

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

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

MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 10, 2022

The House met at 10 a.m.

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

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

Good morning, everybody. Please be seated.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Ms. Nahanni Fontaine (Official Opposition House Leader): I call for this morning's debate, Bill 222, The Pay Transparency Act, for a second reading.

Madam Speaker: Before I call that bill, I would just like to thank the member for Concordia (Mr. Wiebe)—the honourable member for Concordia, and Andrea Purcell from Addison Taylor Designs for the flowers you see in front of the Speaker's Chair.

Andrea offered these peace bouquets to the Assembly to show support for Ukraine, and we're very honoured to have her do that and to the honourable member for Concordia for making it happen.

SECOND READINGS—PUBLIC BILLS

Bill 222—The Pay Transparency Act

Madam Speaker: I will now call second reading of Bill 222, The Pay Transparency Act.

MLA Malaya Marcelino (Notre Dame): I move, seconded by the member for—from St. Vital, that

The Pay Transparency Act; Loi sur la transparence salariale, be now read a second time and be referred to a committee of this House.

Motion presented.

MLA Marcelino: Bill 222, The Pay Transparency Act, will prevent employers from seeking pay history about employees.

It will require employers to include pay information, publicly advertised job postings.

It will require private sector employers with more than 100 employees to file a pay audit report with the pay equity commissioner, including information on gender, diversity and pay of employees, and it will require all bids for public tenders to demonstrate that the bidder pays women, gender-diverse individuals and men equally.

I had a small, bright flare of hope in my heart a few mornings ago on International Women's Day, as I sat in this House and listened to the speech of the Health Minister.

In it, she shared a list of important areas that women must tackle to achieve gender equality, and one that she cited—using the very same statistics from the Canadian Women's Foundation that I would later share in my own ministerial response in the afternoon—the Minister of Health (Ms. Gordon), she spoke about the need to address the long-standing, unfair gender pay gap that persists in our province.

And I was heartened because this hope to eliminate the unfair gender pay gap is held by many in our NDP caucus and as well, more importantly and more broadly, by many women in our province. Women and marginalized community members continue to be hit hard by the economic effects of COVID.

Single mothers and those of us in Manitoba who make less than \$17 an hour, according to recent CCPA Manitoba statistics—the COVID economic recovery has eluded this group of Manitobans.

In my role as Status of Women and Immigration critic and as part of our jobs and economy NDP caucus, I set out to gather information from the community about what would constitute an economic recovery that would include these women and marginalized community members.

I met with business councils, industry sector councils, economists, activists, researchers, community organizations, unions and more. I rounded up and researched the policy ideas presented and I've come up with a list of five priorities, and this Pay Transparency Act before us is one such priority.

The Congress of Black Women of Manitoba and the Canadian Centre for Policy Alternatives in Manitoba suggested the need for legislation like this in our province. The pay transparency process described in Bill 222 is based on important legal principles of equal pay for equal work of equal value or equal pay for equal work.

Since 2014, countries around the world have recognized this legal principle of equal pay for work of equal value or equal pay for equal work. Currently, 27 OECD countries report that they have clarified the concept of equal pay for equal work and/or work of equal value in national legislation. And most OECD countries have clarified equal pay principles through the courts and in case law.

Canada passed national pay transparency legislation for federally regulated industries in 2021, Ontario passed pay transparency legislation in 2018 and BC introduced pay transparency legislation on Tuesday, like we did here in Manitoba.

Madam Speaker, I have consulted with many organizations in Manitoba about key provisions in The Pay Transparency Act, and it was met with acknowledgement that foundational legislation is needed to help bring about an attitude shift to eliminate pay discrimination in the workplace.

My consultations on this bill are not complete, and I hope to continue consultations throughout the coming months, since I know that a variation of this needed bill will pass sooner or later.

In addition to the Congress of Black Women of Manitoba and the Canadian Centre for Policy Alternatives, I have met with folks from the Winnipeg Chamber of Commerce, the Manitoba Federation of Labour, Chartered Professional Accountants, Manitoba and the Manitoba Filipino Business Council.

I am still awaiting meeting request responses from the Manitoba Chambers of Commerce and the Aboriginal Chamber of Commerce.

I am so pleased to say that later this spring, we should have more specific results of what constitutes the gender pay gap here in Manitoba. Academic

research sponsored by the Manitoba Federation of Labour and carried out by CCPA Manitoba will publish current results from Manitoba's gender pay gap.

Our current research on hand is based on Canada-wide numbers and those figures that the Minister of Health (Ms. Gordon) and I both separately shared with the House a few days ago. And, of course, we'd like to examine what our situation is like in Manitoba to better address our issues here.

* (10:10)

This Pay Transparency Act will build on the earlier foundations set in 1986 with the Manitoba Pay Equity Act under the NDP government, when our Province became the first jurisdiction to pass proactive legislation that applied to the provincial public sector. An obligation was placed on employers to ensure there would be no difference between the wages of male and female employees performing work of equal or comparable value.

The problem was clear then. Female civil servants were being paid less than their male counterparts for comparable work, and after a two-year study it was revealed that female civil servants were being paid 20 cents less than their male counterparts for comparable work. In response, the government brought forward legislation that closed the pay gap, and the first pay equity commissioner was appointed in Manitoba. Her name was Roberta Ellis-Grunfeld and she oversaw the process of closing the pay gap for civil servants. She was appointed on October 1, 1985, and she left in 1987 after pay equity was achieved.

It is correct to think that due to this legislation, and due to the work of Miss Ellis-Grunfeld, public sector employees no longer face unfair wage discrimination. How fair would it be if the member for Seine River (Ms. Morley-Lecomte) got paid 14 per cent less than the member for Midland (Mr. Pedersen), or if the Minister of Health gets paid 29 per cent less than the Minister of Finance (Mr. Friesen), or if the member for The Pas-Kameesak (Ms. Lathlin) got paid 35 per cent less than the member for Transcona (Mr. Altomare)? And if we had a female MLA with a disability, then she would get paid 45 per cent less than her male counterpart.

Of course, it wouldn't be fair here. And it's not fair anywhere else that this is happening. And it's our duty and responsibility as legislators to uphold and enact fair laws—at the very least, to ensure a fair playing field, if not just outcomes.

Will our Premier (Mrs. Stefanson) and her Cabinet and caucus do their part? That's the question. Is it enough to be the first female of—the first female Premier of Manitoba? Wouldn't it be better to be the first female Premier of Manitoba to enact legislation eliminating gender discrimination?

Thank you, Madam Speaker.

Questions

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

Ms. Janice Morley-Lecomte (Seine River): Can the member opposite explain what difference this act will have when the federal government has recently introduced Pay Equity Act, which came into effect on August 31, 2021?

MLA Malaya Marcelino (Notre Dame): Thank you so much for that question.

The federal act will have jurisdiction over federally regulated industries. So, if you're not a federally regulated industry, you're out of luck.

Ms. Lisa Naylor (Wolseley): Thank you to my colleague for bringing forward this important bill.

And I'm just wondering if you can tell us a little bit more about how the—how pay audit reports will actually help to close the wage gap?

MLA Marcelino: Thank you for that question.

This process is quite new. It's been started in about 2014 in other OECD countries, and the process where you highlight the different, you know, genders and other kinds of self-identifying or voluntary characteristics—you know, by just highlighting those, and then what the actual pay rate—it serves to highlight and shine a light on what those disparities are. And then, employers can then—or, you know, a government agency or a government actor could then assist with, you know, coming up with proactive steps to work in a—

Madam Speaker: The member's time has expired.

Ms. Cindy Lamoureux (Tyndall Park): I think it's important that private sector employers file a pay audit report if they have more than 100 employees.

I am, however, curious and hoping the member could share with us where the number of 100 came from, as I believe this would be relevant to private sector employees with less than 100 employees as well.

MLA Marcelino: Thank you so much for that question. It's a really, really important question, and there's certainly a lot of pressure to even get that number down to employers with 10 employees.

So the reason why many countries and other jurisdictions are looking at 100 and up is because employers with this many employees often have built-in HRs or at least somebody who already is tracking this information, and this would reduce the costs initially for, you know, enacting a pay audit in the first place.

But, certainly, governments can assist by—and have been—by instituting, like, calculators and—that employers can—

Madam Speaker: The member's time has expired.

Mr. Blaine Pedersen (Midland): As a result of the 1985 Pay Equity Act, there is a pay equity commissioner.

Can the member explain how many staff are in there now and whether it will need to be more staff in order to handle this extra workload as a result of this legislation?

MLA Marcelino: Thank you so much for that question.

Currently, we have discovered that there isn't a pay equity commissioner currently in Manitoba. I have actually discussed the possibility of adding another role for our existing commissioner of all things, our lovely Jeffrey Schnoor, and he is actually open to this ability.

Now, this legislation doesn't have any additional powers for the pay commissioner, so that this point, you know, it would just be Jeffrey.

Mr. Diljeet Brar (Burrows): It's 2022, and women are not getting paid as good as their male counterparts. It tells us that we are not yet there.

I would like to ask my colleague this: Why is the disclosure of job salary important in tackling the wage gap?

MLA Marcelino: Oh, thank you for the question.

