus that's working so well? End quote.

These services and the staff that provide them should be enhanced, not cut, but I suppose this should come as no surprise, as the minister questioned the loyalty of his own civil service.

And while I appreciate the minister did apologize for those remarks, will the minister now do the right thing and reverse his cuts to these important programs?

Mr. Pedersen: What the member fails to recognize is that there is good working relationships between labour and employers. It's been going on for a number of years now, contrary to what it was many years ago. The calls to the Labour Relations Department have gone well down. It's because of this good working relationship that employees and employers have there is not the need for that employer relations as there once was.

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

Mr. Lindsey: This last week has been a test of the minister's loyalty to Manitoba's workforce, and, quite frankly, he's failed. So what did he do? He raised the minimum wage by two dimes, an insult to working Manitobans.

The minister should be focused on improving relations between workers and management and making sure there is a living wage. Instead, the minister has cut programs that help workers and management work through their disputes.

Is the minister actively trying to undermine the government's relationship with workers, or does he just not care?

Mr. Pedersen: The member seems to think that \$2,020 increase to every Manitoban, on every kitchen table, is insignificant. We think that's very significant, and we will continue to lower taxes to make it more affordable for Manitoba to live, contrary to what the previous NDP government did, where they raised taxes on the most vulnerable people in Manitoba.

Judicial System Review Mental Health and Addictions

Ms. Nahanni Fontaine (St. Johns): Yesterday, the Minister of Justice insisted that her vague strategy to improve Manitoba's criminal justice system is sufficient in addressing police-involved deaths. Page 3 reads, and I quote, we have to address the needs of people with chronic and acute substance abuse—[interjection]

Madam Speaker: Order.

Ms. Fontaine: —issues in a broader way. Manitoba Justice will work with other departments across the provincial government, end quote.

The Department of Health has undergone a year-long review of Manitoba's mental health and addiction services. That report has been sitting on the Minister of Health's desk for quite some time, Madam Speaker. This seems like the perfect opportunity for the Minister of Justice to make a change.

So, did the minister work with the Health Department and VIRGO to review her services?

Hon. Heather Stefanson (Minister of Justice and Attorney General): Once again, the member is factually incorrect. I will say that I'm happy that she has finally found the report. Yesterday she was saying that there wasn't a report that was tabled. I'm glad that she has found that, where it's been on the website for almost a month. So I'm glad that she's finally found that report. And that report indicates all of the wonderful things that we're doing with law enforcement to ensure safer communities and more timely access to justice.

I want to thank our law enforcement officers out there for all they're doing to ensure that addictions in our province are handled, and we will continue to work with them across government departments, across—and with stakeholders in our community.

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

Ms. Fontaine: The minister must know what she has to do, or at the very least needs to figure out what she needs to do to address this issue by engaging the Minister of Health.

Instead of taking action, instead of following the lead of programs across the country which have seen success in reducing the dangers individuals with mental health issues face when they encounter police, instead of doing anything, the minister kicked the can down the road and launched a so-called strategy, vague, with no specific commitments, no funding attached to it.

When will this minister take action?

Mrs. Stefanson: It's my understanding that VIRGO did reach out to a number of stakeholders and did that consultation process, so it was a very comprehensive consultation process.

But what will I—what I will say to the member opposite is that we're looking for solutions that will not only make our communities healthier and safer today but tomorrow as well. So it's very important that we have a comprehensive strategy that works with law enforcement, with all stakeholders out there. And that's what our government is committed to doing.

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

Restorative Justice New Program Inquiry

Ms. Nahanni Fontaine (St. Johns): The minister's so-called strategy indicates that Manitoba will make a more effective use of restorative justice.

So why would the minister see fit to cut successful restorative justice programs like Restorative Resolutions or cut more than \$180,000 to Elizabeth Fry and John Howard? Instead, she says that she will cobble together, and I quote, departmental staff who were already working in restorative justice, and I quote again, and programming currently offered into a shiny new restorative justice centre.

Will the minister admit there are no new restorative justice programs being offered by her department?

Hon. Heather Stefanson (Minister of Justice and Attorney General): Yesterday, the member opposite

said that there wasn't a report. Now I'm happy that she's made it to, in fact, page 5 of the report, Madam Speaker, where it talks about our comprehensive restorative justice system strategy.

I will say, Madam Speaker, that a couple of days ago, I had the honour of being out in Steinbach, where we announced \$50,000 to Headway, actually, to community mobilization programs. *[interjection]*

I hope the member for Minto (Mr. Swan) can find his way out to Steinbach, because I can tell him, Madam Speaker, it's worth the trip.

Civil Servants Reporting Ethics Concerns Auditor General Recommendations

Hon. Jon Gerrard (River Heights): Madam Speaker, last month, the Auditor General released a report following up on past recommendations.

* (14:20)

One of the many unimplemented recommendations is the framework for an ethical environment, first tabled in 2014. It said, a well-constructed values and ethics framework is a key element in ensuring a strong ethical environment. However, the report says, no action has been taken with respect to recommendation 14, which is to develop and implement a process to enable employees to report concerns of ethical misconduct.

Why is this government ignoring this recommendation 'despide' the need for it being now more than ever?

Hon. Heather Stefanson (Minister of Justice and Attorney General): This government takes the issue of ethics very seriously. It's why we have introduced a number of pieces of legislation to work towards that.

I'm also very proud of our Premier and the Clerk of Executive Council and—along with the Minister responsible for the Status of Women (Ms. Squires), who have introduced a new harassment in the workplace policy. I want to thank them for the hard work that they've done.

We take that very, very seriously and we will continue to ensure that those ethical standards are maintained here in Manitoba.

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

Mr. Gerrard: Madam Speaker, two years in government and still no ethics policy. It's obviously not a priority.

The Auditor General's report continues: Employees need to be aware of where and how to report ethical issues and feel safe doing so.

The Premier has promised a no-wrong-door approach, but it 'accears' that when it comes to ethics there is no right door, and when it comes to meeting the Premier, there is no door at all.

How is the government going to make sure that civil servants can be protected when reporting ethical concerns? *[interjection]*

Madam Speaker: Order. Order.

Mrs. Stefanson: The facts are, Madam Speaker, that the Premier's had more than 3,000 meetings with Manitobans across this great province of ours, and we continue to listen to Manitobans each and every day.

We are also very proud of the fact that recently our government introduced that—which the member talked about, the no-wrong-door harassment in the workplace policy, Madam Speaker, and again, I want to thank the Clerk of the Executive Council for his role.

It's important, Madam Speaker, that we get rid of the culture of concealment under the previous NDP government. We are committed to doing that.

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

Mr. Gerrard: Madam Speaker, the Auditor General reported that in a survey a third of his government's departmental employees are personally aware of ethical misconduct or fraudulent activity within their workplace, and yet only half have been reported to management. These are shocking statistics.

The Premier claims to want to improve the civil service. Instead, he wants to freeze wages, lay them off, score them, make sure they have nowhere to report ethical violations and then blame their leaving on a lack of loyalty.

Will this government immediately implement ethical codes of conduct and ethics reporting mechanisms for everyone covered under the whistleblower protection act?

Hon. Brian Pallister (Premier): Well, to torture the analogy, Madam Speaker, the member was tripping

over that question. He was part of a federal government that made the largest reductions in health-care support in the history of Canada. He supported it. He denied it was happening at the time, but it did happen, and it's happening again, Madam Speaker, and he sits quietly by, does nothing. He speaks about ethics in his ghost-written question but he forgets about the sponsorship scandal and the Gomery behaviour and the various things that the federal Liberal government seems to be wanting to repeat in latter days.

What we would like to see is progress and co-operation on the front of ending harassment in the workplace. That's why we'd like to see the NDP make public their two-month-old inquiry. Their little closet inquiry hasn't revealed anything to anyone about harassment as a consequence of their own internal investigations, and if they fail to release that report, Madam Speaker, they may well be accused of continuing the culture of concealment when it comes to harassment.

Canadian Agriculture Partnership Signing of Federal Agreement

Mr. Doyle Piwniuk (Arthur-Virden): Madam Speaker, unlike the NDP, who had no time or respect for agriculture during their almost two decades in power, our Progressive Conservative government knows that Manitoba's farmers and food processors are the backbone of our economy and that we continue to see growing global demand for their world-class products.

Can the Minister of Agriculture update the Assembly on the important developments that occurred last week, and what effects they will have on agricultural sector?

Hon. Ralph Eichler (Minister of Agriculture): Thank the member from Arthur-Virden for that question.

Madam Speaker, some of the members in the Chamber are well aware that the Canadian agriculture partnership was recently signed with the federal minister. This is a huge commitment to our agricultural sector. Not will it help us to expand farm operations, Canadian producers, investments in agriculture—over \$176 million over the next five years will go towards innovation, research, development of markets and trades, risk management.

And go Jets go; go farmers go. *[interjection]*

Madam Speaker: Order.

Rail Line Transportation Concern for Manitoba Producers

Mr. Ted Marcelino (Tyndall Park): Rail backlogs are an urgent problem for Manitoba producers. Yet, the minister seems set on letting others deal with this crisis.

We asked for an urgent debate on this issue, but the government decided this was just not important enough.

Why is the minister failing our producers?

Hon. Ralph Eichler (Minister of Agriculture): I'm—feel a bit of a blush, here. Three questions in two days. I can't tell you—*[interjection]*—yes. It's getting up there with Health, but we got a ways to go.

But the member asks a very serious question. It has to do with the federal government and Bill C-49. We will see yields increase from year to year. This will be a market that sat, that's going to have to expand, and Bill C-49 will not just fix the rail transportation issue. We're going to see bigger yields, we're going to need more train cars, and legislation cannot provide that. What needs to happen is have trains that are ready to go when we need to have them, and get into marketplace.

I'll explain the rest of it to the member on my second question.

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

Mr. Marcelino: The Manitoba Progressive Conservatives supported the disorganized termination of the Canadian Wheat Board. We can see the results of that today.

Now, when it's time to stand up for Manitoba producers, the Government House Leader (Mr. Cullen), like the Minister of Agriculture, said that it is a federal issue. The member is wrong.

Manitoba producers are hurting.

Why can't he do anything about it?

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

We have been in consultations not only with the federal minister of transportation, the federal minister of agriculture, our keystone 'agricult' producers—and I can tell the member, and members of this House, that we take our position very seriously. And that's to get our grains and oilseeds

and our produce to those markets on time, on budget. And predictability and sustainability is really what this is all about.

We will make—be the government that gets that done. Not like 17 years of regression for agriculture that was how it's brought forward before.

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

Mr. Marcelino: Coming to my fifth question for—in two days: the minister sends a letter when what is needed is action. The Churchill line is out of commission, and there is an urgent rail backlog for all producers.

This government continues to say, like the Government House Leader (Mr. Cullen), that it's just a federal issue.

* (14:30)

When will the government start standing up for Manitoba producers?

Some Honourable Members: Oh, oh.

Madam Speaker: Order.

Hon. Brian Pallister (Premier): Madam Speaker, I am proud to say that on the government side of the House, we represent all but about 15 farm producers in the entire province of Manitoba, and my colleagues do it exceptionally well.

Madam Speaker, we are standing up for agriculture after years of punitive measures by the previous government, including attempting to shut down one sector entirely, including adding unnecessary and burdensome red tape to the operation of farm businesses and family businesses that caused many of them to go out of business.

Madam Speaker, the results are these: this past year, we led Canada in private sector capital spending growth, No. 1 in the country, and we are expected to do the same next year. Such investments as Simplot and the Roquette plant will create hundreds of jobs and bring over \$1 billion, already, of capital investment to this province.

But I would also say, Madam Speaker, there are things that have happened this past year we don't deserve to take credit for because others were responsible. But we are very proud of our farm families for leading the country in farm cash receipts. They increased by 8.8 per cent last year.

The member's gloom and doom just doesn't cut it in the ag sector. He should get outside the Perimeter and talk to some farmers once in a while.

Tax Credit Changes for Caisses Populaires Impact on Francophone Community

Mr. Wab Kinew (Leader of the Official Opposition): Merci beaucoup, Madame la Présidente. Cette dernière décision du gouvernement de Pallister d'annuler la déduction d'impôt des caisses et des coopératives de crédit inquiète énormément de gens et d'institutions, dont notamment la Caisse populaire qui offre un service essentiel aux francophones dans la province.

Hier, j'ai demandé au Premier ministre dans les estimates, il a dit que ça c'était un « small issue ». Mais c'est un grand enjeu pour la communauté francophone dans la province.

Alors qu'est-ce que le Premier ministre va faire pour appuyer les caisses populaires et autres coopératives de crédit plutôt que de réduire leur efficacité?

Translation

Thank you very much Madam Speaker. This latest decision by the Pallister government to eliminate the tax deduction for caisses populaires and credit unions is of concern to many people and institutions, in particular the caisses populaires that offer an essential service to francophones in the province.

Yesterday, I asked the Premier in estimates and he said it was a small issue. But it's a major issue for the francophone community in the province.

So what is the Premier going to do to support the caisses populaires and other credit unions rather than reduce their efficiency?

Hon. Brian Pallister (Premier): We have tremendous appreciation for the work of the caisse pops and credit unions around the province, Madam Speaker. We know that a temporary concession made to them some years ago is ending in virtually other—every other province in the country and it will end here too.

But what won't end is our admiration for the work of the people who voluntarily serve on their boards, and the tremendous work that they do with their clients, in particular with small-business clients around the province and here in the city. We, unlike the NDP, believe in small business, and we believe in its importance in growing our economy.

We know that the NDP record was one of punishing small-business people and, in fact, imposing higher taxes on them—business taxes, personal taxes, the PST as well. Madam Speaker, we're going to lower taxes in those categories. The NDP will continue to oppose that, but we know that credit unions and caisse pops will do more business with Manitobans because Manitobans will have more business to do with them.

Madam Speaker: I would just like to point out that even in French translation, that when referring to members of this House, it has to also be in accordance with our rules that we are not to refer to individuals but by their titles or their constituencies. So I would ask everybody's co-operation.

And time for oral questions has expired.

Point of Order

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

Hon. Steven Fletcher (Assiniboia): Yes, thank you Madam Speaker. Can I go ahead?

Madam Speaker: Yes.

Mr. Fletcher: Madam Speaker, truth in timing is important. Today and every day, time ticks down in each question period when there are no questions or answers; other things are going on. And this is to the great detriment of all the MLAs, but also to the people of Manitoba because they do not get the opportunity to get the questions and answers in a timely manner, and we run out of time.

Madam Speaker, I wonder if you would be able to investigate why the clock ticks when there are no questions or answers, and how things can be done to improve the situation, like stopping the clock.

Thank you, Madam Speaker.

Madam Speaker: I would thank the member for those comments, but I would also point out to the member that this is not a point of order. It is in the direction of the Speaker that the clock continues to run. We are following the rules of the House, and if the member is interested in making any changes to how the House operates, those discussions are to be had with the House leaders, as has been a very long tradition in this House, and I believe I have indicated that on a number of occasions before and so I would just urge the member to take those concerns in that direction and not continue to bring them up in the House, because that is the way legislatures work.

Madam Speaker: The time for oral questions has expired. I had indicated that.

Petitions?

The honourable member for Assiniboia.

Mr. Fletcher: Yes, Madam Speaker—

Madam Speaker: On a point of order?

Mr. Fletcher: No, on a matter of privilege.

MATTER OF PRIVILEGE

Madam Speaker: The honourable member for Assiniboia, on a matter of privilege.

Hon. Steven Fletcher (Assiniboia): I regret to have to raise this. This place is for freedom of speech. This place is to allow for exchanges. Points of order have their role, and, with the utmost respect, to be told what can or cannot be raised in a point of order is out of order, in my view. I'm bringing this up at the first opportunity, and it is a—meets the criteria of prima facie and also is consistent with the traditions of this place and the House of Commons.

Madam Speaker, I'm simply raising an issue of timing. It affects independents as well because I still have not asked a question in the two years I've been in this place. My colleague from The Maples has not asked a question—or has asked one question, and this is because the clock runs down and the rotation never gets to other independents, even though other independents get up to three questions at question period.

So, Madam Speaker, to be told not to raise an issue that deals directly with our rights and privileges is not consistent, and I'm afraid, and with all due respect, that the resolution is to stop the clock when someone is not—a sitting MLA around the horseshoe is not speaking, and as you correctly stated, it's in with your purview to deal with this issue, and it's a simple solution.

Madam Speaker, again, I don't like the fact that this has to be raised, but to be—the other issue, of course, is being told what to say, what not to say other than—it's just not appropriate.

So, thank you, Madam Speaker.

*(14:40)

Madam Speaker: On the matter of privilege raised by the honourable member for Assiniboia, I would like to inform the House that a matter concerning the

methods by which the House proceeds in the conduct of business is a matter of order, not privilege.

Joseph Maingot, in the second edition of *Parliamentary Privilege in Canada*, states on page 14 that allegations of breach of privilege by a member in the House that amounts to complaints about procedures and practices in the House are, by their very nature, matters of order. He also states on page 223 of the same edition, a breach of the standing orders or a failure to follow an established practice would invoke a point of order rather than a question of privilege.

On this basis, I would therefore rule that the honourable member does not have a prima facie case of privilege. I would also indicate to the member that he has brought this up on numerous occasions. This has already been ruled on, so the member is out of order to continue to bring it up. Our rules are very clear and the member has a copy of the rules book. And the rules across Canada are very similar. And I would indicate to the member he may want to have a closer look at the rules book.

And points of order, I would also point out, are not to be used for debates in the House. Points of order are to be raised based on a breach of a rule or practice. And, in this case, the member needs to take his concerns about some of those issues he's bringing forward to where it belongs and that is not on the floor of the Chamber, it is to be meeting outside of this Chamber with the House leaders on the decisions that are made related to how business is carried on in the House. That is a long-standing tradition of this House and has been respected by most people over the years, that this discussion does not take place on the floor of the Chamber.

Mr. Fletcher: I'd like to challenge the ruling of the Chair, seconded by the member from The Maples.

Madam Speaker: Does the member have support of three other members?

The member does not have support of other members, so is not able to challenge the ruling of the Chair.

PETITIONS

University of Winnipeg–Campus Safety

Mr. Wab Kinew (Leader of the Official Opposition): I wish to present the following petition to the Legislative Assembly.

These are the reasons for the petition:

(1) Students, faculty members, members of the community and/or individuals with close ties to the university are troubled about the number of incidents that have occurred on and around the University of Winnipeg's campus.

(2) Six notable incidents have emerged during the 2017-2018 school year, including stabbings, robberies, sexual assault and an attempted abduction.

(3) Individuals should not feel afraid to walk around the university or community at any time of day or night.

(4) The university's security/safety measures have changed over time to address these issues, but it has not been enough.

(5) Students should be able to trust their institution to protect them and make them feel safe during their post-secondary experience.

(6) The university is located in the downtown area, so it is still important to keep the university's doors open to the wider community.

We petition the Legislative Assembly of Manitoba as follows:

(1) That the provincial government be urged to support a funding increase towards the safety and security of the University of Winnipeg students, faculty members, members of the community and/or individuals with close ties to the university.

(2) That the provincial government be urged to recognize that the University of Winnipeg is an institution located downtown, which needs additional support to be able to make sure that the doors remain open to the wider community.

This petition has been signed by K. Alder, E. Sayapheth-Rousseaux, M. Short and many other Manitobans.

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

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

These are the reasons for this petition:

(1) Students, faculty members, members of the community and/or individuals with close ties to the university are troubled about the number of incidents

that have occurred on and around the University of Winnipeg's campus.

(2) Six notable incidents have emerged during the 2017-2018 school year, including stabbings, robberies, sexual assault and an attempted abduction.

(3) Individuals should not feel afraid to walk around the university or community at any time of day or night.

(4) The university's security/safety measures have changed over time to address these issues, but it has not been enough.

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(2) That the provincial government be urged to recognize that the University of Winnipeg is an institution located downtown, which needs additional support to be able to make sure that the doors remain open to the wider community.

This petition is signed by many Manitobans, Madam Speaker.

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

The reasons for this petition:

(1) Students, faculty members, members of the community and/or individuals with close ties to the university are troubled about the number of incidents that have occurred on and around the University of Winnipeg's campus.

(2) Six notable incidents have emerged during the 2017-2018 school year, including stabbings, robberies, sexual assault and attempted abduction.

(3) Individuals should not feel afraid to walk around the university or community at any time of the day or night.

(4) The university's security/safety measures have changed over time to address these issues, but it has not been enough.

(5) Students should be able to trust their institution to protect them and make them feel safe during their post-secondary experience.

(6) The university is located in the downtown area, so it is still important to keep the university's doors open to the wider community.

We petition the Legislative Assembly of Manitoba as follows:

(1) That the provincial government be urged to support a funding increase towards the safety and security of the University of Winnipeg students, faculty members, members of the community and/or individuals with close ties to the university.

(2) That the provincial government be urged to recognize that the University of Winnipeg is an institution located downtown, which needs additional support to be able to make sure that the doors remain open to the wider community.

Thank you.

Vimy Arena

Hon. Steven Fletcher (Assiniboia): I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) The residents of Assiniboia, St. James, greater Winnipeg area and Manitoba are concerned with the intention expressed by the City of Winnipeg to use the Vimy Arena site as an addictions treatment facility.

(2) The Vimy Arena site is in the middle of a residential area near many schools, churches, community clubs and senior homes, and the City has not considered better suited locations in rural, semi-rural or industrial locations such as St. Boniface industrial park or the 20,000 acres at CentrePort.

(3) The City of Winnipeg has indicated that the Vimy Arena site will be rezoned from park to commercial use to accommodate the addiction treatment facility and has not sought public input from the community to consider better uses for this facility consistent with a recreational area.

(4) The province licensing system is akin to that of a dentist's office and is clearly insufficient for the planned use of the site by the City and the Province.

(5) The proposed rezoning changes the fundamental nature of the community, zoned as a park area, and the concerns of the residents of St. James regarding safety, property values, and their way of life are not being properly addressed.

The people of St. James are largely hard-working, blue collar, middle-class citizens who are family-oriented toward children and seniors and do not have the financial resources of other neighbourhoods.

(7) This type of facility would never be considered for the popular Assiniboine Park or Heubach Park, the park between Park Blvd. east and west, even though it shares the same zoning designation as the Vimy Arena site.

(8) The City and Province would be setting a dangerous precedent with this quote, unquote, process that could put other neighbourhoods at risk for future unwanted development without proper consultation.

(9) The Province needs to be inclusive in the decision-making process and improve its programs to prevent drug abuse and better supervise the provision of drug prescriptions that could lead to addictive behaviour.

* (14:50)

We petition the Legislative Assembly as follows:

To urge the provincial government to take all necessary steps to ensure that the Vimy Arena site is not used for an addiction treatment facility.

Madam Speaker: The petition has not been read as printed. Is there leave to accept the petition as printed? [Agreed]

TO THE LEGISLATIVE ASSEMBLY OF MANITOBA:

The background to this petition is as follows:

1. The residents of Assiniboia, St. James, greater Winnipeg area and Manitoba are concerned with the intention expressed by the City of Winnipeg (City) to use the Vimy Arena site as an addictions treatment facility.

2. The Vimy Arena site is in the middle of a residential area near many schools, churches,

community clubs and senior homes and the City has not considered better suited locations in rural, semi-rural or industrial locations such as St. Boniface industrial park or the 20,000 acres at Centre Port.

3. The City of Winnipeg has indicated that the Vimy Arena site will be rezoned from park to commercial use to accommodate the addiction treatment facility and has not sought public input from the community to consider better uses for this facility consistent with a residential area.

4. The provincial licensing system is akin to that of a dentist's office and is clearly insufficient for the planned use of the site by the city and the province.

5. The proposed rezoning changes the fundamental nature of the community, zoned as a park area, and the concern of residents of St. James regarding safety, property values, and their way of life are not being properly addressed.

6. The people of St. James are largely hard-working, blue collar, and middle class citizens who are family-oriented toward children and seniors, and do not have the financial resources of other neighborhoods.

7. This type of facility would never be considered for the popular Assiniboine park nor for Heubach Park (park between Park Blvd. east and west) even though it shares the same zoning designation as the Vimy Arena site.

8. The City and province would be setting a dangerous precedent with this "process" that could put other neighbourhoods at risk for future unwanted development without proper consultation.

9. The province needs to be inclusive in the decision making process and improve its programs to prevent drug abuse and better supervise the provision of drug prescriptions that could lead to addictive behaviour.

We petition the Legislative Assembly of Manitoba as follows:

To urge the Provincial Government to take the necessary steps to ensure that the Vimy Arena site is not used for an addiction treatment facility.

University of Winnipeg—Campus Safety

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

These are the reasons for this petition:

(1) Students, faculty members, members of the community and/or individuals with close ties to the university are troubled about the number of incidents that have occurred on and around the University of Winnipeg's campus.

(2) Six notable incidents have emerged during the 2017-2018 school year, including stabbings, robberies, sexual assault and an attempted abduction.

(3) Individuals should not feel afraid to walk around the university or community at any time of day or night.

(4) The university's security/safety measures have changed over time to address these issues, but it has not been enough.

(5) Students should be able to trust their institution to protect them and make them feel safe during their post-secondary experience.

(6) The university is located in the downtown area, so it is still important to keep the university's doors open to the wider community.

We petition the Legislative Assembly of Manitoba as follows:

That the provincial government be urged to support a funding increase towards the safety and security of the University of Winnipeg students, faculty members, members of the community and/or individuals with close ties to the university; and secondly,

That the provincial government be urged to recognize that the University of Winnipeg is an institution located downtown, which needs additional support to be able to make sure that the doors remain open to the wider community.

This petition is signed by Brittany McCutcheon, Nguyen Uu Thanh An, and Yassine Elqaboury and many other Manitobans.

Tina Fontaine—Public Inquiry

Mrs. Bernadette Smith (Point Douglas): I wish to present the following petition to the Legislative Assembly.

These are the reasons for the petition.

(1) Tina Fontaine was murdered at the age of 15 years old, and her body was found in the Red River on August 17, 2014.

(2) Tina Fontaine was robbed of her loving family and the Anishinabe community of Sagkeeng First Nation.

(3) Tina Fontaine was failed by multiple systems which did not protect her as they intervened in her life.

(4) Tina Fontaine was further failed by systems meant to seek and pursue justice for her murder.

(5) Tina Fontaine's murder galvanized Canada on the issue of missing and murdered indigenous women and girls, MMIWG, as she quickly became our collective daughter and the symbol of MMIWG across Canada.

(6) Manitoba has failed to fully implement the recommendations of numerous reports and recommendations meant to improve and protect the lives of indigenous peoples and children, including the Manitoba Aboriginal Justice Inquiry, Royal Commission on Aboriginal Peoples and the Phoenix Sinclair inquiry.

