

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

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MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 20, 2021

The House met at 10 a.m.

Deputy Clerk (Mr. Rick Yarish): It is my duty to inform the House that the Speaker is unavoidably absent. Therefore, in accordance with the statutes, I would ask the Deputy Speaker to please take the Chair.

Mr. Deputy Speaker (Doyle Pivniuk): 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 which is in accordance with Thy will, that we 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.

House Business

Ms. Nahanni Fontaine (Official Opposition House Leader): Good morning, Deputy Speaker.

Pursuant to rule 33(8), I am announcing that the private member's resolution to be considered on the next Thursday of private members' business will be one previously put forward by the honourable member for Keewatinook (Mr. Bushie). The title of the resolution is Inclusion of a Land Acknowledgement in the Manitoba Legislative Assembly.

Mr. Deputy Speaker: Pursuant to rule 33-8, the honourable Opposition House Leader has announced that the private member's resolution to be considered for the next Thursday of private members' business will be one previously put forward by the honourable member for Keewatinook. The title of the resolution: Inclusion of a Land Acknowledgement in the Manitoba Legislative Assembly.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Ms. Nahanni Fontaine (Official Opposition House Leader): For this morning's private members' bill hour, I would like to call number—Bill 213, The Reporting of Supports for Child Survivors of Sexual Assault Act, from 10 a.m. to 10:15 a.m.; and then from 10:15 a.m. until 10:30 a.m., I'd like to call Bill 223, The Spirit Bear Day Act; from 10:30 a.m. to 11 a.m.,

Deputy Speaker, I'd like to call Bill 231, The Employment Standards Code Amendment Act, leave for miscarriage and stillbirth—or stillbirth.

Mr. Deputy Speaker: And now we'll go on to—as announced by the honourable Opposition House Leader, we'll go on to concurrence and third reading of Bill 213, the reporting of supports for child survivors and sexual assault act will be done from between 10 and 10:15. Then we'll do a concurrence and third reading of Bill 223, The Spirit Bear Day Act, between 10:15 to 10:30. And then we'll do second reading of Bill 231, The Employment Standards Code Amendment Act, leaving—leave of miscarriage and stillbirth, between 10:30 and 11.

Ms. Fontaine: I apologize, Deputy Speaker, and just for clarification, if we finish both Bill 213 and Bill 223 earlier than 10:30, or earlier on any of those times, I'd like to move on to the sequence of bills.

Mr. Deputy Speaker: Okay, if when—in the case that we finish the Bill 213—concurrence and third reading on Bill 213 and 223, if we've finished early, we'll go on to second reading of 231.

CONCURRENCE AND THIRD READINGS—
AMENDED PUBLIC BILLSBill 213—The Reporting of Supports for
Child Survivors of Sexual Assault Act
(Trained Health Professionals and
Evidence Collection Kits)

Mr. Deputy Speaker: Okay, now we'll go on to concurrence and third reading of Bill 213.

Ms. Amanda Lathlin (The Pas-Kameesak): I just want to say this morning that I really—

Mr. Deputy Speaker: Oh, the honourable member from The Pas-Kameesak, you have to move it and seconded by some member of your side.

Ms. Lathlin: I move, seconded by honourable member for St. Johns (Ms. Fontaine), that Bill 213—look forward to unanimous support on this bill.

Mr. Deputy Speaker: The honourable member for The Pas-Kameesak, there was a—the announcement that was—the motion was sent to you. We need you to read that, with the first moving it and seconded it and then reading the script.

Ms. Lathlin: Thank you, Mr. Deputy Speaker, for your patience. Just hang on here. Here we go.

I move, seconded by honourable member for St. Johns (Ms. Fontaine), that Bill 213, The Reporting of Supports for Child Survivors of Sexual Assault Act, trained professionals and evidence collection kits, be moved today.

Mr. Deputy Speaker: No, it has to be as amended and reported from the standing committee. So you need to read all that, and you don't have to read the French part.

Ms. Lathlin: Okay. Sorry, I'm just having problems—as amended and reported from the Standing Committee on Justice, be concurred in and now be read for a third time and passed.

Mr. Deputy Speaker: It has been moved by the honourable member for The Pas-Kameesak (Ms. Lathlin), seconded by the honourable member for St. Johns, that Bill 213, The Reporting of Supports for Child Survivors of Sexual Assault Act (Trained Health Professionals and Evidence Collection Kits), as amended and reported from the standing committee of—on justice, be concurred in and now be read for a third time and passed.

Ms. Lathlin: Just a few words this morning: I look forward to unanimous support on this very important bill.

Ekosi.

Mr. Deputy Speaker: Okay, we'll go on to now to the honourable member for Dauphin (Mr. Michaleski)?

The honourable member for Waverley.

Mr. Jon Reyes (Waverley): I know I don't have much time; however, I would just like to put a few words on the record for Bill 213.

I would first like to start by saying that my colleagues and I believe this is a very important issue. I thank the member from The Pas-Kameesak for raising this issue—important issue, and I know our government has some great resources in place that will help support survivors of sexual assault.

I'd like to take a minute to talk about SANE, which stands for Sexual Assault Nurse Examiner. SANE includes specially trained nurses who conduct examinations for injuries and provides testing and treatment for sexual assault victims.

* (10:10)

The group offers a comfortable and safe location for patients to meet with their care team. It is open seven days a week, 24 hours a day and is there to help anyone, no matter their age or gender.

Currently, the HSC, or Health Sciences Centre, has 50 nurses on the SANE team who are all trained to perform forensic exams for everyone, including children. SANE can be accessed through the children's or adult emergency department at the HSC.

The SANE program has a streamlined approach that intakes the pediatric patients for acute sexual assault. When a pediatric patient presents to any hospital or health-care facility and there is concern of sexual assault, the facility will page a sexual assault nurse examiner on call. They want to make sure the sexual assault victims feel safe. The SANE on call may triage the patient over the phone and assess the need for and the timing of an acute sexual assault exam. This will help the sexual assault victim.

We understand that not everyone can get to the HSC centre through this. That's why I'm appreciative that the member from The Pas-Kameesak brought this bill forward. So I'd like to thank the member for bringing this bill forward and, as she said, that we unanimously support this in the House.

Hon. Jon Gerrard (River Heights): I'm glad to see that this important bill, sponsored by the member for The Pas-Kameesak, has passed committee with minor changes.

Clearly, if we're to make improvements in Manitoba, one of the most important areas to address is the safety and well-being of Manitobans and, particularly, women and girls. The deficit in people who are specialized in being able to examine and support individuals who've been victims of sexual assault which is currently present in the North is—really needs attention badly, and I hope the government will move very quickly to make sure that all communities in the North have highly trained individuals who can deal with sexual assaults, both in doing the appropriate testing and examination and in doing the appropriate follow-up and support.

I thank the member for The Pas-Kameesak for her efforts and look forward to this becoming law. Thank you.

Mr. Deputy Speaker: Any further speakers?

Is the House ready for the question?

Some Honourable Members: Question.

Mr. Deputy Speaker: The question before the House is concurrence and third reading of Bill 213, The Reporting of Supports for Child Survivors of Sexual Assault Act (Trained Health Professionals and Evidence Collection Kits) act.

Is it the please of the House to adopt the motion?
[Agreed]

I declare the motion carried.

