

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

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Forty-Second Legislature**

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
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
KHAN, Obby	Fort Whyte	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>	Thompson	

## LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, May 10, 2022

*The House met at 1:30 p.m.*

**Madam Speaker:** Good afternoon, everybody. Please be seated.

### ROUTINE PROCEEDINGS

**Madam Speaker:** Introduction of bills?

### COMMITTEE REPORTS

#### Standing Committee on Justice Second Report

**Mr. Len Isleifson (Chairperson):** I wish to present the second reading on the—or, pardon me, the second report of the Standing Committee on Justice.

**Clerk (Ms. Patricia Chaychuk):** Your Standing Committee on Justice—

**Some Honourable Members:** Dispense.

**Madam Speaker:** Dispense.

*Your Standing Committee on Justice presents the following as its Second Report.*

#### Meetings

*Your Committee met on May 9, 2022, at 6:00 p.m. in Room 255 of the Legislative Building.*

#### Matters under Consideration

- **Bill (No. 18)** – *The Legislative Security Amendment Act / Loi modifiant la Loi sur la sécurité de la Cité législative*
- **Bill (No. 19)** – *The Beneficiary Designation (Retirement, Savings and Other Plans) Amendment Act / Loi modifiant la Loi sur la désignation de bénéficiaires (régimes de retraite, d'épargne et autres)*
- **Bill (No. 23)** – *The Reducing Red Tape and Improving Services Act, 2022 / Loi de 2022 visant la réduction du fardeau administratif et l'amélioration des services*
- **Bill (No. 26)** – *The Officers of the Assembly Act (Various Acts Amended) / Loi sur les hauts fonctionnaires de l'Assemblée (modification de diverses lois)*

- **Bill (No. 35)** – *The Commemoration of Days, Weeks and Months and Related Repeals and Amendments Act / Loi sur les journées, les semaines et les mois commémoratifs et abrogations et modifications connexes*

#### Committee Membership

*As per the Sessional Order passed by the House on October 7, 2020, and subsequently amended, Rule 82(2) was waived for the May 9, 2022 meeting, reducing the membership to six Members (4 Government and 2 Official Opposition).*

- Ms. FONTAINE
- Hon. Mr. FRIESEN
- Hon. Mr. GOERTZEN
- Mr. ISLEIFSON (Chairperson)
- Ms. MORLEY-LECOMTE
- Mrs. SMITH (Point Douglas)

*Your Committee elected Ms. MORLEY-LECOMTE as the Vice-Chairperson.*

#### Bills Considered and Reported

- **Bill (No. 18)** – *The Legislative Security Amendment Act / Loi modifiant la Loi sur la sécurité de la Cité législative*

*Your Committee agreed to report this Bill without amendment.*

- **Bill (No. 19)** – *The Beneficiary Designation (Retirement, Savings and Other Plans) Amendment Act / Loi modifiant la Loi sur la désignation de bénéficiaires (régimes de retraite, d'épargne et autres)*

*Your Committee agreed to report this Bill without amendment.*

- **Bill (No. 23)** – *The Reducing Red Tape and Improving Services Act, 2022 / Loi de 2022 visant la réduction du fardeau administratif et l'amélioration des services*

*Your Committee agreed to report this Bill without amendment.*

- **Bill (No. 26)** – *The Officers of the Assembly Act (Various Acts Amended) / Loi sur les hauts fonctionnaires de l'Assemblée (modification de diverses lois)*

*Your Committee agreed to report this Bill without amendment.*

- **Bill (No. 35)** – *The Commemoration of Days, Weeks and Months and Related Repeals and Amendments Act / Loi sur les journées, les semaines et les mois commémoratifs et abrogations et modifications connexes*

*Your Committee agreed to report this Bill without amendment.*

**Mr. Isleifson:** Madam Speaker, I move, seconded by the honourable member from Seine River, that the report of the committee be received.

**Motion agreed to.**

**Madam Speaker:** Ministerial statements? The honourable Minister of Health and—*[interjection]*

Oh, pardon me.

Tabling of reports? Any reports to table?

#### MINISTERIAL STATEMENTS

**Madam Speaker:** If not, ministerial statements.

The honourable Minister of Health, and I would indicate that the required 90 minutes notice prior to routine proceedings was provided, in accordance with rule 26(2).

Would the honourable minister please proceed with her statement.

#### Heart Failure Awareness Week

**Hon. Audrey Gordon (Minister of Health):** I rise in the Chamber today to recognize Heart Failure Awareness Week in Manitoba.

Heart Failure Awareness Week is observed across Canada to raise awareness of the causes of heart failure and the impact it has on individuals living with heart failure and their caregivers. This year, heart and stroke Manitoba has joined with the Canadian Heart Failure Society and other partner organizations to raise awareness, increase public knowledge and improve understanding of heart failure.

This year's theme is Time to Take Action on Heart Failure.

Currently, Madam Speaker, there are 750,000 people in Canada living with heart failure, and almost 100,000 people are diagnosed each year. Heart failure is a serious issue and those suffering from heart failure endure great discomfort and distress.

This incurable condition places significant challenges on patients, their families and the health-care system, leading to one in three Canadians being impacted.

Manitoba has many initiatives that help to prevent heart disease and heart failure. This includes a Social Impact Bond in partnership with the Reh-Fit Centre and the Victoria General Hospital Foundation; and the Social Impact Bond aims to reduce the risk of heart disease among women in Manitoba and support post-pandemic efforts to increase physical activity levels. This partnership is delivering health behavioral sessions to approximately 400 adult women at risk of heart disease.