I think the member means the job postings. And that's because, you know, this will even the playing

field for an interviewee so that she would know exactly what—how much she would be getting if she were to get this job. And if those postings aren't really in line with postings from other sectors, then she would go to another job instead or apply for another job instead.

So there have been many instances where women have come to a job interview, you know, prepared so hard for this job interview, and, you know, the interviewer would say, well, we don't discuss what you're going to get—what you're going to be making, only the, you know—

Madam Speaker: The member's time has expired.

Mr. Josh Guenter (Borderland): Does the member have a cost estimate for small businesses to comply?

MLA Marcelino: Thank you for that question.

This bill would not apply to small businesses, because it would be for medium and large businesses.

Currently, in Manitoba, we have about 836—well, that's as of the 2016 StatsCan results—836 firms that have over 100 to 499 employees, and about 137 large businesses which would be 500 employees and up. So this bill would just refer to those types of firms.

Mr. Dougald Lamont (St. Boniface): Just, if the member could answer, what the government could do to assist employers to ensure that they can adhere to the new act.

MLA Marcelino: Thanks for that question.

Currently, some things that have been helpful are if governments—and I think Canada is working on this, our federal government—like a pay equity calculator so that it'd be much easier for their HR to just, you know, fill in the blanks instead of them having come up with their own type of services for this.

And, also, some people—some countries, they would have to hire an external auditor and that would be more expensive. Usually, it's about 25–\$2,200 to do that for these large companies. So if a government could put in that in their website and have that ready, it would assist these companies from that undue hardship.

* (10:20)

Ms. Morley-Lecomte: I'd like to ask the member opposite how she would be able to enforce this act, or how the people would be notified if the private company had failed to follow the disclosure requirements?

MLA Marcelino: Thanks for that question.

This bill is more like a sunshine list. It doesn't really have, you know, too many claws. Like, it's about, you know, there'll be government website and there'll be the firms that will comply. Like, maybe some firms won't want to post what they're doing. And then if they don't, then there would be fines of about—I think it's \$1,500 for the first failure. But there would be fines like that. And it's not like jail time or anything like that. It's a sunshine list. It's a show-and-tell.

Ms. Naylor: I'd like to ask my colleague—well, I guess I'll start with saying that I'm certain that this government is really committed to figuring out a just and equitable post-pandemic recovery, and that that has to be important work of this government, going forward.

So, are there some ways that this bill could actually contribute to Manitoba's just and equitable post-pandemic recovery?

MLA Marcelino: Yes, thanks for that question.

Certainly, you know, for women, you know, our gas tanks—you know, what we pay for gas is not 29 per cent less, and you know, what females pay for tuition isn't, you know, 17 per cent less. And so—and all these things that we need to do in order to be economically independent and to economically advance, like get an education and, you know, afford just living, basically, in Manitoba—all these things are important. And having a fair pay is part of that equation. And so I think that's why, you know, I really hope that this government considers this legislation seriously and you know, helps move it forward.

Mr. Pedersen: According to this legislation, companies will be posting on a public website the pay, gender and diversity of their employees.

What happens if an employee would rather not have their pay, gender or diversity posted? Is that—make the company in violation of this proposed legislation?

MLA Marcelino: Thank you very much for that question. It's a really important question.

The disclosure of those types of details are completely voluntary.

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

Debate

Madam Speaker: Debate is open.

Hon. Rochelle Squires (Minister responsible for the Status of Women): You know, it's great to start

off the day talking about such an important topic as pay equity, and I really do want to thank the member for bringing forward this legislation and bringing forward this debate to the floor. And I also want to acknowledge her incredible consultation and the work that she's put into this.

And I appreciate the thoughtful dialogue. And I also appreciate what the member for Wolseley (Ms. Naylor) had pointed out in that, as our government is moving forward with looking at how we're going to move forward with a robust economic recovery in a post-pandemic era, how women definitely need to be brought to the forefront in every discussion, and that we need to be viewing all the decisions that we're making through a gender-based lens to ensure that women are going to be accelerated in a post-pandemic recovery. And I'll be talking about some of the things that we've already done that we think will certainly help women in this recovery of our economy.

But, first of all, I do want to just talk about the definition of pay equity, as my former colleague, the Honourable Patty Hajdu, when she was federal minister of the Status of Women, her and I have spoken robustly about it. And I always kept her definition of gender pay—the gender wage gap, that definition in mind.

And we recognize that there's a lot of differences of opinion as to what pay equity is—means when we're talking about it. But I think in this House—and we can all agree that pay equity is defined as equal pay for work of equal value, where jobs are evaluated on their skill, their effort, their responsibility and working conditions, and can be compared for their value in the workplace.

And so that was the definition that at the Status of Women table we had agreed upon a few years back, and I can assure the member that, at my upcoming federal-provincial-territorial ministers meeting, ministers responsible for the Status of Women, we are going to be revisiting the issue and talking about some things that can be done on a pan-Canadian way to ensure that women are at the front of recovery efforts in a post-pandemic era, as well as how we can address closing the pay equity gap.

Our government, of course, agrees that all women deserve equal pay, and that is one of the reasons why we've been working hard to ensure we do the hard work that is required to repair the damage, correct the course and move towards balance in a very sustainable way.

And I'm very pleased that Manitoba was the first provincial government to proactively address the pay gap when we enacted The Pay Equity Act in 1986. And, of course, while this act only applies to the public service, it serves as an example for the private sector to follow. And from what I'm hearing from the member's comments this morning, it looks as though there needs to be some follow up with that implementation of that Pay Equity Act, and that is work that I'm certainly committed to doing.

Our government is building on this strong foundation by increasing opportunities for women. We have invested in multiple areas to better support women, such as in the early learning and child-care sector, supporting economic recovery for women, pandemic supports that benefit women and in our own government appointments.

So our government announced pay increases for all those working in the child-care sector, which is predominantly led by women, to make it—and to make it more inclusive and accessible. Manitoba's priority investments areas under our two-year action plan are about improving the affordability, increasing access to child care and supporting quality and inclusive care.

We also believe in a strong, sustainable child-care sector, and that is why we are committed to working with them and increasing those wages to make that sector stable. Again, there's no greater, important task in ensuring an economic recovery than making affordable, accessible child care available to all families who need it in this province, as well as increasing those wages.

And that is why we are very pleased the governments of Canada and Manitoba work together to extend the Canada-Manitoba Early Learning and Child Care Agreement that would see an investment of \$98 million over four years, and to continue building and strengthening our regulated child-care services for children six years old and under. This includes a one-time investment in the early childhood workforce of more than \$19 million to begin targeted support for the recruitment and retention of qualified staff for the early learning sector.

My colleague, the Minister of Education and early childhood education—Early Childhood Learning, pardon me, recently announced that \$19-million investment that will support the retention of qualified and experienced staff for the sector. It will see increases in wages for eligible, current staff that enhance economic stability and support the lowest paid wage—workers in this sector, to bridge gaps until

the wage grid under the Canada-wide Canada-Manitoba Early Learning and Child Care Agreement is fully implemented.

We're also providing a one-year top-up of the percentage offered by Manitoba to the pension plans for centres and the RSP-RRSP program for home child-care providers. Of course, we think that this is very beneficial for everyone who works in that sector to know that they're also making contributions and we're helping make contributions to their retirement.

Providing facilities with funding to provide staff a one-time investment in a tax-free savings account to support increased financial security of the workforce based on years of service, that is—these are just a few of the things that our government is doing to make that particular workplace, which is a more women-dominated workplace, better and more equitable for all women in the province of Manitoba.

Other things that we've done to support women's economic recovery include giving a \$25,000 grant to Manitoba Construction Sector Council. The construction sector is one that we know pays a higher wage than many other sectors, and we certainly encourage anyone—any male, female or gender diverse person—to consider a career in one of these higher paid sectors, and to also promote it as an option for women to go into.

And so this \$25 grant was in partnership with the River East Transcona School Division, whereas young women in grade 12 received career awareness certificates and networking opportunities. They got to experience what life would be like in that sector, just so that their eyes could be opened and that they could potentially believe in a career of that sort for their own future.

* (10:30)

There is a critical shortage of women in STEM fields and non-traditional skilled trades in our province, and so we invested another \$600,000 in a multi-faceted skilled trades training initiative for Indigenous women in northern and remote communities this past year. This initiative was implemented in collaboration with the Manitoba Construction Sector Council and includes career exploration, targeted training, coaching, mentorship and ongoing career supports.

Based on discussions with the industry to determine in-demand skills, this program is delivering training in three skilled areas for—that are higher paying skilled areas for women to enter that trade. It

involves a three-week job-readiness course and a certificate.

So, very pleased that we were able to put together 16 women from Pimicikamak that have completed the job-readiness course and safety training, and 11 women from Pinaymootang who have—are now in their final days of their course.

Additionally, in January of 2020—of this year, we received approval to fund a training program with the Manitoba Aerospace to train up to 15 women in gas turbine repair in the amount of \$285,000—so, very pleased to partner with Aerospace in that initiative.