CONCURRENCE AND THIRD READINGS— PUBLIC BILLS

Bill 223—The Spirit Bear Day Act

Mr. Deputy Speaker: Okay, now we'll move on to concurrence and third reading of Bill 223, The Spirit Bear Day Act.

Mrs. Bernadette Smith (Point Douglas): I move, seconded by the member from Keewatinook, that Bill 223, The Spirit Bear Day Act, reported from the [inaudible] be concurred in and now read for a third time and passed.

Mr. Deputy Speaker: It has been moved by the honourable member for Point Douglas, seconded by the honourable member for Keewatinook (Mr. Bushie), that Bill 223, The Spirit Bear Day Act, reported—be—reported from the standing committee of social, economic development, be concurred in and now read for a third time and passed.

Mrs. Smith: I just look forward to getting unanimous support on this bill and I want to thank, again, the family for entrusting us to bring this bill forward.

Miigwech.

Mr. Andrew Smith (Lagimodière): I appreciate the opportunity to put some words on the record in favour of Bill 223.

First of all, I'd like to start off, of course, by acknowledging the Winnipeg Jets's huge win last night. And I know that all Manitobans were looking forward to the Jets beating the Oilers, and what a win it was. I know Manitobans are also looking forward to a time when they can go to a Jets game in person, and I know that the Jets are looking forward to having their fans back in the stands. Many of the Jets and, of course, their general manager, Kevin Cheveldayoff, are part of a campaign to encourage people to get vaccinated and to help shut out COVID.

With this in mind, I thank everyone who's taken the time to get vaccinated. Not only is it 12 and up for eligibility for Manitobans to get their first shot, as of

May 21st, Manitobans will be able to start booking for their second vaccine appointment.

Mr. Deputy Speaker, that means there is light at the end of the tunnel. This is very good news for all of us after a long and challenging pandemic. This is one step closer to seeing our loved ones, one step closer to going to our favourite restaurant and doing the things we all enjoyed—

Mr. Deputy Speaker: Order. Order. I—order. I just want to remind the member for—to be relevance on the bill and—the honourable member for Lagimodière.

Mr. Smith: Of course, Mr. Deputy Speaker, and I appreciate your guidance on that.

With respect to Bill 223, I thank the member opposite for introducing the bill. Manitoba is committed to putting the needs of children first so that service is not delayed for children with disabilities.

The Manitoba government will work with First Nations leadership and the federal government to develop co-ordinated approach to implementing the full scope of Jordan's Principle in the province.

A teddy bear called Spirit Bear has become symbolic of Jordan's Principle. Jordan's Principle was established by First Nations in response to the death of five-year-old Jordan River Anderson, a child from Norway House Cree Nation, who suffered from Carey-Fineman-Ziter syndrome, a rare muscular disorder that required years of medical treatment in a Winnipeg hospital.

After spending the first two years of his life in the hospital, doctors cleared Jordan to live in a family home near the hospital in Winnipeg. However, the federal and provincial governments could not resolve who was financially responsible for the necessary home care. For over two years, the Government of Canada and Manitoba's provincial government continued to dispute while Jordan remained in the hospital.

In 2005, at the age of five, Jordan passed away in the hospital, and he never had the opportunity to live in a family home.

This tragic story led to increased awareness on the issue and, Mr. Deputy Speaker, it was the former member for Agassiz, Stu Briese, who sponsored a resolution regarding Jordan's Principle that received the unanimous support of all parties in the House.

Jordan's Principle is intended to eliminate gaps in services and ensure substantive equality for

First Nations children. It was created in memory of Jordan Anderson, a young child from Norway House Cree Nation born with multiple disabilities. Our government is a firm supporter of Jordan's Principle, which ensures equality of care for all Manitobans, whether they live in a city, on a reserve or in the far north.

In 2008, Manitoba was the first province to sign a bilateral agreement with Canada to implement Jordan's Principle. Manitoba and Canada established a joint committee on the implementation of Jordan's Principle to address delays or disruptions resulting from jurisdictional disputes.

Currently, any Jordan's Principle related issue is resolved as it emerges at the first point of contact, usually by front-line service delivery staff. Staff are available to consult on all aspects of service delivery in Manitoba and will continue to co-ordinate with the federal government and First Nations partners and families.

Manitoba is committed to supporting our federal partners to honour the Canadian Human Rights Tribunal ruling which requires that all First Nations children have access to needed services regardless of where they live. Manitoba supports a broad, community-driven approach to Jordan's Principle which seeks to eliminate all service gaps for children living on reserve. And we are engaged in informal and inter-departmental meetings regarding implementation of Jordan's Principle. It is important for our departments to keep up to date on the pressing needs of First Nations children and youth in Manitoba.

The Department of Families is leading an inter-departmental Jordan's Principle working group with INR; education and training; health, seniors and active living to share information on Jordan's Principle and develop recommendations on a common principle position and implementation plan.

* (10:20)

The working group has developed a terms of reference and is determined that the group's purpose and goals are to determine areas of common interests and share information, including legal advice among the departments to the current implementation of Jordan's Principle, scope out concerns and questions about future implementation of Jordan's Principle and determine what a renewal—a renewed provincial position might be, make a recommendation to senior management on a new provincial position on Jordan's

Principle and prepare provincial documents and common responses to external stakeholders where appropriate.

Jordan's Principle is a first—a child—first principle when jurisdictional disputes arise over services for First Nations children, and department and jurisdiction of first contact are required to pay for the service required by the child without delay or disruption and then referred to a matter of the appropriate forum for dispute resolution.

In 2016, the Canadian Human Rights Tribunal ruled that the federal government had discriminated against First Nations children who lived on reserve by failing to provide the same level of child-welfare services that exist off reserve and by failing to implement Jordan's Principle. In subsequent ruling, the CHRT, or the Canadian Human Rights Tribunal, ordered that Canada must immediately consider Jordan's Principle as including all First Nations children, on- or off-reserve, and all jurisdictional disputes, including those between departments of the same government.

In 2012, the joint committee's terms of reference was expanded to include First Nations representation. In 2014, Manitoba and Canada announced a formal process to implement Jordan's Principle, a process known as case conferencing, to case resolution, response to Jordan's Principle-related payment and other disputes between the federal and provincial governments. Cases were identified to test this process. The Assembly of Manitoba Chiefs undertook an evaluation of the process. In 2008, Manitoba and Canada developed a bilateral table to implement Jordan's Principle using a definition focused on avoiding jurisdictional disputes for children with multiple disabilities. First Nations leadership were involved—were invited to the table in 2012.

In September of 2016, the federal government launched the Jordan's Principle child-first initiative, a national commitment of \$382 million over three years, to immediately address Jordan's Principle. In November of that same year, First Nations indicated they wanted to play a greater role at the trilateral table. Around the same time, First Nations leadership and the federal government began working on a bilateral basis on Jordan's Principle in Manitoba. Representatives from Manitoba government were not invited to take part in the discussions, although the trilateral table was not formally disbanded and has been dormant since 2016.

Spirit Bear and Jordan's Principle are aligned through a children's book which tells of Spirit Bear's mom telling him about human rights cases in Ottawa, Jordan's Principle cases. And he travels far to stand up for First Nations kids' rights. Spirit Bear calls on Canada to immediately comply with all rulings by the Canadian Human Rights Tribunal or in—to immediately seize its 'discriminatory' funding First Nations Child and Family Services—or discriminatory funding, rather, of First Nations and—Child and Family Services.