Our government also recently launched the Quit Smoking with Your Manitoba Pharmacist social impact bond. That bond aims to support Manitobans who wish to quit smoking.

Many of the long-term effects of smoking such as high blood pressure, heart disease and blood vessel diseases can lead to heart failure.

Our government is committed to working with partners and stakeholders in the health system to raise awareness of heart failure and its impact on individuals and their families.

Madam Speaker, I ask all members in the Chamber today to please join me in recognizing Heart Failure Awareness Week and the important work that is being done to raise awareness and to improve the lives of those with heart failure.

Thank you, Madam Speaker.

**MLA Uzoma Asagwara (Union Station):** Madam Speaker, this Legislature stands together in recognition of Heart Failure Awareness Week. More than 90,000 Canadians over the age of 40 are diagnosed with heart failure every year and many don't know the common symptoms include shortness of breath and swelling around the ankles. If you or someone you know is experiencing these symptoms, please consult your doctor and take the time to learn more about the condition. It could save your life.

Sadly, today in Manitoba, those concerned about heart failure need to keep up to date about another piece of important information: whether their nearest health-care centre is still open. We have to do so because due to this PC government, some facilities have closed down over the past few years, especially in rural Manitoba, leaving residents unaware of where they should go in the case of an emergency.

We're also concerned about how rising surgical and diagnostic backlogs are impacting those experiencing heart failure. The backlog for myocardial perfusion tests, for example, has increased by almost 3 per cent since the Doctors Manitoba's last update, and wait times for cardiac surgeries under the Stefanson government have reached an unacceptable 70 days. That's up from 12 last year.

The Manitoba NDP will continue fighting day in and day out for better support for those experiencing heart failure in our health-care system. Having the information and education regarding heart failure is key to taking steps to prevent it. Please visit the Canadian Heart Failure Society's website for more information on how prevent heart failure and to know the signs of when you or your loved ones are at risk.

**Hon. Jon Gerrard (River Heights):** I ask leave to speak to the minister's statement.

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

**Mr. Gerrard:** Madam Speaker, heart failure is all too frequent, with about 750,000 people in Canada with heart failure—number which is increasing. This means about 30,000 in Manitoba, and it is one of the most common reasons why people go to hospital. The health-care costs associated with heart failure are estimated at \$2.8 billion a year for Canada, which is about \$100 million a year for Manitoba.

Heart failure occurs when the heart muscle doesn't pump blood as well as it should so that blood backs up and fluid builds up in the lungs, causing shortness of breath and swelling in the legs.

As a physician, I can vouch for the fact that it's tough to see a person suffering and having difficulty breathing in end-stage heart failure. But, thankfully, many with heart failure can be treated and heart failure can certainly be prevented many times. Although often, there are big demands on caregivers.

Among the causes of heart failure are coronary heart disease, high blood pressure, diabetes, abnormal heart valves, abnormal heart rhythm, anemia, hyperthyroidism and sleep apnea. Much can be done to prevent or treat heart failure: general measures, physical exercise, avoiding smoking, having good nutrition and managing stress well can be helpful in preventing the development of many forms of heart failure. Preventing diabetes and the optimum treatment of diabetes are important, as are treating high blood pressure, anemia, hyperthyroidism, sleep apnea and abnormal heart rhythm.

Hearth Failure Awareness Week is important to all of us, as a reminder of the nature of heart failure and the importance of preventing it and of treating it well. We would also do well to have a full provincial plan to address heart failure announced, perhaps even this week.

Thank you.

**Madam Speaker:** Further ministerial statements?

The honourable Minister of Transportation and Infrastructure, and I would indicate that the required 90 minutes notice prior to routine proceedings was provided, in accordance with our rule 26(2).

Would the honourable minister please proceed with his statement.

### Heavy Rain and Flooding Update

**Hon. Doyle Piwniuk (Minister of Transportation and Infrastructure):** Madam Speaker, our hydrological forecasting team is actively monitoring the upcoming rain events, and as of yesterday, a rain system is expected on Thursday which will—may bring an additional 20 to 40 millimetres of rain in southern and central Manitoba.

Our overland flood watch has been issued for all of southern and central Manitoba as these heavy rains may—occurring over a short period on saturated soils may increase the risk of overland flooding.

Our—the water levels on the Red River have crested near Emerson and are near crest near Letellier and St. Jean Baytiste [*phonetic*]. Locations in the Red River Valley are expected to peak on Friday, May 13th, with water levels between 2011 and 2009 spring flood event levels.

\* (13:40)

Madam Speaker, 26 municipalities and four First Nations communities remain in a state of local emergency. Municipal evacuations total 425 evacuees from 185 households. The RM of Morris has issued a mandatory evacuation notice for several residents in the community of Riverside as high water impacts on access roads to the community. A full evacuation to the RM is not anticipated at this time. To date, a total of approximately 2,000 Manitobans have been evacuated due to flooding and road access concerns.

Our province—numerous roads have been reported to have water on the road or muddy conditions. Please consult Manitoba 511 for latest road closures, as there is a significant number of provincial roads that are closed due to flooding conditions.

Our government continues to work with the Red Cross to assist Peguis First Nation wherever possible. Peguis has been issued a resource request for sandbags and tiger tube pumps, and Fisher Cree Nation has issued resources request for tiger tube pumps. Both requests are promptly fulfilled by our MTI staff.

My colleagues and I will continue to listen and to respond to concerns of Manitobans, ready to assist whenever possible. Our emergency management staff will continue to work with local municipalities to ensure our government's flood mitigation resources will be effectively distributed and delivered.