In closing, I do want to point out that our government has been doing to—doing a lot to ensure that we're leaders in putting women in high—you know, high-ranking positions within government. We have a new record for the number of female deputy ministers. We surpassed gender parity among deputy ministers for the first time ever in the Province of Manitoba—which we think was a huge step for equality at the senior levels of our civil service—and are appointing more women and individuals from marginalized groups to our agencies, boards and commissions than any other government in this provincial history. As of February 1st, 49 persons—49 per cent of all persons currently serving on provincial ABCs are female, and that reflects an 8 per cent increase in female members since we took office in the fall of 2016.

So we know that there is work that needs to be done to address that—the pay gap, and to ensure that women are receiving all the opportunities that they can to achieve their destinies and realize their potential in the workforce, and that is why I'm very excited for this debate today. And again, I will continue this conversation in this Chamber and as well at the federal-provincial-territorial ministers responsible for status of women table, so that we can ensure we're doing the best to ensure women are at the forefront of the economic recovery in our province and in our country.

So, in closing, again, I want to thank the member for bringing this debate forward.

Ms. Lisa Naylor (Wolseley): I want to, again, thank my colleague from Notre Dame for bringing forward this very important bill. Everyone does deserve equal pay for work of equal value.

I was reflecting on my time working in the public sector in the late '90s in Ontario, and my workplace and a number of other workplaces were part of a, like, a legal challenge for equal pay, and at the end of that—

thanks to the union that represented our workplace—but at the end of that, I was a young woman who received a cheque for \$4,000, which was kind of a life-altering amount of money for me at that time. And that's how much I hadn't been paid that I should have been paid in the previous seven years. So I know, personally, what this means and what it feels like for people.

In Canada, the gender wage gap currently manifests in lower wages for women from coast to coast. It is time to close the gender wage gap, particularly where it's greatest, for Indigenous, newcomer, racialized women and women with disabilities. Indigenous women, women of colour, immigrant women and two-spirit, non-binary and transgender people face so many barriers that others do not. And as life keeps getting more expensive for working families, we can't ignore gender discrimination on the pay scale.

This has already been said, but it's worth repeating: women make an average 75 cents for every dollar a man makes, newcomer women earn 71 cents for every dollar a man makes and Indigenous women make 65 cents for every dollar a man makes.

This bill is the first step to ensure fair pay for all women, gender-diverse folks and racialized groups. Public reporting of positions and pay by the private sector is an important step to help stop pay discrimination in the workplace. Conducting pay audits will make sure employers identify any pay gaps that exist because of gender, race and even disabilities.

This bill does these things and it will go even further. The bill will prevent employers from seeking pay history about potential employees, and this initiative will remove one of the tools employers use to play employees less than they deserve.

The bill will also require employers to post salaries on job postings so that people can accurately compare rates of pay for similar jobs, so they can ensure they're getting paid fairly.

And, lastly, this bill will require that those who receive public tenders pay their employees equally.

Communities thrive when everyone is equal. One way we can start chipping away at the gender pay gap is to advance pay transparency and pay equity legislation. This legislation represents a key step forward in the actions necessary to begin closing the gap, which has become increasingly important as the economic impacts of the pandemic unfold.

This government should support this bill because it would also assist them to lead by example by requiring every public tender, no matter in which sector, to demonstrate pay equity among their employees. This will be achieved through the bidder's latest pay audit report and any other public information. Companies need to know that the government takes this issue seriously, and that they will be held to a high standard.

Pay equity and non-discrimination start at the hiring stage. This bill would prevent employees from seeking pay history. Pay gaps for women and marginalized folks will continue to exist if employers can access applicants' salary history. If employers have access to the pay history while bargaining over wages, they can take advantage of past inequities and just keep perpetuating this inequality, and this is important because employers should consider only the applicant's qualifications when determining wages.

Employers who negotiate with job applicants over pay, as opposed to posting the wage, gain a bargaining advantage from salary history, and this information just perpetuates these pre-existing inequities. Aware of this possibility and frustrated by the stubborn persistence of gender pay gaps, women advocates have pushed for salary-history-ban legislation that forbids employers from asking.

This bill will also require employers to include pay information in job postings and advertisements. It will help ensure that all applicants know ahead of time what kind of pay they should expect and protect them from receiving lower wages than another candidate.

For too long, talking about salaries or money at work has been considered unprofessional, but it was never, ever about being polite. It's always been about power and control. Without a law in place that requires pay transparency, it reinforces unequal power dynamics that already exist. Discussing pay at the earliest possible opportunity is imperative in ensuring fair pay for all.

As the member for Riel (Ms. Squires) graciously pointed out, the—Manitoba was the first jurisdiction to pass proactive legislation in 1986. This was in—this is when the Manitoba Pay Equity Act was enacted under the NDP government. Under this statute, which applies to the provincial public sector, an obligation was placed on employers to ensure there would be no difference between the wages of male and female employees performing work of equal or comparable value.

The problem was clear then that female civil servants were being paid less than their male counterparts for comparable work. And after a two-year study, it was revealed that female civil servants were being paid 20 cents less than their male counterparts for comparable work. In response, the government brought forward the legislation to close that gap.

The problem is still clear now, and the government has a responsibility to address the gender wage gap. The onus on being paid fairly should no longer fall on women and other marginalized groups, and Manitoba needs to follow suit with other jurisdictions that are addressing gender pay gap issues through pay transparency legislation.

I also want to address a little bit about what this means for recovery from the pandemic, a question that I had asked my colleague because I think that we all need to be thinking about this recovery from the pandemic—economic recovery, in particular, health recovery—in all of the decisions that are being made by government across every department.

* (10:40)

We know that women and marginalized folks have been disproportionately impacted by the COVID-19 pandemic. Economic losses have fallen heavily on women, and most dramatically on women living on low incomes, who experience intersecting inequalities based on race, class, disability, education and resident status.

This reality reveals, once again, how highly gendered the pandemic experience has been and still is, because we're not done.

Women and marginalized folks have been at the forefront of this pandemic. Only 21 per cent of women workers in Canada are racialized women, yet they make up roughly 30 per cent of home support workers and housekeepers, kitchen workers and light-duty cleaners. This is also true for Indigenous women who make up 4 per cent of women workers, and yet are overrepresented in several low-wage service opportunities.

Women and marginalized people are overrepresented across all low-wage service occupations and these new pay transparency measures will work to help reduce wage gaps, shift business culture and expectations towards greater equality, and lead to better outcomes for workers and for their families.

Thank you, Madam Speaker.

Mr. Blaine Pedersen (Midland): I thank the member from Notre Dame for bringing forward this legislation.

The 1985 Pay Equity Act was first brought in then. Pay equity was an issue then. It still remains an issue today. And she is trying—I'm a little uncertain on some of the aspects of this legislation, and I know that we had some question period time on that, but there are still a few questions that we have.

And I—I'm not sure where sunshine list comes in. That's a new term to me that I'm not sure that I—*[interjection]* Okay. We're going to shine a light on it, the member from Concordia says.

But there's other things, too, for—we did ask the question as to why 100 employees was the threshold. There's lots of companies that are lower than that perhaps could've been included in here.

What about seasonal employees? Are they included in the full time—as compared as full time? When you're listing this—and I did ask the question on a—you're listing this on a public website. And if a person does not want their pay, gender or diversity disclosed, what effect does that have on the—as a company out of compliance, then, with this legislation?

And what about experience factors? You can have two people of the same gender, but making a different wage. But when you look at the website it has different wage, but it doesn't, perhaps, explain a different experience level or some other factor that would account for that.

So it—there are things that need to be looked at. However, I would like to just mention a few of the strong and dynamic women that I've met during my legislative term here and as a—previous—as a minister. Linda Murphy is an Indigenous woman. She's a geologist, very soft-spoken woman. But don't ever take Linda for granted, because she knows her stuff. And meeting with her in one of the remote northern communities where she was working with a company there, there's just a wealth of information and I'm just so in awe of people like that.

There's a company called Orix. They're a mining development and exploration company. They're owned—it's a woman who actually grew up in Arborg and owns the company—and—although, based out of Toronto now. Her total employee base is women. And—now, the mining sector—as the member from Flin Flon will attest to it—it's got its challenges in there, but she continues to thrive.

Her company is thriving and, you know, pay equity, I'm sure, is an issue, and, amongst other things for them, in that particular line.

A number of years ago, there was a few of my colleagues and I—we were out to the oil sands in Alberta, and I know the NDP don't like the oil sands, but—maybe they'd rather buy Russian oil—but the ore trucks that haul the bitumen to the plant, the staff are telling us that they actually prefer to have women as operators on those trucks because they're much easier on the trucks. And we did ask at that time: yes, they are paid equivalent to the men. So it—there are advantages for that company.

In the agricultural field, we've got agronomists, we've got field scouts, veterinarians, health-care technicians that have really opened up that field, and they are doing equivalent work and getting equivalent pay, despite what the NDP may think.

And so it's—it is one of the things that—one of the factors that's out there is that there is a labour shortage, and it creates opportunities. And there's—it also presents the opportunity for—or, presents, for companies, that they have to be much 'competitive' than this. It's—they have to be much more forthcoming in terms of what they're paying their employees and making sure that they can hire employees and keep employees.

Employee retention is really foremost for companies now. You can't—it's difficult to find a company out there right now that's not looking for employees. And so, it's much different than when the 1985 Pay Equity Act, which was instrumental in bringing pay equity, but at that time—perhaps many of the younger members in here don't remember—there was 20 per cent interest and a very slow economy, and it was very difficult to get jobs back in a—versus today where there's—it's very competitive out there.