The order further requires Canada to fully and properly implement Jordan's Principle; Parliament to ask the Parliamentary Budget Officer to publicly cost out the shortfalls in all federally funded public services provided to First Nations children, youth and family and propose solutions to fix it; for governments to consult with First Nations to co-create a holistic Spirit Bear plan to end all of the inequities, with dates and confirmed investments, in a short period of time, sensitive to children's best interests, development and 'distinct' 'community' needs.

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

Hon. Jon Gerrard (River Heights): Mr. Deputy Speaker—

Mr. Deputy Speaker: The honourable member for River Heights, your—for some reason, your mic went on mute again.

Mr. Gerrard: Okay. Mr. Deputy Speaker, I'm very pleased that The Spirit Bear Day Act has passed committee and is now here for third reading and has been getting unanimous support.

The moment that I read the story of Jordan River Anderson in 2005, written by Trudy Lavallee, and her call for a Jordan's Principle, that First Nations children should be treated equitably with other children, and recognized this importance—have been a strong advocate ever since.

It is important and significant that we much better recognize Jordan's Principle today than then and the fact that it is increasingly being implemented, not perfectly yet, but in a way that is making a big difference in many First Nations communities that I've visited in the last few years. It is a big step forward, and having The Spirit Bear Day Act to recognized this each year on May the 10th is an important contribution.

I first met Spirit Bear on a plane going to Norway House, together with Cindy Blackstock. She was holding Spirit Bear, to bring Spirit Bear along and I even got a chance to hold Spirit Bear briefly; and what a feeling that was. I have met Spirit Bear on a number of occasions subsequently with Cindy Blackstock and supporting her efforts and the efforts of the caring society.

It is great to have this Spirit Bear Day Act now before the Legislature in its final stages. I want to pay tribute to all the work that has been done both by the MLA for Point Douglas and for—people like Cindy Blackstock and Trudy Lavallee and many, many others.

It has been a big cause, a big step forward. There is still much work to do. We must never forget that, and the fact that we have and will have a Spirit Bear Day Act will be an important reminder as we go on this journey into the future.

Thank you. Miigwech. Merci.

Mr. Deputy Speaker: Any further speakers?

Hon. Kelvin Goertzen (Minister of Legislative and Public Affairs): Just quickly, Mr. Deputy Speaker. I'd like to commend both the previous bill sponsor, the member for The Pas, and also the member for Point Douglas (Mrs. Smith) on this bill.

I think that it's not often recognized maybe by the public and maybe not enough even by the media, that there is often good co-operation in the Legislature on private members' bills, and good ideas come from all sides of the House and they often end up going into legislation.

And these are two examples here this morning that all MLAs make a contribution, in different ways, through the creation of legislation. And I do think it's important to see that happen in the Legislature and to recognize that there are opportunities for parties to work together and to all contribute in the creation of legislation.

So congratulations to the member for The Pas and the member for Point Douglas on these two bills, which will receive royal assent later today.

Mr. Deputy Speaker: Is the House ready for the question?

Some Honourable Members: Question.

Mr. Deputy Speaker: The question before the House is concurrence and third reading of Bill 223, The Spirit Bear Day Act.

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

Recorded Vote

Mr. Goertzen: A recorded vote, Mr. Deputy Speaker.

Mr. Deputy Speaker: A recorded vote has been requested. Call in the members.

* (10:50)

The question before the House is concurrence and third reading of Bill 223, The Spirit Bear Day Act.

Division

A RECORDED VOTE was taken, the result being as follows:

Yeas

Adams, Altomare, Asagwara, Brar, Bushie, Clarke, Cox, Eichler, Ewasko, Fontaine, Gerrard, Goertzen, Guenter, Guillemard, Helwer, Isleifson, Johnson, Johnston, Kinew, Lagassé, Lagimodiere, Lamont, Lamoureux, Lathlin, Lindsey, Maloway, Marcelino, Martin, Michaleski, Micklefield, Morley-Lecomte, Moses, Naylor, Nesbitt, Pedersen, Reyes, Sala, Sandhu, Schuler, Smith (Lagimodière), Smith (Point Douglas), Smook, Stefanson, Teitsma, Wasyliw, Wiebe, Wishart, Wowchuk.

Nays

Deputy Clerk (Mr. Rick Yarish): Yeas 48, Nays 0.

Mr. Deputy Speaker: The motion is accordingly passed.

* (11:00)

RESOLUTIONS

Res. 25—Immediately Invest in the Mental Health and Addictions Crisis in Manitoba

Mr. Deputy Speaker: The hour being past 11 o'clock, I conclude the private members' business and now we'll go on to private members' resolutions, and the resolution today is the immediate investment of mental health and addictions crisis in Manitoba, in the honourable member's name of—the honourable member for Point Douglas.

Mrs. Bernadette Smith (Point Douglas): I move, seconded by member from Notre Dame,

WHEREAS the pandemic has had adverse effects on the mental health of many Manitobans; and

WHEREAS the link between mental health outcomes and the addictions crisis has been proven by various studies; and

WHEREAS the—

Mr. Deputy Speaker: Order. I just want to remind the member for Point Douglas, all the—when you put forward, all you have to do is read the bottom, the last part, therefore part of this—resolved. The last paragraph.

Mrs. Smith: Okay, thank you. There—do you want me to start over?

Mr. Deputy Speaker: Over.

Mrs. Smith: I move, seconded by the member from Notre Dame,

WHEREAS the pandemic has had adverse effects on the mental health of many Manitobans; and

WHEREAS the link between mental health outcomes and the addictions crisis has been proven by various studies; and

WHEREAS the addictions crisis has worsened during this Provincial Government's time in office, including an 87% increase in overdoses from 2019 to 2020, accounting for 372 deaths in 2020; and

WHEREAS the Provincial Government has failed to take action to improve mental health and addictions outcomes such as implementing recommendations from the Virgo Report, specifically implementing an increase to mental health and addictions funding; and

WHEREAS the Provincial Government intentionally removed the recommendation for a safe consumption site in the Virgo Report and the Premier tossed the Safe Consumption Space Report on the ground, showing his disdain for Manitobans who need help; and

WHEREAS the Provincial Government has not consistently reported overdoses and overdose deaths publicly in a timely fashion; and

WHEREAS the Provincial Government has failed to address the root causes of the addictions crisis such as poverty, family trauma and poor mental health and has instead invested in Rapid Access to Addictions Medicine clinics that don't help anyone; and

WHEREAS the Provincial Government has reduced the number of detox and addiction beds available to Manitobans despite the increasing need; and

WHEREAS the City of Winnipeg has done more to address the addictions crisis than the Provincial Government by beginning a feasibility study into a supervised consumption site.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to immediately begin publishing overdose data and invest in greater mental health and addiction supports, such as detox and treatment beds and a safe consumption site.

Miigwech.

Motion presented.

Mrs. Smith: Three hundred and seventy-two—I should hope that every member of the PC government knows where I'm going with that number—372 people, 372 mothers, fathers, siblings, children and friends died in 2020 from completely preventable overdoses.