We petition the Legislative Assembly as—of Manitoba as follows:

(1) To urge the Premier of Manitoba and the Minister of Justice to immediately call a public inquiry into the systems that had a role in the life and death of Tina Fontaine, as well as the functions of the administration of justice after her death.

(2) To urge that the terms of reference of a public inquiry be developed jointly with the caregivers of Tina Fontaine and/or the agents appointed by them.

Signed by Lindsay Donnick, Briont Allegra [*phonetic*], Keely McPeck, and many other Manitobans.

Medical Laboratory Services

Hon. Jon Gerrard (River Heights): Madam Speaker, I wish to present the following petition to the Legislative Assembly.

The background to this petition is as follows:

(1) The provision of laboratory services to medical clinics and physicians' offices has been historically, and continues to be, a private sector service.

(2) It is vitally important that there be competition in laboratory services to allow medical clinics to seek solutions from more than one provider

to control costs and to improve service for health professionals and patients.

(3) Under the present provincial government, Dynacare, an Ontario-based subsidiary of a US company, has acquired Unicity labs, resulting in a monopoly situation for the provision of laboratory services in medical clinics and physicians' offices.

(4) With the creation of this monopoly, there has been the closure of many laboratories by Dynacare in and around the city of Winnipeg. Since the acquisition of Unicity labs, Dynacare has made it more difficult for some medical offices by changing the collection schedules of patients' specimens and charging some medical offices for collection services.

(5) These closures have created a situation where a great number of patients are less well served, having to travel significant distances in some cases, waiting considerable periods of time and sometimes being denied or having to leave without obtaining lab services. The situation is particularly critical for patients requiring fasting blood draws, as they may experience complications that could be life-threatening based on their individual health situations.

(6) Furthermore, Dynacare has instructed that all patients requiring immediate results, STAT's patients, such as patients with suspicious internal infections, be directed to its King Edward location. This creates unnecessary obstacles for the patients who are required to travel to that lab rather than simply completing the test in their doctor's office. This new directive by Dynacare presents a direct risk to patients' health. This has further resulted in patients opting to visit emergency rooms rather than travelling twice, which increases cost to the public health-care system.

(7) Medical clinics and physicians' offices service thousands of patients in their communities and have structured their offices to provide a one-stop service, acting as a health-care front line that takes off some of the load from emergency rooms. The creation of this monopoly has been problematic to many medical clinics and physicians, hampering their ability to provide high-quality and complete service to their patients due to closures of so many laboratories.

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the provincial government to request Dynacare to reopen the closed laboratories or allow Diagnostic Services of Manitoba to freely open labs in clinics which formerly housed labs that have been shut down by Dynacare.

(2) To urge the provincial government to ensure high-quality lab services for patients and a level playing field and competition in the provision of laboratory services to medical offices.

(3) To urge the provincial government to address this matter immediately in the interest of better patient-focused care and improved support for health professionals.

Signed by Jan Charison, Bruce Hallmuth, Roberta Stobbs, and many others.

University of Winnipeg—Campus Safety

Mr. Matt Wiebe (Concordia): I wish to present the following petition to the Legislative Assembly, and the reasons for the petition are as follows:

(1) Students, faculty members, members of the community and/or individuals with close ties to the university are troubled about the number of incidents that have occurred on and around the University of Winnipeg's campus.

(2) Six notable incidents have emerged during the 2017-2018 school year, including stabbings, robberies, sexual assault and an attempted abduction.

(3) Individuals should not feel afraid to walk around the university or community at any time of day or night.

(4) The university's security/safety measures have changed over time to address these issues, but it has not been enough.

(5) Students should be able to trust their institution to protect them and make them feel safe during their post-secondary experience.

(6) The university is located in the downtown area, so it is still important to keep the university's doors open to the wider community.

We petition the Legislative Assembly of Manitoba as follows:

(1) That the provincial government be urged to support a funding increase towards the safety and security of the University of Winnipeg students, faculty members, members of the community and/or individuals with close ties to the university; and

* (15:00)

(2) That the provincial government be urged to recognize that the University of Winnipeg is an institution located downtown, which needs additional support to be able to make sure that the doors remain open to the wider community.

And this petition was signed by many Manitobans

Tina Fontaine—Public Inquiry

Ms. Nahanni Fontaine (St. Johns): I wish to present the following petition to the Legislative Assembly.

These are the reasons for this petition.

(1) Tina Fontaine was murdered at the age of 15 years, and her body was found in the Red River on August 17th, 2014.

(2) Tina Fontaine was robbed of her loving family and the Anishinabe community of Sagkeeng First Nation.

(3) Tina Fontaine was failed by multiple systems which did not protect her as they intervened in her life.

(4) Tina Fontaine was further failed by systems meant to seek and pursue justice for her murder.

(5) Tina Fontaine's murder galvanized Canada on the issue of missing and murdered indigenous women and girls, MMIWG, as she quickly became our collective daughter and the symbol of MMIWG across Canada.

(6) Manitoba has failed to fully implement the recommendations of numerous reports and recommendations meant to improve and protect the lives of indigenous peoples and children, including the Manitoba Aboriginal Justice Inquiry, the Royal Commission on Aboriginal Peoples, the Phoenix Sinclair inquiry—and the Phoenix Sinclair inquiry.

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the Premier of Manitoba and the Minister of Justice to immediately call a public inquiry into the systems that had a role in the life and death of Tina Fontaine, as well as the function of the administration of justice after her death.

(2) To urge that the terms of reference of a public inquiry be developed jointly with caregivers—with the caregivers of Tina Fontaine and/or the agent appointed by them.

And this was signed by Karen Ridd and many more Manitobans.

Madam Speaker: Grievances?

ORDERS OF THE DAY

GOVERNMENT BUSINESS

House Business

Madam Speaker: I would like to advise the House that in accordance with subrule 4(5), I have received written notification from the government and opposition House leaders that the House will be sitting in the Committee of Supply on the morning of Friday, April 13th, 2018. Accordingly, Estimates will be held that morning from 10 a.m. to 12:30 p.m.

* * *

Hon. Cliff Cullen (Government House Leader): Would you canvass the House for leave to alter the Estimates sequence for today so that following the conclusion of consideration of the Department of Growth, Enterprise and Trade in room 254, the Department of Infrastructure will be considered instead of the Department of Finance?

Madam Speaker: Is there leave to alter the Estimates sequence for today so that following the conclusion of consideration of the Department of Growth, Enterprise and Trade in room 254, the Department of Infrastructure will be considered instead of the Department of Finance? Leave? *[Agreed]*

Mr. Cullen: I thank the members of the Assembly for that accommodation.

Madam Speaker, would you call Committee of Supply.

Madam Speaker: It has been announced that the House will consider Estimates this afternoon.

The House will now resolve into Committee of Supply.

Mr. Deputy Speaker, please take the Chair.

**COMMITTEE OF SUPPLY
(Concurrent Sections)**

GROWTH, ENTERPRISE AND TRADE

* (15:00)

Madam Chairperson (Sarah Guillemard): Will the Committee of Supply please come to order. This section of the Committee of Supply will now resume consideration of the last item, Resolution 10.1 of the Estimates for the Department of Growth, Enterprise and Trade.

Are there any further questions?

Seeing no further questions, I will now deal with the resolution.

Resolution 10.1: RESOLVED that there be granted to Her Majesty a sum not exceeding \$3,367,000 for Growth, Enterprise and Trade, Administration and Finance, for the fiscal year ending March 31st, 2019.

Resolution agreed to.

This concludes the Department of Growth, Enterprise and Trade.

Madam Chairperson: Is it the will of the committee to recess so that we can switch over departments? *[Agreed]*

The committee recessed at 3:08 p.m.

The committee resumed at 3:10 p.m.

INFRASTRUCTURE

* (15:10)

Madam Chairperson (Sarah Guillemard): Will the Committee of Supply please come to order. This section of the Committee of Supply will now resume consideration of the Estimates for the Department of Infrastructure, which last met on April the 5th, 2018, in another section of the Committee of Supply. As previously agreed, questioning for this department will proceed in a global manner.

The floor is now open for questions.

Mr. Jim Maloway (Elmwood): I would assume that the minister is aware of a really well-written article today in the Express Weekly News in which it is pointed out that the member for Interlake (Mr. Johnson), who is serving in the—on the Treasury Board since last August and who was involved in the

approval of a contract No. 6857 for a total of over \$7.652 million, this was approved by Treasury Board and Cabinet, and the member, I believe, failed to disclose that his daughter worked for the company who got the contract. I also believe that this particular contract—the company that got the contract, Sigfusson Northern, made campaign contributions not only to the Conservative Party but also to the member for the Interlake, and that it has been shown that this particular contract is not only 70 per cent overvalued, as we had been led to believe by competitive contractors in the Interlake, but the Manitoba Heavy Construction Association just came out with their report comparing this contract to seven other similar types of contracts which say that this contract is now double—twice—as expensive as it should be for the work being done.

So I would like to know what the minister has to say about that.

Hon. Ron Schuler (Minister of Infrastructure): On Monday, April the 9th, there was this thing called question period in the Manitoba Legislature, and at that time, the member for Elmwood asked the following question, and I'm quoting directly from Hansard: On March 23rd, 2016, at an election campaign rally outside of Tergesen & Sons General Store in Gimli, the Premier (Mr. Pallister) stated that the current member for the Interlake was his wife Esther's uncle. Seventeen months later, on August 17th, 2017, the Premier quietly appointed the member for the Interlake—his wife's uncle—to the plum job as a member of the Treasury Board, the most powerful committee of Cabinet. Within four months, Madam Speaker—within four months, the Treasury Board issued—and then the Speaker interrupted because the member's time had expired.

And the individual that the member for Elmwood was referring to who the Premier was referring to was one Kjartan Johnson. And I'll spell that for Hansard. K-j-a-r-t-a-n Johnson, or pronounced Kjartan Johnson or—it's Icelandic.

So I want to point out to members of the committee, because these allegations have gone on for a while. And I'd like to point out that the—and I have to be careful that I don't use the member for the Interlake's name, that the member for the Interlake is—comes from a family of—he's got a—two brothers, Lance and David and then, the member for Interlake. And nowhere in that strata of the Johnson family is there a Kjartan Johnson. So—or an Esther Johnson, for that matter, Esther Pallister.

But so, if you go to the next line of the family, the—these children are the children of a Wayne Johnson, who was brother to Edwin and Donna Rae, and mother, Dorothy Kortmeyer, who also had similar—siblings of Carl Kortmeyer and Irene Thompson. And the parents, Wayne Johnson and Dorothy Kortmeyer—nowhere in the lineage there in the family is there a Kjartan Johnson. So there's no connection there.

So, if you follow the Johnson line—because, clearly, the Johnson line wouldn't come out of the Kortmeyer family, so it would make sense that we would follow the Johann Johnson side of the family who had siblings—Johann, Inol, Lorne, Neil and a sister Aenone, spelled E-n-o-hyphen-n-e, for Hansard—Jack and Steevy, a sister, spelled S-t-e-e-v-y.

Nowhere in anywhere there is there a Kjartan Johnson. There is no connection. There's no Kjartan anywhere in this family lineage.

One of the things that many of us are taught when we come into this building is that words matter. Things we say matter. So, from time to time, some of us do misspeak. It's happened to myself; it's probably happened to others. And, from time to time, we have to say I'm sorry, I misspoke. I might have been given wrong information.

I'm wondering if the member for Elmwood (Mr. Maloway) is prepared to take this moment that he's going to have right away and apologize to the member for the Interlake and apologize to Esther Pallister for having made an allegation that is unfounded and is not true. Is he prepared to apologize?

Mr. Maloway: What I would have to say about that Conservative Party campaign rally was that the Premier (Mr. Pallister), in response to the question, did indicate that he was eulogizing Kjartan Johnson, who had passed away—I believe his words are—two weeks before this meeting.

Well, in fact, that's totally incorrect. Mr. Johnson was still very much alive at that time and did that—not pass away for almost two months—five days shy of two months.

So the Premier is totally—evidently misspoke himself about this meeting. This meeting was attended by probably 20 media outlets. There are audio records, and what I was given was a written

transcript. And I—having had people listen to the tape, it could go either way. But I want to thank the member for clearing this up about the relationship between the member for the Interlake and the Pallister family.

*(15:20)

But we are here for some very important questions about this member from the Interlake's involvement in becoming a member of the Treasury Board on, I believe it's August 17, and within three or four months we have a sole-source contract worth over \$7 million given to a company that employs his daughter, given to a company that donated to his own campaign and given to a company in which the family contributed a fair—a number of contributions to the Conservative Party itself. And not only that, we have a situation where we have a contract that has been indicated today by the Manitoba Heavy Construction Association is not just 70 per cent overvalued and padded, as the contractors in the Interlake have told us based on the tabulation seats, but it's 100 per cent—100 per cent—and part of this is federal money, so what—we're actually taking from the feds as well.

So we want to know how this member has such a magical touch, does an amazing job, gets appointed to the Treasury Board in August and within a couple of months there's a sole-source contract worth over \$7 million. Daughter actually works for the company, the company contributed to his campaign, the company contributed to the Conservative Party, and the value that the taxpayers are getting for this by the Manitoba Heavy Construction Association is half of what we're going to be paying.

I'd ask the minister to explain this and start by telling me when was this contract approved by the Treasury Board and by the Cabinet.

Mr. Schuler: Well, I have spent many years with the member for Elmwood in this Legislature. His time here and then like Halley's Comet he took off and briefly, briefly shone his light in Parliament and then was gone again and then about a year and a half later he showed up to shine his bright light again in the Manitoba Legislature.

But I would point out the member that he is allowed his own opinions; he cannot sit at the Legislature and manufacture his own facts. I'd like to point out to him that he continuously shreds his

credibility when he fabricates stuff, when he makes stuff up. I would like to point out to the member, first of all, the tender that was given to First Nations in northern Lake Manitoba, that is all provincial money.

The member for Elmwood (Mr. Maloway), again, should apologize for having put misinformation on the record. The member for Elmwood is—cannot sit here like some kind of a misinformed photocopier or printer and just keep printing out misinformation, misinformation, misinformation. His credibility is being shredded with every moment that he puts this kind of misinformation on the record. The question finally comes down to is there anything that the member for Elmwood says that is actually factual.

I want to go back and ask the member for Elmwood: Is he prepared to apologize to the member for the Interlake and to Esther Pallister for having fabricated something that was clearly and patently not true? And why would a member of this Legislature turn his political guns on a family member of someone in this institution, falsely putting stuff on the record about someone's family member and not be prepared to sit at committee and say, okay, I got it wrong; I had the wrong information; my—the research could've been wrong?

But there is something called integrity, and when you blow it like that, and especially—you know, to some degree, another member of the Legislature? Though I still think that's wrong, is—that's still one standard. But to go after individuals' families and attempt to smear the family when they—we all have families. And, by and large, our families didn't ask us to be part of this political process; neither were they asked if they would agree to be part of this process. They are our families. They come along with us, but they shouldn't be fair game, and they shouldn't be part of collateral damage when we do our politics in this Chamber.

And I ask the member for Elmwood: Is he prepared to apologize, (a) to the member for the Interlake for putting false information on the record, and more importantly, to be prepared to apologize to Esther Pallister, who's an outstanding woman who spent a lot of time nursing her mother while her mother was sick and finally passed away. Esther Pallister does not deserve to be part of our politics here in this building.

Will he apologize?

Madam Chairperson: Before I recognize the member, I want to caution all members who will participate in the committee about language used that could be very close to implying that somebody is lying. I do want to encourage, though, that if people have put words on the record that maybe have been mistaken, they have the opportunity to correct the record as well.

Mr. Maloway: As I'd indicated before, when dealing with the issue of the campaign rally at Gimli on March the 23rd, the Premier (Mr. Pallister) in response to my question the other day, certainly, you know, spoke about Kjartan Johnson and indicated—put on the record that Kjartan Johnson had passed away two weeks earlier, and the Premier was totally wrong. It was two months, the man was still alive. For two more months.

So, you know, the Premier can talk about getting your facts straight and that, but he was definitely wrong about that. And I know the minister is trying to chew up the clock on Estimates, and we do have—we can make more time available for Estimates, but he's hoping to run out the clock and dealing with a issue that we dealt with a couple of days ago.

I want to know what he has to say about today's article in a newspaper that he knows very well, The Express Weekly News, in which they—the author points out that he—meaning the MLA for the Interlake—also said that his daughter did, in fact, work at Sigfusson. And this, I believe, comes about after him denying that at a previous point.

And that's why I want to ask the minister to tell me when this contract, this untendered contract, sole-source contract, was approved by the member for the Interlake. What was the date of that approval, and what date was it approved by the Cabinet?

Mr. Schuler: Actually, member for Elmwood got something wrong again. What I'm trying to do is help the member for Elmwood correct the record—apologize.

* (15:30)

Our families are not fair game. We should leave our families out of this. Everybody at this table has family, and we want to leave our families out of it. It is the individuals sitting around this table who chose to challenge a nomination meeting, chose to be a candidate in an election, and chose to sit here. It is the individuals at this table, and if the member for Elmwood is not prepared to clear the record, if he is not prepared to apologize, why doesn't he say so?

Why doesn't he say—actually, maybe he does feel families are fair game. I don't. I know a lot that went on in this Chamber over 18 years, and never, never would I ever go after someone's family. They're not fair game.

And Esther Pallister is a very wonderful woman and brings a lot to her family. She has taken care of her family. She took care of her mother who was dying of cancer. Premier (Mr. Pallister) referenced this in the Legislature, how it was tough in the household because the mom was passing away. And this kind of a—attack on a family member is unwarranted, and sometimes it's just easier to say, I got it wrong; I'm sorry.

And maybe there are members on this committee who've never had to apologize. Maybe there are those people here. Could be. Maybe the member for Elmwood's (Mr. Maloway) one of them. He's—he feels he's—feels he's never gotten it wrong. He feels that he's never had to indicate to anybody that he might have misspoken. Thus he feels he's always right. He never, never has to apologize.

And I would say to you, Madam Chair, I am not one of those people. I've gotten things wrong. School board—there was an individual I one time said something very unkind to, and the next day I apologized and I—the next meeting, I apologized to that same individual at the board meeting. And I'd say to members, when you apologize, you don't apologize because of the other person; you apologize for yourself. That's why you give an apology. It's what builds you and makes you a better human being.

And I would say to the member for Elmwood this is a very good opportunity to lay this issue to rest. This isn't the way you want to go through your career. We've all made mistakes. If there's anybody at this table other than the member for Elmwood who feels they haven't made a mistake, maybe they could raise their hand.

Really what it comes down to is, are you prepared to say, I'm sorry; I would like to correct the record; I was wrong in what I put on the record? And then it just moves on. It's funny how a simple apology, you move on, clears the record, and you go on to other things.

Instead, the member for Elmwood wants to leave this festering because, the question is, whose family is he going to attack next? Is it going to be the member for Radisson (Mr. Teitsma)?

Maybe it's going to be the member for Assiniboia's (Mr. Fletcher) family; maybe it's going to be the member for Tyndall Park (Mr. Marcelino). Whose family will the member for Elmwood attack next? We don't know.

I would suggest he apologize and clear up the record.

Mr. Maloway: I'd like to ask the member, what was the date of the Treasury Board meeting in which this contract was approved? And I'm referring to contract No. 6857.

Mr. Schuler: Well, again, I understand the political nature of the member's question, but I would like to point out to the member that, again, once again he got it wrong and that these construction contracts are with First Nations, and they choose their own joint venture.

So, as much as I know the member for Elmwood is digging in his heels and he's trying to justify some of the errors in some of the information that he's put on the record, I would suggest to him that maybe what he should do is try not to make this even worse than it is because we laid out at our last meeting together the kinds of hardship that has taken place with our First Nations on the north end of Lake Manitoba, the kind of hardship that they had to go through, where they lost everything.

And these contracts give hope, give them the opportunity to get back into their communities, get back into their homes. I—we pointed out last time that not just is it that they have a new house built on the foundation. It's not even the street's the same, not even the trees, the rocks—they were moved entirely onto a new location. Everything is new. This gives them hope. And, again, the First Nations picked their partners. They—if you will, they chose their partners.

I would suggest to the member for Elmwood he also has a choice. He can choose whether or not he wants to take this opportunity to correct the record. And what he did and what he has done is untoward. It's unbecoming to go into a Chamber where you have immunity and misuse your immunity in the Manitoba Legislature by fabricating things that are not true, by insinuating things that are not factually based, hurting individuals who are not part of this process, do not have a voice in the Chamber. There are 57 members in the Chamber that have a voice. And the persons that were being attacked by the member for Elmwood do not have such a voice. They don't have the ability to defend themselves.

They don't have the ability to speak for themselves. They don't have the ability to stand up and correct the record.

That is something the member for Elmwood (Mr. Maloway) does have. And the question is, does he have it within him to put on the record that he misspoke, that he apologizes and correct the record? Because it was laid out. If the member wants, I can give him even more lineage, going way, way, way back, if he'd like. And I can point out to him very clearly that there was no connection made the way the member for Elmwood did it in question period. The question is, will the member for Elmwood take this opportunity and do the right thing, step back, retract that statement, apologize for it and clear the record?

Everybody here—everybody here—has families and loved ones, and I dare say, nobody at this table wants their family dragged into this politics. Nobody.

Will the member for Elmwood do the right thing, apologize to Esther Pallister, apologize to the member for the Interlake, clear the record?

* (15:40)

Mr. Maloway: You know, I simply asked the member to give me the date that the Treasury Board approved this untendered contract. That's all I ask him. That's—he could have answered that with just give—by giving me the date. Instead, he's just taking up his time repeating over and over what he's already done in the past, and I'm simply going to move forward here.

And, you know, you can't make this stuff up. This is an outrageous Cadillac contract. The heavy construction industry—we thought, Madam Chair, that this contract looked at the tabulation sheets looked at by two reputable contractors in the Interlake. They said, you know, this contract is like 70 per cent padded—at least 70 per cent, maybe even more. And now we have the heavy construction industry coming out today and saying it's worse than that. It's 100 per cent padded, and they've compared it to seven similar-type contracts.

This is outrageous that he refuses to answer questions in Estimates, essentially stonewalling, not to mention the fact that we're talking about a contract here that should be retendered—cancelled and retendered because of not only this; it's double in price; there are donations clearly indicated to the PC Party of Manitoba by Sigfusson construction, who are the contractors listed on the tabulation sheets.

And, in fact, Hope Sigfusson gave a donation to the member for the Interlake. So these are campaign donations.

And then, on top of that, you have the member for the Interlake's daughter working for this company while all this was going on. And we have an article in the paper today, the Express Weekly News, which clearly said that the member for the—it's not me suggesting something is wrong here; it's the member himself from the Interlake saying that—after he denied it a couple of times, he said his daughter did, in fact, work at Sigfusson. So the circle is complete.

So why does the member continue to avoid answering a direct question as to what date was the Treasury Board meeting that approved this untendered contract, and what date was the Cabinet meeting that approved this untendered contract?

That's all he has to answer.

Mr. Schuler: Well, and unfortunately, the member for Elmwood keeps denigrating his position by putting increasingly false information on the record by his drive-by smears of members and their families. And personally, I'm appalled at this.

And he says he simply asks the member. That's—he starts it off with. Right. We simply ask the member for Elmwood, will he do what people would do with integrity and apologize? Now he's smearing another member of this committee's family.

The member for Elmwood seems to have no bottom to what level he'll stoop to to attack people. This is now an absolute, all-out smear job on MLAs' families. That's what the member for Elmwood wants to focus on.

Madam Speaker, we have families who work in different places, and, yes, we have children who have jobs out in the economy. That is true. I would point out that there's also an insurance firm that carries the member for Elmwood's last name. When has the member for Elmwood ever declared that as he walks the streets of Elmwood, he first asks, have you ever bought insurance from insurance company—the one which—the—carries his last name? Because then he would be in a conflict as a member of the Legislature, speaking to somebody who buys insurance from his company. Or is it safe to say he has shares or he's a partner in a company that sells insurance and that's the way it is? Nobody at this table's going to be so unreasonable to think that somehow he's not entitled to have a business that

sells insurance. Now, how unreasonable. It's just frightfully unreasonable.

And the smear machine just keeps going. So now we have Esther Pallister smeared for being somebody's niece, which isn't true. No apology—no apology for the drive-by smear from the Elmwood—member for Elmwood (Mr. Maloway). No apology for that drive-by smear.

Then he says, at some point in time, somewhere in the history of a company, members of the Legislature might have had family working for a related or unrelated company owned by somebody that does business with government; thus, it's untoward. Another drive-by 'sneer'—smear.

The member for Elmwood seems to have, like, a whole deck of smear jobs that he's ready to pull from out of his sleeve and just go after the next person and go after the next MLA and smear the next MLA and smear the next MLA's family. This isn't what committee is supposed to be about. We're supposed to be here talking about the department and where expenditures are and how expenditures come to and where that all goes. This committee isn't where individuals like the member for Elmwood can sit here with immunity and smear people's families. That is not what committee is supposed to be about, and I say shame on him for doing that. That is untoward from the member of Elmwood. He should apologize to Esther Pallister and the member for the Interlake for attacking family members. That is absolutely not on.

Hon. Steven Fletcher (Assiniboia): As I can't be in multiple places at once, I was not present at the beginning of what just seems to have happened here. I'd like to say a few things. First of all, Esther Pallister is a wonderful person. I have had nothing but positive experiences with Esther, and I think everyone would agree, including the Premier (Mr. Pallister), that when he married Esther, he married up.

I—also speak about the member from the Interlake. It has also been my experience that the member for the Interlake has been a hard-working MLA who is someone of—as far as I—integrity and does his work as far as I know.

The member for Elmwood I have known, actually, through our time in Ottawa, and he is also a hard-working member representing the people of Elmwood and Transcona, at the time, and where there are similarities or commonalities, I've found

that he is able to work with people from all sides of the aisles for the betterment of Manitoba.

So, whatever's going on here, the personal attacks and—I think that needs—that this—with all due respect, Madam Chair, I'd like to move the discussion forward from that.

* (15:50)

What I did gather from the question is that there was a Cabinet date and a Treasury Board date when this sole-source St. Martin contract was signed. There would have had to have been. I don't actually necessarily believe the minister is responsible for the signing—or the government commitment to that contract. I wonder if this contract was signed before the minister—or the commitments were made before the minister took on his portfolio, and that he is simply following through on decisions other people made.

And simply letting us know what the timelines are will tell us this, and then just a guarantee that it won't happen again, and we can move on. A simple apology as—was a word that was used earlier—would be fine, but I think it's important to get the timelines clear. I suspect a decision was made before the minister became the minister, and that he inherited a unfortunate sole-source contract, and I'd like to provide the opportunity of the minister to extract himself from this mess.