Yesterday, I announced that our government plans to issue a disaster financial assistance program. However, I would like to remind members of this House and Manitobans at home, our government is still at the state of response on the ongoing flood, so DFA specifics will be limited until damages can be properly assessed.

Please continue to visit our government's website for the most up-to-dated information.

On behalf of our government, I will continue to thank our amazing EMO staff, municipal officials and residents of Manitoba for their efforts and service throughout this challenging time.

Thank you, Madam Speaker.

**Mr. Matt Wiebe (Concordia):** I'd like to once again thank the minister for the update to the House.

We cannot shift our focus away from the communities under siege by floodwaters in Manitoba, especially as another storm system approaches. Peguis First Nation, which has already seen hundreds of houses destroyed, is anticipating that by the end of this week, water levels will reach a foot higher than they were only a few days ago. There needs to be an all-hands-on-deck approach to prevent more damage, and we ask the government to help protect Manitobans no matter where they live.

But even as we continue to address the immediate needs of Manitobans, we can also not forget the impacts that this flooding will have on Manitobans for months to come. We're concerned by Morris Mayor Scott Crick in his prediction that Highway 75 won't re-open for another five or six weeks at the north end of town. A greenhouse facility in Arborg has been destroyed. And Manitoba Beef Producers estimate that about 3,000 animals have been lost already, with more impacts expected.

The Manitoba NDP is ready to advocate for farmers, transport workers and rural municipalities along with First Nations as they all continue to face long-term challenges brought about by this flood. And we reiterate our thanks to those who are working hard to protect Manitoba lives and property, like Lesley Gaudry, who has been co-ordinating sandbagging efforts around St. Adolphe, and Marcel LaFortune for donating his trailer to help residents in the same area.

This morning, Gaudry told the CHVN radio station: It's been really cool to see a lot of the goodwill. People aren't forgetting about civic duty. I think their words capture the Manitoba spirit of looking after one another very well, and it's great to see Manitobans coming together to help one another as we hope that the flooding will subside soon.

Thank you, Madam Speaker.

**Mr. Dougald Lamont (St. Boniface):** I seek leave to speak to the ministerial statement.

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

**Mr. Lamont:** I want to thank the minister for the update and thank everyone who has been working so hard to keep people safe, dry and out of harm's way.

Just to share with the House, a constituent alerted me of a scam that's going around on text which is asking people to submit banking info to get money from the government for flood relief. Just so that you're all aware that this is a—it's really unfortunate that—at a time of crisis—that people are trying to take advantage of it. But we did share it with the Minister of Justice (Mr. Goertzen) and others. I wanted to make sure the House was aware.

The minister himself has said the difference between a flood and a drought in Manitoba can be an inch of rain, and we are facing yet more.

Over the last decades, there have been changes in weather and climate, but also drastic changes in the way Manitobans have managed water in the province. Once this crisis has passed, we hope that—or we hope that the government will consider striking a commission with members from all parties and experts to look at how we can improve flood management in Manitoba, especially including Manitoba Hydro, whose dams and reservoirs have diverted and closed off rivers and streams, to look at changes in land use at the municipal level and agricultural practices.

Aside from the risk to life, livelihoods and property posed by this flood, there's also massive environmental damage, especially to lakes and rivers and wildlife, which puts other lives and livelihoods at risk. Floods are natural and a routine part of life in this world, but the addition of so many nutrients, fertilizer and various other kinds of pollution, which may either leach out of the soil or be dumped into the river by municipalities that can't cope with heavy rains, means that shocking amounts of pollution are all being directed into our rivers, especially Red River and Lake Winnipeg. That is not natural and it should not be routine.

There was an article in the Co-operator which put it simply: when it comes to water pollution, if we can control the water, we can control the problem.

When Manitoba scientists were making projections for how flooding would change, along with climate change, the events we are seeing right now—dramatic downpours, historic rainstorms, flooding in summer—are exactly the patterns that these scientists predicted.

We can't legislate an end to floods, but there is much more we can do to build a province that can limit flood damage by working with Indigenous rights holders, municipalities and producers to adapt to the reality of today's floods and climate with practices that lower costs and increase benefits for everyone.

Thank you, Madam Speaker.

## MEMBERS' STATEMENTS

### Mila Wiebe

**Mr. Andrew Micklefield (Rossmere):** Madam Speaker, when the war in Ukraine began in February, people around the world looked for ways to help. Some joined protests or expressed support on social media. Many organizations and governments, including our own, sent money or supplies to help in a variety of ways. But amidst the prayers, protests and politics, nine-year-old Mila Wiebe resolved to do what she could and started making loom band bracelets.

When Mila heard at school about the devastated homes and displaced families, she determined to help the Ukrainian people. One of her classmates has family living in Ukraine, and Mila wanted to help them get supplies and food. So she made bracelets out of yellow and blue loom bands to sell to family and friends. Many weeks later, the orders are still coming in.

To date, Mila has raised several hundred dollars for the displaced people of Ukraine. Described by her family as a great kid with a soft heart, Mila's family are not at all surprised that she would want to help in any way she could.

It's easy to feel helpless as we watch images of Ukrainian refugees fleeing cities destroyed by Russian air strikes, but many local groups are organizing to help in a variety of ways. Even needs much closer to home are solved as people like Mila find a way to do what they can with what they have to offer.

I encourage all members of this House and anyone watching to consider supporting Mila and the people of Ukraine by purchasing one of her bracelets through my office. A hundred per cent of the money she raises will help Ukrainians dealing with the ravages of war, and I commend Mila's compassion and entrepreneurship to this House.