I'm, frankly, tired of hearing the government and the minister for mental health and wellness and recovery congratulate themselves for finally creating a department to deal with a problem that we've been telling them about for years. The overdose rate increased 87 per cent—and I'll repeat that—87 per cent from 2019 to 2020. We have seen some dramatic spikes in the distribution of needles in Winnipeg, Brandon and all over Manitoba for the past half decade.

Many organizations like Overdose Awareness Manitoba, Westman Families of Addicts and grieving families and their caucus have been imploring this government to take action since the beginning, and we've all been ignored. The proof—the proof—is right before our eyes, Deputy Speaker, and no amount of empty reassurance from this minister is going to revive the dead or help those who have currently battled mental—who are currently battling mental illness and substance use, all without the support that they need.

We still have a fraction of the detox beds we need to service the Manitobans who need them here and now. We know that because of the pandemic that this is scaled back, and this is not an excuse. We should be ramping up those beds and ensuring that every person that wants to get in detox can get in there.

Mr. Dennis Smook, Acting Speaker, in the Chair

But this government doesn't like to take a holistic approach, and when people even get out of detox or treatment centres, there's no support for them. Where are they supposed to go? It's a piecemeal approach

from this government. The minister of health, wellness and recovery knows full well that long-term, heavy use of meth and opioids will have extreme effects on the individual's brain chemistry and that it takes time and effort to heal. The minister knows full well that a few weeks of treatment and a hearty handshake after months of being on a wait-list is worth nothing if the next step in the program is being booted out onto the street with next to no support, which is what is currently happening.

Acting Deputy Speaker, the minister knows full well that the recent overdose figures—what they look like: 372 Manitobans have died of overdoses. That's what she's hiding. The minister doesn't want the grieving, furious family members of those who have died from overdoses to see that the government has utterly failed to take the necessary steps to curb this public health crisis. And it is a public health crisis.

If I were in the minister's shoes, I'd be scared, too, of what the public would think of those figures. But then again, if I was—or were in the minister's shoes, I would have demanded years ago that this government implement all of the recommendations of the VIRGO report so that it could help save lives here in Manitoba.

But, of course, this minister's job isn't to improve the mental health and substance use support infrastructure in Manitoba. The minister's job isn't to recommend that the government invest in services or build safe consumption spaces. The minister's job isn't to do what makes sense for saving the lives of Manitobans struggling with substance use. The minister's job is to gloss over what's happening, distract from the government's clear and obvious cover-up of this disaster and to do her best to keep Manitobans from seeing what's really happening. And that's people are dying every single day: 372 deaths from 2019 to 2020.

Manitobans can't be expected to believe that this government is actually spending the money it says it's allocating on mental health and addictions. It's a show of political theatre. Even if the government was spending what it says it is, that would still put Manitobans below the national average and far below what experts from all over the world recommend, including Dr. Brian Rush, co-lead of the VIRGO report.

If this government is actually spending what it says it is on these programs, I find it very interesting that I receive a fraction of the information I usually would from the government in budget Estimates. This

government has nothing to hide, Deputy Speaker, they sure show—sure have a funny way of showing it.

It would be almost less upsetting if I could believe that the government didn't know what it was doing, but the truth is far worse. Quoting from their VIRGO report with respect to funding for mental health and addiction services and support, using the—and I quote, using the funding of MHSAL of the most direct estimates of S-U-A-M-H investment, the total of three hundred and thirty-three—\$330,761,751 represents 5.1 per cent of the total Health budget of 2016-17, which was almost \$7 billion. It went on to say, as noted earlier in a national benchmark in Canada, which was 7.2 per cent, and this even falls short of the dedicated funding for mental health in most high-income countries.

* (11:10)

Deputy Speaker, some high-income nations spend up to 18 per cent of their health-care budget on mental health and addiction services. England, for example, spends 13 per cent of its—of its total health-care budget on mental health. And they are able to offer free, readily available, self-referred counselling and addiction support.

This government had the benefit of the best scientific minds available and veteran front-line service providers. They had grieving Manitobans who had lost loved ones begging them to take action. They had a detailed 255-page report telling them of the gaps they've left in community mental health and systems to address the emerging addictions crisis that they knew was happening and stood idly by and have done nothing.

They've had the benefit of all of that and their response is a 0.17 per cent increase in mental health and addictions. And I'll repeat that: 0.17 per cent; and that's based on what we've—they've reported themselves in their own budget, not what they've actually spent in reality; 0.17 per cent, and we're expected to clap like trained seals when the Minister for Mental Health, Wellness and Recovery stands at her podium and declares victory over a public health crisis that is claiming the lives of Manitobans every single day in this province. Three hundred and seventy-two Manitobans have lost their lives.

Deputy Speaker, the Premier (Mr. Pallister) and his government has been telling us for years that they're implementing the recommendations from the VIRGO report. It wasn't true then and it—and it's even less true now. The VIRGO report recommended an

intense focus on improving service for Indigenous populations, especially in northern Manitoba.

Last I checked, suicide rates are above the national average right across Canada. Shamattawa is in a crisis right now, and where is this minister? Nowhere to be found. Are they helping this community? Young people are trying to take their lives and they have no resources. Every single one of these deaths was preventable.

Three hundred and seventy-two—and I'll continue to say that number, because these were people. These were someone's loved ones. They weren't given help when they needed it. And here are some of the names that I've been given permission to share: Adam P., Adam W., Alexandria S., Amanda H., Ayrton N., Ashley W., Blair F., Bricey J.—and I will table these names and I will also table the pictures, which I've given—been given approval by the families—Cameron H., Cameron S., Carrie M., Chris R., Christian C., Christine T., Clayton F., Courtney C., Cole G., Curtis D., Darlene C., Damian G., Damian S., Daniel C., Debbie R., Destiny R.—Destiny T., Devin K., and I can go on and on, Deputy Speaker, because there's so many names on this list and so many families that are struggling because of this government's inaction.

But I want to take this time to thank the countless families sharing their heartbreaking stories of loss. We send you lots of love, warm hugs and prayers.

I also want to thank the Overdose Awareness Manitoba and Westman Families of Addicts for sharing your knowledge, wisdom and sacred stories. Thank you for being a voice for those who continue to grieve the loss of their loved ones.

Thank you to the Canadian Mental Health Association and the Seneca Warm Line and so many other organizations who provide mental health supports each and every day; to the front-line workers who work hard every day and are, with limited resources, doing the sacred heart work that they do with our relatives.

I hope that all members of this House will support this resolution, ensuring the overdose deaths are reported, published and that greater restrictions are made in mental health, addictions, such as detox and treatment beds, including a safe consumption site here in Manitoba. We can no longer stand idly by and allow one Manitoban to die of overdose.

Miigwech.

Questions

The Acting Speaker (Dennis Smook): A question period of up to 10 minutes will be held, and the questions may be answered in the following sequence: the first question may be asked by a member of another—from another party; any subsequent questions must follow a rotation between parties; each independent member may ask one question. And no question or answer shall exceed 45 seconds.

Mr. Alan Lagimodiere (Selkirk): I'll start with a simple question. Does the member opposite agree with the findings of the VIRGO report?

Mrs. Bernadette Smith (Point Douglas): The VIRGO report called for greater support, and this government has failed to do that. It's continually underfunded mental health and addictions in this province, which has led to 372 deaths in this province.