Thank you.

Mr. Schuler: I thank the member for the question. First of all, he will know, having been in federal Cabinet, government makes decisions. So every decision is a government decision—ministers and Cabinets, and there's Treasury Board, and there's PNP, and there's Regulatory Accountability Committee, there's all the committees and there's caucuses—all of that constitutes government. It was that way under the NDP, it was that way under the Harper government, and it's that way under our government.

So decisions are a government decision, and they're made after a lot of consideration, a lot of discussion, and they are made through a process. So I would say to the member for Assiniboia, first of all, it is a government decision, and government makes the decision and government defends the decision. And the member will know that, he was part of a Cabinet, and he was part of that process where he defended the decisions government made.

And in this particular case, these were decisions that were made by government, and we defend this position, and we've laid out the defense for why we made this decision. I appreciate that there are individuals who disagree with the decision, and we are allowed in this system to disagree with each other on the decision.

I would like to say to the member for Assiniboia (Mr. Fletcher)—he wasn't here for that—you are not allowed to smear members' families. That's not on. That's what the member for Elmwood (Mr. Maloway) has done. He moved it from a policy conversation to smearing individual MLA's families. That should not be part of this discussion.

So appreciate the member for Assiniboia, who served in Cabinet. Maybe it's because out of the years that the member for Elmwood has served here in the Legislature and never seemed to make it into Cabinet, that he doesn't understand how this process works. You leave it on policy.

So we can disagree on this policy. I laid out in committee—and the member for Assiniboia was there, the member for Elmwood was there—we laid out the rationale, the argument why we made this decision. Does the member for Assiniboia, the member for Elmwood, any other member have a right to disagree with that decision? Yes, and articulate it.

It's a government decision. We made it for the right reasons. We've stated very clearly why we did that. I laid it out. For those who weren't here, they can go into Hansard, they can read in Hansard the rationale why we made that decision.

I want to be very clear. I agree with the decision, I stand by the decision, and I will defend government's decision.

Mr. Fletcher: Well, thank you, Madam Chair, and, again, I'm going to be—I've already made my comments about the personal comments, and I hope that we can not waste any more time talking about personal issues or families and focus on public policy issues, and that's what I intend to do. The minister did not answer the question about Treasury Board or the Cabinet minister—or the Cabinet meeting.

He is quite correct about the whole of government, and like a good conservative and in responsible government, Prime Minister Harper took responsibility, and if his ministers screwed up, they took responsibility. So there was two outcomes. The

minister would accept responsibility and move on, or there would be a resignation of that minister.

Now, if we follow the logic of this minister, it is actually not he who has made this decision, that it was made somewhere else, perhaps higher up. That is the only conclusion that can be found. So the minister probably, other than the announcement, was not involved with the nuts and bolts of the decision, and the commitment was made somewhere else.

Now, the Free Press had an interesting article from the president of the heavy construction industry, and I'd like to table it, if that's what we can do here. In this article, the conclusion is the \$11-million price tag for the excess road work is much—as much as twice what government and therefore taxpayers could have got had the tender gone to open market. The president of the Heavy Construction Association, in today's paper, says, lastly, we have implored the government not to repeat its mistake, to commit to no further sole-sourcing of contracts. To date, we have not received such a commitment.

Madam Chair, here is the opportunity. Will the minister tell us the timeline, admit that it was a decision made outside of his area of responsibility at the time and apologize, admit the mistake, and we can all move on? And can he do it quickly so I can get a few more questions in? Thank you.

Madam Chairperson: The member mentioned tabling certain documents. If it is a public document, it's not necessary to table, but you can provide a copy to the minister. Do you have a copy for the minister?

Mr. Fletcher: I'm aware of that rule. It was a figure of speech. I don't have three copies.

* (16:00)

Mr. Schuler: Well, first of all I'd like to point out to the member a couple of issues, and that is unlike what we've heard from, for instance, the member for Elmwood, this is something that is not done out of the minister's office. The actual tender, the negotiating, the contracts, are all done within the department.

I want to be very clear: Unlike with the Tiger Dam situation, where a minister involved himself directly with negotiating contracts, these contracts the minister—in this case, myself—has actually no part in negotiating the contracts. I do not know the details of what's going on. I do know that if a tender is going to go out, if it's going to be a single-source tender or

if it's going to be an open tender, that we know. That is what is approved.

The actual tenders and the negotiations are done by professionals, by engineers in the department. And I know that the member for Assiniboia (Mr. Fletcher) knows the occasional engineer and I trust that the engineers and the professionals in the department (a) came up with good advice, and came up with a good process.

I'd like to point out to the member that the tender itself was not made public; only the unit price was made public, and these roads are then looked at, at the scope, complexity, and location. They will compare, for instance, how much aggregate would be needed and then that goes to scope, complexity, and location. Obviously if you have to get your aggregate further, that adds to the price.

But that is something that is done within the department. I'd like to assure the member for Assiniboia that the minister has no connection with that whatsoever. That is decided. In fact, I would point out that when we go to an open tender, and this might be helpful for the member for Elmwood (Mr. Maloway) seeing as in his many, many years and then interrupted in Ottawa, then again many years here, he may not know this because he never made it into Cabinet, but that the—when it goes to MERX, it is done through—and I'll just confirm this—be very clear that our department writes up the tender. It then goes on a website called MERX. The tenders come back. The minister never sees those tenders. They do not come to the minister's office. I have nothing to say. It goes to the department. The decision is done within the department. There's a system in place that has been in place for a long time. Politicians are not part of that decision-making process. Neither would the minister have been part of any part of the negotiations with the First Nations on the single-source agreements that were signed with our First Nations partners.

So to be very clear—and I want to make it clear to the member for Assiniboia that it was done—it was negotiated. There were real comparatives that were put in place. Scope, complexity, location were all factored in. The engineers would have done a comparative.

It's easy for individuals to say, and we've heard it before, oh, I could have gotten it for you a lot cheaper, after they've seen what price was agreed to. We can't test that. I would point out that this was done by the professionals in the department. And I

will stand behind the officials in the Department of Manitoba Infrastructure.

Mr. Fletcher: Appreciate the answer from the minister.

And so the minister is agreeing, then, that he had no involvement in the decision-making process and that it was done by the bureaucrats or public servants, who I'm sure are excellent. And the minister's quite right.

As a professional engineer myself, I know many engineers, and they are all over the province and country and do all sorts of interesting things and tell me and educate me about all sorts of stuff. And I look forward to using that for public good.

The issue that I raised in the last meeting clearly demonstrated that the sole-source procurement did not meet with the internal trade agreement signed in 1994, doesn't agree with the New West Partnership Agreement.

The issue of free trade is paramount to Conservatives. We believe in free trade. But we also have to walk the walk and just not talk the talk. And sole-source procurement does not do that. Every contract, according to the Province's own procurement manual, guarantees Aboriginal participation. So it doesn't matter which company you got in the contract because there would be Aboriginal participation. So that's a red herring.

I wonder if the minister would agree to provide the procurement—Manitoba procurement manual that's found on the website so that we—on the government website so that we can fully appreciate the tendering process. As I understand it, it's not publicly available, but the minister can make it available. So I make that request. I also will point out, on the political front, again, in the Free Press.

* (16:10)

I hate the comments section in the Free Press, but there is an interesting comment in today's Free Press, and it goes like this: Does anyone see the irony blowing a gasket as Pallister did when Hydro attempts to make a \$67-million deal with one indigenous group that would have produced benefits for at least 20 years, but then within the same month, letting a sole-source contract for \$11.4 million to another indigenous group that could have been secured at close to half the cost? Recall Pallister's own words defending his government's actions in cancelling the Hydro deal, it's—

Madam Chairperson: Order. Order. Even when a member is quoting from an article or comment, you may not use the names of sitting members.

Mr. Fletcher: That's right. So—and I have a great deal of time for the Premier (Mr. Pallister) and I am sorry about that.

So I—but I will quote, it is an honour and a sacred trust. Everything our government does, passes through the filter of what is in the best for our citizens and our province, not what is best for one group of citizens or one part of the province, but for all citizens in all parts of Manitoba.

So, on one hand, there was a clear blockage of a contract at Cabinet, it's all well known, by the Premier, and now this minister is denying all involvement, saying it's a political decision—or, a bureaucratic decision. Like how is this working? Is there any consistency? Is there political involvement on some contracts and no political involvement in others? Or are we just going to have sole-source—

Madam Chairperson: The member's time has expired.

Mr. Schuler: Okay. I don't know if it's a purposeful confusion or if it's just confusion-confusion, or what it is on behalf of the member for Assiniboia (Mr. Fletcher), but we'll try this again seeing as he was in the federal Cabinet, and should know how this works.

So the government—the government being Cabinet—decides policy. When the policy is decided, the department involved would then start the negotiating of the price, whether it goes on MERX or it's a single source. It is civil servants—the non-partisan civil servants then do the legwork, whether it's on MERX—they collect all the bids, pick the right bid, and they recommend that to government.

The member confuses everything, and that's his prerogative. He can do that.

To be very clear: Cabinet does not open up all the bids and decide which is the right bid. That is done by the professionals within the department. What Cabinet's role is, is to set the policy. Government sets the policy, then the professionals who have been hired by multiple different governments—there are individuals—in fact, I just signed off a thank you letter to someone who worked for our department for 50 years. That's

remarkable. I think he survived a awful lot of different governments.

The professionals in the department then do the legwork. They are hired because they are professional; they are hired because they do a good job; they are hired because they know their area well, and they bring forward a recommendation to government. Government doesn't get a choice of one, two, three. That's not the way it works.

The member for Assiniboia, who happens to have the honourable in front of his name because he was in Cabinet, should know government then gets the recommendation. What government can do is say yes or no and then it goes back. Government does not pick who it is who gets the contract, unless you're the NDP government of the last administration where they did pick winners and losers, like, for instance, on the Tiger Dams, and bought an inferior product for way more money than they should've, and hid the contract for many, many months until somehow it got out, but other than that, other than the member for Elmwood (Mr. Maloway) and the NDP government, the way they used to do contracts.

To be very clear, it's not that the minister isn't part of the process. Ministers are part of the government's decision on policy. Then it is given over to the department and the civil servants to do the bid, put it on MERX, so on, so forth, or, in this case, to negotiate a good price, the best price in a single source. And I would suggest it's easy for people to say they could've done far better when they haven't even seen the tender.

Mr. Fletcher: I was hoping for the minister's sake that he wouldn't go down this road, but he has. The minister was the minister responsible for Crowns for—up until recently. And if you follow that logic, the Cabinet not only did not listen to the officials at Manitoba Hydro and their best advice, they didn't listen to the board that they appointed themselves.

So they didn't listen to the officials, they didn't listen to the board, and that's why you end up with a board and a mass resignation of some of the most prominent Manitobans in the province. It's because of political interference.

And no, I—the minister is not correct as far as sole procurements go. You do have a choice, Minister. You could've said no and you didn't. You could've apologized and you didn't. You could say sorry now and you won't. It was a mistake, it can be fixed or this can just continue on and

Manitobans will have—continue to know that a Conservative—supposedly Conservative government—endorses sole-source contracting—no accountability, no transparency, undermining the free market, undermining the taxpayer. And the minister has just told us that he, quote, was—what did he say? He had no idea, earlier, or it was something along those lines, and pointing to the department.

You know, where is the ministerial responsibility? But then, again, I'm going to give the minister a way out. It wasn't the minister that made this decision. We can deduce this from what has happened. He won't provide the Manitoba procurement manual that is found on the government website in the 'interpaw'; he won't tell us the dates of the Treasury Board meeting. And, by the way, Treasury Board should see these procurements and that's how it works federally. And if that's not happening provincially, this is a disaster for Manitoba. Those contracts over \$10 million should, must and have to be reviewed by Treasury Board, and if what the minister has said is true, this is not a—there's nobody running the show. It's run by people who are not accountable, who are not elected and that is just terrible.

Now, the minister may have raised truth statements about the previous government. I don't deny that, but we—people of Manitoba want a conservative—small-c conservatism, good value for money.

And, Madam Speaker, could you let me know how much time I have left? Madam Chair? *[interjection]* Can you let me know when I have 10 seconds please?

* (16:20)

Madam Chair, the opposition on this narrow issue has allowed me the opportunity to ask some questions. There are people like the president of the Heavy Construction Association who have op-ed pieces in newspapers across the province, including today's Winnipeg Free Press, who are outraged. They have raised this behind closed doors, in front of closed doors, as have countless of other Manitobans, Conservatives and people who just believe in fair play.

We've contravened the New West Partnership Agreement, the Agreement on Internal Trade by sole-sourcing without there being an emergency. Now, if there was an emergency, the minister may have a case, but there hasn't been.

Will the minister simply admit that he didn't make the decision or apologize for his mistake?

Thank you, Madam Speaker.

Mr. Schuler: I'd like to point out for the member for Elmwood (Mr. Maloway), this is how debates should be at committee. If you noticed, never—at no point in time, did the member for Assiniboia (Mr. Fletcher) ever attack my family in our disagreement. That's how it's done.

Now, I disagree with the member for Assiniboia. I don't think he particularly has any of his facts straight. He doesn't really know what he's talking about it—about, but we disagree. He and I disagree, and if you notice, he and I don't trash each other's families, which I think is a good way to have debates at this table.

So I'd like to point out to the member, we've already laid out very clearly that, yes, we are within the guidelines of all our trade agreements. We even pointed out to him chapter and verse. In fact, we even read it for him. He might have forgotten, he might've conveniently forgotten, or he's going to do the 'smorgasborg' approach to facts.

He is going to walk along with his plate and go, okay, I would like to put that fact on my plate, but I'm going to neglect that entire tray of facts over there, and I'm going to pick a little fact over here, and oh, oh, yes, something fell on the floor. It's not even a fact but I'm going to build on that one.

I mean, I would say to the member, you can't just sit at committee and just make stuff up, but at least he doesn't go after individuals and their families, and I thank him for that, because he does keep it to that level.

I would point out to the member that before he was in Ottawa, there was an issue called the sponsorship scandal. It is where exactly what the member for Assiniboine is—Assiniboia is recommending we do. He thinks, what we should do, push aside all the public servants, push aside all the civil servants—no, no, step aside—and then we should make all those financial decisions at the political desk, like the Liberals did in Ottawa on that whole sponsorship scandal.

They bypassed their professionals, bypassed all of the individuals that protect the elected officials from getting into a scandal. And you know what, the member for Assiniboia would have gotten the briefing from—I think it's called the 'plerk'—the Clerk

of the Privy Council—would've come in and said, I would strongly recommend ministers work through their deputy ministers, work through their departments, and don't circumvent the process, like the member for Assiniboine is recommending we do.

What the member for Assiniboine is saying, deputy ministers, step aside. Citizen deputy ministers, everybody step aside, I'm going to make all the decisions. And that's how you get a sponsorship scandal in Ottawa where hundreds of millions of dollars was unaccounted for. To this day it's simply unaccounted for. It is why the Liberals were devastated down to 20-some seats, because they got themselves so deep into the glue.

They did exactly what the member for Assiniboia (Mr. Fletcher) is recommending. They did exactly that, and went around their officials in their department, and I want committee to know—I even want the member for Elmwood (Mr. Maloway) to know, who knows absolutely nothing about governing, but I want him to know that I would never, never undertake to do that kind of behaviour, because we are going to follow the system the way it's set in place.

Government sets direction. Government sets policy, and the departments put it into place. And, if the member for Assiniboine somehow wants to indicate that I should be the one who decides who gets what tender, that I get—I'm the one who decides who gets what contract, I would suggest to him it wouldn't take very long and he'd be sitting at this table saying it's another sponsorship scandal, exactly what got him elected in the first place when he ran for Ottawa. And we're not going to do that, not in a heartbeat. We are going to trust our officials. We as government decide policy. We set direction. But we do not give individual contracts—not now, not ever. And if the member doesn't know that when he was a minister, he should have, because that would have been laid out to him by the Clerk of the Privy Council.

Mr. Maloway: I understand that even the president of the member for Interlake's (Mr. Johnson) constituency association gave up in disgust at the policies of this government and took a run at the provincial presidency. He managed to lose. But the fact of the matter is that—and the member for—the previous member had said a few weeks ago that when this government became the new government, they were expecting a new direction, and that's what they said they—they held themselves out as.

And, if you would think ahead two years and see a government giving a sole-source contract that has been proven to be double in value what it should be, and you see that there are the obvious contributions from the people that got the contract, the sole-source contract, Sigfusson construction, to the PC Party, to the member for the Interlake, and then on top of that you have an article today in the Express Weekly where the member for the Interlake admits to the reporter that, in fact, his daughter did work at Sigfusson, you would shake your head. You would say, how could this happen? In two short years, how could this government that came in with supposed set of principles give in so quick and be doing exactly what they said they would not do?

They said: We're not going to give sole-source contracts; we're going to allow for competition; that's going to give better value to the taxpayers. And now we find today the Heavy Construction Association is saying: hey, we did a study; we compared it to seven other projects, and it's not overpriced by the 70 per cent that you have been saying recently; it's 100 per cent. And so I can see Conservative Party members really shaking their heads, some of them tearing up their membership cards, and then certainly one of them quit as being president of this very MLA from the Interlake because he disagrees with what is happening with his party on carbon taxes, on sole-source contracts. So, you know, I can see where this government may have thought they were going to be around for a long time, but they may not be around for as long as they think, given this kind of behaviour.

You know, I've asked several times now, and so has the—my colleague here—have asked for the date that this contract was approved by the Treasury Board, very simple question. He's got all kinds of staff here who can tell him what the answer is, but he won't tell us. He won't tell us. We ask, what date did the Cabinet meet to approve this sole-source contract? He won't tell us that. It's available. It's simple. And, when he's asked by the member for Assiniboia to explain why he's involved in this process up to his neck, he says, oh, don't blame me; I'm just the minister. I have nothing to do with it. There's some people down there in the department that decided to give a contract, sole-source contract to a company that's contributing donations to the PC Party, that's donating to the MLA for the Interlake and is hiring the daughter of the member for the Interlake. And there's nothing to see here, he says; move on. And he talks the talk about everything else

he can to buy time, I guess, hoping that we're going to give up.

* (16:30)

But I want to let the minister know that we have lots of time, and we're going to keep revisiting this issue and the member for Assiniboia (Mr. Fletcher) will be as well.

And I want to ask that member again: What was the date that the Treasury Board approved this untendered contract and what was the date of the Cabinet meeting that approved this untendered contract?

Mr. Schuler: You know, I probably should confess to committee that from time to time people leave our local associations. Yes, it happens. It happens. Presidents of associations decide to move on. In fact, I had a individual who has indicated she might be moving off of my executive. Mind you, she is now 81 years old and is just a great individual, but she's indicated she also might be moving on. It does happen.

However, I would like to point out that what the member is trying to do is compare it to something that happened—

An Honourable Member: On a point of order.

Point of Order

Madam Chairperson: The honourable member for Assiniboia, on a point of order.

Mr. Fletcher: Whatever these guys are talking about with party politics is irrelevant, has nothing to do with the function of government. Thank you.

Madam Chairperson: The member does not have a point of order. We have agreed as a committee to discuss on a global manner.

* * *

Mr. Schuler: I do want to point out that there was a time about three years ago where members of—the member for Elmwood (Mr. Maloway)—five ministers left his government. Five ministers, and surprisingly enough, five members left the Cabinet and the member for Elmwood still couldn't get into Cabinet. There were five vacancies.

They finally gave the former member for Selkirk, the—probably the least likely individual got into Cabinet but not the member for Elmwood. *[interjection]* Oh, yes, there were others, but I'd like to point out to the member for Elmwood.

Five ministers left his party in disgust. In fact, so did one of their MLAs—also left in disgust, and they left publicly. They knew what was going on internally, they disagreed with what was going on internally.

The member for Elmwood, just like the member for Assiniboia can manufacture whatever comments they want. They are misguided opinions. I would suggest that the member for Elmwood educate himself on how our government system works. He should educate himself how Cabinet works and not just fantasize on how things might have happened, because I would suggest to him—just like the member for Assiniboia, when he got into Cabinet, so were we given a conversation about how ministers are to conduct themselves with their departments.

And the reason why that is done, and the reason why members should listen very carefully, there was an event that happened in Ottawa and it was called the sponsorship scandal. It's where ministers went around their officials, it's where ministers went around the professionals who are there to make sure that there isn't corruption in the system—federal Liberal ministers went around their professionals, went into the department, and \$200 million later, a government fell.

And the member for Elmwood wants to make light of that just like he wants to drive-by smear the Premier's (Mr. Pallister) wife and the member for the Interlake's family. That is not right and I would suggest to the member for Elmwood there is a reason why there is a separation between the elected officials and decisions made in departments on how contracts should be let.

The policy is set by Cabinet and that's the way it was under Gary Doer. Gary Doer—Premier Doer would have never, never have allowed the Tiger Dam situation. He would have cut that one off at the knees. In fact, there is a lot of discussion that the five Cabinet ministers left the NDP government just because of that exact situation with the Tiger Dams. That should have never have been allowed, that some—that a minister interfered in the way that a department was being run. And that's exactly what the member for Elmwood is advising that we should do.

Can you—it's inconceivable that the member for Elmwood would somehow recommend that the minister push aside all his officials, no, no, I'm going to decide all the contracts on my desk. No wonder they never put him into Cabinet. No wonder he never

got there. Because the first thing he would have done is pushed all those professionals aside and would have gotten himself so deep in the glue, they would have had another 15 Cabinet ministers leave Cabinet at the rate they were going.

Mr. Maloway: I think it's very clear. Like, the heavy construction industry, you know, have figured out the problem is a sole-source contract that is—where the taxpayers are going to have the privilege of paying double—double—what the contract is worth. They've said, cancel the contract. It's pretty obvious that this minister wouldn't have all of the problems that he has if he had simply proceeded and tendered the contract. If he had tendered the contract in the first place, he might have had the same players win the bids. And why wouldn't that be a good idea? Like, the political pain that he and his boss, the Premier (Mr. Pallister) are getting and taking and going to take for a long time now over this issue could have all been avoided if he had simply tendered the contract. And I—perhaps that's going to be a lesson he's going to have to learn.

Now, let's go back to the timeline, and that's what I've been trying to establish from the beginning here, is the date of the Treasury Board meeting in which the members, including the member for the Interlake, approved this single-source contract and the date of the Cabinet meeting where they met and approved this single-source contract. We're asking him to give us these dates because we know that on the 17th, I believe it was, of August, the member for the Interlake was put on the Treasury Board, and boy, did he get results. I've never heard of a member of the Treasury Board getting such terrific results for such a little bit of time on the Treasury Board. He gets appointed to Treasury Board and within four months, the minister's quoted in one of my favourite magazines these days, the Express Weekly News, December 28th, and he says, well, you know, I can't tell you—to Jeff Ward, the reporter—I can't tell you who got the contract, but I can tell you I know; I know who's got the contract, he says. He's going to keep it quiet for a little while longer.

So, in that period of four months, all this happened. This member for the Interlake is an amazing politician and gets amazing results to be able to walk in like that, get into the Treasury Board and all of a sudden—within four months—produces a sole-source contract, something that said the political leadership, including the Premier, said would never happen, and no Conservative member I know would

ever agree to something like that. And he manages to manufacture that in that short period of time to—in a contract in which Sigfusson hope—Sigfusson gave a donation to his own campaign. The Sigfusson family, who have the contract, gave contributions to the Conservative Party, many of them, and on top of that, the MLA for Interlake's own daughter works for that company. And when the reporter asked him, he runs and hides. And he says, oh, no, no, no, no, you've got it all wrong. It doesn't the case. And the reporter comes back, and then he says, when he's cornered, oh, well, yes, maybe she did work there.

So now we've sort of completed the circle. I don't really even have to ask the questions anymore because it's all here in the weekly—Express Weekly News today.

* (16:40)

So we would like to know: When did these meetings occur? It's very simple. It doesn't take the minister, you know, 10 minutes to talk about stuff—oh, yes, he's shaking his head. It does take him 10 minutes to tell me what date did the Treasury Board meet and decide this contract and what date did the Cabinet meet and decide this contract? They know the answers. He can give it to me in one minute.

Mr. Schuler: We have finally, finally come to a point where the member for Elmwood (Mr. Maloway) and I agree on something. I ask all the scribes in the room, Madam Chair, pull out your paper, pull out your pen. Today the member for Elmwood and the Minister for Infrastructure agree that the member for the Interlake is amazing. I want to agree with him. I want to agree the member for the Interlake is an amazing husband. The member for the Interlake is an amazing husband. He is an amazing father. He's an amazing colleague. He is an amazing member of the Legislature, and I would like to say personally he is an amazing legislative assistant, which the member for Elmwood has forgotten; the member for the Interlake's also my legislative assistant. He is an amazing, an amazing colleague and addition, not just to the Interlake as an MLA, not just to caucus, not just to the Legislature. *[interjection]* And the member for Elmwood says I should be worried that the member for Interlake (Mr. Johnson) might take my Cabinet position, and I would say to him, I would consider that an unbelievable honour if the day so comes that the member for Interlake takes my position at Cabinet. I would be absolutely fine with that.

But I would like to point out to the member for Elmwood (Mr. Maloway) there's another thing that is so amazing about the member for the Interlake. The member for the Interlake also knows when he's wrong and knows how to apologize. And the member for Interlake (Mr. Johnson) has amazing integrity. The member for the Interlake would never, never smear another member's family, would never smear another member of this Legislature's wife, would never smear another member of this Legislature's daughter, would never pick on individuals who have no standing at this Legislature, have no right to defend themselves at this Legislature. The member for the Interlake is an individual of high standing, who has stood up, who stood up for his community in 2011 when things were really going sideways with the flooding, who stood there with credibility and defended his community and helped his community and worked with a very hostile and reluctant NDP government and a reluctant and hostile NDP MLA for the Interlake at that time. The new—the current member for the Interlake stood up for his community and he fought for his community as a city councillor for—as a councillor, and I'll tell you one thing, one thing the member for Elmwood has absolutely gotten right: The member for the Interlake is absolutely amazing.

Mr. Maloway: Well, clearly, this minister is not going to co-operate with this committee and give us the date of the meetings of the Cabinet and the Treasury Board that approved, because that's the approval. The minister tried to pretend that it's, you know, everybody but him that's involved. Well, this minister sits on the Cabinet. He sits in the Cabinet. They approve what the Treasury Board sends them. The Treasury Board approves. These members are right into this up to their necks because they hold the ministers in the Cabinet. He approved it. The member for the Interlake is on the Treasury Board; he approved it. And the member—the minister said, you know, the member is—for the Interlake is amazing. Well, you know, he's doing an amazing job of hiding from the reporter, because when the reporter asked him for a timeline as to when his daughter did work for Sigfusson construction, he won't provide it. He straight up says she didn't work. Well, I don't know what you would call that, but you can take your guess.