I invite all members to join me in applauding Mila's efforts as she joins us with her family in the gallery today.

### Provincial Road No. 224

**Ms. Amanda Lathlin (The Pas-Kameesak):** For many years now, Provincial Road No. 224, which serves Peguis First Nation, Fisher River Cree Nation, Kinonjeoshtegon First Nation and Dallas has been in dire need of repairs. It is littered with potholes, uneven driving surfaces and extremely narrow shoulders. There has been accidents and fatalities on this road.

In a petition that I brought forward, many concerned Manitobans have requested that Provincial Road 224 be assessed and urgently repaired. Unfortunately, the PC government has failed to address the conditions of Provincial Road 224, and now the severe flooding of the Fisher River has breached this road.

\* (13:50)

This is the main route through Peguis First Nation. Flood waters have washed over the road in four places and triggered major evacuations. A road was—that was already hazardous is now completely impassable. This represents the dual failure of this government to repair the road and to prepare and support a community that has such high risk of flooding.

The community has been pleading for months for assistance to protect residents from flooding, but those requests fell on deaf ears, Madam Speaker. Instead, this government continues to take a very limited role with Manitoba's First Nations by referring us to

Indigenous Services Canada. They can and should have done more.

Manitoba's First Nations are Manitobans, too. This government has failed to ensure safe and all-maintained transportation routes. They have also failed to protect the community from disasters like flooding. This demonstrates a lack of concern for my community.

I am calling on this government today to 'urgely' address the needs of Peguis residents and all those living in the area who are affected by the horrible condition of PR 224 and the flooding of Fisher River.

Ekosi.

### Swystun Buddas

**Mr. Greg Nesbitt (Riding Mountain):** Tucked away and off the beaten path, sitting quietly but bursting loud with sounds from the past, is the home of the historical Swystun Buddas, south of Olha, near the southern edge of Riding Mountain National Park.

In January, one of the two replica buddas was destroyed by a fire of unknown cause, leaving many to feel that, with the loss, they are missing an important piece of themselves.

Deeply imbedded in Slavic heritage, in 1899, the Swystun Buddas were the first temporary homes for many Ukrainian pioneers as they awaited land to call their own.

After arriving in Halifax on steamboats from Hamburg, Germany, many of the Ukrainian settlers made their way to Winnipeg via train and then wagon to the Olha area.

Buddas, such as the six that were constructed on the Swystun farm, provided protection during the cold Manitoba nights.

I believe there is a strong connection between the whole community and the buddas, said Jennifer Swistun, whose great-grandfather designed and built the structures.

The buddas consist of a frame made of tree trunks and branches, a dugout-type cellar, mud and hay plastered walls, with a thatched roof and dirt floor.

The good news is that many offers of money, supplies and labour have poured in over the last four months, and plans are under way by the Parkland Ukrainian Pioneer Association, working in conjunction with the Municipality of Harrison Park, to rebuild the destroyed budda.

Madam Speaker, with the atrocities and horrors that are unfolding in front of us in Ukraine today, it is heartwarming to see that the symbols of the early days of Ukrainian settlement in Manitoba are being preserved.

Slava Ukraini. Glory to Ukraine.

### Spirit Bear Day

**Mr. Ian Bushie (Keewatinook):** May 10 is Spirit Bear Day here in Manitoba. May 10 is a significant date in history for Jordan's Principle at the Canadian Human Rights Tribunal. The tribunal's first non-compliance order called for Canada to fully implement Jordan's Principle by May 10, 2016.

Jordan's Principle is a child-first principle and legal rule named in memory of Jordan River Anderson, a young First Nations child from the Norway House Cree Nation who courageously battled illness his entire young life and spent years in hospital while different levels of government disagreed over who should pay for his home care.

Jordan died in hospital at the age of 5 years old, never having spent a day in his family's home. Jordan's principle ensures First Nation children receive the services and supports they need, when they need them.

Spirit Bear was created in 2008 and acted as a symbol for the 165,000 First Nations children impacted by the child welfare case at the Canadian Human Rights Tribunal. Spirit Bear was inspired by Jordan River Anderson's favourite toy, a teddy bear.

Spirit Bear was brought to every tribunal hearing since its creation to represent all the children affected by the case. Through Spirit Bear, the First Nations Child and Family Caring Society encourages Canadians to, quote: bear witness to ensure Jordan's Principle is fully implemented.

As Manitobans, we can all do our part. I encourage all Manitobans to learn about the importance of Jordan's Principle by reading Spirit Bear's guide to the Truth and Reconciliation Commission Calls to Action and to watch the documentary Jordan River Anderson, The Messenger.

In May 2021, the member from Point Douglas, had Bill 223, The Spirit Bear Day Act, passed unanimously on this very floor. For that, I am grateful and inspired to see how we can all come together to stand united, to stand together, to stand as one to ensure that the memory and life of Jordan River Anderson mattered. We—and the Spirit Bear will



forever be a part of who we are in Manitoba and will forever be a part of who we are as society.

In closing, Madam Speaker, I would like to say miigwech to Spirit Bear, my heartfelt thank you and miigwech to Jordan's family, and most importantly, miigwech, to Jordan River Anderson for his courageous fight and sacrifice. Your memory and impacts will forever be a positive part of our lives here in Manitoba.

Miigwech.

### Gilles Durupt

**Mr. Dougald Lamont (St. Boniface):** Madam Speaker, it's a great pleasure to share with the House that Gilles Durupt is being recognized for a lifetime of volunteer service in the St. Boniface community, at le Centre récréatif Notre Dame Recreational Centre and in the hockey community with St. Boniface Minor Hockey and Collège Louis-Riel high school.