And that is a factor to help. It doesn't solve all the pay equity issues. And, certainly, we'll continue to work to make sure that we do have pay equity, gender pay equity, throughout our economy.

And there are lots of jobs out there right now that people can apply for. The Minister of Families (Ms. Squires) outlined a number of those programs that are out there helping, particularly in fields where women are predominantly the employees. And we want to make sure that they do continue to see pay equity in that. And that's—that will continue.

There's many things that we can do to make sure that we do have pay equity across there. The government will continue with our programs that have been brought out. The construction sector was mentioned. There's tremendous opportunity for all people in that particular field and, as I mentioned, their employees—employers are really looking for employees and they want to make sure that they can retain those employees. And the best way to do that is to treat your employee fairly.

I, for one, had employees when—during my farming career, and it was very important to make sure that you treated your employees fairly. And not—in wages, but also make sure that you took into account their family circumstances and make sure you made accommodations so that you could keep those employees.

It's—thinking back in the years, too, there was one of the feed companies, it was Unifeed at the time, since they were—they hired a feed salesperson. And it was a young woman that came to my farm, and we discussed my cattle's nutritional needs, and she was very knowledgeable, and I just was really impressed with her professionalism.

And she went on to have a great career within that company for many years. And I really do believe it was because the company recognized the skills of that person, and of their nutritionists, too, to make sure that they were able to keep those people employed.

And it's the atmosphere that you create for your employees, as much as anything else, in order to keep them. And, of course, pay equity is always important to make sure that companies—forward-looking companies do recognize that. And there will always be those people who try to take advantage of the system, but as I said now, with a very robust economy, they—it is much more difficult for people to—for employers to be able to not pay—not have pay equity, because there are so many jobs out there and people have the ability to move around to different companies.

* (10:50)

So we look forward to this important debate this week with international day of the women and we will continue—as a government—continue to support pay equity for all employees no matter what sector they work in.

Thank you, Madam Speaker.

Ms. Cindy Lamoureux (Tyndall Park): I just have a few thoughts I would like to share.

This bill does three specific things that I believe will have ripples into many other streams of employment here in Manitoba, all in positive ways, and I want to commend the member for Notre Dame (MLA Marcelino) for bringing this legislation forward.

Madam Speaker, this bill prevents employers from seeking pay history about employees. I see this as being very straightforward and a positive step. Secondly, I think it is fair to request that employers include pay information in publicly advertised job postings, because if the position is available and an employer is prepared to hire someone, everyone deserves equal pay. There should be no reason why two employees would be hired at the same job and make different wages.

Lastly, Madam Speaker, disclosure is always healthy, especially when it's at the expense of people's well-being, and I appreciate the transparency that this bill encourages with pay equity commissioner as we know that presently many are still paid less than others based on gender and diversity.

To further this, Madam Speaker, I would suggest that this would be relevant for private sector employers with less than 100 employees as well, and I believe this is something we should further explore.

With those few words, we're happy to support the legislation.

Mr. Jamie Moses (St. Vital): I'm really excited and happy to be speaking about this bill, Bill 222, The Pay Transparency Act, and I'm so glad that it was brought forward by my colleague, the MLA for Notre Dame, because this is simply just a really, really great bill.

Think about the impact that it would have on such a huge amount of women who, sadly, are getting paid less than their male counterparts for the work of equal value. This has a huge impact and it's something that ought to be done in our province. It's also—this bill is also great because, you know, quite frankly, it doesn't cost the government much money to implement. This is fantastic. Think it has a huge impact on people, very low cost for government, as well, for the private sector who will be implementing and doing this work to implement this bill. It's also very low cost for private sector for large businesses who this bill applies to. And so there's a huge gain with very low cost. This is a no-brainer bill that is—we should enact in this Legislature.

I think about this bill and I think about the fact that we even have a pay discrepancy in this province, on average about 13 per cent. And I think about that fact, and I think about my daughter who's in school and I think about the work that she does in her class, and is the work that she does in her class 13 per cent less valuable than her male student who's sitting in the desk beside her? No. They both work just as hard; they're both—their work is both just as valuable. And when they leave school and they go to university or post-secondary if they choose to do that, do they pay different amounts for tuition? Will my daughter pay 13 per cent less tuition? No. They're going to pay the same amount. And so why is it that when they enter the workforce later in life, that one might get paid 13 per cent more than someone else? That a girl, even though she might have worked equally as hard and put much—as much value into her education and schooling that when she goes into the workforce she may not earn the same amount as a male counterpart for the same—the work of the same value.

That is simply not fair. It's just a fundamental wrong that exists in our society, and so as legislators, we should find this wrong and find ways to solve it. And my colleague from Notre Dame has done a great job to consult, to be well-researched on this topic, to talk to the stakeholders who this would impact, and put forward a reasonable solution that we can move forward today, to help countless numbers of people who face inequity when it comes to pay in this province and, actually, have a concrete solution to help them out. This is something that we can do. It's something that we should do.

And I'm calling for all members—and so many members have talked about the importance of pay equity and pay transparency in this House, in this Chamber, during debate today, during the question period. And I think that we can all get on board with a bill like this. And I think that this is something that we ought to be looking at actually supporting, moving forward to the next steps so that it can become a reality in Manitoba.

For my colleague who, you know—just wanted to pass some information on to my colleague who didn't realize what a sunshine list was—just to let you know, this is typically the name and term of a list of high-paid salaries for public employees, often municipal or provincial employees; usually the highest paid provincial employees or government employees would be listed on this list, sunshine list. Usually an annually done—can see it in a variety of provinces around the country—a sunshine list. And so this is the

example that my colleague from Notre Dame was trying to make.

This would be a list of employers and what their pay salaries are, to ensure that there is that transparency across businesses, across industries, so that people, when they're looking for a job can know that they're going to work for an employer that is going to pay them fairly. And that's what we want. We want equal pay for work of equal value. And if by highlighting that gap—and if there are gaps, it's by highlighting that gap that we can find ways and encourage private businesses to actually close that gap and correct that wrong. Because I never want to have to tell my daughter that when she's older, she will get paid less than her male counterpart in her classroom.

I never want to have to tell anyone that what they're doing is less valuable than someone else. And so that's why this is—this bill is so important, that it can be corrected. And right now, in our province, to right a wrong that exists, that should never have existed, and I encourage all members across our—across this House, right here, today, to help to move this bill forward so that we can get it passed, so we can actually ensure that there is pay equity in Manitoba. So, thank you very much.

Mr. Josh Guenter (Borderland): I thank the member opposite for bringing this bill forward.

Of course, gender pay equity is an important issue. I do have some concerns, and we'll talk about that a little bit later. And I believe that the member opposite brought this bill forward out of a genuine desire to see improvement on this issue. I do wonder, however—and I'm skeptical that her party and her colleagues share that same desire. Of course, what leads me to have these concerns is the fact that we saw earlier this week on International Women's Day, some behaviour that was less than appropriate and, I think, speaks to the state of the party.

Now, Madam Speaker, I—[interjection]

Madam Speaker: Order.

Mr. Guenter: There's a quote that I—there's this quote by a well-known—[interjection]

Madam Speaker: Order.

Mr. Guenter: —American poet that I think is very relevant. Madam Speaker, Maya Angelou is an American poet, deceased in 2014, but had a—was a civil rights leader and a poet, said that when someone shows you who they are, believe them the first time.

Comments such as we've seen across the way referring to female, women legislators as mean girls; their record in government when they were too busy focused on covering up harassment to really make any improvement on this issue—I think this is exactly why Manitobans benched them in 2016—

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

* (11:00)

RESOLUTIONS

Res. 4—Calling on the Provincial Government to Immediately End Patient Transfers

Madam Speaker: The hour is now 11 a.m. and time for private members' resolution. The resolution before us this morning is on Calling on the Provincial Government to Immediately End Patient Transfers, brought forward by the honourable member for Transcona.

Mr. Nello Altomare (Transcona): I move, seconded by the member for The Maples (Mr. Sandhu), that,

WHEREAS the Provincial Government cut 124 hospital beds in the Winnipeg Regional Health Authority and 18 ICU beds before the pandemic; and

WHEREAS the Provincial Government failed to adequately invest and build capacity within the healthcare system during the pandemic, leading to a record number of patient transfers; and

WHEREAS nearly 300 Manitobans requiring health-care have been moved from their community and transferred far from home, sometimes hundreds of kilometres away; and

WHEREAS the families impacted by the transfers have been pleading for an end to this policy as their loved ones, many of them seniors, were moved far from their home communities, sometimes with little warning; and

WHEREAS patient transfers are disruptive for both patients and their families, leaving patients at risk for mental and physical distress; and

WHEREAS rapid deterioration of patients requiring critical care is not uncommon and transporting sick patients adds another layer of risk; and

WHEREAS when the current Premier was serving as the Minister of Health, she transferred 57 patients out of province and as Premier, continues to transfers many Manitobans hundreds of kilometres away from

their families, communities and systems of support; and

WHEREAS Clarke Gehman died from contracting COVID-19 after being transferred twice from Winnipeg to Russell to Reston; and

WHEREAS separating Manitobans who require healthcare from their families during a time of distress is unacceptable and the Provincial Government needs to invest in a healthcare system that is able to care for all Manitobans close to home; and

WHEREAS the pain families are feeling is a direct result of the Provincial Government cutting investments to the healthcare system before the pandemic; and

WHEREAS the Provincial Government has no intention to stop the practice of transferring patients as David Matear, Shared Health system co-lead, stated "I don't think that in principle that process will go away."