He was asked directly and he said, no, she does not work there. And then the next time he was asked he said, yes, I guess I erred; I must have made a mistake. I don't know whether he apologized—

probably not, but he said, yes, she did work there. But it took that to pull him out.

So that's not exactly being forthright with information dealing with a reporter, so I would suggest there's a lot in here that we have to tease out in the Estimates that are going to follow, and we're going to continue. The minister can try to hide all he wants and try to hide the timelines and so on but, clearly, within that period, that period of time when this contract was being dealt with, we know that it happened between the time that the member for the Interlake was put on the Treasury Board and we know that it was some time before the minister, on December 28th, told the local paper that he knew who the successful company was. He already knew.

So, we've got that timeline down, so why won't the minister co-operate and tell us what day the approval went through the Cabinet, what day the approval went through the Treasury Board?

Mr. Schuler: What we have is a very bitter member for Elmwood, and what he's trying to cover up is that it's actually more than 50 years. Fact, it's more than 60 years but we'll leave it at more than 50 years that the discussion of the Lake Manitoba channel was first discussed. In fact, it was Premier D.L. Campbell that was first briefed on this.

Since then, it's been a discussion in Manitoba. It's gone through various governments—various governments. The last 17 years the member for Elmwood—well, other than his Halley's Comet tour through Ottawa and then showed right back again. Mind you, he did have an interesting re-election campaign in which he suggested to the constituents of his riding that because he talked more than anybody else that year in Parliament, that because he could talk more than anybody else, they should re-elect him.

And I would point out that, for some reason, the people in his community didn't particularly think that just because you talk the most, doesn't necessarily mean you should get re-elected. And, in fact, maybe if the member for Elmwood could let me just answer the question—and he's not—he got defeated once by being the guy who talked the most in Hansard—you better be careful, we don't—you know, you don't want to prejudice anything here, but he, you know, don't want that to happen a second time—well, at least he doesn't. I mean, we might have a different opinion.

* (16:50)

But, anyway, member sat here for 17 years, other than his Halley's Comet moment in Ottawa, and the entire time—the entire time never once did the member for Elmwood (Mr. Maloway) get, let's say, a shovelful of gravel moved on the Lake Manitoba channel—not a shovelful. Was it maybe a half a shovelful? Was there—*[interjection]*

Madam Chairperson: Order.

The honourable minister has the floor. I would ask all members to respect that. Thank you.

Mr. Schuler: So, starts with D.L. Campbell. Nothing. Wasn't done. Through all the years, 17 years of NDP, not a shovel, not a pail, not a brick, not a pebble was moved on that road. Nothing. Nada. Nichts. Net. Non. Nothing.

And then all of a sudden, a new government gets elected. The government says, we are going to proceed with these channels because we cannot leave the Province so exposed. We cannot leave the government so exposed like we were in 2011. When the final numbers are tallied, it is going to be hundreds and hundreds and hundreds of millions of dollars that we spent because of the damage of the flooding on Lake Manitoba in 2011 and the—in retrospect, the channels on Lake Manitoba and Lake St. Martin would have been far cheaper than the damage payouts of 2011.

So, on March the 6th, 2018, we announced the first step of building the first phase of a road. It's the first \$10 million—it's actually 11.4, but we—it's easier to say a—\$10 million-plus that's going to be spent on a \$540-million project. It was done all the right way. It went all through the proper process. It was—there was no political interference in the negotiation process. The professionals did a great job. Congratulations, department of Manitoba Infrastructure. You did a good job. We're proceeding with the project and the only thing left for the NDP after all of this is to remain being bitter.

Mr. Maloway: You know, the reality here is the—you know, what this government has done wrong is not send the contract to tender. I mean, that's what the Manitoba heavy construction industry is saying. They're saying, you know, why are you putting yourself through all this grief when in fact you're probably going to have to end up going to tender?

You created so much trouble. When you first got elected, you said you were going to change your modus of operation as a government. You were going to tender all these projects, and your

membership and your supporters believed you falsely. And now two years later, you've got your membership and your supporters questioning whether you're really a Conservative Party at all on the carbon tax and on this issue, and this is a big issue with a lot of your own support base.

So you have got a lot of skin in the game here to go and conjure up a sole-source deal, you know, put the member for Interlake (Mr. Johnson) on the Treasury Board on August the 17th and within four months give an untendered contract, which the Manitoba heavy construction industry today has said we've done a comparison of seven projects, and this contract is double, is overpriced times two.

And then we have the new member on the Treasury Board who is—who has received money, who received a donation from Hope Sigfusson, from the winning contractor—winning—I mean the contractor that got the construction project gave the member for the Interlake's own campaign a donation. And the Sigfusson company's made donations to the Conservative Party of Manitoba in '16 from Grant, Brian and Hope again. And then, to put the icing on the cake, we have the daughter of the MLA working for Sigfusson. Like, how could that be?

And, when the reporter goes to talk to the MLA and asks him about it, he runs away and says no, it's not true, she doesn't. And then the next time he gets interviewed by the same reporter he says, well maybe it is true. Maybe she did work there. Well, you know, we're getting a little confused here. And in the newspaper today, the MLA says—also said his daughter did, in fact, work for Sigfusson.

So, you know, I think that that this is a confusing—well, maybe not so confusing. It—the situation has got so bad from the Manitoba heavy constructions industry point of view, the fact the minister refuses to tell us the date of the Cabinet meeting that approved this untendered contract. He refuses to tell us the date of the Treasury Board meeting that this contract was approved.

I think that we have no choice but to go to tender on this project, because there is going to be no resolution. No happy—

An Honourable Member: That's your choice.

Mr. Maloway: No happy resolution on this issue. Well, we've spent two hours here, and all we've had is the minister stonewall and rage and refuse to answer two simple—they're the same two questions, to the member for Flin Flon (Mr. Lindsey). They're

the same two questions we've been asking for two hours.

We said what is the date of the Cabinet meeting in which the sole-source tender—the overpriced, soul-source tender was given to Sigfusson? And we've said, No. 2, give us the date of the Treasury Board meeting in which the sole-source contract to Sigfusson was agreed to.

Two simple questions.

We have got all kinds of professional advisors here in the room who know these answers. All they have to do is lean over and tell this minister what the answer is. He could give it to us, and we could move on. But no—

Madam Chairperson: The member's time has expired. The honourable—order. Order. The member's time has expired.

Mr. Schuler: Madam Speaker, I would like to say to all the scribes in the room, I would like to say to everybody who's listening, for the second time today, I am going to be forced to confess that I agree with the member for Elmwood (Mr. Maloway) on something again.

The first time was that the member for the Interlake is amazing. I agreed with the member for Elmwood on that one, and now there's a second thing. I mean this is—three times and—three strikes and you're out. I don't know what that—this is going to become 'curlimity'.

The member for Elmwood said that he is confused. We agree with him. He—and then he went further, he said, it's a little confusing, and then he was confused if it was confusing or if it was confused, and then he said it was just all confusing, because he was confused. We agree with him.

The member for Elmwood is confused. He doesn't have his facts straight. If we disagree on policy—yes, member for Elmwood through you, Madam Chair, we disagree on policy. We can move on.

We can move on to the Estimates. It's a one-point-some-billion-dollar department. We can find out who's working where and who's doing what. We can even find out for the member where decisions are made, and how they're made, and how we make sure there's not political interference, which there used to be the last 17 years of the NDP, and how all that was cut out. We can have those conversations.

But that the member for Elmwood is confused, (a) is not a surprise to committee, and (b) we agree with him. The member for Elmwood finds all of this confusing, and the member for Elmwood is confused. I would point out to him that this isn't the first time, because there was a time in the Legislature, it was a little confusing on his part whether he was still an MLA or if he was an MP.

He had some struggles—

Madam Chairperson: The hour being 5 o'clock, committee rise.

EXECUTIVE COUNCIL

* (15:10)

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

The floor is now open for questions.

Mr. Wab Kinew (Leader of the Official Opposition): I'll begin with an observation. I was very humbled to learn in question period that there's some 400 people who watch us each day in question period, and just put on the record, I guess that's the combined draw of the Premier and myself. We bring in 400 eyeballs each and every day. So maybe we can boost that over time and get some more engagement.

Anyway—

An Honourable Member: My mom, your mom.

Mr. Kinew: —yes, I hear my colleague from Concordia pointing out that at lot of our friends and relatives probably make up that number, and maybe the staff who work with us probably round out the rest. But, anyways, just a little fun, there.

So, on the issue of health care, just wanted to know if the Premier could tell us what directions he's made to the regional health authorities for their budgets this year. Is there a target in terms of the funding level? Is it a—you know, is it an increase, is it a freeze, is it a cut?

Yes, so just—you know, if the Premier can share his direction that he's given to the RHAs.

Hon. Brian Pallister (Premier): I'll just echo the member's comments that I'm sure that our knowledge of the incredible viewership of question period, as clarified today to all members by the Speaker, will

ensure better conduct in the Chamber going forward, as we know now that the eyes of the province are truly upon us.

That being said, I would also put in a request for higher tables for us to sit at so that we don't have our knees bang regularly.

I would say also that, if the member is interested in much greater detail on the health-care plans for the province, the—across the hall and down the corridor is the Health Minister, who will be able to give him great detail. I'll only say that the out-of-control spending of the previous government failed to produce results—but did—in terms of better health outcomes, but did produce results in terms of downgrading our credit ratings. And, of course, higher deficits and debt for the province, and that this year our debt-service costs will be our fourth largest department and will take fully in excess, for the first time, of \$1 billion away from other budgets. Chiefly, of course, they'll put pressure on health care as our largest department.

Mr. Kinew: I'm sorry about the table situation. I hope I'm not breaking the confidence of the Minister of Finance (Mr. Friesen), but he shared with me that he has a table in his office now that I think, maybe, was in the Premier's (Mr. Pallister) office before and didn't work for the Premier's purposes. And maybe the Premier—I'm just paraphrasing what his thoughts might have been, but he said, you know, send this down to the Minister of Finance's office, that—it may be better suited to his needs. Anyway, that was a funny anecdote that I heard not too long ago, so—just brought that to mind.

Again, the reason why I bring it up—and, you know, I'm mindful of the Health Minister's comments as well—but it's just—previously, we've asked about decisions on the health-care front, and the Premier's indicated that he makes those decisions. So, again, I'd ask if the Premier can share what decisions he's made this year in terms of the funding levels for the regional health authorities in Manitoba. Specifically, what direction he's given them. Is it going to be a certain percentage target increase for their budgets? Is it a freeze? Is it a percentage decrease? If he could share that, I'd appreciate it.

Mr. Pallister: Okay, well, in terms of the myth of cuts, let me say that the actual health funding increases since the last NDP budget are up by over half a billion dollars, and that our spending on health in Manitoba remains the highest in Canada. And I

would also say that, in terms of the core percentage of the core budget, we're at 44 per cent, which also is among the highest in Canada in respect of total expenditure.

But I would also go further and say that, obviously, just talking about how much we spend on any department is hardly focusing on outcomes. And the unfortunate thing I think that we have to admit is that although the previous administration increased spending at significantly higher rates than most other jurisdictions across the country in health care, they didn't achieve results. The results declined and deteriorated from, in many categories, middle of the pack, according to Canadian institute of health information, to the bottom in the country. And so we have health measures that reflect the reality that it isn't, clearly, just what you spend that matters; it's, quite the contrary, the innovations that you make and the strategies you entail that matter far more. If spending more on health care got better results, the United States would have the best system in the world, and it doesn't.

And the fact is that we are focusing on using the research and the smart people we have in our province to help us, guide us. Some of that research, of course, was commissioned by the previous government, and not acted upon but commissioned by them, and then, I gather, it was cobwebbed somewhere and actions weren't taken. But we are endeavouring to do what other provinces across the country have done or were forced to do or not by bending the cost curve and starting to get better value for money, because we obviously can't go on with structural deficits approaching \$1 billion on an annual basis and think we're doing anything but jeopardizing health care in our province and our ability to sustain it for ourselves when we're older or for future generations. So we've taken those actions clearly with a view to making sure that we're not just improving services for today but improving services for the future as well.

Mr. Kinew: The Premier refers to the CIHI, the Canadian Institute for Health Information, there. So does he believe that these figures that they publish are very important indicators of quality of health care here in Manitoba? [*interjection*] Did you miss it also, Mr. Chair. Should I repeat it?

Mr. Chairperson: If you'd repeat it, please.

Mr. Kinew: CIHI, the Premier mentioned them. How important are those metrics that CIHI publishes

to the Premier's valuation of health care in Manitoba?

Mr. Pallister: Of course, and the member's setting the stage for upcoming CIHI information to be released, which measures the performance not of this government but of the previous government. And it should be noted that the reforms that we have undertaken were initiated subsequent to the tabulation of the data which CIHI will be reporting upon. They will be reporting on the failure of the previous NDP government, not on this government.

So it is important to understand that. I know the new leader and the member for Concordia (Mr. Wiebe) doesn't want ownership of that truth, but the reality is that the previous government wasn't undertaking the necessary reforms to improve services, and the CIHI data will back that up when it comes out.

Mr. Kinew: I think he's pulling down the—the Premier's (Mr. Pallister) pulling down that mission accomplished banner that they were waving a few months ago, last time there were some numbers. I would ask him to, you know, maybe undertake to, you know, tell us when his mandate began or not, but I guess that's probably just facetious or just a rhetorical question.

There are CIHI numbers coming out, so I guess First Minister's given us a little sneak peek as to what we might expect from a rejoinder of any comments or any sort of message on that.

An Honourable Member: I'll take that question if you want.

Mr. Kinew: No, I'm sure you can—I'm sure, you, Mr. Chair, will find that the Premier can use any part of these comments to inform his answer.

What metrics is he using? CIHI, you know—what are the important indicators that he uses to evaluate progress here? He's referred to value for money. I'm curious to know, you know—the money side, we're looking for questions on, but on the performance side, the health outcomes side, what are the indicators that are informing the Premier's evaluation of health care in Manitoba?

* (15:20)

Mr. Pallister: Well, you know, I appreciate the member's comments, and I appreciated his comments, his frankness a couple of weeks ago when he said he didn't care that the hydro rates were going up, he was just going to blame us for it. And he's

taken the same approach—I can't wait to hear it—when CIHI numbers come out and they don't look good, he's going to say, well, that's our fault—except it's a measurement of the previous NDP government's failure.

See, anybody who's ever undertaken, say, a diet or a fitness regime knows that instant results don't occur, that you have to—I'm not talking about the member for Swan River (Mr. Wowchuk) here. I'm referring to the simple reality that it takes time to fix things that are broken. Certainly, in the health-care system, things have been broken for a while. The previous government knew that when they commissioned studies and reports and analysis and then failed to act on that advice. They didn't have the courage to make the necessary changes. We do. We're acting on that. That's not easy any more than it's easy to get in shape, any more than it's easy to raise a kid, any more than—it's not easy. It takes time, it takes effort, it takes constant focus. We have that. We have that focus, we have that willingness to make that effort and we are demonstrating that as a government.

But I recognize that the member would like to score some short-term points on bad numbers that reveal that the previous government was on a downward path in respect to the management of health care. But thinking people—and there are many of those in Manitoba—will note that the reforms that we have undertaken will take time to effectively create positive change and were undertaken following the sample period that the member will observe in the report, though will ignore in his communications, I expect, with the members of the media.

Mr. Kinew: I haven't heard too many people in Manitoba, you know, not even praise but, you know, first off say that they understand the logic behind the Premier's changes to the health-care system, the closures of emergency rooms. Most people that I speak to are upset by them or incredulous.

So, again, an analysis of the acute-care beds in Winnipeg is what's needed, not a look at the overall number of emergency departments. So I'm wondering if the Premier can tell us, after his proposed changes, if the number of acute-care beds across Winnipeg will stay the same or increase or decrease.

Mr. Pallister: Well, the member alluded to emergency rooms and that people don't understand. He said, well, he can help in the communication

on that. Because it's not without precedent that communities—cities all over the country have reduced the number of emergency points of entry into the system and consolidated their resources at fewer locations. In fact, it's exactly what has gone on throughout the country. Not here, though.

What we have here is—had here was a situation where we had more emergency rooms and longer waits than everybody else, and that correlation's very clear. The Canadian institute of health information—when my able assistant returns with those numbers, I will share them with the member. It's very, very clear in their conclusion that Manitoba was plagued with the longest emergency room waits in Canada, bar none.

So what the member is doing now by saying people are afraid of change, he fails to recognize they're afraid of not-change too. And the not-change would be that they would wait longer than everybody else in emergency facilities trying to, hopefully, get in to get looked after, tested, hopefully not moved to another facility, though that happened more here apparently than in most other places across the country.

So, you know, I recognize that stoking fear is what the member's about lately. But that isn't the right approach. The right approach would be to learn from the best practices of other jurisdictions, duplicate those, improve health care for Manitobans. That's exactly what we're going to be doing.

The ironic part of this is that the member is ignoring the recommendations that were given to his predecessor and to his predecessor's Health ministers. And they did not act on that advice. Dr. Peachey is clear in his recommendations in terms of how to achieve better access to service, better quality service in the health system. Those recommendations, we gather, sat on the desk, not acted upon by the previous administration. Now, the member says people are afraid. What he is actually saying, I believe, Mr. Chair, is that he is afraid and that his colleagues are afraid. That is what was demonstrated by their lack of action. They refused to act on the advice they themselves commissioned and, in so doing, plagued Manitobans with over 600,000 hours of waiting, in just the last year of their government, in emergency rooms—600,000 hours.

The other thing that I find difficult to accept—and I think most Manitobans do understand the issue—is his ongoing support for the federal government's reductions in transfer support and the reductions in

their share of the partnership funding for health care—continues to seem to want to support the federal government in reducing their funding. They were at 25 per cent. They were higher, of course, in the past, but they were at 25 per cent a decade ago, and now they're at 19 per cent, and they promised to only incrementally increase their funding by 3.

What this means, of course, is that with the ongoing pressures on health care as the population ages, that ratio is very likely to change even further to the negative, and the Manitoba people will be asked to shoulder the lion's share of the costs of health care. Why any political leader concerned about Manitobans would take the position that's a good thing is beyond me. I don't think it's a good thing; our government doesn't think it's a good thing. In fact, we had temporary unanimity among all the premiers for a while that it wasn't a good thing until a number of Liberal and NDP premiers decided that they'd cave and give in under the pressure of some side deals with the federal government, and Manitoba remained strong in respect of holding our position which we hold today.

That position is supported by a great many in the academic community, in the medical community and the research community. Kevin Page, the former Parliamentary budget officer for Canada, who's now the president and CEO of the Institute of Fiscal Studies and Democracy at the University of Ottawa, actually praised us to the point that he said that the Manitoba government was the only provincial government that was actually taking a principled stand in support of the long-term sustainability of health care.

Mr. Kinew: The question has to do with the Premier's rationale for making the decision to close emergency rooms in Winnipeg. What analysis does he have? Specifically, what will happen to the number of acute-care beds system-wide in Winnipeg after he completes his plan—if he completes his plan, I should say, because there is a bit of daylight there. Premier's been accused of not listening, but it's pretty tough to ignore all the voices who are telling him not to close the Concordia and Seven Oaks emergency rooms.

So I'm just curious to know, based on his analysis—presumably, they did do an analysis—what will happen to the number of acute-care beds across Winnipeg if they do fully implement their plan to close ERs, including those at Concordia and Seven Oaks?

Mr. Pallister: So, I'd just encourage the member to read the most recent study. There are others, of course. There's the Peachey report that was commissioned by the previous government. But the Centre for Healthcare Innovation released a study in January of this year, January 24th, which was an evaluation of progress to date, interim evaluation of the WRHA's Healing our Health System plan. And in it, there are a number of references to, you know, progress and challenges both, and honest commentary in this report which runs to the tune of about 58 or 9 pages.

And it talks, quite frankly, with good analysis, by professional Manitobans about the fact that there has been some improvement in early days—though they are early days—on emergency and urgent-care changes. Also goes on to say that the implementation is on schedule, that median wait times have decreased by 19 per cent. Now, this was as of January, and we expect—and, of course, there was a flu push here in the last few weeks, so we know these numbers can change, but these are early days. But this is not as black a situation or bleak as the member would like to portray.

In fact, I guess the point I would make is that the member seems to be advocating that none of these changes recommended by experts, monitored by Manitoba experts and professionals, should have been pursued and that we should be back where we were before when the NDP were in power when the situation was worsening. I don't agree with that. I don't think standing back and watching a situation as bleak as that one was and doing nothing about it makes any sense at all.

* (15:30)

It does go on to say median wait times have improved, and they closed about half of the gap towards achieving the Canadian median wait time; patients' length of stay, median wait time length of stay in a—in the ED for patients admitted to hospital was down 14 per cent—reduced delays in emergency for patients to be admitted, which frees up EDs' treatment spaces throughout; average in-patient length of stay down 4.6 per cent for the same period, '16-17; positive impact on patient flow.

Now, I would not wish to create the impression that everything was tickety-boo and going the way we would like. Every one of us here would like to see better results faster in every respect across the spectrum. But I would say that the evaluation that was done by these professionals shows that there is,

overall, very positive success and that progress is coming along. And that's good. We'll obviously be monitoring the situation. The professionals at the WRHA and the implementation team will be monitoring it, and they'll be continuing to, you know, make the necessary changes and adjustments we would expect of professionals in these fields. But to sit back, as the member is proposing, and do nothing about it is hardly an option.

I would go further and say, though, one of the areas I think that was of concern—and the member talks anecdotally about people who are afraid—he may be right in some cases. Obviously, people have the right to have their emotions, and change is hard. And I would want to say if it was easy, the NDP would have done it. It isn't easy. It is challenging, and I very much respect the people who work in our health-care system for their willingness to be part of this transition. I think that he will find, if he speaks to those people genuinely and objectively, that a good majority of them know that the system was broken in the past and they want to see it work. They want to see it work far better.

In particular, they know that the system grew to be far too big at the top, and so we've proceeded with trim at the top, because the management structures in our health administration grew beyond their effectiveness, and we have proceeded with 15 per cent reductions in WRHA numbers and regional health numbers as well. And the top-heavy structure that we had there wasn't working to help patients.

I would say, also, that it's a fair observation—and the member makes a fair observation when he says that the communication challenges are real, because they are real. And I—again, I'd say a special thank you to the people who work in the system who have communicated that to us in this report and said that we need to do a better job of communicating, of giving advanced notice, of co-ordinating as much as possible that information flow so that people can feel confident in the direction that we're going with our reforms.

Mr. Kinew: The Premier (Mr. Pallister) mentioned—and I'm trying to phrase this close to verbatim to what the Premier said—but he said the implementation is on schedule. So I'd just like him to share with the committee what is the implementation date for phase 2 of his health-care plan?

Mr. Pallister: So I'll—we'll endeavour to dig that up and get the specifics. Again, I'd suggest the member

get accurate and prompt information from our Health Minister across the hall if he's interested in more detail, but I will continue to share with him, because it's obvious he hasn't read this report, what the analysis of the professionals who looked at the reforms say about it.

And there are key observations here that are very illuminating that I think would benefit the member to consider. The evaluation team in this report—this is in page 36 of the report—reviewed trends in patient flow indicators, identified changes to operations over the last several months and assessed the feedback from operational and clinical leaders to identify drivers for the improvements of patient flow. How can we do a better job, in other words? And this analysis found that there were several factors that are collectively responsible for the improvements that we've seen so far. Number 1 of those was consolidation of services.

And I emphasize this for the member because, of course, he continues to repeat that more emergency rooms are better, and he's wrong. If that logic was correct, I guess we should have 25 emergency rooms; doesn't make any sense at all for a city the size of Winnipeg to do that. But the member seems to think the more the better when it comes to emergency rooms, and he is absolutely wrong, according to the expert analysis that his predecessors in the NDP government commissioned.

Dr. Peachey reported clearly that the need was to consolidate emergency services for better use of resources, prompter service, to shorten wait times and to have the right professionals diagnose—diagnostic expertise, diagnostic equipment, testing equipment centred so that people could get the care they needed quicker and would reduce the need for people to be taken to a facility and then not cared for and then subsequently transferred to another facility at great risk and pain to them and to their loved ones.

Now, this is clear. It's in the report. The NDP commissioned the report, and if he read it, he wouldn't keep saying that more emergency rooms are better because he'd know that's wrong. People in Toronto know that and Edmonton and Vancouver and Calgary, throughout the—Ottawa. Throughout the country they have moved, years ago in many cases, away from that old model, which does not help to get care to people sooner, but, apparently, he just going to not read the report and continue to repeat false statements that guided, if we could call it guided, the inactions of the previous administration.

Consolidation of services, the No. 1 reason that we're seeing positive trends in reducing wait times; Strengthening how services—No. 2, strengthening how services are co-ordinated regionally; No. 3, earlier focus on improving in-patient capacity; and, No. 4, heightened accountability and commitment to achieve results.

The report goes on to say, in page 36, the consolidation of services appears to have improved throughput in EDs and in urgent care. This includes changes such as more effective streaming of low- to mid-acuity patients, adding physician and nursing resources to the three acute emergency departments, adding treatment spaces as well. It's also improved the output from the emergency departments by allowing for the creation of new services and models of care, including clinical assessment, sub-acute and transitional care units and services outside of hospital, like Priority Home, River Ridge transitional care. None of these additional services would have been possible in the current environment without consolidating services and redeploying resources more effectively.

Now, the WRHA has also moved to strengthen how services are co-ordinated regionally between hospitals, and this includes opening central bed access last October to facilitate access to sub-acute- and transitional-care beds using an incident command structure during implementation and subsequently incorporating the strengths of the command structure into routine regional operations.

This is just some of their commentary in this analysis. Of course, we'll look forward to more ongoing analysis as we move to part 2 of this implementation process. And I will share more of the report with the member because I know he's interested in this or he wouldn't be asking about it.

Mr. Kinew: So can the Premier personally—or can the Premier confirm that he personally authorized—approved all these changes to the health-care system?

Mr. Pallister: Can the member for Fort Rouge (Mr. Kinew) confirm that he's covering up on a harassment report that he doesn't want anybody to see?

Mr. Kinew: The question was: Can the Premier confirm that he personally authorized all of the changes that we're now seeing to the health-care system?

Mr. Pallister: I'd say two things. First of all, we work as a team in this government, but, secondly, the

member has said that—he said, and I quote now: The NDP didn't deserve to win the last election.