This government has more work to do. We need political will put behind this. And the time to sit idly by and watch Manitobans die of overdoses is shameful, and this government has the capacity to put more money into the supports.

Manitobans are suffering during this pandemic, and there's even greater use of drugs that we don't know that are being used, as well as people are suffering with their mental health. And what is this government doing?

The Acting Speaker (Dennis Smook): The member's time has expired.

Ms. Lisa Naylor (Wolseley): I'd like to ask the member for Point Douglas, how has this government's lack of reporting on overdose deaths made it harder for us to tackle this crisis?

Mrs. Smith: I want to thank my colleague for that question. And certainly if we don't know the, you know, numbers, we can't tackle the issue and put actions behind that.

We've seen 372 deaths in 2019-2020 alone, and we don't even know what the numbers are for, you know, these last four months. So if we had those numbers, certainly that could help this government guide their direction and ensure that there's more resources put into places that need it, such as detox centres, such as holistic treatment centres where people go into treatment, but when they leave there, that they're going into second-stage housing—

The Acting Speaker (Dennis Smook): The member's time has expired.

Hon. Jon Gerrard (River Heights): My question is this. I'm hearing about people with addictions going to RAAM clinics and been turned away. I wonder if you are hearing similar stories.

Mrs. Smith: I thank the member for that question, and absolutely, we are hearing the same thing.

Detox beds are held for persons who go into RAAM clinics that want to get into detox. We know that those beds are sitting empty because RAAM clinics aren't effective in getting people into treatment. People have to make appointments to go into treatment, and we know that that doesn't work for people.

The day that somebody decides that they're going to get into treatment or into detox, that needs to be readily available. And people can't be making appointments to, you know, say, oh, next week on Friday, you know, the 28th or whatever the day is—I think it's the 30th—I'm going to—

The Acting Speaker (Dennis Smook): The member's time has expired.

Mr. James Teitsma (Radisson): You know, first, I did want to thank the member for bringing this important topic forward. I think it is certainly really important to talk about mental health and addictions and it's an important public policy area, and it's one I really think that we should be able to talk about in a way that's unanimous, that we all have what's best in heart for Manitobans. So I encourage the member to take that attitude and recognize the good things we've done as well as recognize what still needs to be done.

But my question for the member is, you know, to what extent do you think that this rise in drug use and overdose deaths is related to the COVID-19 pandemic and how that's all interplaying?

Mrs. Smith: Well, like I said in my statement, we've been calling on this government now for a half a decade to do something about the drug crisis that is going on in this province. This government has failed 372 families just in 2019-20 alone. We know that there's people that are suffering in silence because there's less resources than there were before this pandemic.

What this government should be doing is ramping up those resources and ensuring that people have access, even more access with this pandemic. People are isolated. They're losing their jobs. They're becoming homeless. We see even more homeless people now—

* (11:20)

The Acting Speaker (Dennis Smook): The member's time has expired.

Ms. Naylor: You've already done a good job—sorry, the member for Point Douglas (Mrs. Smith) has done a great job of sharing some of what families have faced, but I wonder if she could just tell us a little bit more about the impact of adequate supports and resources on the families of loved ones who face addictions.

Mrs. Smith: Well, families are really struggling to get their loved ones into detox, and detox is the first place that somebody needs to go to in order to get into a treatment centre.

And even having access to talking to somebody about, you know, going into detox and what that looks like and, you know, what's going to happen when they go to detox. Or even helping people, you know, get counselling is—has, you know, been scaled back.

We know that AFM has, you know, scaled back some of their support services due to socially distancing. And I think, you know, as we—hearing from families, families feel that this government should be ramping—

The Acting Speaker (Dennis Smook): The member's time has expired.

Mr. Josh Guenter (Borderland): I'm wondering how the—I'd like to ask the member opposite, how is the VIRGO report considered in this resolution?

The Acting Speaker (Dennis Smook): The member for saint—sorry, the member for Point Douglas.

Mrs. Smith: Miigwech, Acting Deputy Speaker, that hasn't happened for a while, so.

I want to thank the member from Borderland for that question. And certainly the VIRGO report calls for greater supports to mental health and addictions, and this government has not been adhering to the VIRGO report. It's just been a report that sat on a shelf.

We know that safe consumption sites were taken out of that VIRGO report, and Manitobans have been calling on this government to work collaboratively. The City is doing a feasibility study on safe consumption sites because they see the value in saving lives in this province, and it's about connecting people to services that they need and ensuring that they're using drugs, whatever drug they're using, in a safe manner; and that there could be drug testing happening in those places and nurses connecting—and

counsellors and social workers connecting people to the services that they need, such as detox and treatment—

The Acting Speaker (Dennis Smook): The member's time has expired.

Ms. Naylor: Would the member for Point Douglas share why it's important to address this issue right now, even while we're in a pandemic?

Mrs. Smith: Well, pandemic—but this has been going on for some time. A—half a decade now since this Pallister government has been in power, the last five years we've seen decreases and in services to community groups that are providing support. We've seen decreases in the amount of detox beds, treatment centres, medically trained staff in these treatment centres, even after-care.

And it's super important, you know, each and every day that anyone who is struggling, whether it's with their mental health or addictions, that they have access to the support that they need, especially in a pandemic, when people are isolated and, you know, feeling alone and—

The Acting Speaker (Dennis Smook): The member's time has expired.

Mr. Lagimodiere: Mr. Acting Deputy Speaker, a mental health strategy needs to be multi-faceted. The member opposite touches on the complex nature but does not provide any constructive solutions.

What were some of the recommendations from the consultations that she had?

Mrs. Smith: I did outline greatly that, you know, Manitobans are calling for more supports for mental health and addictions. They're calling for greater investments from this Province, especially in a pandemic, when people are struggling even more.

The Seneca Warm Line, for example; I brought that forward in a question and asked this government to support that very vital service, and this government chose not to. Thankfully, somebody else stepped up in federal government and gave them the funding to continue that.

We can't continue to support big, large corporations that don't have roots in our community. People need to know that who they are speaking to on the other line is in Manitoba and that they understand—

The Acting Speaker (Dennis Smook): The member's time has expired.

Time for questions has expired.

Debate

The Acting Speaker (Dennis Smook): The floor is now open for debate.

Hon. Audrey Gordon (Minister of Mental Health, Wellness and Recovery): I just want to begin by echoing the words of my colleague, the member for Radisson (Mr. Teitsma) in saying that this is a very important issue and that it is important—a public health debate that needs to be held, that people's views need to be heard and the tremendous loss of lives, loved ones, family members is very tragic. And I am so pleased to have the opportunity to talk about, as the member from Radisson said, the work that our government has done, continues to do, to support families and will do going forward.

COVID-19 pandemic is having a negative impact on the mental health and well-being of Manitobans. I don't think there's any Manitoban that I've spoken with, regardless of age, that has not said this pandemic has truly impacted their lives in ways they could not have imagined. The pandemic has created uncertainty, social isolation as a result of the public health measures, loss of income and limited access to services.

Statistics Canada, I want to share with you, administered a survey on COVID-19 and mental health to assess some of those impacts and the—and to look at the well-being of Canadians. And there were some highlights that came out of the report, and I want to share them with you: that youth have experienced the greatest decline since the pandemic began, women continue to report lower levels of mental health compared with men, and those experiencing poor mental health before COVID-19 were impacted even more by the pandemic.