During most of his volunteer career, he has served at the same time in both board leadership roles and hands-on coaching roles. Among many examples of his leadership is the critical role he played as a member of the board of Notre Dame Recreational Centre. When faced with the need to replace the ice plant in the arena, he worked as part of a team to facilitate installation of the new ice.

Gilles has actively coached hockey, baseball and soccer, and he has made a difference in his athletes' lives both as coach and supporter. He has encouraged many others to follow in his footsteps as both a coach and as a community volunteer and then maintained a continuing relationship as a mentor for those he encouraged into both roles.

Gilles is a champion of community involvement, community development, francophone culture, bilingual sports programs and inclusion of everyone in the community in sport and recreation. He was the driving force behind the development of the St. Boniface Seals minor hockey program, the NDRC breakfast club, bilingual hockey teams and coaches in St. Boniface and building more opportunities for the recreation centre to engage new community members, including new Canadians. He has coached both male and female hockey teams to championships.

Gilles and other recipients were recognized at this year's Recreation Manitoba conference and awards luncheon on Friday, May 6th.

Congratulations, Gilles, and merci for your service.

## ORAL QUESTIONS

### Hip, Knee and Cataract Surgery Wait Times in Manitoba

**Mr. Wab Kinew (Leader of the Official Opposition):** Madam Speaker, you can ask any Manitoban who's waiting for a surgery right now, and they'll tell you just how long they have to wait to get their procedure done.

And behind every one of those people, there's a story: a story of pain, a story of people waiting in suffering.

We've also been shared new data from the Canadian Institute for Health Information that reminds us again just how bad the situation is getting under the PC government when it comes to surgical waits. For knee surgery, Manitobans are waiting longer now than they were prior to the pandemic. And I want to make clear here that things were getting worse even before the arrival of COVID-19.

Why is the Premier failing Manitobans when it comes to hip, knee and cataract surgeries?

**Hon. Heather Stefanson (Premier):** Well, Madam Speaker, the Leader of the Opposition continues to put false information on the record within this Chamber.

Madam Speaker, the fact is that we have a plan to deplete the surgical and diagnostic backlogs in the province of Manitoba. We will continue to work with our surgical and diagnostic task force that will be giving regular updates on how we will be reducing and—those backlogs.

And the fact of the matter is, Madam Speaker, we have a plan to deal with this, \$110 million that's earmarked in this specific budget to deal with this very important issue. I wonder where the Leader of the Opposition's plan is, or does he have one?

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

**Mr. Kinew:** You know, Madam Speaker, the Premier's tired talking points don't serve her well when they see her attacking the Canadian Institute for Health Information. The only misinformation we hear comes from the Conservative government.

We know that Manitobans are waiting longer and longer when it comes to surgeries. Everyone in Manitoba knows this. Doctors Manitoba has proven this. And now the Canadian Institute for Health Information is adding more data to rest the case.

They say that half of all Manitobans waiting for hip surgery had to wait longer than six months for their surgery. We know that it's bad, and it's only getting worse under this government.

When we get past the statistics, what does this mean, Madam Speaker? It means seniors waiting in pain.

This isn't about talking points. This isn't about a back and forth. This is about delivering health care to people who are suffering.

Will the Premier acknowledge that her government is failing when it comes to giving people surgeries they need when they need them?

**Mrs. Stefanson:** Well, Madam Speaker, the Leader of the Opposition is right on one thing: that it is about delivering health-care services to Manitobans when they need it.

\* (14:00)

And I would reiterate for the Leader of the Opposition that we, in fact, have a plan to do that where the member opposite does not, and his party does not, Madam Speaker. We have invested more than \$110 million in this budget alone to deal with the surgical and diagnostic backlogs that have resulted as a result of the COVID pandemic—two years of the COVID pandemic that has put us in the situation that we in.

We recognize there's a challenge there. We have addressed it. We've set up the surgical and diagnostic task force to deal with this very issue. We put the \$110 million towards that to help solve this problem, Madam Speaker. We will continue to move forward with our plan.

Again I would ask him, what is his plan?

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

**Mr. Kinew:** Madam Speaker, that's the problem. They keep moving forward with this failed plan to cut health care in Manitoba.

Again, the Canadian Institute for Health Information releases this new set of data, and what does it show? It shows that Manitoba is the worst in Canada when it comes to getting these priority surgeries.

You know what that means? It means the excuse of hiding behind COVID doesn't hold water because

every other province in Canada had to confront the same pandemic as we did.

What the other provinces didn't have to deal with is having a PC government that closed emergency rooms, closed ICU beds and closed operating rooms. That is the reason for the abysmal results that lead to more seniors waiting in pain.

Will the Premier simply acknowledge that the PC plan is a failure when it comes to health care, and that our approach is much better?

**Mrs. Stefanson:** Well, Madam Speaker, I think Manitobans are waiting for what that approach is by the Leader of the Opposition because we've yet to see anything come out of them in any semblance of a plan whatsoever to deal with surgical and diagnostic backlogs in the province of Manitoba.

The fact of the matter is, Madam Speaker, we are investing \$110 million in this budget alone to deal with this. We have set up a surgical and diagnostic task force with professionals on that task force that know best how to tackle these challenging issues within our health-care system.

We have a plan, Madam Speaker. Again, Manitobans are waiting; what is their plan? *[interjection]*

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

#### **Lake Manitoba-Lake St. Martin Outlet Cost Overruns for Project**

**Mr. Wab Kinew (Leader of the Official Opposition):** Madam Speaker, our plan is simple. It involves investing in the public health-care system so Manitobans waiting in pain can get the surgeries they need when they need them.