He has said that the NDP lack of action on harassment was a failure of leadership. If that's true, and it would surely be a failure of leadership to cover up this internal report that he's commissioned two months ago and not say anything to anybody about it. If there's nothing that's been discovered, why not report it and clear the air? It would help to give a greater sense of confidence to political staffers in his party if they knew that there was nothing else going on. If, in fact, something has gone on, as we have done, we confronted this. We—and I know the member cares about the victims in these situations, but I also know that he cares about accountability, and he should demonstrate that not just in words but in deeds.

* (15:40)

So, if there has been something uncovered by his internal report, this two good friends of the member for St. Johns (Ms. Fontaine), I know, are heading that up. If they've discovered something, they should make it public. And let's get on with ending the culture of concealment here and start to deal with these issues effectively. There's nothing effective about the member covering up that report, and I would encourage him to release it. If there's nothing in it, release it. If there's something in it, release it. Don't cover it up. That's what led to these problems in the first place.

Mr. Kinew: We've been here for some 40 minutes, and the Premier (Mr. Pallister) refuses to answer any questions about the changes to the health-care system that he's previously admitted that he authorized himself personally. But apparently now he's backing down. He won't cop to authorizing these changes anymore, probably because he realizes that it was in error, that he's—in his rush to make cuts to the health-care system, that he's forgotten that he might actually make things worse, which appears to be what's happening in our province.

This is what I hear from physicians, from nurses, from health-care professionals who care for people in the wards of the hospital. Not only do they feel disrespected, perhaps the more relevant point that they make to me is that they feel that the care that they're delivering to patients is getting worse, and that that care is deteriorating as a result of this government's decisions.

So I'm not surprised that the Premier doesn't want to answer these questions, but I think that he should. Again, questions have been: Did he authorize this plan? What rationale formed the basis of this plan? Presumably, there was due diligence done. One of the important points of due diligence would be the effect that these changes would have on the number of acute-care beds on the system.

Perhaps, if the Premier wants to answer this question, then we can explore some other areas of interest: long-term care beds, personal-care home beds. But I'd ask him again to tell us, according to his analysis—you know, share with us the numbers that he saw. What will these changes have in terms of impact on the number of acute-care beds in the city of Winnipeg?

Mr. Pallister: Everyone at this table knows the member's trying to divert attention away from his own responsibilities as a leader in respect of ending harassment in the workplace. Everyone sees that.

The member has made the assertion that I've not been answering his questions when quite the opposite is the case. I invite him to review Hansard, and he will find detailed answers—explicit and detailed answers citing specific studies, specifically referencing issues around reform, specifically speaking about the motivations for said reform.

I'm quite happy to take ownership of the positive or negative consequences of our attempts to heal the health-care system. I'd like him to accept the responsibility for—that he says he wants to embrace of making this a safer place to work and not covering up a report and trying to pretend that he wants to do something that he hasn't given any evidence he wants to do.

He said, in a newspaper interview, and was happy to say it, that it was a failure of leadership. And he was pointing the finger right at Greg Selinger when he said that. But, surely, if that was a failure of leadership—and Mr. Selinger did apologize for it—then it would be a failure of leadership on the part of the member for Fort Rouge (Mr. Kinew) to not participate in healing the system and ending this culture of concealment that got us into a deplorable—all of us who care about the reputation of elected people should care—and care about the protections of people who work in this building, and elsewhere in the government, should be very, very cognizant of our obligations to end the culture of concealment, not perpetuate it.

The member said, in another interview, I don't doubt the veracity of anything reported so far. So why would he cover up stuff that's been reported since? It doesn't make any sense. He says there was a cult of looking the other way. Well, what is he doing now? He's not willing to reveal any of the information his little internal study has produced. If there's no problem, say so. Make it public. Super. Good. Okay. You've got two people there. They're friends of one of your close supporters and MLAs. That's fine. I mean, they're knowledgeable people. I respect them for that regardless of who their friends are.

But the fact remains, if they've not uncovered anything, report it and it will help clear the air and it will help us in our efforts here to make this a safer place for people to work and will give confidence to staff that they are being heard and respected in this workplace. But if there is something there, sir, it is important, Mr. Chair, that that not be covered up. A cult of looking the other way is not something that the member should want to continue.

Shannon VanRaes, who is one of the people who was victimized by the previous Finance minister said—she said in one interview: Recent events and the call for Mr. Selinger to resign have only gone on to show that the dysfunction that helped to enable Stan Struthers in the first place is still alive and well.

Well, I'm dedicated to making sure it isn't alive and well. I'm dedicated to making sure that culture changes, and I'd like the member to demonstrate that he is too, more than in words, but in actions, and the sooner the better.

Mr. Kinew: It's a little disappointing to hear the Premier not want to answer questions that speak to the rationale behind his decision to cut emergency rooms in the city of Winnipeg. It's a little disappointing, but it's not surprising. It's probably consistent with the sort of thought process that would see him not want to sit down with the board chair of Manitoba Hydro when the board chair said that there are some very important, critical issues, even, that should be discussed, critical issues to the finance and governance. And again, the Premier was not willing to take on the responsibility of sitting down with the very well-respected and ardently Tory board chair, Mr. Sanford Riley. And yet this sort of thought process does seem to be pretty consistent for the First Minister, whether it's on Hydro, whether it's on health, whether it's on other areas. He's quick to

anger, but not quick to respond to the substantive questions.

Again, the question was: What will be the impact on acute-care beds in the city of Winnipeg after, hypothetically speaking, the full implementation of phase 2 of the Premier's plan?

Mr. Pallister: I see the member lashing out, and I understand his sensitivity to this after pronouncing for days on end during the middle of this Struthers series of incidents and their disclosure that he was serious about addressing it and failing to demonstrate any commitment to address it at all ever since. I understand his sensitivity. His willingness to digress, his willingness to go and talk about board members at Hydro or other Crown corporations, clearly demonstrates he has no desire to address the issues of harassment in the workplace.

I've addressed the Peachey report in my responses to him. I explained to him that his own party commissioned the recommendations which led to the actions that we're taking as a government. I've read the updated report, in part, to him, some of the highlights. I have demonstrated clearly my commitment and my willingness to be responsible for not only the actions we're pursuing but the outcomes that are derived from them. I'm simply asking him to do the same when it comes to harassment.

He has said that he is serious about it, yet he fails to demonstrate any commitment whatsoever and attempts to divert attention away from his lack of any actions as a consequence of this serious issue.

Now, again, Shannon VanRaes said: At the end of the day, I'm not particularly concerned with the health of the NDP. Well, apparently, she's the only one because it looks like there was a culture in the NDP of hiding this stuff, covering it up for a long, long time. Certainly, other people who were victimized by Mr. Struthers, staffers, said that they were told by Michael Balagus, a former chief of staff to—what was it, suck it up—to suck it up.

Now, that culture's changed. I invite the member to demonstrate it's changed. I invite him to make public any evidence at all that there has been a serious attempt to deal with this issue within his caucus and within his staff. I'm frustrated, said Joëlle Saltel-Allard—I'm frustrated the conversation has shifted to the internal politics of the NDP instead of focusing on sexual harassment.

Whether he knows it or not, there are a lot of people within the NDP who'd like to see this issue addressed, and they don't think it's going to be addressed by sweeping it under the carpet the way it used to be done. And I can guarantee him that if he actually takes the time to speak to some of the women in his own staff, he will find that they are very much believing that it is being swept under the carpet. It needs to be dealt with. The culture of concealment needs to be addressed. It needs to be brought up.

* (15:50)

Yesterday, he brought this issue forward. He is the one who initiated the discussion by attacking, personally attacking, the member for Emerson (Mr. Graydon) right at this table yesterday, and he raised the issues. Now, the member for Emerson is with us today. He is in counselling. He is seeking—

An Honourable Member: Point of order.

Mr. Pallister: He is seeking to get counselling.

Point of Order

Mr. Chairperson: Point—[interjection]

An Honourable Member: Mr. Chair, you have to chair the meeting.

Mr. Chairperson: Yes, I am.

On a point of order, the Leader of the Official Opposition.

Mr. Kinew: You cannot make a reference to the presence or absence of people in committee or in the Chamber.

Mr. Chairperson: The member—the Leader of the Opposition is correct. We cannot—we have to recognize people by their position or their—[interjection]—you cannot make reference to the absence or presence of members, so it is a point of order.

* * *

Mr. Pallister: I stand corrected by the member.

I will instead address the absence of any commitment or demonstrated commitment by the member for Fort Rouge (Mr. Kinew) to the issues of ending harassment in the workplace. I will address the absence of any representative behaviour that reflects positively on his words and his stated commitment to deal with this issue, the absence of any actions whatsoever on his part.

Joëlle Saltel-Allard said, sadly, I hope that policies are developed and this never has to happen to anyone else ever again. We should all hope that, and the member should pursue actions and demonstrate his commitment to ending the kind of harassment that was suffered by these women.

She said, again, Joëlle Saltel-Allard said, in one article in one of the local papers, I—this quote was in there—I would be working with him in his office and he would—she's referring to Stan Struthers—I would be working with him in his office and he would come and touch me or tickle me often in front of other people. It was relayed back to me that I basically had to shut up and suck it up. There weren't going—they weren't going to do anything. There was an election coming up and nobody was going to take any action in regards to my complaint.

Now, I would encourage the member to demonstrate the courage of his stated convictions here and make sure that his so-called investigation is made public and that the results of it are made public and shared, not only with his staff or internally around his caucus table, but shared with the people of Manitoba so that these victims, and others who fear, can feel like they were heard. That would be helpful.

We've made a commitment as a government to address this, but we'll need the help and support of other political organizations, because if they keep that culture of concealment going at the NDP level that they had in the past, then you can expect more of this kind of behaviour rather than less. And that would be sad for everyone, especially the people who work within the political structure of that party.

Mr. Kinew: The Premier (Mr. Pallister) has more questions than answers. He will not answer questions about the health-care system. He seems to look forward to a day that he returns to the opposition bench and has a chance to ask questions in question period again, or maybe ask questions in Estimates. I'll tell you what, Mr. Chair, I'll try very hard, I'll work very hard to ensure that, you know, my party forms government and, you know, potentially the Conservatives can form an opposition again. If the Premier decides to stick around, at that point he'll be able to ask all the questions that he likes.

However, the question, again, was about the analysis that factored in to the decision to close all these emergency rooms in Winnipeg. So what will happen to the number of acute-care beds across the

system if the Premier is able to complete his plan to close the emergency rooms in Winnipeg?

Mr. Pallister: It's not only me that has more questions than answers, it's everybody in the NDP who cares about actually protecting people who work for the party. It's everybody in the NDP, every—not just women, but men, too, who care about protecting people from sexual harassment.

What other motivation does the leader need than comments from former staffers saying things like, he should have been disciplined, he should not have been a Cabinet minister, he should have been kicked out of the party; or I didn't even know he was doing it to other people, I only found out when I was going to an announcement with him. You know, these are former political staff. These are in—people who worked in the NDP. Here's one: I didn't feel safe. He started doing things to me when I was first elected. That's another MLA. That's not a political staffer. That's an MLA. Here's another one: You don't feel like you can say anything when you're a backbencher, but then you're a Cabinet minister and you still can't say anything.

Well, that's a culture that's got to change, and it's not going to change if the member sweeps it under the carpet like his predecessor did, who he censured for doing so, who he demanded resign for doing so. He called on a person who's served the people of Manitoba since 1999 and demanded they resign as a consequence of covering up something he's now covering up. There's no consistency in that. There's no demonstration of any real commitment to protect people in that behaviour—none whatsoever. So, if the member has nothing to report, he should say there's nothing to report and, frankly, if there's something to report, it should be made public.

As far as—I take it that the member hasn't read the report that his own party commissioned. The fact is there are numerous recommendations within this report which, if he would take the time to read them, he would understand the NDP did not act upon.

But in the—on the issue he raises about emergency rooms, there is a section in the—another report, the report submitted to the deputy minister of Health, Doing Things Differently and Better—Provincial Clinical and Preventative Services Planning for Manitoba. It was written by Health Intelligence Incorporated and associates, commissioned report released—it's the Peachey report—February 1st, 2017. Former Health critic's there; I know he's read it, because he does his

homework, as opposed to the leader. What it says about consolidating services, it says, where appropriate, consolidation of services is logical to improve quality and decrease system costs. Opportunities to consolidate should always be considered, following our realities that compel careful consolidation of services, and then it gets into critical mass issues, co-operative use of strategies around shared facility space, around equipment, machinery. It also talks about the rural care situation. The member hasn't addressed that at all yet but may.

There—it also talks about co-operatively working with hospitals outside of the metropolitan area, because there are hospitals close to—closer to Winnipeg, outside of the RHA—reasonably close—with capacity and resources to relieve WRHA hospitals of service burden at times, if people are willing to travel short distances. Surgical, other general, specialty services could be centred in regional hubs, don't need to be provided in smaller numbers at several sites.

This is just a Coles Notes overview of a very worthwhile report that the member might like to read, originally commissioned by the NDP and not acted upon. It contains the rationale he asked me to explain. He asked me if I've directed it. I'm willing to take responsibility, but I tell him I'm acting on the advice of people that the NDP hired and I'm hopeful that these experts' advice, if acted upon, will achieve better results.

I certainly know that doing nothing, as he advocates, would not—doing nothing on this, doing nothing on harassment, simply criticizing the actions of the government's hardly productive and I would encourage the member to take ownership, certainly, of these—of the issues of harassment, because these are in his purview and it has been clear that, not exclusively but largely, the impact of an action by the previous premier and his colleagues is being repeated by the new leader.

Mr. Kinew: Okay, well, I'll take the Premier's (Mr. Pallister) bait there. How many rural emergency departments is he planning to close?

Mr. Chairperson: Honourable First Minister. *[interjection]*

Mr. Pallister: Well, if the member wishes to answer his own questions, we can probably save some time.

I'll just go back for a second if I may, Mr. Chair, because the member continues to stand up for

a federal government that's reducing health-care support—

* (16:00)

Mr. Chairperson: While we had a bit of dialogue going back and forth here, I'd like to—he turned off the mic while you guys were discussing.

So, now, the honourable First Minister.

Mr. Pallister: I'm just going to share—there's some independent research that was done on the Canada Health Transfer issue. These are some—in respect of the reduced transfers for health care that the federal Liberal government, without consultation, without discussion of any kind, without any kind of forewarning, decided to invoke on the provinces, here's some of the expertise on that.

And I do share this by way of trying to persuade the members of the official opposition to join with us in opposing the cuts that the federal Liberal government is imposing. They'll add up to in excess of a billion dollars over the next decade—oh, \$2 billion, I'm sorry, not—and I'm very sorry, because that will put an increased burden on Manitobans to support their health-care system in the absence of a partner.

The comments from the Institute of Fiscal Studies and Democracy, February of last year, say this: Beyond fiscal 2018-19 health-care costs are expected to continue increasing at a pace well above the growth in the Canada Health Transfer proposed by the federal government. Consequently, the Canada Health Transfer is likely to fall over time as a share of total health expenditures.

According to the work of the Parliamentary Budget Officer, the change to the CHT escalator has significant impact on the fiscal sustainability position of provincial governments. The benefit for the federal government inversely caused the already fiscally unsustainable position of the provinces to dramatically worsen. In short, federal cuts to health-care transfers will make already vulnerable provincial governments more vulnerable.

Certainly, Manitoba, given the mess we inherited from the NDP in terms of their fiscal mismanagement, is in one of the most vulnerable positions, apart from perhaps Newfoundland-Labrador, of any Canadian province when it comes to fiscal problems: structural deficits, no-layoff-clauses handed to major labour providers, unrepaired buildings, unmaintained roads, efforts

to, you know, give money out to party supporters instead of shopping properly.

Regardless of the forecast used, according to the Institute of Fiscal Studies and Democracy, health-care cost drivers are very real, and the annual growth in the CHT proposed by the federal government will be insufficient to meet the increasing pressures on provincial health-care systems.

So that's what one expert says. Now, the Leader of the Opposition may have additional research. I'd like him to share it. I haven't found any that supports what the federal government is proposing. Haven't found anybody, but, obviously, the NDP's taken the position of support for the federal government's cuts, so they must have done some research.

Surely, they're not just following the federal government's cut practice on health care blindly, so they must have done some research that demonstrates to them that the health-care system in Manitoba is going to be stronger with less money from Ottawa. I'd like them to share that with us today.

Mr. Kinew: Will the Premier tell us if he plans to close any rural emergency departments this year?

Mr. Pallister: Again, I encourage the member to speak to the Health Minister about any impending plans. Nothing has been announced. Nothing that the Health Minister has said would lead one in the direction the member is asserting, but I would say this. The Sustainability of Health Care Spending study, which was done by the Fraser Institute in May of '16 says this about health-care cuts of the federal government. It says the rate of increase expected in health care will thus necessitate changes in other policies: either reductions in other spending to accommodate the increases in health-care spending, or higher taxation, higher deficits and debt, or some combination of these three.

Now, under the NDP, we know that they were not willing to reform health care, even though they had information telling them it was a good idea. They decided they wouldn't do that. They decided instead that they would do all three. So they raised taxes, raised deficit and raised debt. Now they're saying that with less money coming in for health care, they support that.

It seems illogical because it is illogical. The reality is that the current health-care arrangements, according to this study, which result in a level of spending observed and expected do not seem

sustainable over the next 15 years from today's vantage point. Okay, now get two experts here: institute of fiscal studies and democracy says bad idea reducing federal support for health care. Fraser Institute, sustainability of health-care study says the same. You know, you got two major think-tanks there both saying the same. You'd have to wonder why the NDP has a position that's counter to that, totally opposite to that.

The NDP has a position that this is a good thing for Manitobans. We don't believe so. So we're going to continue to lead the fight nationally. I have plans to conduct meetings and discussions with senior federal officials and also get the support of others, more publicly stated than has been recently the case, to get us back to a position of sustainability on our health-care funding.

Here's another one, C.D. Howe, pretty noted, you know, knowledgeable people over there in that operation. Alexandre Laurin and William Robson did a study—this was in July of '15—Adaptability, Accountability and Sustainability: Intergovernmental Fiscal Arrangements in Canada. And here's what it says. It says that age-sensitive spending in Canada, rising from 13 per cent of GDP, in 2014, to 15.6 over the next 20 years, and 20.4 per cent in 2065. That's health-care spending they're talking about, escalating like that. And, naturally, as people get older, there is a tendency—I speak from personal experience on this—to need health care more frequently than you did when you were healthy and young. So, as people get older, they need health care. It costs money to provide health care. The demand is going up, the cost is going up and the federal government support is going down, and the NDP say that's a good thing. It's not a good thing. I don't think it's a good thing.

Provincial responsibility for health care means that the fiscal impact of demographic aging will fall mainly on them. That liability is almost entirely provincial; this according to C.D. Howe's study: some \$108,000 per person versus \$12,000 per person for Ottawa. That's not a partnership. Like what Ottawa started out, they were equal partners on supporting health care. Then they became junior partners. Now they're mini-me partners, and they're getting smaller all the time. This isn't how we sustain the No. 1 priority of the Canadian people properly, and I do kind of understand why the Liberal Party is so supportive of the federal Liberal Party. I kind of get that, even though they're wrong. But the NDP has a reputation that they're losing for standing up for health care in our country. And why they wouldn't

support getting the federal government to do its part is beyond me, especially when the federal party has a different position that supports our position. Doesn't make sense to me.

So I encourage the member to join with us. It would help, would actually help, to have our opposition party standing with us saying, in a unified way, look, you're wrong; you guys in Ottawa are wrong; you're making a mistake. Instead, they're just silent on the issue. They don't say a thing. Almost like with hydro. The member from Fort Rouge (Mr. Kinew) says he's happy if hydro rates go up, because he can blame us. I guess he's happy if health care's in crisis, because he can blame us. But the fact is part of the problem is he won't stand up for health care, and that's really disappointing a lot of Manitobans.

Mr. Kinew: So, you know, the Premier (Mr. Pallister) said that the Minister of Health should answer the question, but it was based on the Premier's own comments in his year-end interviews. He said that rural hospitals will close and be converted to care homes. So I'm trying to ask, as a follow-up—he said this in December of last year; it was in the year-end interviews; it made headlines. The Premier made those comments. He's therefore aware of plans to close rural emergency departments or to convert rural hospitals to care homes.

I'm asking him now: Will he share those plans with the committee, starting with telling us when he plans to close some of these hospitals?

* (16:10)

Mr. Pallister: I'll let the Health Minister roll out his plans in due course in the fullness of time, and we'll communicate them, I hope more effectively than has been the case in the past. I think we could have communicated some of our changes and reforms better, but this is part of the thing about reducing your communications budgets and staff by half. It's a challenge, and everyone has to pull together to get our finances back strong again.

You know, the NDP just kept jacking up taxes, right, so they would just ask families to pay more in PST or pay more for their home insurance, pay more for their benefits, pay more for their haircuts, and then they could take the money and—even in spite of all that additional revenue, they still ran higher deficits and they still ran higher debts and they still ran our health-care system down to 10th out of 10. So, you know, the member needs to understand that

the history in terms of the previous government isn't very good on actually demonstrating this compassion that they talk about now for the chequebooks of Manitobans or for the kitchen table money they don't have when they pay higher PST on their—everything they buy. Especially their tax increases were damaging and hurtful to lower income families and middle income families, because a higher percentage of what they make in a middle income family is certainly going to be spent and would be the case for others. And so I would explain to the member that he has an opportunity—he has an opportunity here to demonstrate he believes in ending harassment in the workplace in a real way and he has an opportunity to support us in standing up for health care for Manitobans, too.

You know, the fiscal sustainability report that came out in 2015 and was written by the Parliamentary Budget Officer is really—it's educational to read, and I encourage the member to read it. It says: The subnational fiscal gap could be eliminated under a wide range of policy options, a combination of increased Canada Health Transfer payments and reduced excess cost growth in health-care spending could eliminate or significantly reduce the subnational fiscal gap.

So what we're trying to do is trim at the top, save money in the health-care system and do more to protect the front line. The total layoffs—and it's in the report, I can get him those numbers if he's interested—but the myth of layoffs is a real myth. You're talking about a fifth of 1 per cent of the workforce that's involved in terms of layoffs, total, across government. So it's not a big, big number. Now, its impact is that we are reducing deficits, so we—this year's budget takes deficits down from where we started, over \$900 million of overspending—and that's a deficit, it's just a deferred tax, somebody's got to pay it later plus interest.

So the NDP left us with close to a billion-dollar deficit. We're down to about half that now. Well, that's good progress, but more needs to be done. But it's going to be awful hard to do it if the federal government doesn't support health care, because health care has to be supported and we are doing our best to do that. That's why we've increased our investments in health care by over half a billion dollars in just the last two years from the last NDP budget.

So the member is saying you shouldn't try to reform a system that's broken, and the member seems

to be saying that the old system was working when no one else is saying that, but he's going further and saying that the federal government is right and he supports them in reducing transfer support for health care, and he's wrong on that one. You know, the fiscal sustainability report is clear on this. This is the Parliamentary Budget Officer, a very knowledgeable person who studied these issues.

But I would go—I would tell him also, the Conference Board of Canada—not noted as a supporter of Conservative governments, okay, to put it mildly—the Conference Board of Canada, August '14, they did a report called a difficult road ahead: Canada's economic and social prospects, and what they said is that the provinces are going to have extreme difficulty maintaining funding for health care in the face of lower sustainable growth in the economy. Slow growth in the Western world is becoming a reality. It's not like Gary Doer's time, bless him, when the economy was booming along across all over the Western world at, you know, multiples of what it had previously done. This is not the way it is now, so we can't count on revenues going through the roof while federal transfers go up at the same. We've got the opposite situation and we've got to deal with it proactively.

Again, David Dodge, you know, well-known non-Conservative, has written a report called Chronic Healthcare Spending Disease: A Macro Diagnosis and Prognosis, and I'll get to that in my next answer because I think it is important the member understand how critical it is that he stop supporting Ottawa in its commitment to reduce its partnership on health-care support in our country.

Mr. Kinew: It's cool to see the First Minister starting to copy the Agriculture Minister in telegraphing that he's not going to answer the next question either; he's just going to keep continuing on. Like, I know the Minister for Agriculture has used that in question period the last few days, and who can blame him for just wanting to get it all out, you know, when he's got the Premier (Mr. Pallister) interrupting the questions that he gets to answer. So I've got a lot of time for the Minister of Agriculture (Mr. Eichler) and, you know, him wanting to be able to put some things on the record before the Premier interrupts him again.

The Premier, in that answer, said that, you know, he definitely could have communicated better. You know, I think that's verbatim, there: could have been communicated better his changes to the health-care system, the closures of emergency departments, the

cuts that he's made to services like physiotherapy, cuts to the special drug program that provides prescription drugs to people with conditions like cystic fibrosis, the other cuts that he's made to health care. These are services that people in our province rely on. This is the sort of thing that people turn to at some of the most difficult times in their lives. And he's chosen to cut them, close clinics. And it's causing a lot of concern.

And I disagree that, you know, it's strictly a communications challenge. I think that, you know, there was a problem with the decision-making process, which is why I've been trying to ask this afternoon about the underlying rationale. And it's interesting that the Premier (Mr. Pallister) won't answer those questions.

You know, the other course—not to, you know, rush and cut all these services—would be to look upstream. You know, this is a course that I've recommended, that if we want to improve health care, both to deliver stronger care to people who need it when they're sick or when they're injured, then we should look upstream. We should invest in those services and invest in those points of care where people can get help to stay healthy at home. We have people staying healthy at home with services like better Pharmacare, enhanced community-based mental health services, more supports in the community. If they're allowed to be healthy at home, then that's better for them, but it's also better system-wide. There'll be less of a demand for the acute-care services which are the more expensive places to deliver care.

So, again, focusing on upstream investments, the sort of investments that this Premier has cut when he cuts services like physio and, you know, the special drug program. It only is going to cost the system more in the long run; it is a short-sighted cut.

So, I just wanted to share that with you, Mr. Chair, just to kind of rebut some of the mistakes that the Premier made with his previous answer. But the biggest mistake was just in not answering the question, which is he has announced that he plans to close emergency departments in rural Manitoba. And I think that people who live in rural Manitoba and, you know, others such as myself are interested to know more details about this plan.

And so, whether or not he's decided on his communications plan, his communication strategy, whether or not he's co-ordinated with his Minister of Health as to when they're going to make the

announcement, I assume by him sharing that information in his year-end interview last year that the decision has been made, that the decision's either been made by himself exclusively or it's been made at the Cabinet table. So I'd ask him to share the information so that communities can start planning for how they will adjust or respond or, maybe most importantly, lobby against this provincial government's plan for cuts to health care.

So the Premier has made up his mind. The Premier has a plan, and I'd ask that he could begin to share that plan by telling us: This year that we're currently in, how many rural hospitals will be converted to care homes?