That is why, Mr. Acting Deputy Speaker, our government has created this Ministry of Mental Health, Wellness and Recovery, because we recognize that more needs to be done, that we need a dedicated focus on this issue and we need a dedicated ministry and department and departmental staff. And I'm just very honoured and pleased to be the first minister to take a seat in the Manitoba Legislature as the Cabinet Minister for Mental Health, Wellness and Recovery.

I have always shared very openly and honestly with the public that mental health and addictions has impacted my family personally. I have walked the journey with family members. I have walked the journey with friends. I'm very much aware of what the

systemic issues are, what the barriers are to access to and co-ordination of services and the transition points and how individuals access or are unable to access those transition points. So I come to this role with a deep passion and a singular focus to ensure that each and every Manitoban whose life is impacted by mental health and addiction receives the supports that they need.

So I'm committed to working with my colleagues in government to build a comprehensive, recovery-oriented system of care that offers the greatest chance, Mr. Deputy Speaker, to lift up Manitobans who are living with the struggles and challenges of mental health and addictions. And our government believes in the advice of top medical professionals. That's why our addictions strategy has been based on the findings of the VIRGO report. And when the member was asked about her resolution in terms of the VIRGO report, it just seemed that she didn't have a good understanding of what the 125 recommendations are, what has been done with them.

* (11:30)

But a lot has been done, Mr. Deputy Speaker. We are investing in initiatives and services that will connect Manitobans struggling with problematic substance use with the supports they need to preserve their health and safety: investing \$4.2 million in flexible-length withdrawal management beds in Winnipeg and Brandon for individuals struggling with more unpredictable drugs like methamphetamine.

As of January 2021, Mr. Acting Deputy Speaker, there were 136 authorized Suboxone prescribers for opioid use disorder in Manitoba, 124 authorized methadone prescribers for opioid use disorders, as well. We support opioid replacement therapy in an effort to address the significant opioid situation in Manitoba and the unintended impacts of COVID-19.

The Office of the Chief Medical Examiner continues to share relevant data with agencies overseeing programs related to public health, surveillance, addiction and recovery to ensure a co-ordination in responses and services provisions to Manitobans in need of drug- and addictions-related supports.

Unlike the NDP, we will not play politics with the mental health of Manitobans or government. And our government will continue to take action, regardless of the misinformation that the member for Point Douglas (Mrs. Smith) continues to put on the record.

Last week, I was away from the House and I was very saddened as I watched virtually to see the member for Point Douglas (Mrs. Smith) table documents and disrespect the organizations in this province that are providing supportive recovery housing to individuals who are struggling with addictions and substance use. And the member tabled information and misled the House and all of Manitobans in terms of saying the number of beds had been reduced, but didn't state why.

She didn't state that these organizations or—have been asked to scale back the number of—have had to scale back the number of beds that are available due to social distancing requirements of the pandemic. She wouldn't say that. That would be the truth and that would not support her narrative of fabricating information. But she disrespected each and every one of those service provider agencies and she disrespected Manitobans who access those agencies for support and have received services and supports in their recovery.

Just last week, one of the service delivery organizations shared with me that one of the individuals that had gone through their program was recently called to the bar and had become a lawyer right here in our province, as a result of the supports we provide to that service delivery organization to offer services.

So we will continue—my ministry will continue to work with regional health authorities to expand harm reduction programming in the province and services and programs. As of today, we've invested \$50.2 million in initiatives to help Manitobans who struggle with mental health and addictions supports.

I was so pleased to meet with the leadership of Klinik this week, where we talked about the supports that are being provided to scale up their mobile withdrawal management service. But the member for Point Douglas won't tell you about that because that doesn't fit with her narrative to invent, concoct and fabricate information to support her narrative. But those service delivery organizations feel disrespected by the opposition and by the member for Point Douglas, who continues to come in the House—

The Acting Speaker (Dennis Smook): I'd just like to interrupt debate for a second and remind the member of the language she is choosing to use: fabricating, concocting, that's a little bit on the border. So I just want to remember—remind the member to come back into line.

The honourable minister of mental health, addictions—sorry—Mental Health, Wellness and Recovery.

Ms. Gordon: Our government is investing—I want to share good news about the supportive recovery housing investments: over \$2 million and 100 supportive recovery housing beds to help Manitobans who've received addictions treatment successfully transition back into the community; 70 in Winnipeg; 40 coming online at Riverwood House, Mr. Acting Deputy Speaker; 20 at Siloam Mission; Tamarack, 30; and then our recent announcement of 12 in Thompson and nine in Brandon.

Some of those supportive recovery houses will go directly to supporting women. As the VIRGO report stated, they were a priority group for the VIRGO recommendations, and we're so pleased to have the opportunity to provide investments to support the good work that's being done.

Addictions Foundation of Manitoba offers 30 sobriety-based transitional housing units at River Point. And then the Bruce Oake Recovery Centre, which will be coming online this year: 50 new beds—

The Acting Speaker (Dennis Smook): The member's time has expired.

Ms. Lisa Naylor (Wolseley): I'm so grateful to my colleague, the MLA for Point Douglas, for bringing forward this important PMR. And I'm glad to speak on behalf of my constituents and all Manitobans who are desperate for immediate investment in the mental health and addictions crisis in Manitoba.

Mental health is just as important as physical health. In fact, they are completely connected in every way. Substance use, eating disorders, depression, anxiety and other mental health conditions impact one's physical well-being and can lead to long-term physical conditions, hospitalizations and death. Substance use can lead to other mental health conditions, and certain mental health conditions, left untreated, can lead to substance use as folks look for accessible ways to mitigate their emotional pain.

Through a harm-reduction lens, we know that providing community safety, housing, adequate nutrition is critical. We also know that addressing racism, homophobia, transphobia and misogyny—including making sure there are culturally safe health care and mental health-care services for queer and genderqueer, Indigenous, Black and people of colour—can also help to 'mitigate' substance use and even prevent or improve some mental health conditions.

Having worked in a variety of community outreach and mental health services with both youth and adults for almost three decades, including 19 years at a community health clinic where mental health workers worked side by side with nurses and doctors, this symbiotic relationship of mental and physical health feels like breathing to me.

Breathing is just something you do. It's critical for survival, but you don't have to think about it too much. That is how we should look at mental health in this province: just completely intertwined with physical health and impossible to separate. One supports the other and vice versa. Both must be adequately funded and staffed.

Members of this government must stop thinking about those with addictions and mental health issues as the other. They must stop pushing this issue off to the side. Every Manitoban is worthy of compassionate care, and it's government's responsibility to provide the framework, policy and funding to make that happen.

Mr. Deputy Speaker, we know the pandemic has been a massive setback for many of those who deal with mental health challenges and addictions and has had adverse effects on the mental health of many Manitobans. The government has reduced the number of detox and addiction beds available to Manitobans, despite the increasing need, even as the pandemic slashed capacity.

Barriers to supports and services have only increased for people who use substances during the pandemic. Many organizations have had to reduce the number of beds they operate to ensure physical distancing, making it harder to access a limited resource. But the minister can't use that as an excuse not to provide more resources and more spaces and more staffing. More people are waiting longer for the addictions treatment they need.