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to immediately end the current practice of patient transfers to ensure patients receive the care they deserve close to home.

Motion presented.

Mr. Altomare: Thank you, colleagues. This is a very important resolution, one that I believe the entire House can be in support of, and I look forward to having that shown at the end of this hour.

The main message here is that people deserve care close to home. That has always been the mantra. The No. 1 thing that a provincial government does is provide care for its residents, care for the people of the province.

And what happened was when this government was elected in 2016, it began to put financial and human resource pressures on the health-care system to the point where it was stretched—stretched to provide the necessary surgical procedures, stretched to provide the necessary care in hospitals. We were already seeing human resources being depleted and human resources being disrespected, disrespected by draconian bills such as bill 28—where was it, it was zero, zero, 0.25 and then something even less than that.

And then what ended up happening, Madam Speaker, is that it began to create a workplace where

people didn't feel valued for the job that they were doing. Hence, he had this delay in the settlement of a contract with people that are the ones providing the most direct care right at the bedside, Manitoba nurses.

And then we had the pandemic hit a health-care system that was stretched, that was already reeling under this government's lack of support, and we had a first wave that, thankfully, wasn't as bad as it turned out to be.

Mr. Brad Michaleski, Acting Speaker, in the Chair

But then, instead of taking a time to plan—because, as you know, if you look at the science, we knew, looking at other provinces such as Quebec and Ontario, that the system was going to be stretched again. Because waves were coming and we didn't have the proactive planning that is necessary to ensure that patient transfers aren't the only option.

And that's what's been happening here in this province. We've had many, many constituent phone calls regarding loved ones in the Transcona constituency, other constituencies that surround mine, where families have been informed of decisions to move their loved ones.

We talk about and we've heard from this government, Mr. Acting Deputy Speaker, that there is this—a team Manitoba. Manitobans take that seriously. They take that seriously because they want to be a part of the team that provides the care necessary for a loved one. And they're denied that opportunity.

And I know with COVID protocols that we weren't allowed to have people in hospitals, but, however, it's the proximity piece. The ability to go quickly to speak to that charge nurse, to plead their case, to say look, my loved one needs to remain close to home.

But because resources have been stretched so much, charge nurses have to make these impossible decisions. Decisions that should not have to be made, because of a lack of planning and the lack of leadership that was shown.

We knew that this was coming. And now we have this occurring on a regular basis. And this impacts everyday Manitobans—very real people. And the pain that it causes is one that it is—unless you experience it, you don't understand. I do know that the people from the North, as the member from Flin Flon regularly reminds us, really experience—have been 'expering' this—'experiengseen' this for a number of years, having

to come down, having to be transferred. They know how that impacts families.

And this is something that has now hit this part, our southern Manitoba part. And families need support. The transfers that are occurring right now shouldn't have to be because we're into this now, the fourth wave, and have had ample amounts of time to prepare, to staff up. But here's the issue: you can't staff up when there aren't the human resources to staff.

Mr. Acting Deputy Speaker, what's happened is that, because of the disrespect shown to the very nurses and health-care workers through lack of contracts that are settled on time, people are reluctant to return to the profession. They're retiring early. These very important resources.

And like I said earlier, that side of the House talks about being part of team Manitoba. But only—only—if it's under their conditions. And the conditions being that we won't give you a contract on time. We won't respect you by providing proper workspaces. And we won't certainly negotiate with you fairly.

And this impacts the system, and we're feeling that every day. We have to understand that when you fail to plan, you plan to fail. And this is what's happened here. And we've had opportunities—or this government has had opportunities where they could have changed course and provided the necessary leadership and that—and just to be honest with Manitobans. And just say look, we need to do this now. But at this particular date, we will end these transfers, right, have some—have a road map.

I talked about this yesterday in debate in the afternoon—have a road map to kind of provide a bit of aspiration, a bit of hope to Manitobans that they will come forward with planning that will positively impact citizens throughout the province.

And we haven't seen that yet. And these are pieces that people are paying attention to. They're paying attention to because people care about health care. People care about how the—because they are entrusted, the government's entrusted with this sacred trust of health care. And the way that now that this has been progressing, is that we have people—our most vulnerable, often—having to bear the brunt of a lack of leadership and a lack of planning, Mr. Acting Deputy Speaker. And we're seeing that with these patient transfers.

So I'm hoping that with this resolution we can provide the impetus to have the government lay out a road map, provide some hope to Manitobans, to say

that here is where we're going to be at this date. We—I think they tried that with that surgical backlog thing but we don't really know where it is because we keep getting told that there's going to be a release here, but then the release doesn't come.

* (11:10)

So what is that? Again, goes back to my previous point: lack of planning, lack of leadership. What is it? For us, here on this side of the House, we want the work that we do here to be aspirational. We want it to be hopeful for Manitobans. I think everybody that's elected in this Chamber wants that. And they want to do the work to ensure that that occurs.

But what we have to do, though, is again provide hope, provide aspirations for Manitobans. That is something that has to come because people here want to be part of something that's bigger than themselves. Right now, we're kind of stuck in this me, my rights this, my rights that without the realization that we have responsibilities to each other.

And I will tell you the No. 1 responsibility of a government is to look after the welfare of its citizens. You don't do that by moving them away from loved ones. You do that by providing plans, providing strategies to people so that they can have hope—hope that their loved ones can remain close to home, get the support that they need, and get recovered and get back to their normal lives.

Thank you very much. I look forward to debate on this resolution.

Questions

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

Mr. Shannon Martin (McPhillips): Wondering if the member can advise. The resolution calls for the immediate end of the current practice—what the impact of the resolution would be on the Altru agreement which sees individuals in southwestern or southeastern Manitoba be transferred to medical services and hospitals in Roseau—in Warroad, Minnesota.

The agreement has been in existence for over 20 years. What would the impact be on that agreement?

Mr. Nello Altomare (Transcona): What's been happening in Manitoba for years—and we know this because of residents of the North—is that patient transfers sometimes are necessary—absolutely, right—depending on what's required for that particular patient.

But what we have happening right now is because the system has been so stretched—it's that we have nothing that will indicate to us when transfers will end. And because of that, what ends up happening is you have people like a constituent of mine who phoned me and said: you know, my dad's in the hospital, Mr. Altomare; I'm hoping that he doesn't get transferred.

And that was keeping him up at night, worrying about that, because knowing that that has happened to a member—

The Acting Speaker (Brad Michaleski): The honourable member's time has expired.

The honourable member from St. James. *[interjection]*

Sorry—the honourable member from Flin Flon.

MLA Tom Lindsey (Flin Flon): So we know that Denise Mignot was transferred from Concordia Hospital to Flin Flon, which is, on a good day, an eight-hour drive away.

But we also have heard that the government has decided that they will compensate families for their travels to travel to Flin Flon to visit that person in the hospital. But they don't compensate people from the North who come down or have to come down when their family is in hospital in Winnipeg.

Do you think that's fair and do you think that should be addressed?

Mr. Altomare: I want to thank my colleague for the question. You—

Government is about, is it okay? Government is about opportunity. So here's an opportunity for the government to correct this oversight.

This is a gross oversight because people in the North don't have a choice, and they need and require support to ensure that when a loved one does come down, that not only is their flight—or however they decide to get here—covered but they're also covered so that they can provide the care that their loved one needs without worry of how to pay for it, what bill do I have to set aside in order to ensure that I can support my loved one.

These are very important—here's another opportunity—

The Acting Speaker (Brad Michaleski): The member's time has expired.

Mr. Rick Wowchuk (Swan River): Yes, can the member opposite explain how they are calling on the health-care system to end the process that has existed for decades, including under the 17 years of the NDP government?

Mr. Altomare: You know, what has happened since 2016 is that the health-care system has been stretched, stretched to the point where we've had surgical backlogs now that are—*[interjection]*

The Acting Speaker (Brad Michaleski): Order.

Mr. Altomare: —reaching 160,000; stretched to the point now where we having people retire early and not willing to be back into the system because the system—*[interjection]*

The Acting Speaker (Brad Michaleski): Order.

Mr. Altomare: —isn't being properly resourced.

So when the member asks that question, I want the member to ask his own government, why are we at this point where we're stretched to the limit and require transfers daily?

Hon. Jon Gerrard (River Heights): The member has indicated that some transfers will continue to be essential.

I would ask the member, can he indicate—does he want to end all transfers or just selective transfers, and if his intent is to end selective transfers, which transfers is he going to end?

Mr. Altomare: I want to thank the member for that question.

The transfers, specifically, are—the ones that we need to end are the ones that impact families that have patients with dementia, Alzheimer's, the ones that have difficulty with their surroundings that require predictable places, places that they know.