Mr. Pallister: Well, I'd encourage the member to consult with one of the half-dozen or so NDP former health-care ministers. If he'd do that, he'd find out that the process of converting rural facilities to care homes has been ongoing for some years. It's not a new thing. It's not even an innovative thing, quite frankly. It's a conversion that's happened naturally as a consequence of the moves that we're making and some of the moves that the NDP made in the past.

But the reality is that the member is very quick to come up with suggestions to spend more money and is absent when it comes to talking about how to save any. He hasn't even come up with a single suggestion as to how to allocate money from one area of health care to another of higher priority.

* (16:20)

And I will be sharing with him, when it's made available to me, a list of some of the areas of focus that we have been increasing our funding in. But when the member speaks of cuts, he speaks of \$600 million of additional spending as a cut. And that, I guess, we have to disagree upon. I don't see \$600 million of additional investment in health care as anything but a demonstration of our commitment to the health-care system and our demonstration of a commitment to make it work better.

That being said, it isn't solely about the amount one invests, it's about the way in which it is invested. It is also, though, quite a contradiction for the member to speak about, in an attacking manner—which he has just done—our reductions. He says out of one side of his mouth while on the other side, praising the federal government for reducing support. These things stand in sharp contrast to one another. He has taken zero position against the federal

government's reductions, and again, the Conference Board of Canada, traditionally a good supporter of NDP philosophy, has said weaker economic growth, slowing potential output, slower increases in transfers from the federal government will make it difficult for provinces to balance their books over the long term while at the same time maintaining adequate funding for health care and other social programs.

So it's difficult. Conference Board said it's difficult. And one province that stands above most of the others in terms of facing the challenge of correcting the mess they inherited. We inherited a mess.

The member speaks about question period. He must find it easy to co-ordinate that caucus in question period. He's got some people I haven't heard from in this session. I'm not sure why. But in terms of question period, member—the members should ask themselves first, why is it they stand together in support of a federal government that's cutting health-care funding? Why would they take that position and at the same time try to attack us and say we're not spending enough when we spend more per capita than virtually anybody in the country.

Why? I guess they're out of ideas.

Here's David Dodge and Richard Dion. This is a study they released. This is called Chronic Healthcare Spending Disease: A Macro Diagnosis and Prognosis. And this is what it says. If, after 2014, health-related federal transfers to the provinces increase at the same rate as Canadian nominal GDP, then the overall budgetary position of provincial governments will deteriorate significantly over the next two decades.

That's what it says. So the situation's going to deteriorate if the federal government's recommendations are followed. What is especially ironic about the member's unwillingness to stand up for Manitobans on health care, is that even federal Liberals take the position that this reduction in health-care support is the wrong thing to do and the wrong way to go. They have said that.

Ralph Goodale, currently the Minister of Public Safety, said this. He said—and this is of course when the previous federal government proposed to do something which the present Trudeau government actually enacted, but when Ralph Goodale was the man in opposition, he said: It's dictatorial federalism

by brute force, he said. Yes. Meanwhile, the provincial NDP support it.

Stéphane Dion, that's a noted former leader of the Liberal Party of Canada, he actually said: Much of the blame for the problems with the health-care system can be attributed to the Prime Minister's unwillingness to work with the provinces. Then Trudeau goes ahead and cuts health care and doesn't even have a meeting, and has not had a meeting for years with premiers around the topic of health care.

Judy Foote's a former minister of public service. She said it's not right that throughout our country we're seeing reduced health-care funding to the provinces by nearly \$36 billion in the name of financial prudence.

That's what Liberals said about the proposal when the Conservatives made the proposal, and then they went ahead and did it anyway.

Mr. Kinew: So the Premier (Mr. Pallister) has already reached out, you know, to some rural municipalities and talked to them about the possibility of closing their hospitals. It's been reported in the media that the Premier reached out to west Interlake and talked about closing the hospitals at Ashern or Eriksdale. So that's one or two potential hospitals that the Premier has identified to either close or to convert to a care home.

I'm wondering if he can tell us which other communities and which other hospitals is he targeting either for closure or for conversion to care homes.

Mr. Pallister: Well, the member's just put some false information on the record, so—doesn't merit response, but he did ask—

Mr. Chairperson: Excuse me, I'd like to caution all members to be careful with the words they are choosing. I've been fairly lenient, but the word false, sorry, does border a bit on that side. Ask—I'd ask all members to be cautious. Thank you.

Mr. Pallister: Yes, it is difficult when the member puts—when the member does put such information on the record, it is difficult not to call it what it actually is. That being said, the member, of course, hasn't produced a—he hasn't produced a single idea on how to reduce any expenditures. Not a dollar, right—*[interjection]*

Mr. Chairperson: Order.

I would like people—I have a hard time hearing this as well. I would ask all members to please refrain from going back and forth.

Mr. Pallister: Thank you, Mr. Chair, for your diligent efforts in that respect.

The member has continually used the word cuts to describe over \$600 million of additional investment in health care in a province which faces incredible fiscal challenges as a result of an unbelievable mismanagement by the previous administration, where we inherited close to a billion-dollar deficit.

He speaks about spending more, which is customary for New Democrats, of course, but what he fails to demonstrate is any common sense understanding of basic money management. Interest rates are as low as they've ever been. They're starting to curve up, but—and we will pay this year over a billion dollars in interest on our debt for the first time in the history of our province, and this member has zero concern about that. He just tells us spend more, borrow more, spend more, borrow more, spend more, borrow more and tax more, because he opposes our budget, which makes the most significant reductions in personal income tax, bar none, in the history of Manitoba. So, clearly, he's the head of the tax-more, borrow-more, spend-more party, but Manitobans got tired of that. They got tired of it because what it meant was they got taxed more and they had to borrow more because the NDP would spend more.

So the member's had the opportunity throughout this process to come up with a suggestion or two on how he might move some money around, reduce the deficit by a buck, and he hasn't come up with one. What he also fails to recognize is that we have made additional focused investments in health care because they're important and because we recognize it's the No. 1 priority in our province. And we've done that by finding savings in other areas, by finding savings in waste, administration overlap, duplication, and we've created 60 full-time positions for paramedics to move from an on-call model of care to a full-time-staff model of paramedic care and that's a good thing. And we've put a \$5.2 million additional invested to move our ambulance fees down from where they were above \$500—the highest in Canada—now to this year \$340. Now that's significant for families, and that's significant for seniors. When they're vulnerable, they shouldn't have to worry about—you know, they deserve care at the door, not a \$550 bill in the mail.

Yet that's what the NDP left the people of Manitoba facing. Longest waits, highest ambulance charges, and the member hasn't expressed a single idea and not a word—not one word—of support for us in terms of the progress we have been making on reducing ambulance fees, really, effectively helping protect people better and on making headway to reduce the overly large tax burden on the people of Manitoba.

You know, the NDP started taxing people who hadn't even made \$10,000. Nobody else west of New Brunswick did that, and we've made major progress in terms of raising that basic personal exemption up so that working families could have a few more dollars, \$2,020 more, per person by 2020. That's significant progress to help support Manitoba families and help them make ends meet.

We've invested \$7.65 million more, expanding capacity for renal dialysis treatment for individuals with end-stage kidney disease. That's a massive investment for a massive problem that is going to help a lot of people.

*(16:30)

So, I've got more examples of where we're focusing our investments, but—you know, I've got 600 million examples, in fact. But I'll focus on a few more, if the member would like to hear more about our efforts.

Mr. Matt Wiebe (Concordia): So, I do want to pick up where the First Minister has left off, but I also want to move to ask about health care in northeast Winnipeg specifically and hopefully get a better sense for the folks there of the plans coming up.

But to circle back to where the Premier (Mr. Pallister) left the conversation, he's talking about the decrease in funding that he's seeing from Ottawa with regards to the health transfers, something that, despite what the First Minister wants to put on the record, we've been very vocal about and something that we certainly think that the federal government isn't standing up and doing their fair share.

But we've seen a reduction in the amount of transfers, and yet, you know, when the reduction in the amount spent here within the province on, say, education or, as the minister was just—the First Minister was just mentioning, in health care, a real percentage reduction from what has been invested in the past by the previous government—and, in fact, in some departments, less than the rate of inflation—he

stands up proudly in the House and calls that historic funding levels and touts the increases in dollar amounts that are going to those departments.

So I guess I'm just trying to square the circle where the federal government is giving I guess what the Premier (Mr. Pallister) would call historic funding to provinces for health care, he calls a cut. When his own government reduces funding to his own departments and, in fact, doesn't meet his inflationary obligation to keep those departments viable, he calls that historic funding. So, which is it? Is it a historic cut, or is it historic funding for those departments? And how can he square those circles?

Mr. Pallister: Sure, I really appreciate the comments of the member, and I know his genuine concern, and I respect his genuine concern.

He's misrepresented a couple of things I'll have to clear—help him clear his thinking on. First of all, if he genuinely wants Ottawa to restore the level of funding to at least a reasonable level of growth, he should say so publicly and he should say so in writing. That way, we'd have something other than his word here at committee and his silence everywhere else. Certainly, the silence of his leader, who has had over a year and a half to raise his concerns and hasn't, whether as an MLA or as now the leader of the NDP—to raise his concerns about that decrease in support by the federal government and has said nothing at all, zero.

So we'd like to have that, like to see us united on that. And if the member would do that, that would be helpful. Then we could have the official opposition actually joining us in going to bat for Manitobans—something they have failed to do.

In respect to his comments about if the feds raise it by three, why shouldn't we raise it by three too, he'd have to understand basic financial management, I suppose. We have a billion-dollar deficit. We have to deal with the reality of that billion-dollar deficit. That's an NDP-legacy debt. We have also got a billion-dollar interest service charge. A billion-dollar interest service charge, I repeat.

So, if this was a family budget, and you knocked that down and took some zeros off the end of it, what you'd have is a family that has a deep, deep debt hole, and they got a big, big interest bill. What are—what is going to happen when interest rates start to go up? Well, that will get worse. What will happen if we don't take action now? Even worse than that. Every family in this province understands it can't

spend year after year more than it brings in, or it will be bankrupt. And it will not be—it would not be compassionate to run a family that way.

I come from a family where we didn't have a lot, but our parents were smart enough not to feed us the seed corn or tear up the wood in the—on the floor and burn it in the stove. We understood that we had to have something sustainable, a place to live in. And we were honest and hard-working families, like most Manitoba families, but we would not sacrifice tomorrow on the altar of today. What the NDP is always willing to do is propose to do exactly that: borrow more and tax more so they can spend more. And, as long as that isn't addressed by the NDP, and they don't come to grips with the reality that Manitobans are not interested in returning to the days of taking everybody out for dinner and then taking the bill at the end of the night and throwing it on the high chair for the baby to pay, they're not going to go anywhere, because Manitobans are too smart for 'em.

The fact of the matter is we're investing in health care because it matters to Manitobans, and we're asking the federal government not to go below 25 per cent to 19, to 18, to 16, to 15. And if the NDP—if the member's right in his comments, and I'd love him to verify, then we now have, officially, here today for the very first time, the NDP admitting that the federal government's wrong to do this.

I'd like—I—frankly, I'd really like to see other provinces, and most of them are Liberal and NDP, actually get up on their hind legs and say, this is the wrong thing. They did for a week or two, and then they got—some of them got induced with a little bit of side money and so on, and decided—I get it, you know, they're Liberals, so they don't want to complain about a Prime Minister that they perceived as being popular.

I don't really care how popular or unpopular Prime Minister is. I just want him to do the right thing and keep his word in health-care matters.

We're investing in health care. I've got lots of more detail here on examples that I can give the member. I know he is very concerned about northeast Winnipeg. I am too. I read with great interest the report—I know he did too—the recent report. I don't have it right in front of me here, but the analysis on progress on stage 1, and it did talk about some challenges in the northeast that I am very concerned about.

And I am very interested in us continuing to work with the experts in the health-care system to see if we can address some of the challenges of change. But I do not agree with the NDP that the way to face the challenges we have is to turn backwards or put our head in the ground and ignore them. I don't agree with that.

I think our government has done the right thing in getting the experts together—some of whom were commissioned by the NDP, frankly—and listening to them and enacting change.

Mr. Wiebe: So, once again, when asked about making health care better, the Premier (Mr. Pallister) wants to talk about addressing the debt. You know, I think he might want to get on board with his Health Minister, who, I think, if I asked the same question in the other room that's going on here, might say, oh, no, no, no, it's not about money. This isn't about saving dollars. This is about making the health-care system better.

And, you know, I would actually ask him to maybe poll the rest of his Conservative caucus and find out where everyone else in his caucus stands because, you know, when I hear from my own constituents, when they hear from their area representatives, that's the No. 1 thing that they hear coming out of the mouths of—their Conservative MLAs, that, no, this isn't about making health care better.

Certainly, it's not about making health care better for the residents of northeast Winnipeg, but, in fact, it's about saving money. And, in fact, the Premier, you know, went on to talk about how important it was for us to have a sustainable health-care system. I think that's something that's shared around the table, and that's why we've talked so much about moving upstream. So there's a lot of value in that, and I think if the Premier got on board with our leader's plan, I think there might be some value in there. I think we could have some real progress in this place.

But again, he doesn't talk about that. In fact, he talks about the provincial debt, so not even about sustainability within the health-care system. What he talks about is the provincial debt, so it's quite telling, and I guess I shouldn't be so surprised. We hear this every day from the First Minister.

This is the rhetoric that we hear, but the reality is that the people in my neck of the woods are concerned, and maybe, you know, I don't want to

share too many personal details, but it's been a difficult time for my own family, and—with regards to accessing health care, and you know, everybody's doing okay, so you know, if there's any concern around the table, but—and I'd be happy to talk to people privately, but just in a public way I'm not too anxious to share details.

But the No. 1 thing that we found in accessing health care, my own family, over these last few weeks, has been just the confusion. And I find it pretty ironic actually, and I go knock on doors, I talk to people in my own constituency and they look to me to have the answers.

* (16:40)

I say, yes, I sit across from the Health Minister and the Premier every single day, they figure I should know the answers, I should be able to ask and have those questions answered. But I tell them I actually don't know myself, and when I go out and I talk to the nurses at Concordia Hospital and other health-care workers, they tell me that people are in the same boat. They ask them, you know, what are these changes, how do these impact our family?

And I guess part of the confusion that's happened has come probably through the media, and the Premier will know that, oftentimes, in the media reports can get twisted or can be reported incorrectly. Well, and so—and this is where I'd like to really get a really solid answer from my constituents and for the constituents of the members for Rossmere and River East and Radisson were calling my office asking me questions.

I'd love to be able to give them an answer, because there is a lot of confusion about the timeline for the closure of Concordia Hospital. I think it's a plan that the Premier stands and continues to stand behind, so I wanted to get a sense from him what is the actual timeline, not the one that's been reported in the media, not the one that's been reported by myself or the member for Elmwood (Mr. Maloway) but the actual timeline for the closure of the Concordia Hospital emergency room.

Can he give us, like, a concrete date or at least give—let us know when that concrete date will be released to the public?

Mr. Pallister: I would say the reforms are being put forward in a graduated fashion that's logical, but let's go to logic for a second.

So the member thinks that you can't save money and improve services at the same time. That's his assertion, that I can't be concerned about a billion-dollar deficit, not a penny of which could go to health care, that I can't be concerned about the common sense—that every common sense Manitoban has when they deal with money in their own home because, somehow, it's totally separate from providing health care.

Let me give him a billion-dollar example of how it isn't separate. Our debt service costs: The NDP doubled the provincial debt of this province in six years before the last election, and our debt service costs are roughly double as a consequence. So that means that \$500 million of that debt service cost, approximately, happened in just six years.

Now remember: We formed in 1870, right. We're approaching our sesquicentennial. So, to do that in six years, to double a provincial debt in six years, that was incredible. What an accomplishment—not, okay, because what it means is that you've got to pay interest on it. Every dollar of interest makes a money lender happy and makes the people of Concordia less well served, because the member cannot fail to understand that we have to pay doctors with money. We pay nurses with money. The health-care system depends on money. The throughput in a hospital, the ability to treat cataracts and do surgery on hips and all the health-care needs that we have in our province all cost money, money we have less of as a consequence of NDP mismanagement—gross mismanagement over the last several years of their mandate in particular.

So now, if the member can make that link, and I think he can, he, I hope, understands that it is not a lack of compassion that causes me to talk about the need for us to have sustainable health care. It is compassion that causes me to speak about that need.

I am very concerned when I hear that he had a bad personal experience with confusion in the health-care system. That concerns me very much. I do not want to see that for any Manitoban. I do not want to see a health-care system in a confused state, nor do I want to see us stand pat with a system that's the worst in Canada at delivering care, nor do I want us to stand pat in terms of the gross overspending of the past and overtaxation of the past, because, if we do that, then we're going to have higher debt service charges in the future, higher taxes, which make people sick, by the way.

When taxes are too high, people struggle to make ends meet and it doesn't help their health. Manitoba's families deserve to get a break, and they're getting a break with us because this government has the courage to reform health care and it will get better.

I know that the member has had a bad experience, and I am sad to hear that—genuinely sad to hear that, but I say to him, the people who waited in Concordia at double the national average in an emergency room, they had a bad experience, too. And for us to stand pat and defend that system and tell everybody—as some, I'm afraid, in the NDP are doing—that change is too hard, we have to stick with what we have, is absolutely wrong because the pain that that has caused families in his riding—he knows about that too. I know he doesn't want to trumpet that, but he knows that people—I got the letters, he gets the emails and letters as well, from people saying, you know, I had a really, really bad experience.

I'm starting to get some that say they're having a good experience. I guess they're—you know, there—maybe there's some change happening that's helpful, I don't know. Generally, we all hear from the ones that have had a tough time, right? We know that. We're MLAs, we know that.

But I don't think doing nothing is the answer, and I do not think that suggesting that undertaking thoughtful change based on real research from people the NDP thought enough of to hire—not acting on that advice would be to demonstrate a lack of courage. Saying you're going to defend a system that's 10th out of 10 on wait times, 10th out of 10 on hips, 10th out of 10 on cataract—or, eye surgery—like, come on, we can do better than that for Manitobans, and we are going to do better than that for Manitobans.

We're not going to do it by borrowing more money on our kids' credit cards. That's not going to happen, that's not the right thing to do.

Mr. Wiebe: So I do want to be absolutely crystal clear: the service that I received—the care that I—that we—my family received from the health-care workers was absolutely top notch, and so I don't want to characterize—just for the record, I don't want to characterize as a bad experience. I think the challenge came in the confusion, which, I think, the Premier (Mr. Pallister) has identified and, I think, agrees with the idea that that is not where anyone wants the system to be.

So I just want to get some clarity. Can the Premier (Mr. Pallister) give us the timeline for the closure—the updated closure of the Concordia Hospital emergency room?

Mr. Pallister: I want to thank the member for his comments, and I have always appreciated his forthright nature and the way he communicates on issues and the way he does it with integrity. I want to say that to him.

But I will tell him our Health Minister will be communicating the schedule of changes as it is undertaken. But I am very clear, and I want to be very clear with him, not sold that the report that was just done evaluating some of the challenges in terms of the changes that have been occurring should be ignored. I think we should act on the recommendations. I think we should consider them. And I think there is no doubt—beyond communications, which we all know is an ongoing challenge—there are real structural issues that need to be addressed in terms of not just St. B, but that—as the member knows because he's read the report—posed challenges for sure and have impacts elsewhere. So it's a ripple effect. The member knows that. And so I'm very concerned about that.

He comes from an area of the city of Winnipeg that's booming. Right? It's incredible, right? My mom's sister and brother-in-law raised their family not far from where Concordia is now, and it's hard to believe that they had a vegetable farm because there's absolutely no farming going on in that area now. It's totally housing. And that's growth in the—and it's not unique to northeast Winnipeg, of course, but that growth means—poses real challenges in terms of access, and it has real ramifications for people who want to have health-care services of various kinds, obviously, as close as they can to their homes.

So I know that, and I recognize that. And I recognize that no plan is perfect. And I also recognize that adaptation in the process of making change is almost always necessary and I think may be something that the minister will be talking about at some future point.

Mr. Wiebe: Well, and I can appreciate in the Estimates process that ministers are cautious not to step on each other's toes, and that probably also stands from the point of view of the First Minister, that he would allow his Health Minister to be more specific in terms of the dates.

I guess the concern that I'm seeing—as I said, there really is a confusion, and I think part of it is because of the media reporting on this. And there certainly is no—looking over my shoulder, here—

* (16:50)

An Honourable Member: It was just between us.

Mr. Wiebe: Just between us, there's a—you know, I would certainly not fault the media by any means. I think they're trying their best to navigate the changes as well, and there's been a lot of information from a lot of different sources.

So I would just ask, you know, with all due respect, if there's any way that the Premier can give any indication—because what—part of the problem that we're now seeing is, the media has reported, I think the government may have even come out and said this, the Health Minister might be a bit—have been a bit more specific about this—that the—as the minister said, or as the First Minister said, the St. Boniface Hospital, the recommendation that came forward from the wait times task force and from phase I report from WRHA, the enhancements to the St. Boniface Hospital seem to be, you know, make sense in terms of absorbing more of the patient flow from Concordia.

The problem is, is that the timelines that we've heard in the media don't correspond to what we understand to be the timelines for the St. Boniface renovations to be complete. So I just want to make sure, for the people of northeast Winnipeg, if we can clarify that. Is the closure of Concordia Hospital being tied to the upgrades to the emergency room at St. Boniface Hospital, or are they independent timelines?

And again, any—I appreciate that the First Minister doesn't want to trump his Health Minister in maybe making this information clear to us, but if he can just give us any clarity, I think it would go a long way in just kind of making people feel a little more comfortable with where they go, how they access services.

Mr. Pallister: I'm not sure I like that reference to Trump in the preamble, but we'll just leave that there as it is.

I think, again, I'll—I guess it may be taken—I hope the member doesn't take it as digress, but I do think it's important to go back and to repeat that change is not easy. I used a quote in my own mind, in my own life, from Nelson Mandela and I've referenced it in

the House, but that courage is not the absence of fear, it is the willingness to act in the face of fear, and to act in the face of fear is what we must now do.

You know, it's the—probably the most politically risky thing to undertake, what we are doing. We're trying to improve health care; we're trying to reform the way it's delivered. It is not a welcome challenge for any political organization. Certainly the previous administration didn't want to pursue it, chose not to. Other governments have chosen, out of necessity, to pursue it and have done so with some success, and we're trying to learn from their models, but we have a made-in-Manitoba approach that we've developed principally, though not a hundred per cent, with Manitoba input, Manitoba experts. And I think that's important to understand. We're not doing this lightly. No political organization in their right mind would pursue health-care reform unless it absolutely had to be pursued. But we are of a right mind, we want to make the system work better and we realize that standing pat isn't going to work.

You know, when I say about listening to experts, Brian Postl is pretty acknowledged, I think, as a person who understands the health-care system very well. And he said, the truth is cities of the size of Winnipeg don't have seven emergency rooms. Winnipeg is a very community-focused city. People live in neighbourhoods; they have a history of health care, certainly in the city and around the province. And he goes on to say, the concept that we used to have was that each neighbourhood had to have a hospital, and because you had a hospital, it was obvious that if you had a hospital, you had to have an emergency room in it—not really. And he says, I think when you look—and this is a quote—when you look to concentrate services, you find efficiencies and generally improved quality because folks doing that service have more skill because they're doing more of that.

And that's that special skill thing that happens to people in most walks of life, quite frankly. People get good at what they do, they do it more often. We're hopeful that we can see that kind of improvement. And this does—this is not of any—meaning any disrespect whatsoever to people work in our existing facilities, but it's clear that if you can specialize and move forward with that concentration of resources, you're going to get better at what you do.

We have that opportunity in Manitoba. We know, and the member knows, that too many people

were being moved after they got there. So they were getting admitted, and I don't have those numbers in front of me, but the member, I think, has seen them. And that's not good. We were having people getting into a facility, getting admitted eventually and then subsequently being moved. And I just lost a friend two weeks ago who that happened to. It can happen in—admitted to Portage la Prairie hospital, boom, to Health Sciences and 13 doctors later and 16 hours, passed away.

So I know that moving people when they're in pain and when they're afraid is an awful thing. If we can avoid that and get them to the right place first, with the right people, we're going to do better. Other cities have found this. More emergency rooms doesn't mean better care. It doesn't mean quicker care, for sure, but it doesn't mean better quality care either. And we have to do a better job of getting the care to the people who need it, whether it's diagnosis or treatment, without them having to get bumped into an ambulance and hauled to another facility time after time. And that happened with Concordia, and you know—the member knows that. And Manitoba is following what other jurisdictions have done over the past 20 years. We are behind, but we are going to catch up.

Mr. Wiebe: Well, I mean, I know that because and, again, a story that I've shared in the House and I shared publicly that Concordia Hospital saved my life. I still bear the scar. I still have the, you know, three and-a-half-inch scar. Well, I guess he runs both ways, so seven-inch scar, I guess, all told, from when I was very young, where I was brought to Concordia Hospital and I was transferred, transported, to Children's Hospital, of course, because it required a lot of surgery. But it was at Concordia Hospital that they stabilized me and they saved my life. So Concordia Hospital saved my life. This is not a unique story, and, in fact, one of the most rewarding parts, if I could, you know, put it that way, of talking to people specifically about health care since I've become an MLA and especially since the changes have been announced, has been hearing their stories and hearing those personal examples as well. And there's so many, and so my experience is not unique and I don't hold it up as such.

But the Premier (Mr. Pallister) has to know that, in fact, under the changes that exist now, an individual in my constituency who maybe has a fall at home, maybe breaks a bone, maybe, you know, gets a significant cut, but not—isn't bleeding too profusely, if they were to call Health Links, which I

had the exact situation to do, opportunity to do, in that situation, they were, I was told to, yes, absolutely, you can go to Victoria hospital, because Victoria hospital's the only urgent-care centre in our city. And so that was the situation presented to me.

Conversely, for somebody, and, again, this is coming from an experience that I was told by somebody who experienced this, someone who lives beside the Victoria hospital, who had breathing issues and a potential heart issue, was taken to Grace Hospital rather than going right next door to the Victoria hospital.

So this is the situation that we're seeing unfold, and the confusion doesn't help, but it does kind of speak to where our, you know, where, at least we can make some difference, and if there's any clarity that can be given to people about how these closures are going to roll out going forward, and, in fact, if the government is so—and the Premier (Mr. Pallister) is so committed to these changes, at the very least, stand up proudly and tell the people of Manitoba how those changes are going to roll out because it's causing undue stress and it's causing, probably, real damage to people who just don't know how to navigate the system.