Furthermore, the Pallister government has made no effort to increase access to any—to—in addition to detox and treatment or increase harm reduction such as safe consumption sites. The government has failed to take action to improve mental health and addiction outcomes, failed to implement many of the recommendations from the VIRGO report. And their own report called for 9 per cent of the 'health'—health budget to be focused on mental health and addictions within three years, and they're nowhere close to that. The meagre steps they're taking are not addressing the crisis that's in front of us. They did nothing to stop the

372 lives lost to overdoses last year, the more than one dead Manitoban every day—

* (11:40)

The Acting Speaker (Dennis Smook): I'd like to interrupt debate for a second. If the member from Wolseley has a headset, if she could put it on, please. We have a number of members that are listening virtually that are having difficulty hearing you, so if you could use your headset, please, we'd greatly appreciate that.

Ms. Naylor: Yes, I deeply apologize for that.

The Acting Speaker (Dennis Smook): We'll start the clock again once you're ready. So when you're ready.

Ms. Naylor: Thank you for the reminder. Can you hear me now?

The Acting Speaker (Dennis Smook): Yes. The member for Wolseley (Ms. Naylor).

And I'd like to remember—remind other members when they will speak to please use your headsets because it does make a difference in the quality of the sound. Thank you.

The member for Wolseley, please.

Ms. Naylor: I'm very sorry about that. I know it's really important. Thank you.

So, in fact, this government intentionally removed the recommendation for a safe consumption site in the VIRGO report. We know what the Premier (Mr. Pallister) thinks. We all remember how he tossed the safe consumption space report on the ground, showing his disdain for Manitobans who need help.

But let me tell you about what the constituents I represent think. Last year, I concluded a community needs assessment in the Wolseley constituency, which includes parts of Minto, the West End and West Broadway. Sixty-seven per cent of residents were strongly in favour. Some constituents were unsure and wanted to lose—learn more, but only 10 per cent were actually against having a safe consumption site in our community.

I'm going to share a sample of comments I received on this topic: I know there are a lot of drug users in the area. I would love for them to have a space to use and dispose safely, as we have found needles. There's so much stigma attached to drug use, something that I think we all need to get over, to help our fellow humans be safer.

All forms of harm reduction need to be a top priority right now, and safe consumption sites save lives. They reduce reliance on the health-care system by providing basic care, like food and water; and medical care, like naloxone, clean supplies and safe disposal of used supplies. Safe consumption sites also build belonging and community for people who are marginalized. The relationships are beneficial to those with mental health issues and non-judgmental support for drug users is so important.

Furthermore, all of the community-serving agencies in my constituency continue to call for adequate, secure, affordable housing, 24-7 safe spaces and 24-7 mobile mental health crisis response teams. Last fall, the West Broadway business association members joined that call. Businesses in the community, who are already struggling to survive, are using all available resources to compassionately and respectfully help their unhoused neighbours while keeping their staff and property safe. But these efforts can't possibly provide the long-term solutions that we're looking to the government to do.

Even the City of Winnipeg has done more to address the addictions crisis than the provincial government by beginning a feasibility study into a supervised consumption site. I've been able to have productive discussions about addictions and safe consumption sites with both city councillors, Councillor Gilroy and Councillor Rollins, whose municipal wards overlap the Wolseley constituency. And I am grateful that both leaders understand the impact of addictions in our community and are stepping up to be the leaders in this area, when the provincial government simply will not.

Manitobans deserve a government that takes this crisis seriously and invests in the health of Manitobans. The key barrier to tackling the addictions crisis is the Premier (Mr. Pallister) and his Cabinet ministers. Their Throne Speech, 100-day mandates and Budget 2021 neglected to mention harm reduction even once.

Not only have we lost 372 Manitobans this year to overdose, since the Pallister government took office, we've lost over 1,000 Manitobans to overdoses. Since the pandemic, opioid overdoses have doubled and reached a record high. Needle use is causing a huge spike in blood-borne illnesses. Hepatitis B is 10 times higher than 10 years ago and syphilis has increased nearly four times in a few years.

I looked up the last available Manitoba Health report regarding HIV statistics, and the last I found

was from 2019. In that year, there was a 13 per cent increase in HIV in Manitoba. People who inject drugs are the largest risk category described in that report, but I am told by care providers working in the field that in the past year, the rates of HIV in young women are escalating.

One nurse I spoke to attributes this in part to the deployment of staff to other resources during COVID. Government funding decisions have forced organizations to pull staff from critical mental health and addictions services to staff up other sites for things such as COVID testing or isolation housing.

Many of those who have addictions do so due to homelessness, poverty or untreated mental health conditions, and it's critical that the government start to address these underlying issues with a focus on prevention, not just providing more treatment options, which, of course, we also need.

Housing is a right, and all Manitobans should have access to affordable, safe, quality housing. The Pallister government has failed to build a single unit of social or affordable housing and has instead sold off units and cut the maintenance budget while raising rents.

I am proud to be part of a caucus who has a real plan for action. We will use federal funds to build a safe consumption site in Winnipeg, a detox centre in Brandon and 50 additional long-term treatment beds across the province. We also know that poverty helps drive addiction and crime, and we're committed to an aggressive anti-poverty initiative.

Before I close today, I will implore members on the other side of the House to support this important PMR. Manitoba must make real investments in addictions services so Manitobans struggling with addictions can get on the journey to recovery as soon as possible. We also need supports for mental health.

Earlier, I mentioned the community needs survey my office conducted in Wolseley last summer. The final question asked was, is there anything else you want to say to your MLA? Last fall, I clipped out one message and pinned it to my bulletin board as a daily reminder of the urgency of this situation and the important job that I have. This misspelled, handwritten message simply reads, please help the youth with drug addictions. I've lost too many friends.

So with that plea, I will end my remarks, and again implore the members on the other side of the House to support this PMR if they ever want to show

support for Manitobans with addictions or mental health concerns.

Thank you.

Mr. Alan Lagimodiere (Selkirk): I am pleased to virtually address this resolution in the House today, a resolution that asks the House to immediately invest in the mental health and addictions crisis in Manitoba. I want to thank our minister for letting all Manitobans know the steps taken by our government to address these concerns.

I thank the member for bringing this resolution for consideration. However, this is such a poorly thought-out resolution it is difficult to know where to start. Sponsoring member of this resolution has seriously failed to do the homework needed to prepare a resolution that presents factual information and have any value.

Resolution tries to place information on the record that is extremely difficult to support from any aspect. As scientists, as legislators, it is important to understand that correlation does not always extend to causation. For example, the member opposite states in the resolution, whereas the link between mental health outcomes and the addictions crisis has been proven by various studies. We know addiction and depression are closely correlated. But we need to ask: does depression lead to addiction or does addiction lead to depression?

In the resolution the member wants to place on the record, the provincial government has failed to address the root cause of the addictions crisis, such as poverty, family trauma and poor mental health. Does the member know if eating refined, processed foods leads to poorer mental health like anxiety and depression? Or are people who suffer from anxiety and depression more likely to seek out refined, processed foods?

The member opposite states in the resolution: the addictions crisis has worsened during this provincial government's time in office, including increases in overdoses. As legislators, we need to ask: do increased deaths from drugs result from increased supply and usage or from increased toxicity of the drugs available, or both?