In the middle of some of the worst flooding in years, the biggest infrastructure project in Manitoba is going nowhere fast and the bills are piling up. We know that Brian Pallister was supposed to have built the Lake Manitoba-Lake St. Martin channels. It didn't get done. He failed, and now this Premier seems to be repeating the same mistakes.

We've now learned that the PC delays on this project have cost \$60 million of cost overruns. It went from \$540 million under Brian Pallister, to \$600 million under this Premier.

We need to know who will pay for the PC delay.

Will Manitoba taxpayers have to pay the extra \$60 million for this channel outlet project?

**Hon. Heather Stefanson (Premier):** Well, again, Madam Speaker, the Leader of the Opposition talks about his simplistic plan, but his plan has no vision or hope for the future of Manitobans when it comes to delivering health-care services in our province.

What I will say with respect to the Lake St. Martin—the Lake Manitoba-Lake St. Martin outlet, I—*[interjection]*

**Madam Speaker:** Order.

**Mrs. Stefanson:** —did have discussions about this in Estimates yesterday, Madam Speaker, and it was very clear that—and I indicated for the Leader of the Opposition that I have had discussions with the Prime Minister, I've had discussions with—about this very issue—had discussions with Minister Dominic LeBlanc, as well, with the federal government.

We are looking at working collaboratively to ensure that we get this outlet built, Madam Speaker. We will continue to work with the federal government towards that end.

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

**Mr. Kinew:** Madam Speaker, there's no answer there.

The question is: Who is going to be on the hook for the cost overruns caused by the PC failure to get the channel built?

We know that this government caused unnecessary delays—*[interjection]*

**Madam Speaker:** Order.

**Mr. Kinew:** —by picking fights with the federal government. And now they try and rush to the, you know, federal government to ask for help getting themselves out of the financial mess that they themselves have created.

Now, we know who always has to clean up the mess at the end of the day. It's the people of Manitoba who are always left to shoulder the burden for PC mismanagement. We've seen it in health care. We've seen it in education. Now we're seeing it on the channel project.

So, I'll repeat the question again: Who's on the hook for the extra \$60 million for the channel?

**Mrs. Stefanson:** Well, Madam Speaker, the only one who seems to be picking fights here is the Leader of the Opposition.

I just stated that we are working very collaboratively with the federal government. I've met with the Prime Minister, I've met with Minister LeBlanc about this very issue, Madam Speaker.

And the fact of the matter is, Manitobans want a plan to ensure that this gets delivered to allow for further flood mitigation in the province of Manitoba, Madam Speaker, and that's what we'll deliver on.

We have a plan to deliver this, Madam Speaker. We are working collaboratively with First Nations communities. We're working collaboratively with the federal government to ensure that we get this done.

Again, the Leader of the Opposition has no plan, no vision for the future in this province, Madam Speaker.

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

**Mr. Kinew:** No answer yet again, Madam Speaker. It's a truism: there is no fiscal responsibility when it comes to this PC party. They don't even know who's on the hook for the \$60 million.

Our approach is very simple: engage with local Indigenous communities and local leadership so that we can engage them to build the project on time and on budget. Again, you don't hear any reference to an approach like that from the members opposite.

We asked why the project is delayed yesterday; the Premier wouldn't say. We asked for a breakdown of this \$60 million in cost increases, and the Premier wouldn't say.

The question is: If we're on the hook for \$60 million more in costs for the channel, why can't the PCs say who is on the hook to pay for it?

**Mrs. Stefanson:** Well, Madam Speaker, I appreciate any question by the Leader of the Opposition when it comes to fiscal responsibility.

I will just remind the member opposite of the litany of overexpenditures in Manitoba Hydro alone, billions of extra dollars, Madam Speaker, in projects for Manitoba Hydro that now have been left to the ratepayers to pay for those.

We will ensure that Manitobans know exactly, when it comes to fiscal responsibility, who is the good party to ensure that we continue on a government of

fiscal responsibility in this province, Madam Speaker. It sure isn't the opposition, the NDP.

### **Cardiac Surgery Wait Time Constituent Case Concern**

**MLA Uzoma Asagwara (Union Station):** Madam Speaker, the wait for cardiac surgery has grown unacceptably long. In the last month reported, the median wait was 70 days. Last year, it was 12.

I'll table cardiac surgery wait times provided by Manitoba Health and I'll ask the minister: Why was the wait for cardiac surgery growing and has grown to be so long, and what is the minister doing to address it?

**Hon. Audrey Gordon (Minister of Health):** I'd like to start by reiterating what our First Minister has said: that Budget 2022 includes \$110 million, Madam Speaker, to address the surgical and diagnostic backlog, including cardiac surgeries.

And there's no higher priority in our government than clearing this backlog. That is why we established the Diagnostic and Surgical Recovery Task Force. They are hard at work talking to the front lines, talking to leadership in the health system, and they are at the table of solutions, not at the table of fear, Madam Speaker.

\* (14:10)

**Madam Speaker:** The honourable member for Union Station, on a supplementary question.

**MLA Asagwara:** Madam Speaker, last month I wrote the minister about a Manitoban named Mel [*phonetic*]. Mel [*phonetic*] has been waiting for heart surgery for over two years. He's been informed by his cardiac team that his heart is at 30 per cent of functional capacity.

Finally, Mel's [*phonetic*] surgery was scheduled for April 12th, only to be cancelled in the middle of the night literally immediately before his 6 a.m. surgery. He's still waiting, Madam Speaker.