And I will say that I'm very concerned about that part of it, that unreported part of the health-care system where people are making that decision in their own home where to go, and I don't know how we capture that data of those people who just never make it to the emergency room. It existed before. It exists now. But, with that added confusion, I'm concerned that those numbers would go up, and they're going up unnecessarily. So I think the communication needs to be enhanced, and I think the Premier agrees with that.

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

Some Honourable Members: Leave.

Mr. Chairperson: And go, Jets, go.

HEALTH, SENIORS AND ACTIVE LIVING

* (15:00)

Mr. Chairperson (Doyle Pivniuk): Will the Committee of Supply please come to order. The section of Committee of Supply will now resume the consideration for the Estimates for the Department of Health, Seniors and Active Living.

At this time, I invite the administrative and opposition staff to enter the Chamber.

I'll get the minister to introduce his staff as we're getting ready.

Hon. Kelvin Goertzen (Minister of Health, Seniors and Active Living): Joining us again this afternoon are Dan Skwarchuk, Karen Herd and Réal Cloutier. Titles have already been previously announced.

Mr. Chairperson: We want to thank the minister for introductions.

As previously agreed, questioning for the—in this department will proceed in a global manner.

The floor is now open for questions.

Mr. Andrew Swan (Minto): Yes, if the minister has any answers from questioning in the previous four days that he has available, this would be a good time for him to put them on the record.

Mr. Goertzen: Yes, to close off one question that was left from the member for Minto yesterday regarding nurse practitioners who were previously employed at QuickCare clinics in Winnipeg. I'm advised from officials there are three nurse practitioners who had been employed in the QuickCare clinics at the time of their movement into the ACCESS centres and those—there are three who are on a lay-off status, but they are still, I understand, working in the health-care system, which I think is that issue of maintaining some type of seniority or rights by staying on a lay-off term to—in case there's a different position that's offered in the system. So they're working, but they would show up in a lay-off status.

Mr. Swan: I thank the minister for that answer, and today, with the CEO of the Winnipeg Regional Health Authority here, I'd like to talk a little bit about some of the capital projects that are either under way or are now being planned. I'd like to start with the status of the planned renovations at the emergency room at St. Boniface.

Can the minister put on the record the scope of that project and the expected timelines for that work to begin and to be completed?

* (15:10)

Mr. Goertzen: I'll answer what I have now. I'm sure the member will have some follow-up questions.

So he's correct, there is an expansion happening at the emergency room—emergency department at St. Boniface Hospital. It's happening in three separate phases.

The tender for the first phase was put out and I understand has been awarded. And the timeline for the end of phase—for the—phase 1 and 2 is June of next year. So June of 2019.

Mr. Swan: So though—the tender's put out for phases 1 and 2 of three phases.

Could the minister just describe the nature of the work being done in each of those three phases?

Mr. Goertzen: Just for clarification, the tender awarded was for phase 1, but I think, in the assurance of giving the member both a better answer and not consuming too much of his time, we'll endeavour to get a detailed answer by tomorrow in terms of timeframes and scope, unless we get it, you know, during the context of this Estimates, then I'll put it on the record during this timeframe.

Mr. Swan: I appreciate that. Of course, as your officials know, we can't just have Mr. Cloutier give the answer, so it—that's fine.

If I can just ask in very general terms, though, there are three phases—I appreciate there's more details to come, but, if the minister can just put on the record just one sentence of what's going to happen in each of these three phases, it would be helpful.

Mr. Goertzen: So, in general terms, the three phases, 'cumalively', will contain improvements to the waiting room, you know, increase—and expand the examination rooms, a number of examination rooms, and expand the resuscitation capacity and area, and these flow out of recommendations that came from the wait-times task force.

Mr. Chairperson: The honourable member for Minto.

The honourable minister.

Mr. Goertzen: Just to be more specific, so, with phase 1, that would specifically include triage, waiting room and mid-acuity treatment space.

Mr. Swan: All right. And the minister has already put on the record that that tender has been put out and has been awarded and the anticipated date of completion of phase 1, keeping in mind that that is never a hard and fast date, is June 2019.

Does the minister know right now the expected dates that the two other phases of the renovation of the emergency room in St. Boniface will be completed?

Mr. Goertzen: The completion dates of phase 1 and phase 2 are expected for June of 2019, so both of those phases are to be completed by June of '19.

Mr. Swan: And then what about the completion of phase 3?

* (15:20)

Mr. Goertzen: October of next year, so October of 2019.

Mr. Swan: Now the minister mentioned the wait-times, that task force report which he's received, which recommended these changes. The report, or this task force also recommended that the emergency rooms at Seven Oaks and Concordia not be closed until the renovations at St. Boniface are complete.

Is the minister committing to not having those other two emergency rooms close until the work at St. Boniface is completed?

Mr. Goertzen: So following the release of the wait-times task force, there was a commitment made by the Winnipeg Regional Health Authority to decouple the transition at Seven Oaks and the transition at Concordia, where previously the planning would have anticipated the transition of those two hospitals happening at the same time. So just before Christmas, the RHA, in response to the wait-times task force, indicated that they would decouple those, that they wouldn't—that they would be staged in terms of their changes.

I expect to get a recommendation, in terms of timeline, on the transition from—both at Seven Oaks and Concordia—sometime within the next month. So by the end of May is when I would expect to—be able to speak publicly about it. I might hear sooner than that.

Mr. Swan: So at the present time—and the minister says there'll be more details coming—at the present time, the minister cannot commit that those emergency rooms will remain open at least until this work at St. Boniface is completed.

Mr. Goertzen: I'll follow the advice of—that I received from the officials that are working on the transformation of the health-care system, and it's a variety of experts who are working on it. However, what I would say is they certainly did indicate, when they were speaking about the wait-times task force, they indicated—both through words and actions, by decoupling the changes at Seven Oaks and at Concordia, that I think they made it pretty clear, that

they were going to be guided by the wait-times task force, and much of the advice contained within there.

So, while I've not actually been given a formal presentation or a recommendation on timelines for Seven Oaks and for Concordia, I know that they've made public comments about taking the wait-times task force and their comments seriously. And that's, I think, demonstrated in the fact that St. Boniface is undergoing this significant change in its emergency department. So it's—that itself is a reflection of the wait-times task force.

Mr. Swan: Is it the minister's position then, that the scope of the work which is to be undertaken in three phases at St. Boniface, is sufficient to meet what's called for in the wait-times task force report?

Mr. Goertzen: Well, I mean, I would take the advice from those who are involved in the transformation. You know, I want to say to the member, when it came to the phase 1 transformation—both at Misericordia and then at the Vic, those two happened simultaneously—I mean, you know, we heard all sorts of things that people said were going to happen, different forms of calamity that would occur.

And I'm not going to suggest that it wasn't without challenges and speed bumps that go along the way, for sure, in any significant transition, but I think if you measure the results of the phase 1 transformation against some of the prognostications that were coming from the opposition in terms of what might happen, you know, there was quite a gap there.

But certainly, leading up to the day that the Vic and Misericordia underwent their changes, we had significant numbers of meetings with the transformation team and I concluded every meeting by asking everyone around that table whether or not they would believe that we were ready to go, and ready for the transformation. They all indicated that we were, and so we went ahead.

For phase 2, it would be the same type of process. I would be having significant meetings leading into any sort of further transition and it would be the same process. I'd want to know that the leadership around that table believed that we were ready to go. I think that they showed, you know, good work in the—in phase 1.

Again, not that everything went perfectly; it will never go perfectly in a change this big. But my—my hope is always perfection, but I don't necessarily

judge people by the standard of perfection, whether you are in a business, or in a charity, or any other kind of organization that is undergoing significant change, it never goes perfectly. There are always things that were unanticipated. So that was the case here, too, but I think how you respond to them is really how you judge those who are working in the system, and I think the responses were good to things that were unanticipated.

So I'll rely on the advice of experts as I relied on the advice of experts for phase 1, and we won't proceed unless there's a belief that it's not only safe to proceed, but that it will move towards improving the system.

Mr. Swan: Several times, the minister has used the term decoupling, so I just—I'd like the minister, I guess, effectively, to define that term. Does that simply mean that the minister is not wedded to closing both the emergency rooms at Seven Oaks and Concordia at the same time, or is there something more to the term that he's used several times?

Mr. Goertzen: No, the member defines it in—the way I'm using it correctly.

Misericordia and the Vic transitioned on—at the same time, on the same day. The expectation was, I think, at one point in terms of the planning, that that would be the case for Seven Oaks and for Concordia. That will not be the case. They're decoupled in terms of the timeline.

Mr. Swan: And this might be coming in the additional information, and if that's the case, I can wait. But what is the square footage of the entire planned expansion of the emergency room at St. Boniface?

Mr. Goertzen: I believe it's 2,214 square feet, but if that's incorrect, I'll correct the record for the member.

Mr. Swan: That—I appreciate that. If we can just also—just confirm: is that new footprint, or is some of that going to be repurposing of existing space in the emergency room?

If the minister can just take to undertake that with the other information, that will suffice.

Mr. Goertzen: Officials indicate that that would be likely both, but we will confirm that.

Mr. Swan: I thank the minister.

Another major project that I know Manitobans are waiting for, is the opening of the new Women's

Hospital. I know that, in early December 2017, there was a status update given by the authority saying that although construction of that project is expected to be completed in the fall of 2018, because of commissioning and because of other steps to be taken, it wouldn't actually open, I suppose, until late 2019. Is that still the timeline that the authority expects?

* (15:30)

Mr. Goertzen: That's the most recent timeline that I've been given, so, yes.

Mr. Swan: And is the intention that everything now contained within the existing Women's Hospital is then going to be moved into the new Women's Hospital hopefully late—very late in 2019?

Mr. Goertzen: The officials indicate that yes, that's correct.

Mr. Swan: And if I understand correctly from the announcement in December 2017, it's—the authority has maintained that there will not be any additional cost by reason of the delays.

Mr. Goertzen: I'm advised from officials that there was a contract price and that the contract price is still the price even though the timeline is different.

Mr. Swan: So, I'll take that as a yes. The minister's saying the price will be the same as expected.

Mr. Goertzen: I'm advised.

Mr. Swan: Another project very nearby where that doesn't appear to be the case is the Diagnostic Centre of Excellence, which, we know, has a history of having been delayed by a fire, with some other challenges. When is the latest projection, then, that all of that facility is going to be open and operating?

Mr. Goertzen: We'll seek some additional information as well to round out the answer, but what I can tell the member at this point is, you know, the shell of the building is done. He's right; there's been challenges expanding two different governments on that building ranging from flood to fire. Or maybe it was the fire first and then the flood, and I'm not sure if there was locusts involved in there as well, but there was lots of challenges with the building in getting possession of it. The helipad opened quite some time ago. I think—well, maybe a year ago now, maybe a little bit more than a year ago.

The first floor is already occupied, but there is some internal work and then commissioning that

would have to take place on that. And we'll endeavour to get the member a time frame on the internal parts of the building in terms of the time frame for them to be fully commissioned. But the shell of the building is completed. The first floor is occupied and operational, and the helipad on the top is operational, as the member knows.

Mr. Swan: As we discussed a little bit with respect to the new Women's Hospital, course there's the construction phase, but once the construction phase is completed that doesn't mean that it's ready for occupancy and there is a commissioning process.

But I understand that, actually, the construction of the Diagnostic Centre of Excellence was effectively completed by the summer of 2015. Is that right?

Mr. Goertzen: So I'm advised from officials that substantial completion of the building construction was achieved on October 18th of 2016. The helipad's been operational since December of 2016 and, more recently, the pediatric CT and MRI services are now operational.

Mr. Swan: Okay. And, just so I can put some context into all of that, the minister's put on the record that there is already equipment and the first floor has opened.

We understood that there was certain other areas—pediatric ultrasound, fluoroscopy and radiology imaging—that were to open early in 2018. Has that now been completed?

Mr. Goertzen: All right, I'll try to fill in some of the blanks, or maybe fill in some of the floors, maybe is maybe a more appropriate way to say it.

So, with the Diagnostic Centre of Excellence, it comprises six floors. As the member knows, it had to be built, I think, to a certain height to accommodate the heliport, as required by NAV CANADA, I believe.

So the—there's a mechanical level. There's the heliport on the top of the building. Levels four through six have been shelled in at this point. The helicopter has been operational since 2016, as indicated in a previous answer. Level one now operates a pediatric—new pediatric MRI, which came online in summer of last year. It also has a CT unit, which began operating in fall of last year, and it has two digital radiography suites, which were—have been operational since late last year.

Mr. Swan: And, sorry, I missed the minister's answer on floors four to six. As the minister has correctly pointed out, the building had to be built for a certain height for the helipad on the roof.

So it's the intention for the near future to leave those floors empty? Is that correct?

Mr. Goertzen: Well, I—it'll somewhat depend on things that are identified by Health Sciences Centre, in terms of what their priorities are for the building; if there's, I guess, certain things that fit in their plans and they fit in the overall plans of government, fiscally and otherwise, operationally, then those would be considered at that time.

* (15:40)

Mr. Swan: So there's no decision on those three, as far as whether it would be potentially new services or potentially other services being brought into that building from other parts of the Health Sciences Centre campus or potentially from other facilities. Is that fair?

Mr. Goertzen: It certainly isn't anything that's able to be announced today, no.

Mr. Swan: Now, the minister's put on the record certain components which are now up and running and we're glad to hear that: the pediatric MRI, pediatric CT scanner, as well as I believe the minister said pediatric digital-radiography suites. There's a few other pieces that, when questions were asked very early in 2018, the answers were unclear.

Part of the plan had been to put in a new peripheral angiography suite, which was unclear earlier on this year. Is it still the intention of the authority to include that in the Diagnostic Centre of Excellence?

Mr. Goertzen: That is still the intention. There was a delay because of the delay of the building itself, but it is still the intention to house the equipment that the member refers to.

Mr. Swan: But there's—is it fair to say there's no intention to install that equipment in this current fiscal year?

Mr. Goertzen: No, I wouldn't say that. That certainly could be a possibility.

Mr. Swan: Okay. One of the other areas that was originally announced for the building was a specialized vascular and neuro-angiography units. Are those also intended still to be part of the Diagnostic Centre of Excellence?

Mr. Goertzen: That certainly is my hope and expectation, but there's nothing to announce today on that.

Mr. Swan: Okay. So is there anything in the department's capital budget, then, for including these items in the Diagnostic Centre of Excellence?

Mr. Goertzen: There's an annual allocation within the department's budget for specialized equipment and this would fall under that category.

Mr. Swan: So are these items, then, for the Diagnostic Centre of Excellence, are they included in that allocation for this fiscal year coming up or not?

Mr. Goertzen: It would qualify under the annual allocation for specialized equipment, but I'm not in a position to provide any announcements on that today.

Mr. Swan: I understand back when the questions were asked very early this calendar year about some of these amenities being added, at that time the wait for a non-urgent angiogram was said to be 28 weeks, which I expect came either from the department or from the Winnipeg Regional Health Authority.

Could the minister undertake to let us know what the current wait for a non-urgent angiogram is?

Mr. Goertzen: So we can undertake to get that. I can't give the member a time frame. Not to give him advice—I suppose he could file a FIPPA on it if he chose to, but it's—it is something we can endeavour to get, but I don't know what time frame that'll come back. Obviously, it'll come back in the time frame that's required under the rules of the House and the Estimates process though.

Mr. Swan: Thank the minister for that.

So in that same line, I would ask the minister as well if he can undertake to provide the wait times currently for echocardiograms.

Mr. Goertzen: Yes, we can undertake to provide that as part of the general undertakings of this Estimates.

Mr. Swan: I do thank the minister for that.

One of the other items, which had been announced as being part of the Diagnostic Centre of Excellence, was a planned adult and pediatric catheterization lab. Is that something that is still intended to be included in the Diagnostic Centre of Excellence?

* (15:50)

Mr. Goertzen: I think specifically to that, Mr. Chairperson, we'd want to, you know, have further dialogue and discussion with the regional health authority on, you know, their priorities for the building, recognizing a number of the things that the member has raised have already occurred and are already occurring on the first floor of the building. But, as we moved to completion and commissioning of the other floors, I think we want to have ongoing dialogue with the region to see what their priorities are. Not that the priorities would change necessarily, but it has been many years, I suppose, since the building had started. And, you know, we're nearing almost a decade, I suppose, since the building began. So it would be—I think—make a lot of sense to have more discussion with the RHA to determine whether or not their priorities for the buildings have changed at all.

While I have the floor, though—and I haven't had the opportunity, I don't think, in this forum or in any forum in this House, to pay tribute to Michael Schlater, who's the CEO of Domino's Pizza, who contributed \$2 million to the Children's Hospital at HSC for an epilepsy monitoring unit at the—at HSC and was pleased to be invited by—a pediatric epilepsy monitoring unit—pleased to be invited by Mr. Schlater to be at the opening of that, which is not only a great asset for the hospital and a great resource in Manitoba, but will prevent us from having to send young patients out of Manitoba. And so Michael Schlater—not only a very generous man but very interesting in the—talking to him, the many stories that he has, not only in business but in life more generally. And—very much appreciated getting to speak and to meet him. And I've no doubt that he'll continue to be a generous donor to Manitoba, even though he lives in Toronto these days—or, at least, near Toronto.

Mr. Swan: All right, well, I'll thank the minister for providing the information that we requested, which I think is very important. Of course, we don't have the opportunity to examine the health authority directly, and it's only through these Estimates that we can ask these questions. So I look forward to receiving that information to move us along.

Can the minister update us on the status of the expansion of the emergency room at Grace general hospital?

Mr. Goertzen: My understanding is that the expansion of the Grace, which forms an important part now of the health transformation in combination

with the work that is just beginning at St. Boniface and which has been long overdue—the work at the Grace, in their emergency room, the additional capacity that that will add to the system will certainly help in terms of the transition as we look to specialize those emergency services in three different locations.

So the Grace emergency room expansion, I understand, is on time, which is important. It is on budget, which is certainly important to me but also important to my friend from Morden-Winkler. And I think the expectation is that, as we're going through the commissioning phase now, that it would be open late May to mid-June.

Mr. Swan: Look, I believe everybody—especially in the west part of the city but elsewhere in the province—will be very, very pleased to see that expansion occur.

I know this is a difficult question to answer just because of the way it's comprised, but can the minister undertake to provide us with exactly how many positions are going to be added at Grace general hospital as a result of the opening of the expansion? And I appreciate it's difficult because we can't just count it in terms of nurses or in terms of unit assistants or clerks, whatever. Perhaps the best way to answer the question would be if the authority could let us know how many EFTs of nurses, of other staff members. That'll help us understand the human resources that are being added as Grace is expanded.

Mr. Goertzen: Yes. I think we can endeavour to do that. I mean, equally as important in terms of a unit of measurement would be the number of hours that exist for emergency room doctors. And it's something that, you know, I think needs to get out to the public maybe more broadly, is the issue that there is no reduction in emergency room hours that are being funded or provided through the Winnipeg Regional Health Authority as a result of consolidation.

I know that the members opposite have gone and held forums and talked about the reduction of emergency rooms, and that's fine; that's the role of opposition. I'm not being critical. I've spent some time there myself. I get the role of it, but I think that there is an important missing piece that's probably not discussed at those forums, and that is that there's not a reduction in the number of emergency room hours for emergency room doctors; they're just simply being consolidated into three different

locations to ensure that there is greater specialization, less movement around the system and better flow through those three main emergency rooms that are dealing with the highest acuity of patients in Manitoba coming into emergency rooms. And so that is, you know, an important part of the discussion that I think needs to be put out there.

People can judge, hopefully, after reading the Peachey report, but I also recognize most Manitobans won't spend a lot of time reading a report because they've got other things to do with their lives and with their families, of course. But that's a big part of the Peachey report, is taking those resources and concentrating them in certain areas.

And so, really, the issue of measurement I think that sometimes is most forgotten is that those emergency room hours assigned to emergency room doctors will not be lessened, and by concentrating them into three particular emergency rooms, we expect to get the additional efficiencies. And when I say efficiencies, I'm not talking monetary efficiencies. I'm talking movement efficiencies of moving people through the system more quickly as we've seen in other jurisdictions.

Mr. Swan: I believe the minister has agreed to provide the EFT information for the other health-care professionals. If the minister also wants to provide the number of hours for emergency room doctors, obviously we'll welcome that information as well.

And I'm—I ask the question because it is the difficulty when positions are being moved from full time to 0.8 or from 0.8 to 0.6 or vice versa. It can be very difficult. And I think the minister and I, even though we may have some differences of opinions on other things, would agree it's not always easy to determine how many people are working in the system at any given time.

If the minister believes the number of hours for ER doctors is then as relevant, does the minister agree the number of hours for other health-care professionals working in the system is—that's the best way to do an apples-to-apples comparison?

Mr. Goertzen: Yes. I'm not suggesting that, you know, that it's the best measurement for comparison, but I do think it's a good measurement for context. And I think that lost in some of the discussion—and I'll take my fair share of responsibility for that, of course—is that when there is consolidation from the six ERs to three, there was an impression left, or at least maybe it wasn't as widely communicated, that

there wouldn't be a change in the number of hours, even though there was a change in the number of facilities. I think that some people, either with help of the opposition or simply on their own, drew a conclusion that by consolidating or reducing the number of emergency rooms, you were also reducing the number of hours for emergency-room physicians. And this became an issue, I think, in a public story last summer or sometime around last summer.

* (16:00)

And, certainly, the commitment was that the hours were not going to change; they would just simply be concentrated in those three facilities, again, with the expectation that rather than this is the whole idea around the Peachey report, which the NDP government commissioned, was that you would concentrate those resources, because with six emergency rooms across the population the size of Winnipeg, we were more diluted in terms of resources than almost any other city in Winnipeg. And the results showed in long wait times in emergency rooms. So I'm trying to suggest that—that it's the best comparison from sector to sector. I just wanted to provide that for context.

Mr. Swan: The minister's just putting on the record, once again, that as we move through with the changes in the health-care system, the minister is committing that there is no reduction in the workforce in the five remaining, and, ultimately, I—if the minister insists on proceeding, the three remaining ERs than there were with the six emergency rooms working in the city of Winnipeg.

Mr. Goertzen: Confusion. I think what I committed to—what was committed to publicly was that there wasn't a reduction in the number of emergency-room doctor hours available in the system; they were just being reallocated from the existing emergency rooms into the consolidated emergency rooms.

It's difficult, I suppose, because I don't know if, you know, if one emergency-room doctor works full time and two work part time, they're still working one hour, but they're sharing that hour. So I—it's difficult, I think, for me to talk about the number of individual doctors. I was talking about the number of hours that are available, which I think is probably what Manitobans, to the extent that they would appreciate the nuance of this debate, would be looking for. I'm not sure that they are caring how doctors are splitting their hours; they just care that there's a doctor there, and that's what we've had the commitment to from officials.

Mr. Swan: So, when the minister went out and said that consolidation would not require any reduction of hours, the minister's limited that to reduction in the emergency-room doctors' hours. That doesn't necessarily apply to other professionals working in the system.

Mr. Goertzen: So, in discussion from officials, what they've indicated is that there will not be—so let's look at nurses as a category. So we looked at doctor—emergency room doctors as a category. There is not going to be a reduction of hours for emergency room doctors.

When it comes to the category of nurses—which there are nurse practitioners, RNs, LPNs—that there isn't a reduction in the total number of staff hours, but there may be a change in the allocation of the type or the classification of nurse, depending on the facility, because we're trying to match the right type of professional to the kind of client or kind of patient that is going in that facility.

So, obviously, the Vic has changed, in terms of the nature of the patients that are being treated at urgent care, so the nature of the positions of nurses would change as well. Across the system, the hours would remain the same, even though the allocation, by virtue of the positions in a category like nurses, might change. In a category like emergency room doctors, there wouldn't be a change in the number of hours or allocations because I think there's only one category, but I stand to be corrected.

Mr. Swan: All right, I may come back and revisit that, but while we do have the WRHA officials here, there's a number of other areas I would like to get to today. On the subject of nurses, nurses have been quite vocal with their opposition to the volume of mandatory overtime that nurses have been required to work, first at St. Boniface general hospital but since that story has become public, nurses in other facilities have expressed their concerns.

Does the regional health authority track the amount of mandatory overtime that nurses are required to work?

Mr. Goertzen: So the regional health authority, I'm advised, doesn't track mandatory overtime, but they do track overtime. So there isn't a tracking of how that individual came to be working overtime, there just is a tracking that they were working overtime.

*(16:10)

You know, I think I've indicated in the House, there are different reasons why overtime happens at a particular facility at any given time, but it is worth noting, of course, that we had a particularly difficult flu season, as did all of Canada, as did all of North America. I remember reading stories from California of emergency rooms literally being closed as a result of the influx of flu patients. There was many, many different scenarios across Canada that—where it was difficult to handle this flu both because of its severity, its length, its depth, the fact that the flu vaccine, I understand—while we still encourage people to get the flu vaccine, I did this year, as I do most years—wasn't particularly effective. That certainly was a challenge.

You know, when it comes to St. Boniface in particular, there are still positions open, nursing positions open, and we encourage nurses who are looking for a position to look to fill those positions.

In terms of some of the data the member is asking about on terms of overtime, I'm advised from department officials that in the Winnipeg Regional Health Authority, across the system, overtime costs are down \$7.1 million over this point last year, so a 32.2 per cent improvement.

Mr. Swan: Yes, I know we had some questions and—well, some questions and responses in question period, which isn't always the best place to have a discussion about these things. I asked the question this—the minister this in question period, but I'll ask him again today.

I'm sure he would agree that mandatory overtime would really be the last resort for both the authority and for the nurse who's involved for a whole variety of reasons, the main one being that nurses are humans and being forced to work additional time at the end of the shift, when that nurse may have other responsibilities or may be simply be tired and need to get ready for the next day, can be a great burden.

So I guess all I'd like the minister to do is to acknowledge that although obviously it's been necessary, it is the last resort to ask a nurse at the end of their shift—well, to tell a nurse at the end of their shift that they have to stay on for, you know, two, four, six hours to look after people.

Mr. Goertzen: You know, no question—I don't think that those who are working in the facilities would say that it's anything but less than ideal.

I mean I—we all have—we all know nurses that are within our families or within our circle of friends

and we know what a difficult job they have, even if we don't experience it ourselves as a patient or a visitor to a hospital, but they do a very difficult job under very trying circumstances. As Minister of Health, I had an appreciation of it before, but I have a greater appreciation of it now, how difficult physically, mentally, emotionally that job can be. So there's no question that mandatory overtime is not a preferred method from those who are working in the system.