I can give you a direct example. We had a—not a constituent, but somebody reach out to my office really concerned because their father who has dementia was going to have difficulty with the transfer, and that part really resonated. And when nurses are put in that impossible position, I think we—

The Acting Speaker (Brad Michaleski): The member's time has expired.

Mr. Len Isleifson (Brandon East): I understand that a number of people may not be aware of the geography of Manitoba, but I'm wondering what the member's solution would be for necessary medical treatments that are required for individuals throughout our province that is not readily available in their immediate area.

Mr. Altomare: You know, I can—I have a bit of personal experience with that. I—back in May of 2020, I met a resident from Brandon estates who used to be able to receive the care that he required for his cardiac services in Brandon—and that care in Brandon and that hospital was then removed.

So now, what happened—*[interjection]*—listen, I'm just say—I'm just telling you what occurred. What happened is that that person now, out of pocket—out of pocket—was in the hospital bed right next to me saying, I used to get this service close to home. Now I have to be sent three hours.

Why? Because of the cuts. And that part—

The Acting Speaker (Brad Michaleski): The member's time has expired.

Mr. Mintu Sandhu (The Maples): Thank you to the member from Transcona for bringing this very important resolution forward.

The PC government closed Seven Oaks ER and cut ICU beds. They also closed Concordia ER and cut ICU beds.

My question is, can the member tell, like, can the member tell the House what he has been hearing from Manitobans about the impact of the PC cuts on our health-care system?

Mr. Altomare: We hear about this regularly and this is something that my constituents, certainly, other constituents from throughout Manitoba, reach out to MLAs to explain their frustration. To say that after multiple waves of the pandemic, we're still at a point where we can't guarantee that our loved ones are going to be looked after close to home. And that's a real concern.

* (11:20)

That is something that, like I said earlier, has kept some family members up at night worried that their loved one will be moved. And these are situations that are certainly something that—

The Acting Speaker (Brad Michaleski): The member's time has expired.

Ms. Janice Morley-Lecomte (Seine River): I'd like to ask the member opposite, which health-care professionals did they consult with on this resolution?

Mr. Altomare: We—*[interjection]*—so—*[interjection]* Yes, well, we'll let the member for Radisson (Mr. Teitsma) chirp at the back row there, because I will say this: I will say that when nurses reach out to me, people that live in my constituency, when I have the medical director of Park Manor Personal Care Home reach out to me expressing his frustration, saying we need the resources in place right now, but we're stretched to get them, when we can't even get PPE when we really needed it, those are the things that are really important to remember.

And I will say this also, Mr. Acting Deputy Speaker. I will say that government is about opportunity—

The Acting Speaker (Brad Michaleski): The member's time has expired. *[interjection]* Member's time has expired.

The member—honourable member from St. Vital.

Mr. Jamie Moses (St. Vital): I just want to ask the member, and he clearly stated in his remarks that the government had a—failed to plan and they plan to fail. The member clearly stated that, and I agree with that. And I think the government also was—you know, failed to be honest with Manitobans with regard to patient transfer.

And so maybe you can just explain a little bit, elaborate on that and explain what the impacts patient transfer has on the people that you have spoken with.

Mr. Altomare: I want to thank the member for that question. It has a direct impact, but I want to tell you something else, though, and I want to leave this as my final remarks to the House.

My final remarks are—is that, taking responsibility is the first step, Mr. Acting Deputy Speaker, and what we have to do here is take this opportunity—*[interjection]*

The Acting Speaker (Brad Michaleski): Order.

Mr. Altomare: —a resolution like this is really an opportunity for this government to show that they care about Manitobans, that they care about their health care, and that they care about how this is perceived. Because here is an opportunity, I don't want it to go to waste and I hope that every member in this House—

The Acting Speaker (Brad Michaleski): The member's time has expired.

The time for questions has expired.

Debate

The Acting Speaker (Brad Michaleski): The floor is now open for debate.

Mr. Shannon Martin (McPhillips): As always, I appreciate the opportunity to participate here in this House in the democratic process, Mr. Speaker.

As we find—and, obviously, Mr. Speaker, my colleague across the way from Transcona, his resolution, obviously is reflective of the situation we find ourselves here—not just in Manitoba, but in Canada and around the world—exasperated by COVID.

And so it's with those comments, Mr. Speaker, as we move towards the next stage collectively in dealing with COVID, I just remind all of us in this Chamber, in this House, to make sure that we are fully immunized, that we're wearing masks where appropriate, we're sanitizing and that we're ensuring proper social distancing. Because COVID, despite what we may or may not think, still exists in our community and precautions are necessary.

Before I comment, Mr. Speaker, fully on the member for Transcona's (Mr. Altomare) resolution, I—just a very quick shout-out to the Canadian wheelchair curling team, who are currently in China as part of the Paralympic Games, our own Dennis Thiessen from Manitoba, just a neighbour of mine actually, just defeated his team—defeated Norway yesterday towards the semi-finals, so I have no doubt that all of us wish Team Canada in the Paralympic curling the very best of luck in the semi-finals.

Mr. Deputy Speaker, the issue of transfers of patients is an issue that has basically existed since health care was created here in the province of Manitoba and, indeed, Canada. As I noted in my questioning, there has been an agreement here in the province of Manitoba, the Altru agreement, that sees on average about 850 Manitobans every year attending south of the border, to Roseau or Warroad, Minnesota to access primary emergency care. This agreement exists for individuals living in southeastern Manitoba.

Now, the interesting part about this agreement, it has been in existence for—since 1998, so it was there during the entirety of members opposite's tenure. And during that entirety they did nothing to take action on

changing the Altru agreement, or even mitigating the cost to individuals.

In fact, it wasn't until members of opposite found themselves in opposition that they discovered the gross—I think the word the member for Transcona used was gross oversight—the gross oversight of the NDP government in the Altru agreement which saw approximately 14,000 Manitobans sent south to Roseau or Warroad because they simply couldn't get medical care in Manitoba at that time under the NDP. And as a result, they often received bills in the enormity of, sometimes, six-figure bills.

In the case—in one case, Mr. Deputy Speaker, one individual who—Mr. Thiessen, a cancer survivor and a diabetic who experienced kidney failure in 2015—was rushed to hospital in Roseau, Minnesota. And, the reason of the importance, it was actually his case that helped bring this issue to light, as he was faced with a significant bill, a six-figure bill, and he actually had to sell a parcel of his land to pay for his coverage.

And, again, this all occurred under the former government, which isn't to belittle the former government. It is just simply to state a matter of fact that patient transfers are an existent part of our medical system whether you're in Alberta, Nova Scotia or otherwise. In fact, we've seen members opposite actually travel to different jurisdictions, whether in province or out of country, to seek medical treatment that they weren't able to get in their own jurisdiction.

And so when we look at the resolution itself, and we see the final line, the final call to action, which is to immediately end the current practice. And yet, in the member for Transcona's own explanation of the bill, he backpedalled and said, well, we don't mean to end all patient transfers only the patient transfers that we wish to end.

So, Mr. Deputy Speaker, I would urge the member, maybe, to get up and offer a—an amendment. I'd be more than happy to look at that amendment and consider supporting that amendment to better reflect what the—what members opposite are trying to achieve with this resolution.

Because if the resolution is truly about patient care, Mr. Deputy Speaker, if it is about ensuring that the patient, in conjunction or consultation with medical professionals, his doctors—his or her doctors, his or her nurses, is in the best position to make those medical decisions and that their family are part of those decisions.

So whether that individual is from Thompson, whether the individual is from Sprague, I think we can all agree that accessing medical care should be our primary goal. And whether that medical care is available in Yorkton, Saskatchewan, or whether it is available in Warroad, Minnesota, is something that this government, PC government, past NDP governments have made use of, because it is part of our health-care system.

We often—we will have individuals coming over from Ontario for years. In northwestern Ontario, we have an agreement to assist patients from Thunder Bay on in terms of assisting them in their health-care access. Is the—are members opposite suggesting that we stop providing medical services to people in Ontario who need them that come to our province through agreement.

So, Mr. Deputy Speaker, while I appreciate the issue, and I appreciate the necessity to highlight issues of health care, especially as a determinant for long-term outcomes, I think our primary challenge should be to ensure that those individuals are properly informed, have full dialogue and consultation with their medical professionals and get the appropriate treatment and at the back end are not left with an enormity of financial consequences.

You know, often we hear members opposite talk about—and we see it all—the classic story, you know, the aspirin south of the border costing, you know, several thousand dollars, Mr. Deputy Speaker, and sort of the financial chaos that can occur when you make use of the American medical system.

* (11:30)

So we need to make sure that as we utilize and as we make use of any health-care system, again, whether it's in Yorkton, whether it's sending infants out of province for heart surgery to Edmonton, which again, we did and do for a number of years because that service was necessary in ensuring the lives of those infants. But it simply wasn't available here in Manitoba. And the government of the day, whether it be PC or NDP, made the decision that that patient, that young infant's life was more important than where they received that medical treatment.

So, in this case, they were sent out of province, out of jurisdiction to successfully receive that treatment. And I don't think anyone in this House on any side of the Chamber would argue to that family that they did anything inappropriate, would argue with the medical professionals that said, you know what, the

transplant team in Edmonton is far superior to any transplant team in Canada, and this is where you will have the best and most successful medical outcome.