Why are so many people like Mel [*phonetic*] waiting for months and for years for cardiac surgery here in Manitoba?

**Ms. Gordon:** The goal of the Diagnostic and Surgical Recovery Task Force is to eliminate the backlogs, Madam Speaker.

And that is why we are investing \$4.9 million into the Concordia Hospital orthopedic surgery program that will add 1,000 surgeries annually; \$400,000 in the

Spine Assessment Clinic to increase the number of assessments for Manitobans, ensuring 900 patients receive their treatment or care; expanding cardiac surgeries at the Misericordia hospital, Madam Speaker; Sanford Health centre and so much more information to come.

St. Boniface Hospital and the staff that are busy doing the cardiac surgeries should be commended by the—

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

The honourable member for Union Station, on a final supplementary.

**MLA Asagwara:** Madam Speaker, I would really appreciate if the minister focused on this really important question.

Mel [*phonetic*] is literally waiting for cardiac surgery that will save his life. He has waited far too long already. And he's not alone, Madam Speaker. The average wait for cardiac surgery in the last month reported: 70 days. That's up from 12 days just last year.

In my letter that I wrote to the minister, I asked her to explain to Mel [*phonetic*] when his surgery would be rescheduled. He hasn't heard from her.

I'll ask the minister again: When will patients like Mel [*phonetic*] get their cardiac surgery, and what is she doing to bring these waits down?

**Ms. Gordon:** I'll start to—by responding to the question of what are we doing to address the backlogs.

We've—have invested in Budget 2022 \$110 million, Madam Speaker. Last year, we launched the Diagnostic and Surgical Recovery Task Force, a task force made up of clinical specialties, individuals who are looking at solutions to the backlog. But I also want Manitobans to know that all emergent and urgent surgeries, including cardiac and cancer procedures, continue to be prioritized.

Elective and non-urgent surgeries are being reviewed by clinicians in the health system, and I encourage the patient that the member opposite is referring to to—

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

### **North End Sewage Treatment Plant Provincial Support for Upgrades**

**Ms. Lisa Naylor (Wolseley):** The PC government has dragged its feet in addressing the North End water treatment plant.

The City is out of compliance with its environmental licence and, certainly, the PC government has not been a good partner. The PCs demanded private offerings and privatization that added delay upon delay, and meanwhile, the full costs of the project have not been addressed.

Why is this government not prioritizing upgrades to the North End treatment plant?

**Hon. Reg Helwer (Minister of Labour, Consumer Protection and Government Services):** We were pleased to partner with the City of Winnipeg and the Government of Canada last year to advance phase 1 of the North End water pollution control structure. We know that they're working on phase 2, and that plan has been advanced to the federal government.

We're in consultations with the federal government on what that will look like and how they will fund phase 3 in conjunction with the City of Winnipeg and the Province of Manitoba, Madam Speaker.

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

**Ms. Naylor:** Madam Speaker, the PC government forced delays to the project, including pushing for the privatization of Winnipeg's sewage system even after the City of Winnipeg concluded it was not feasible.

This government has an interesting spin on the term partner. They have not been good partners in this situation, and they are not good stewards of Lake Winnipeg and our environment.

The full cost of this project should have been resolved by now.

Why is this government not prioritizing upgrades to the North End water treatment plant?

**Mr. Helwer:** Well, there have been no delays from the provincial side, Madam Speaker.

We are waiting on a motion from the government—or the City of Winnipeg, from May 5th, from their city council to further advance this to the federal government. Once that was received, we can advance this application for phase 2 to the federal government, and they can determine how they will move forward on it.

And we're also in active negotiations and discussions with the City of Winnipeg on how phase 3 can be financed from the City, the Province and the federal government, Madam Speaker.

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

**Ms. Naylor:** Madam Speaker, this government's interference and delays cost all of us more. It costs time—time that could be used to protect Lake Winnipeg—and it costs money.

As this government's wrangling with city hall drives up costs by millions before a foot of concrete has even been poured, and meanwhile the full cost of the project has not even been resolved.

Why is the minister and this government not prioritizing the urgent upgrades to the North End plant?

**Mr. Helwer:** Well, again, Madam Speaker, there are no delays on the project. I drove by there yesterday. There is a lot of action happening on that site. Construction is under way under our government.

Their government did absolutely nothing for 17 years. We are getting it done with our partners. *[interjection]*

**Madam Speaker:** Order.

#### **Backlogs at Vital Statistics Request to Address Issues**

**Mr. Mark Wasyliw (Fort Garry):** Madam Speaker, Manitobans rely upon Vital Statistics for birth certificates, marriage certificates and more. Yet, for years, we've been hearing about issues with Vital Statistics which have only become worse because of the pandemic. Doesn't seem like anything's being done to improve them, leaving Manitobans very frustrated.

We're hearing from constituents who've been waiting for months for marriage commissioner licences, marriage certificates, birth certificates and more, and despite this minister committing to a two-month turnaround. And when will—people try to contact Vital Statistics, they can't get through to anyone.

Will the minister finally commit to fixing the issues with Vital Statistics?

**Hon. Reg Helwer (Minister of Labour, Consumer Protection and Government Services):** Well, in—the work that was started by the minister—former minister of Finance, we have continued, Madam Speaker. We have reduced the wait times by over 90 per cent, completed many of these applications that Manitobans have been waiting for if the—*[interjection]*

**Madam Speaker:** Order.

**Mr. Helwer:** –information that we receive is all in order and all correct. *[interjection]*

**Madam Speaker:** Order.

**Mr. Helwer:** Thank you, Madam Speaker.

I understand that there's a lot of noise on the other side, that they don't like the answer. But the truth of the matter is, Madam Speaker, that we're fixing the problem that they did nothing about.