Mr. Acting Deputy Speaker, a little knowledge is a very dangerous thing. Members opposite would like us to believe they have all the answers when the reality is they don't even know which questions to ask. The point is one should never draw conclusions simply based on correlations.

Mr. Acting Deputy Speaker, I have lost family and friends to the street, to drug addictions, to overdose and to mental health disease. I understand the pain and suffering mothers, fathers, brothers, sisters, family and friends experience in dealing with those addicted to drugs or suffering from mental health issues, every day not knowing, not being able to help and not understanding. Should you be walking away or stepping up? Tough love or more support?

For those who experience a loss, trying to find closure is extremely difficult. These losses are devastating, life-changing. They are never fully comprehended, and questions linger on. Many end up blaming themselves, looking for answers: How? Why? What could I have done to make a difference? Why didn't they tell me it was this bad?

* (11:50)

Mr. Acting Deputy Speaker, no one will argue the point made in the resolution stating it is believed the pandemic has had serious adverse effects on the mental health of many Manitobans. We're all humans with needs. Maslow's hierarchy of needs includes the human needs for—of psychological safety, belonging and friendships, social needs and esteem—all basic human needs that may have been disrupted by COVID-19.

The result of these needs not being fulfilled are met—could leave a void or a deficit with respect to psychological needs, and psychological problems could naturally arise. These problems can manifest themselves in mental health issues and in severe cases, addictions might be manifested.

Mental health and addictions crisis in Manitoba is not new and it started long before COVID-19 entered our world. When I was first elected, many Manitoba families and associates of those suffering with addictions came forward asking for help. The help they requested was to provide faster access to treatment options for their families and friends, who suffered from mental health and addictions.

The previous government had turned their backs on this request for many years. Those I spoke to stated, when an addict decides they need help, they need it now—not later. They cannot be placed in a queue for fear they will be drawn deeper into their addiction and risk losing their battle before help was available.

Under the previous government, there was a serious lag between the request for help and the provision of help. This was leading to the loss of loved

ones, loved ones who wanted access to help but were forced to wait for help.

Our government's response to these requests from these Manitoba families was to open Rapid Access to Addictions Medicine clinics. The RAAM clinics align with the 2018 VIRGO report, improving access and co-ordination of mental health and addictions services, a provincial strategy for all Manitobans.

Mr. Acting Deputy Speaker, I cannot support this resolution because it contains a statement that is not being supported by fact. The resolution contains the wording: and instead, invest in a Rapid Access to Addictions Medicine clinics that don't help anyone. Perhaps the member sponsoring this resolution with her party have not had the time to read the VIRGO report prepared by medical experts or perhaps they are, once again, showing their complete lack of competence and respect for science and the medical professionals that provide detailed reports and recommendations.

Mr. Acting Deputy Speaker, I am pleased to report that since the opening of these clinics, more than 2,000 Manitobans suffering from addictions have accessed help for their addictions through these facilities.

We are a government that listens to Manitobans. To date, we have have RAAM clinics in Winnipeg, Selkirk, Thompson, Brandon and Portage la Prairie. These clinics provide immediate counselling, prescription-appropriate addictions medication, including opiate agonist treatments. They are able to provide those seeking help to beat their addictions with a community resources and programs immediately needed and they also provide ongoing supports.

These clinics, their staff and their successes need to be supported and celebrated rather than have someone malign and criticize them on the record in a poorly researched and presented resolution.

Our government recognizes that stress caused by the COVID pandemic has probably resulted in increased mental health issues in all areas and demographics of Manitoba. These mental health issues range from anxiety, depression, suicidal thoughts and increased substance abuse and reliance on substances to help individuals cope.

As an MLA who knows many Winnipeg police officers and RCMP, I was contacted following the latest drug busts in Manitoba by some enforcement members. They were concerned over comments made by members opposite following their efforts to

remove the dangerous illicit drugs and their suppliers from the streets of Manitoba.

Once again, members opposite took it upon themselves to chastise instead of support their enforcement efforts. Members opposite speak out about the need for action to address the supply of dangerous drugs, such a fentanyl-containing opioids. They speak out about the needed supports for mental health and addictions, but they openly attack our RAAM clinics and the physicians and nurse practitioners who work to provide supports for those wanting, needing help to beat their addictions. And they attack those who risk their lives to get these illegal lethal products off of our streets.

Mr. Acting Deputy Speaker, my community of Selkirk continues to be impacted by the devastating effects of illicit drug use and mental health disease. We continue to experience the losses of community members, and we continue to try to provide the needed supports for those suffering from mental health disease and addiction. We know we are not alone in this challenge. Mental health disease and drug addiction problems continue to cause death from all areas and all demographics of our society.

Our government has one of the most robust support programs amongst all provinces to support individuals, to support businesses and help prepare a future leading out of the pandemic.

The evidence in Manitoba is clear: Manitoba has shown national leadership in addressing the war on mental health and drug addictions. Our government has taken several initiatives to combat the growing concern. We have made significant commitments and taken critical steps that have resulted in important progress in addressing mental health and addictions. Our government will continue working collaboratively with all partners across Manitoba and Canada to focus on immediate and long-term solutions to this very real public health concern.

As a government, we will continue to work locally, provincially and nationally to help find solutions to mental health and addictions. We must continue to support and work with mental health service providers and those groups working to fight drug addiction. We must continue to work with and support drug enforcement agencies and other governments to combat drug dealers, drug addictions and deaths.

Can we do better? Always. Will we do better? That goes without saying. The lives we save could be those of a friend, an acquaintance or a family member.

Thank you.

Hon. Jon Gerrard (River Heights): I'll try and be quick because of the time. I support the resolution put forward by the MLA for Point Douglas because the resolved section of this resolution which calls for publishing overdose data quickly and investing more resources in mental health and addictions is spot on. This is clearly needed.

At the same time, I do not agree with the statement that Rapid Access to Addictions Medicine clinics don't help anyone. There are problems with RAAM clinics, and I'll talk about those, but that statement goes too far and is not accurate.

Simply put, for people with addictions, we need to have them helped right away when they're ready to be helped. And we need to have a seamless process so that they can go from detox through second-step treatment through supporting housing and be helped all the way out of their addictions issues. And many people have gone through traumatic addictions problems and done very well in the future. We need to recognize that.

We do need to address the factors causing addictions, and there needs, clearly, to be more research on this, and including—that research should look at the role of lead exposure which has been shown to

increase problems with substance abuse. The government has been delinquent in not looking carefully at this.

There is a relationship to the increased case numbers of people who have died from overdoses and the COVID pandemic. That—but the government should have made those extra investments. It is correct that these problems go back 20 years, but there are clearly not enough resources and not enough improvement in organization.

Thank you, Mr. Deputy Speaker.

The Acting Speaker (Dennis Smook): The member for Union Station (MLA Asagwara)?

The member for Radisson.

Mr. James Teitsma (Radisson): I think this is an important topic. It's important we spend time on it as a Legislature and give it our attention as a government. But it's also important not to take people's lives and play political football with them, and I think the member for Point Douglas (Mrs. Smith) may be guilty of doing that this morning. So we need to be interested in getting results and not scoring political points on the backs of these individuals.

Thanks—so I see you're standing, Mr. Speaker.

The Acting Speaker (Dennis Smook): When this matter is again before the House, the member for Radisson will have nine minutes remaining.

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 20, 2021

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