So I think we need to focus on those parameters, when we're discussing this resolution today: how we can ensure that everyone, regardless of where they live in Manitoba, have access to appropriate medical outcomes, Mr. Deputy Speaker.

And again, when we go back to the previous administration, in their office, I believe they closed—and I'm sure they will correct the record if I make an error—but I believe it was 72 emergency rooms they closed during their tenure, which again makes access to medical care challenging for a lot of individuals throughout rural Manitoba. But again, the issue always should be is access to quality, timely care.

I appreciate the member for Transcona (Mr. Altomare), what they are trying to do in terms of talking about the practice of care in the health-care system, the transfer of patients, but I do think he is missing the mark on it. His resolution goes completely against the Altru agreement of which his government abided by for 17 consecutive years. So I would suggest to the member that maybe a friendly amendment may be warranted so that the resolution better reflects what he and his party is trying to achieve, other than making some noise here today, and that, instead, we can find a resolution to ensure that transfers are done in a safe and sustainable way.

And so, Mr. Speaker, with those few comments, I want to thank you and welcome you to the Chair. And have a great day.

Thank you.

The Acting Speaker (Brad Michaleski): The honourable member from Swan River. *[interjection]*

Sorry—the honourable member from St. James.

Mr. Adrien Sala (St. James): Thank you, Mr. Acting Deputy Speaker.

Really proud to have an opportunity to put some words on the record in support of this really important resolution from my colleague from Transcona. And I'm thankful to him for bringing this forward today.

This is a really important topic we need to discuss here in this House and to have a frank conversation around what led us to a place where we have been forced to send 300 patients outside of their home communities for the care that they deserve.

I think everyone in this House can agree—and I heard from the member opposite in his speech here that he just offered, that Manitobans should be able to have confidence that they can access the care they need, when they need it, where they need it. We can all agree on that. Unfortunately, we know that that has simply not been the case, and that this government has failed on every level to ensure that Manitobans can access the care that they need, where they need it.

It's been a very difficult couple of years for Manitobans—been hit very, very hard, much more so than others in other provinces in this country. And that's tied directly to the failures that we've seen from this Conservative government.

You know, Manitobans have, of course, lost loved ones. We've seen seniors suffering alone in our PCHs. We have over 150,000 people waiting for surgeries and tests. And again, we've had 300 people who've been sent away from their home communities for care.

We've sent away our sickest from their loved ones, the people that care for them. We've separated them from their families, and that's created a lot of pain for a lot of people. And there's a direct connection between the pain that families have experienced and the failures of this government to do what's needed to ensure that patient transfers stop.

Unfortunately, we see no accountability for those failures. We've heard over and over again this government seeks to blame COVID. We keep hearing them blame this being the sole reason why they've been forced to send patients abroad. They are clinical decisions away from government. It's not being made by them. Yesterday, they blamed doctors for needing to send patients abroad.

But we know that the responsibility lies directly at the feet of this government and a huge amount of this problem that we're facing has been driven by poor planning, really poor planning that set the stage for this crisis. Now, again, I know that the members opposite don't want to talk about what contributed to the crisis, but I think it's important in this House that we outline the key drivers that led us to the place that we're at right now.

The Winnipeg health region lost 124 hospital beds over the last four years. They shuttered emergency rooms, including one in my community in west Winnipeg, the Grace Hospital—or, not the Grace Hospital. They shuttered three emergency rooms here

in Winnipeg and it put a massive strain on the remaining three emergency rooms in this city, including the Grace. ICU beds were shuttered.

In January 2020, Mr. Acting Deputy Speaker, before the pandemic struck, critical-care vacancy rates at the Grace were 26 per cent. Critical-care vacancy rates at HSC were 31 per cent. Emergency-care vacancy rate for nurses: 28 per cent at St. Boniface Hospital. This was the stage that had been set by this government before we headed into this pandemic and before COVID really came to bear on Manitobans. They set the stage and they made things much worse once the pandemic began.

We, of course, know that they massively underinvested, first of all, in preparing our health-care system adequately for the challenges that we were to face. They underinvested in testing capacity. They failed to take adequate measures to protect seniors in our personal-care homes—and, of course, we'll never forget the tragedies that occurred at personal-care homes like Maples Personal Care Home.

Contract tracing was inadequate, contributing to the problems we faced. Failed to staff up our health-care system, instead, sending out requests for volunteers to support our PCHs and testing sites; gave millions to a phone bank company to do contact tracing which many, many nurses stated was responsible for the doling out of bad advice.

And, more recently, we saw that they failed to give out enough masks to Manitobans, and when asked about that, the minister responsible suggested that they didn't want the government to compete with the private sector in the handing out of those masks.

All of these actions contributed to a nightmare experience for Manitobans over the last couple of years and it drove our patient transfer problem. The number of mistakes we've seen from this government over the last two years have been staggering and we have not seen any accountability for that. Instead, we've just heard more and more excuses.

And, you know, those excuses are best exemplified from what we've seen this week in this House from the Premier (Mrs. Stefanson) in dodging accountability and pretending as though she didn't have any awareness that we were going to be needing to send patients out of province. That's a staggering failure of leadership.

We think about what we've heard this week. Think about the implications from a leadership

perspective. What could possibly have been more important for a minister of Health than to understand at every level what our ICU capacity was? How was that not top of mind every single day when the minister woke up, to understand how many ICU beds we had left for Manitobans in need? That is inconceivable.

There are only two explanations here, and neither of them are pretty: (1) she's been dishonest with this House; she's been dishonest, or (2) she wasn't doing her job. It's only one of those two options. Neither of those looks good for the minister of Health at the time and now our Premier (Mrs. Stefanson).

* (11:40)

That's shameful. It's absolutely shameful. Regardless of what happened here—

The Acting Speaker (Brad Michaleski): Order. I'd like to remind the member—some of the language he's using—just caution on anything that suggests that there's something derogatory towards another person in this House.

Mr. Sala: Okay. Well, I thank the Acting Deputy Speaker for that.

You know, going back to the issue at hand here, regardless of what happened, this issue speaks to the fact that this government has failed to focus on what matters to Manitobans—what Manitobans really care about. And that's ensuring that if we need help, if we need medical support, that we can get it where we need it when we need it. That's a massive lack of preparation that has resulted in a nightmare for Manitobans here.

Think about the harm this has caused to our families. We deserve proactive, focused leadership in this province. Manitobans deserve that. We deserved a Health minister that was paying attention to the number of ICU beds that were remaining. We deserved a government that was focused on ensuring that we could get the health care we needed where we needed it, but we didn't get that.

Instead, we've heard lines like *coulda, woulda, shoulda* in reflecting on the performance of this government. And we've heard statements like, *it's up to Manitobans to take care of themselves*. Imagine how that was received by seniors, vulnerable Manitobans. Imagine how those words felt when those were heard by Manitobans who needed to ensure that they could get access to the help that they needed—that were vulnerable when they heard that from political leadership.

Manitobans made huge sacrifices, but those sacrifices weren't matched by this government. They weren't matched. Instead, we have an empty calendar that showed that this government—the Health minister at the time, our now-Premier—was not focused on the job at hand. And that left all Manitobans at increased risk. That left their family members at increased risk. That is an absolute shame and that problem continues to this day.

Now, we know that there are hundreds of millions in unspent funds that this government has been sitting on that could be invested in helping to resolve this problem.

Today, will this government commit to ending patient transfers, to setting a date to outlining the investments that they're going to make to make sure we can put an end to these patient transfers, to put an end to Manitobans needing to say goodbye to their loved ones as they get in an ambulance or an airplane and are shipped away hundreds of kilometres from their families to get the care that they need?

Will they commit to that today? I would love to see us get beyond partisanship here and see the members opposite demand from their leadership—from the Premier—to make a commitment today to stop these patient transfers so that all of our families can ensure that we can get access to the help we need where we need it.

Let's support this resolution. I thank my colleague for bringing this forward. We need to do what's right for Manitoban families.

Mr. Rick Wowchuk (Swan River): Thank you, Mr. Deputy Speaker, or—and I want to welcome you in your first day here behind the Chair, and I know you're going to do a great job at it. And I thank you for the opportunity—*[interjection]*—yes, let's cheer about it.

And also thank you for the opportunity to put some words on the record in regards to the resolution on patient transfers. Appears the member from Transcona, according to comments yesterday in question period, have become experts in health care and feel they know more than the doctors and experts in our health-care system.

Good governments make difficult decisions, and our government has been challenged to protect sustainable, quality service for citizens. Our government continues to invest more per person on health care, education and social services combined than any other province. Economic growth and job sector are

the centre for a strong—stronger, more prosperous Manitoba. Our government will grow our way out of deficit and back into balance by creating more jobs, tax reliefs and economic growth as Manitobans are resilient and have weathered this pandemic.

Our patient transfer protocol, contrary to the member from Transcona thinks, his—it's been in place for decades, prior to COVID-19 pandemic. He along with his colleagues are out of tune with reality.

Mr. Deputy Speaker, there are hard decisions made by physicians who take many factors into account. *[interjection]* By the tone of members opposite, they've become profound experts on making medical decisions. These transfers allow clinicians to ensure patients who need a high level of care have access to it. And the member from Transcona made a comment about the road map and things like that. During this pandemic, we had no idea what some of the requirements for some of the patients to give that best service would be.