In terms of context, when it comes to the Winnipeg Regional Health Authority, across the health-care system, in the Winnipeg Regional Health Authority, there has been a reduction of overtime costs of \$7.1 million, representing a 32.2 per cent reduction in the first two months of this year compared to last year. So while I recognize that there are individual parts in the system, St. Boniface being the one being highlighted by the member, and rightfully so, which can be—have difficulties, it is not systemic through the Winnipeg Regional Health Authority because there's been a reduction year over year when it comes to overtime.

But it does speak to the point, and the member may ask questions about it yet, that there needs to be broader changes within our health-care system and specifically when it comes to bargaining units, when in Winnipeg alone—well, largely in Winnipeg, there almost a hundred and—or, more than 180 bargaining units within the province, largely concentrated in Winnipeg. The vast majority of those, or the greatest number of those being nursing bargaining units, even though they're largely represented by MNU. That can result in a variety of different bereavement clauses. It can result in a 'raviety' of different other clauses as it relates to the work that nurses do, and you have to have managers who are trying to manage all of those—not only the bargaining of all of those different agreements at different times, but the managing of those different agreements and trying to ensure that—people who are working the same job, maybe in the same hospital, perhaps on the same floor, may have different agreements, because there are so many bargaining units.

By comparison, the member might be interested to know that, while we have 185 or '86 bargaining units in the province, when you look to the provinces west of us, if you had combined the bargaining units in Saskatchewan, Alberta and British Columbia, and double them and multiply them by five, I think you're still less than what we have in the province of Manitoba. And so that's a big reason why we're

undertaking the effort in legislation to reduce the number of bargaining units, which will help on the management of the system, which I believe will help on the issue of overtime.

So, while there had actually been an improvement on overtime in the first two months of this year, despite the fact of the difficult flu season, there's more to do. And I think that the realignment and the adjusting of bargaining units to a reasonable and a rational number is going to be a big part of that. And, while the member didn't support that legislation, I hope that he'll also see the benefit of it as it comes into full use in the months and years ahead.

Mr. Swan: Well, I'll go back to—or to mandatory overtime in a minute, but because the minister's put it on the record: when is Bill 29 going to be proclaimed into force?

Mr. Goertzen: Well, I'd like to see it proclaimed into force several weeks ago already. You know, I think it's that important to the system. But there are things that have to be put in place. Obviously, there needs to be discussions with our friends in labour. There needs to be, you know, proper discussions around how things are going to be done. There was discussions, you know, how that bill related to the bill on compensation, so I think that some of those discussions have happened. There needs to be a commissioner put in place, under the bargaining bill, so that work is being undertaken, in terms of, you know, trying to determine who might be an appropriate individual for that particular position, which is very important.

So, you know, I don't shy away from saying that I, in many ways, wish that that bill had been already proclaimed and the work would have been undertaken, but I have, myself, underestimated how difficult and how complex it truly is. I mean, I think, historically, if you'd go back and look, much of the bargaining unit restructuring prior to 1999 happened in the rural areas after the RHAs were established, and there was a good deal of consolidation of bargaining units happened in the rural Manitoba prior to 1999. When there was a change of government in 1999, that work essentially stopped, and there wasn't that same effort done in Winnipeg. And so we're essentially trying to catch up from 20 years ago, because the work stopped after government changed in 1999.

So hasn't happened as quickly as I'd like, but I'm feeling confident that it'll happen soon.

Mr. Swan: Would the minister allow that having Bill 29 passed but hanging out there without being proclaimed into force, with very little, if any, bargaining moving ahead for any of the bargaining units, would the minister allow that that has created concern and anxiety for people who work in the health-care system and are a member of a union covered by one of these collective agreements?

Mr. Goertzen: I think it probably created more anxiety for the union leaders than maybe it has for the workers themselves. You know, if you're a nurse, for example, you're largely covered by MNU at this point—there'll be a vote, of course, in terms of who will represent nurses in the future, but it's not as though there's a multiple number of unions that are representing nurses in the province right now. But, at—in some of the other categories, there is more diversity in terms of the unions that are being represented. But, no, I think it's created less anxiety for workers than it has for union leaders.

Mr. Swan: I encourage the minister to actually speak to those front-line workers.

I'm a bit confused. A few minutes ago, the minister said that Bill 29 was necessary because one of the reasons there's so much mandatory overtime is because of all the different bargaining units among nurses. But the minister's just put on the record the fact that almost every nurse working in hospitals in Winnipeg is a member of the Manitoba Nurses Union.

* (16:20)

So I think the minister would do well to actually step back from some of the rhetoric about the leaders of these various sub-bargaining units and actually talk to the individuals that are being impacted. The nurses came to us with their concerns about having to work mandatory overtime. As the minister probably saw, the Manitoba Nurses Union reacted rather strongly to the suggestion that you could explain away the volume of mandatory overtime because of the flu season. They pointed out, I think quite effectively, that flu season does not cause more people to go into labour, nor does it cause more surgeries to occur. If anything, it causes fewer surgeries to occur, which is why the nurses took it upon themselves to start logging the amount of mandatory overtime.

It was the nurses at St. Boniface with the biggest issues, but if the minister doesn't think it's a problem in other hospitals, I think he will be surprised by

some of the information that's coming forward, as nurses at other hospitals being forced to work mandatory overtime are unhappy about that and they're going to let that know—let us know that.

So I take the minister at his word he's acknowledged that he thinks that mandatory overtime is a challenge, and all I'm asking the minister to do is to give his promise that sufficient money will be available for the health authority in Winnipeg to be able to staff up so that the use of mandatory overtime can be at a minimum.

Mr. Goertzen: So there's no misunderstanding, there can be multiple collective agreements that exist, even under one particular occupation so—that varies between the different facilities. And so that was my point, is that you could have multiple different collective agreements even within one occupation that might be represented by one particular union, Mr. Chairperson.

So, I mean, these are the things that I know concern union leaders, and that's good. I mean, that's their job. Unions play an important role in the province and within our system; I'm not diminishing that at all. I think the member was asking whether or not the bill not being proclaimed—whether or not, you know, we were hearing concern from front-line workers based on the bargaining unit issue, and I can tell him that I'm not.

Now, I don't want to diminish the issue about, you know, is there concern among front-line workers about, you know, issues in the health-care system. Well, yes, there are. I know that, and I hear that and he hears that. And I think we indicated when we began the transformation of the health-care system that there would be individuals who would—this would be disruptive. I think we acknowledged that right from the beginning.

And so, yes, you know, I know that it can be disruptive for individuals working in the health-care system and it can cause anxiety any time there's change in any system. And I wouldn't diminish that. I don't think that that anxiety is being driven by the bargaining units. I don't ever remember the former NDP government, you know, promising to add 50 bargaining units to help front-line workers because that just isn't a top-of-mind issue for front-line workers. The work that they do, absolutely; that is an important issue. So you can hear anxiety within the system, and I acknowledge that. I don't diminish it. And it can concern me.

I mean, one of the things we did not too long ago was to have a conference call with health-care workers across the system for those who chose to come into that call. And we wanted to speak directly to those who are working within the front-line system across the province to say, you know, here are how things are going within the system from our view, let's hear your questions. There were many questions that came forward, and I think that that's important. And I recognize that, yes, there's anxiety.

But I should also say that, you know, very early when I became Health Minister and would meet with those who were representing labour or other parts of the health-care system, one of the very early things they said to me is that morale is lacking in the health-care system. And so I know that the member opposite has sometimes stood up and said—or his colleague, I think, from 'Cordia,' that, you know, there are morale challenges in the health-care system. It's one of the first things I heard when I became Health Minister. I think it's a difficult system to work in. There's no question that it's an incredibly challenging, emotional, taxing, both physically and mentally—it's a very, very difficult job. And I don't think we'd ever want to diminish that.

And I think those challenges have been there for the last 20 years. I don't think I could promise him that they'll be gone in the next 20 years. I think health care is a difficult field, but I think it's probably why a lot of people also go into it, because of the challenge and because of the opportunity to make a difference for people, and to better their lives.

So, you know, we can have all sorts of differences, in terms of different ways that the health-care system should be structured, but I don't want to leave the member with the impression that, in any way, do we feel that the work is not valued. It's incredibly valued. Nor do I want to underplay the disruption that has come from some of the changes.

But I don't want to leave him with the impression that, you know, what I was hearing from the health-care officials or workers, front-line workers in the system when we came into government is that they really, really liked how things were going, and everything was going really, really well. That's not what I was hearing.

We're hearing all sorts of frustrations in the system, and—not just for themselves but they're frustrated for people who they're helping, right, because people who are nurses and doctors, they don't get into it to help themselves, they get in to

help other people. So they were expressing those frustrations, and a big part of the changes from Dr. Peachey's report, which you commissioned, was to better the experience for patients, which would ultimately better the experience for those who are working in the health-care system as well.

Mr. Swan: I wonder if the minister could undertake to provide how much the Winnipeg Regional Health Authority spent on communications in the last fiscal year.

Mr. Goertzen: Maybe the member could try to narrow the scope of the request. I don't mean—if he means people communicating with each other in the system, or if he means radio ads, or—if he could just be more specific.

Mr. Swan: Sure. The question is respect to external communications: advertising, print media, mailings to people who live in the Winnipeg Regional Health Authority area, radio advertisements, bus signs, bus benches, all those external communications to communicate with the general public.

Mr. Goertzen: Undertake to provide that for the member.

Mr. Swan: Can the minister also undertake to provide us what the WRHA's budget for that same item is for the current fiscal year?

I thank the minister. One of the things that we saw in the last fiscal year was a fair amount of advertising dealing with a lot of the changes that were going on. For example, every household received a card telling us where we were supposed to go, based on different kinds of injuries or illnesses. We also had a lot of ads that we saw on television and heard on radio or saw on buses about healing the health-care system.

First of all, was there one advertising agency in particular that the WRHA dealt with to prepare these ads?

*(16:30)

Mr. Goertzen: Just for context, I know I often heard from, certainly, the critic—former critic of Health, member for Concordia (Mr. Wiebe), maybe a little bit from the member for River Heights (Mr. Gerrard), that there wasn't enough information going out about the changes in the health-care system and then demanding that there be more information put out. In fact, I still hear that from members on the opposite side, that they would like more information put out about the changes in the

health-care system. So it may be that the member is trending towards a question of demanding that there be more information being put out.

In terms of the advertising campaign, last year, there was interrupted, of course, because of the blackout period around the by-election that was happening in Point Douglas, I believe. There was a number of different rationales for that, of course. People need to be informed of the changes that were coming to the system, and so, as the member indicates, you know, where they could get services provided from and ensuring that they were going to the right place and getting the right kind of service in the right place, depending on what they were dealing with. There was also an emphasis on ensuring that people dial 911 when, for example, they feel they're having a cardiac incident, because we didn't want people to be reluctant to call 911. So it was, you know, really important public awareness advertising at the—at that time.

There was an RFP that was put out on that particular campaign, and I understand that the successful bidder on that campaign was McKim Communications.

Mr. Swan: So, again, the minister, I believe, has already undertaken to provide us the total amount spent on that campaign, both on the creative work with the firm but also the cost of all the various forms of advertising for that campaign, and we'll appreciate receiving that.

What other ad campaigns or communication campaigns did the Winnipeg Regional Health Authority undertake in the last fiscal year?

Mr. Goertzen: So I don't actually believe that I committed to providing the information, but, in the spirit of underpromising and overdelivering, it was \$1.5 million that was expended in '17-18 on that campaign.

Mr. Swan: I thank the minister for that. And what other campaigns—and I'm thinking in particular about flu vaccines, other public-service-type information—what campaigns did the regional health authority undertake in the last fiscal year?

Mr. Goertzen: Officials indicate that the flu campaign is generally done by the department on a provincial-wide basis and we're not privy to whether or not RHAs are sort of doing their own individual campaigns. It's the belief of the department that most would sort of rely on the provincial campaign to drive awareness on the flu vaccine.

Mr. Swan: All right, I thank the minister for that. Maybe we'll deal with that tomorrow when we let Mr. Cloutier have some fresh air away from this building.

So, then, were there any other major campaigns or public-service campaigns that were undertaken by the regional health authority in the last year, or is that all with the department, then?

Mr. Goertzen: First, I'd indicate that they're not aware of any. What they are aware of, though, historically, if you look at the trend for advertising, it's been going down since the change of government as it relates to regional health authorities and the department.

Mr. Swan: And how much is in the budget, then, for all of its—all of the intended communications advertising in the upcoming year?

Mr. Goertzen: I think I'd want, again, more of a definition of the kind of advertising that the member—or, sorry—kind of communication—because it was sort of board again in the question—that he's looking for, and then we can try to piece that together and provide him that information.

Mr. Swan: Sure. Similar to the previous—the earlier question, that would be the budget for external communications, both the preparation of advertising and copy, but the actual cost that's anticipated for television advertising and radio advertising, buying ads on social media, bus benches, buses, billboards, everything that would be in the budget, which I presume is already in the budget, for the Winnipeg Regional Health Authority for the upcoming fiscal year—or the current fiscal year.

Mr. Goertzen: We'll provide that to the member.

Mr. Swan: Yes, I thank the minister for that.

I will touch more on addictions and mental health issues when we're dealing with the department. I know that the Winnipeg Regional Health Authority is a major funder of the Main Street Project which is an organization that we know does very important work.

How much money did the Winnipeg Regional Health Authority provide to the Main Street Project in the last fiscal year?

Mr. Goertzen: We should be able to find that relatively quickly, if not today then tomorrow, for the member. The—we just need to—there's many entities that fund the Main Street Project, as the

member will know: United Way, City of Winnipeg; I believe Housing, may have a component in there, and of course WRHA, to name the ones that are off the top of my head, so we'll just have to determine which portion of that funding was from the Winnipeg Regional Health Authority.

Mr. Swan: That's fair. And maybe at the same time if we can also have an undertaking to give us some information on the funding coming from the Winnipeg Regional Health Authority. Is it allocated to specific per diems or specific projects, which I would guess is the case, if we could find that out as well.

Mr. Goertzen: We can do that.

Mr. Swan: Now, I know the Health Minister's aware that the Main Street Project has come forward with ideas for a safe injection site, which would be proposed to expand in Mitchell Fabrics on Main Street. I'll be honest; I was disappointed with the minister's response to what I believe is an important proposal.

Has the minister had a chance to reflect on that proposal, and is the minister prepared to say anything else other than what he told the media a couple of weeks ago, which was that he didn't think this would necessarily be a good fit for Winnipeg?

Mr. Goertzen: Well, I think what I said to the media and what I'll continue to say, whether it's regarding supervised injection sites or other ideas that are coming forward, is that we want to be guided by evidence. The problem that exists in Vancouver isn't exactly the same problem that exists in Winnipeg, which isn't the exact problem that exists in Regina, isn't the exact problem that exists in Hamilton. And so we need to be guided by the evidence that exists in our province. I think I indicated to the media that, when it comes to opiates in particular, that over 70 per cent of the overdoses that happen in Winnipeg happen in a home—either in an individual's home or a friend's home or a home where people are congregating. And so that indicates that it's maybe a different kind of problem that is existing in Vancouver.

*(16:40)

The other issue, of course, is that there are—in any province and in—under—and under any government—it was the same for the member when he was in government; there's a finite amount of resources that taxpayers provide, and we have to ensure that every dollar that is expended on

addictions gets the most help for the most number of people. And so it isn't just a matter of saying yes to any proposal that comes along; it's also about weighing the alternatives that may not be able to be funded if one particular proposal is accepted. And so it is about taking that look.

I mean, the member will know there are many requests for treatment facilities—some long term, some day programs. There'll be program—there'll be requests for more rapid access to assessments and treatments for those who are presenting in hospital or other facilities who are dealing with addictions. We will have recommendations coming out of the VIRGO Report. Then, of course, there's the proposal that the member is speaking about. And you have to evaluate each one of those based on the best evidence that you have in the province and what can you then allocate resources to to get the most effect for the most amount of people.

So I think the member opposite—while I think his heart is in the right place, I take some objection to the fact that he thinks this is just simply a matter of, well, somebody's asked for something and they're doing it with the right heart, and so let's just fund it. I mean, we have to look at what other proposals exist—either those that are public or being developed in a not-so-public way at this point—and consider where those scarce resources should go to.

Now, when it comes to the issue of evidence and whether or not a supervised injection site is a good fit in Winnipeg—I know they've determined at this stage it's not a good fit in Regina or Saskatoon—but it was the CEO of Addictions Foundation of Manitoba who publicly said that he didn't necessarily believe that it was the right fit for Manitoba. Now, maybe the member opposite has some sort of umbrage with the CEO of AFM—maybe he doesn't trust his qualifications, maybe he feels he is old fashioned, maybe he feels he's out of touch. But there are a variety of different experts who have a variety of different opinions on this. And he doesn't have to agree with me and he doesn't have to agree with the CEO of AFM. He doesn't have to agree with anybody. But my responsibility is to look at the evidence and then match up the evidence with the available funds.

I believe there needs to be significant change in terms of how we deliver addictions treatment in Manitoba. I believe we can do more even within the existing allocation of resources that we have. I believe the system in many ways has been built in a

bit of a hodgepodge way, and VIRGO, I think, will give us direction in terms of trying to bring some synergy to the system.

And I think that there are ways that the addictions can be dealt with in a more flexible and evidence-based approach, which might engage those that are not just simply within the government system. And I think that that's important. We've seen the work that's being done by the Scott—or, the Bruce Oake foundation. We may 'quabble' on the location. I know the different members in this House will have different feelings about that, but I don't think that any of us disagree that individuals coming forward, even with private investments, trying to help other individuals is a good thing.

Mr. Swan: Well, the member I—wants to talk about evidence and actually, some—with a fair amount of wisdom said, you know, if you're finding a greatly increasing number of syringes—used syringes on the streets, that's probably a good sign that you've got a problem.

And we know from good people like the Bear Clan, who have been increasing their patrols, the number of used syringes that they have been finding on the streets of Winnipeg, including in and around where this proposed facility would go, has been greatly increasing. It's actually been a shocking increase, and I would hope the minister is as concerned about that as the rest of us.

The proposal by the Main Street Project would allow for a safe injection site. It would also free up space at their existing building to operate a long-term crystal meth detox facility. I know that the member—the minister is very aware of the dangers of crystal meth and the difficulty in dealing with individuals who are addicted to crystal meth, trying to incorporate them with other kinds of treatment. I know that he will be aware, and I'm sure the health authority will tell him, the difficulty of these individuals when they present for treatment in an emergency room or elsewhere. For the minister to suggest that I'm somehow criticizing the head of the—of AFM is really not productive.

What evidence does this minister think that he still requires?

Mr. Goertzen: I think we're on to something now. So the member opposite says that he would take as evidence the increased number of syringes in a community as the evidence that there should be a supervised injection site.

I would point him to an article on CBC news, August 31st of last year, entitled *Is Vancouver becoming syringe city?* Now, he'll know that Vancouver has had, I believe, the longest history with a supervised injection site in all of Canada, and in that particular article, it reads, the number of needles showing up in parks, on sidewalks and elsewhere is on the rise. It's prompted complaints and concerns in neighbourhoods near the downtown east side.

And so, if the member opposite is suggesting that the number of discarded syringes is evidence of the need for a supervised injection site, then what he's said, by that statement and by virtue of this particular evidence in Vancouver, is that a supervised injection site doesn't work when it comes to discarded needles, and that's what—not what I'm saying. That's what the member is suggesting because he wants to use the number of discarded needles as evidence for a supervised injection site, and yet just a few months ago, the jurisdiction with the longest experience on a supervised injection site is indicating that there are more needles than ever before that are being discarded.

So I thank the member opposite for putting on the record that he doesn't believe necessarily that a supervised injection site will deal with discarded syringes.

Hon. Jon Gerrard (River Heights): First, a comment. It came up in one of the minister's replies that oncology at CancerCare has been effective in using telehealth, and what the minister says is true, and it really speaks to the excellence of the quality of care in the specialist network that is part of CancerCare and is another example why CancerCare is, at this point, the best specialist network in the province because they are far ahead on items like that and there are many other areas which are far behind.

Three points quickly, to catch up. One, I'd asked a question about the labs in medical offices and the closure of a number of those labs and the minister was going to come back, and second, I'd asked about self-regulation of radiation technologists and the status of that, and third, about the status of efforts in terms of making sure that help with dealing with PTSD was available to individuals in health and emergency professions and volunteers.

Mr. Goertzen: So, when it comes to the issue of self-regulation and moving under the RHPA, this is something that I've learnt more about than I certainly

knew about when I—before I was the Minister of Health. I know the member opposite would have asked questions about it even while I was in opposition. It's not that I didn't listen to him at the time; it just maybe didn't gravitate to me as a matter of interest at the moment. But it certainly has in the last couple of years.

* (16:50)

And it takes a fair bit of time and a degree of effort to transition occupations, even those who are already self-regulated under the RHPA. In fact, I understand—and it's not just true for Manitoba; it'd be true in other provinces as well—that they transition at a rate of about two per year. That'll be true for other jurisdictions who have something similar to an RHPA in their transitioning self-regulated bodies into.

To bring clarity to that, because there was a great deal of—I don't want to use the word jockeying but certainly justifiable questions from different self-regulated professions about when they are going to be transitioning. We have indicated, more formally, that there is a transition order when it comes to those different professions. There are currently 20 regulated health professions who are waiting to transition to the RHPA, and we—as I mentioned, we estimate we can do about two professions per year.

The professions of psychology, registered psychiatric nursing, licensed practical nursing, physiotherapy and medical laboratory technologists have been identified for some time as the next professions to transition to the RHPA. So we've now said that more publicly.

I think that that's been more of an internal communication point up until relatively recently. So we've indicated that those are the five professions that we're moving forward with generally in that order to—under the RHPA. Recognizing that the self-regulation of paramedics was an election commitment by our government, for the reasons that I won't expound upon now, the member will know them, and so they are also moving under the RHPA, both in self-regulation and under the RHPA, with the guidance of Reg Toews.

Mr. Gerrard: There were two other questions which are still awaiting responses, but I'm going to move to my next question, and that is concern over suicides.

November of last year, Dr. James Bolton, the medical director of the Winnipeg Regional Health

Authority's Crisis Response Centre, said, and I quote: that the treatment we have for suicidal people in the health system in Manitoba is abysmal. There is no suicide-specific treatment in Manitoba. Imagine if you walked into the emergency room with a broken bone and they said, sorry, we don't have any treatments for broken bones.

I'm just looking for an update on whether the situation is the same as it was last November, or whether there's been an improvement.

Mr. Goertzen: So I'm now one step behind the member. He'll—probably would put on the record that he feels that I've been one step behind him for a long time, but, on the issue of paramedics and their mental health, so there is a movement to self-regulation, of course, with paramedics. So I would expect that college, once it's fully established, even though there's a transitional council working now, will have more consideration of that.

The Paramedic Association of Manitoba has chosen to use the proceeds from the paramedic licence-plate sales that was launched in 2017. I was pleased to be at that announcement with the Honourable Ron Schuler?

Mr. Chairperson: No, you can't.

Mr. Goertzen: With the honourable member for St. Paul and the Minister of Infrastructure (Mr. Schuler) at the launch of the paramedic licence plates. And those resources will be used for the development of programs and resources to support paramedic mental health. And I believe we are looking for additional information, but, if the member wants to launch into another question, because I know his time is truncated, he certainly can.

Mr. Gerrard: Yes, one of the items which I have—has come up frequently as I have been at public meetings in various parts of the province, has been the issue of insulin pumps for type 1 diabetics who are adults. This is clearly a significant benefit for those who want to use the insulin pumps. It stabilizes the diabetes, and it looks like it's going to result in significantly fewer complications, which would mean significantly fewer hospital visits and so on. So I wondered what the status of the support for insulin pumps for type 1 diabetics is going to be under his ministry.

Mr. Goertzen: So the member will know, and I appreciate him bringing up that point, and I've certainly spoken with those who are dealing with

type 1 diabetes who are over the age of 18. He'll know that 18 and under, for insulin pumps, is covered in Manitoba, but there has been, you know, a lobbying effort and information effort for those with type 1 diabetes to try to extend the coverage of those insulin pumps to over 18. And while I do genuinely appreciate those concerns and understand, for those who are living with type 1 diabetes, who are over 18, that this is both significant and real. I mean, at this point, you know, I don't have anything to indicate to the member that there's going to be an expansion of that program, but I also don't want to leave him with the impression that, you know, we're not open to hearing more discussions and more ideas about how different programs can be utilized or how different programs can be funded in partnership with other organizations perhaps at a future date.

So I appreciate him raising the question. It is an important question. I understand the concerns of those who are over 18. It's not lost on us that that's a significant lobby effort, and, you know, where there are potentials to build partnerships in the future, it's certainly something that we would, you know, always explore.

Mr. Gerrard: Yesterday, we had a number of youth and adults from the Island Lakes area visiting the Legislature very concerned about the meth crisis. Now that the minister's had a little bit more time to think about this situation, I'm—would like to know what the minister is considering for a response to the meth crisis in the Island Lakes area.

Mr. Goertzen: I appreciated the member, along with his colleague from Kewatinook, allowing me to meet with the group. We didn't have a lot of time because we were in the process that we're in now, but I was certainly moved, in talking to the walkers, and I certainly felt, you know, the challenge that they're having in the community. I know they raised a number of issues in that relatively brief period of time that we had. The primary one was about the lack of information that existed within the community on methamphetamine.

I did, when I returned to my office—had contact made with the Addictions Foundation of Manitoba.

I know that they have done community forums in other parts of the province related to methamphetamine. My understanding, although it's only been 24 hours, is that they are open and interested in doing a forum in that community as well, to provide more information. So I hope to be able to give final word to the member on that relatively shortly, but that—took immediate action on that.

I will be in contact with the federal minister. That was something that was asked for by the walkers as well, and so we will do that as well, and, of course, we'll look at some of the other concerns that were raised. But, certainly, in the immediate aftermath, Addictions Foundation of Manitoba has indicated they are certainly open to doing an information session in the community, as they have done in other communities. So I want to thank the member and his colleagues for raising that and allowing me to meet with the walkers.

Mr. Gerrard: And I want to thank the minister for taking the time to meet with the walkers, and that was very much appreciated. I think one of the other items was whether there could be some screening, using dog sniffers, for example, of people going in—flying into the community as one way of reducing the potential for meth to be more of a problem, and, of course, that could pick up other drugs.

Mr. Goertzen: More appropriately asked in the Estimates of Justice. I don't know that we have dog sniffers within the Department of Health, but I'm sure he'd be open to ask that question.

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

Call in the Speaker.

IN SESSION

Madam Speaker: The hour being 5 p.m. this House is adjourned and stands adjourned until 10 a.m. tomorrow.

Go, Jets, go.

LEGISLATIVE ASSEMBLY OF MANITOBA

Wednesday, April 11, 2018

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