These allow the clinicians to ensure patients who need a high level of care have access to it, and our health-care professionals are the most qualified. And shame on the member from Transcona to think he is beyond our health-care professionals and be so critical of the people who have worked so hard to protect us during this pandemic.

We have to trust these professionals that they are making the decision to provide the best service. The destination for transfer are left to the treating clinicians. We all know it's difficult for families to temporarily have their loved ones moved where it becomes difficult to be by their sides, and our government is working to minimize these impacts. It's necessary for Manitoba Health to be proactive and ensure there is room for all Manitobans to access the appropriate level of care for each particular case.

Mr. Deputy Speaker, our health-care professionals are working to provide the highest level of care, and I don't understand why the member from Transcona would want to undermine their decisions.

We all know how difficult—*[interjection]* And then so embarrassing here, the member from Concordia, I guess it's embarrassing to be on the opposition here, who has failed. So it's difficult to hear the good things our government is doing. We all know how difficult this can be for families and we need families close to home—and it can be an inconvenience, but we have to trust the decision made by our professionals.

I recall, when I became an MLA, numerous elderly loved ones were in PCHs a distance from home and it was devastating for children and spouses to be separated. But our government has worked hard to reunite these families by expanding facilities and additional beds, and I am not aware of anyone in our constituency who is still separated, thanks to our government.

The system as handed to our government was not transparent, not at all; was not efficient, not at all; was not accessible. While we have always felt confident in the quality of Manitoba care, its management was a long-standing issue that we endeavoured to fix, something the members opposite could not do in their 17 years.

Madam—or, Mr. Deputy Speaker, take a look at our record. *[interjection]* Yes, we've reduced wait times and improved access to more service close to home—

The Acting Speaker (Brad Michaleski): Order. I'm having a lot of trouble hearing the comments on both sides of this House. I'd appreciate if members would keep their conversations more quiet. It's very difficult, and we now all need to hear both sides of this debate.

Mr. Wowchuk: We have a bold vision, an action for a stronger, more prosperous province. Prior to COVID, we increased surgery volumes for a number of priority procedures, getting more Manitobans access to the care they needed.

* (11:50)

In 2019, we increased the number of annual MRIs performed by more than 20,000. More than 62,000 additional CT scans were performed. Manitobans had over 1,700 more cataract surgeries, and nearly 1,200 more hip- and knee-replacement surgeries, in 2019, than under the NDP government.

Budget 2021 has the highest level of health-care funding in Manitoba history: \$6.98 billion, including \$812 million in capital commitments for rural and northern health care under the five-year clinical and preventative services plan, triple—yes, triple—our original \$270-million commitment; \$50 million to speed up wait times for surgery and service; \$2.7 million to expand dialysis treatment for nearly 200 more patients.

And I've seen the results in a couple of communities—in Swan River, in Russell—where patients who have to drive three times a week to Brandon were able to come home, and personally had phone calls to

thank me very much, and our government very much for making these things happen, on better service, closer to home.

Mr. Deputy Speaker, \$9 million to add more than 120 personal-care-home beds that brought many families back into their communities. In 2019-2020, Manitobans spent \$6.873 billion on health care, an increase from \$6.225 billion in 2015-16 under the previous NDP government.

Our health-care funding guarantee was the first of its kind in Manitoba. The focus is better patient-focused care, exactly what Manitobans have been waiting for. This means more doctors, more nurses, more paramedics. And I know for a fact, in our community, through—with the co-operation of UCN, there will be 20 new LPNs annually, in consecutive years coming. So this is—we're cleaning up a mess that was created in the previous 17 years that the 'NDPree' government was in power.

Mr. Deputy Speaker, we've increased annual home-care funding by over \$50 million: 16 per cent more than the NDP. We invested \$385 million in 2019-20, versus \$332 million the last year in the NDP decades. We know the risk of COVID is still present, and we encourage all Manitobans to get vaccinated and protect our health-care system.

There is just so much, Mr. Deputy Speaker, that I can go—I have pages on the great things that we are—that we have implemented and that we have. I'm just going to go here—in conclusion, our government's picked up where the previous government failed.

Under the previous government, it was found that care was not well co-ordinated, was not well organized. Rural care was fragmented. Manitobans were left with highway medicine, where too many Manitobans travelled elsewhere to get the care they needed. We are fixing up the mess. *[interjection]* And it is so difficult for the members opposite to see all the good things, and they resort to their heckling. And we will continue to build a strong Manitoba with better health care, sooner—

The Acting Speaker (Brad Michaleski): The member's time has expired.

Hon. Jon Gerrard (River Heights): It is in connectedness that we find the very essence of what it is to be human. Relationships with others are vital to our existence. It is being able to share, to communicate and to help one another that is our strength, as humans. We can accomplish so much more together. In relationships, we find empathy. In relationships, we

find solace and support when times are difficult. There can, for example, be little worse than dying alone and far away from loved ones, and from those who are close.

In considering the decisions taken by the provincial government during the pandemic, we hear again and again that the Conservatives say it was not our decision, it was a decision made by professionals.

Let us be clear: it is the government which sets the framework in which decisions are made. The government could say, for example, we are going to strive to keep people closely connected to loved ones. We need to find a way to operate so that this is a priority.

It is the government which sets the principles and the priorities of the health-care system. Professionals work within these principles and priorities, and within the funding limits provided by the government. And by and large, the professionals in Manitoba, the doctors, the nurses and so many more allied health professionals, have done an extraordinary job within the constraints of the principles and priorities and funding of the government.

Let us look—consider what it would look like with respect to patient transfers if one of the top priorities was people keeping people connected to their closest support person or persons.

Let us consider the transfer of Denise Mignot from Concordia Hospital to Flin Flon, an 89-year-old who was in hospital starting February 4th. On Thursday, February 10th, when she was almost ready to go home, she was transferred to Flin Flon with just two-hours' notice to her primary caregiver.

Her daughter, who was the primary caregiver, immediately called her husband to ask him to arrange to have Denise taken by ambulance to their home in River Heights, where they could arrange for professional in-home nursing services. Her husband immediately called Concordia, but, by this time, Denise was already in a plane to Flin Flon.

A little more time to consider options would have led to the conclusion that it made more sense to send Mrs. Mignot to her daughter's home, where she'd be able to stay closely connected to her family instead of far away in Flin Flon.

Let us consider the transfer of Clarke Gehman from Victoria hospital in Winnipeg to Russell hospital, and then to Reston. Sadly, he died from COVID contracted either at Russell hospital or

Reston, or during the transfers. He could have been alive if connectedness had been a priority.

Let us consider the transfer of Joan Hodgson. She was transferred from Winnipeg to Russell in January. Her primary caregiver was her son, Chris. Joan and Chris were mutually supportive. Chris had a very difficult time when his mother was transferred away. It broke his heart not to be able to see her, and he died when his mother was in Reston. His sister believes the outcomes for both would have been very different if her mother had been able to stay in Winnipeg.

Staying closely connected to those who are your loved ones is critically important. What a difference it might have made if connectedness had been prioritized by this government. It could have been prioritized by putting individuals, not necessarily into home care but in—even into a hotel with nursing care or a temporary hospital in Winnipeg, if the planning had been done—but it wasn't.

To date, more than 300 people have been transferred out of their home community for care that should have been available in their home community. Many of these were elderly and frail. We support the ending of such patient transfers, where care could have been and should have been provided locally.

We believe the NDP could have provided a much clearer alternative that they would have implemented. The origin of the transfers was policy under the NDP, even though the NDP may not have used it in quite this way.

Because patient transfers are needed at times for patients to go to a centre where they can get better care, it is not about ending all patient transfers, but rather ending the type of transfer which is being used today, transfer to a community far away because there was poor planning, to better ensure care can be delivered in the home community.

Thank you, Mr. Deputy Speaker. Merci. Miigwech.

Mr. Len Isleifson (Brandon East): I always enjoy the opportunity to stand in this House—

The Acting Speaker (Brad Michaleski): Order. Time for debate has expired.

When this matter is again before the House, the honourable member from Brandon East will have nine minutes remaining—10 minutes remaining.

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, March 10, 2022

CONTENTS

ORDERS OF THE DAY		Resolutions	
PRIVATE MEMBERS' BUSINESS		Res. 4—Calling on the Provincial Government to Immediately End Patient Transfers	
Second Readings—Public Bills		Altomare	609
Bill 222—The Pay Transparency Act		Questions	
Marcelino	599	Martin	611
Questions		Altomare	612
Morley-Lecomte	601	Lindsey	612
Marcelino	601	Wowchuk	612
Naylor	601	Gerrard	612
Lamoureux	601	Isleifson	613
Pedersen	601	Sandhu	613
Brar	601	Morley-Lecomte	613
Guenter	602	Moses	613
Lamont	602		
Debate		Debate	
Squires	602	Martin	614
Naylor	604	Sala	615
Pedersen	606	Wowchuk	617
Lamoureux	608	Gerrard	619
Moses	608	Isleifson	620
Guenter	609		

The Legislative Assembly of Manitoba Debates and Proceedings
are also available on the Internet at the following address:

<http://www.manitoba.ca/legislature/hansard/hansard.html>