**Mr. Wasyliw:** Not only did this minister not commit to fixing the problem; he won't even admit there is a problem.

Now, we recently heard from a constituent who was told that marriage certificates are only sent out a week or two before weddings. That absolutely defies logic. Vital Stats should not wait until the very last minute to send out these important documents, and, of course, if there are errors, that leaves very little time to fix them.

Will this minister commit to changing this practice and ending the backlogs?

\* (14:20)

**Mr. Helwer:** Well, again, the opposition seems to have lived in a different world in the last two years, Madam Speaker. Many of our friends have had their marriages delayed by the pandemic. If we had sent out that certificate, it would have expired and they would've had to apply again, and that's not good for anybody.

We are working with Manitobans to get everything they need from Vital Statistics in a timely manner. When they call and ask for changes to it, we can make those changes, and it's getting done, Madam Speaker.

**Madam Speaker:** The honourable member for Fort Garry, on a final supplementary.

**Mr. Wasyliw:** No wonder Manitobans are frustrated with this government. No wonder Manitobans are frustrated with a government that can't provide basic services to its members.

They're also frustrated by the lack of communication from Vital Statistics. They say they can't get through to anyone to answer their questions. This holds people back from applying for permanent residency and several federal government programs.

No one should have to wait months to gain access to documents they need. The minister previously

committed to a two-month time for completion, yet they're not meeting his own deadlines.

Will this minister take responsibility and fix the chronic delays?

**Mr. Helwer:** Well, the member opposite doesn't seem to like that Vital Statistics has been very successful, Madam Speaker. The average wait time for a birth, death or marriage certificate is 2.4 weeks. We're working that down to two weeks and that's the goal.

In 2020, the branch issued 48,171 certificates, compared to 2020—sorry, in 2020 and 2021, 71,960. That is a success, Madam Speaker.

**Madam Speaker:** The honourable member for Flin Flon.

### Minimum Wage Increase Request for Future Increases

**MLA Tom Lindsey (Flin Flon):** Manitobans who work full time should not have to live in poverty. That's just not right. The Premier (Mrs. Stefanson) claimed yesterday that the issue would resolve itself. That's quite simply not true.

With high inflation, the starvation wages that are being paid to minimum wage workers are an embarrassment for everyone in this province. We need a \$15 minimum wage, and we need a commitment to a living wage.

Will the government commit to doing that today?

**Hon. Reg Helwer (Minister of Labour, Consumer Protection and Government Services):** Well, I know the members 'offosite' don't like to follow rules, but we have legislation in place, Madam Speaker, that we follow with respect to 'mimum' wage. It sets out a clear plan for what business can expect, what employees can expect, based on CPI for last year.

I know that everybody's facing costs of inflation and we are the government that is—are—is making things more affordable in Manitoba, Madam Speaker.

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

**MLA Lindsey:** Minimum wage workers don't forget about \$31 million and they also don't get half-a-million-dollar contracts like some members opposite. In fact, tens of thousands of Manitobans that—are working for wages that leave them below the poverty line.

This government is completely out of touch. This issue simply will not resolve itself, and the minister

saying that they have legislation is not adequate to protect Manitobans going forward.

So, we need a \$15 minimum wage today and a commitment to a living wage going forward.

Will the government commit to doing that today?

**Mr. Helwer:** Manitoba has the second lowest unemployment rate in Canada, Madam Speaker. Businesses are looking for employees; they are looking all over to find them.

The Deputy Premier and I were in Thompson yesterday speaking to companies like Vale, talking about their expansions. They're looking for employees, Madam Speaker, as is everybody in Thompson. I was very pleased to be there with the Deputy Premier yesterday to make announcements with our partners, the federal government and the City of Thompson, to build a new pool to attract even more people to Thompson.

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

**MLA Lindsey:** Thank goodness the workers at Vale in Thompson have a union so they don't have to depend on this government for a living minimum wage, like workers elsewhere in this province.

So, a hard day's work should mean that you can afford to put—*[interjection]*

**Madam Speaker:** Order.

**MLA Lindsey:** —food on your table. And yet, with this minimum wage—it's about to be the lowest in Canada—working people cannot do that.

So, will this government commit to a \$15 minimum wage and a commitment to a living wage, or will they continue to disrespect and stand in the way of working Manitobans being able to feed themselves?

**Mr. Helwer:** So, he talked about Thompson, and the Deputy Premier and I had a great day there yesterday, listening to people from Thompson talking about all the opportunities that they have up there.

Yes, they're looking for more staff, Madam Speaker. Yes, they're looking for more employees. We're rebuilding Juniper Park with them. And the member opposite seems to have lost attention on hot water. The hot water's fixed in the hospital, Madam Speaker.

## Manitoba Housing Unit Safety and Security Issue

**Mr. Dougald Lamont (St. Boniface):** Last week, I met with constituents who are residents of Manitoba Housing at 101 Marion, as well as the Manitoba Non-Profit Housing Association.

I've written the Minister of Families about security issues, and the reality on the ground is that too many people are living in fear because buildings owned by this government are run-down and dangerous.

I heard first-hand that seniors and people with disabilities in 55-plus buildings are being threatened in their own homes because Manitoba Housing, or the property management companies responsible, lack either the resources or the will to deal with everything from gangs to recurring infestations of cockroaches and bed bugs.

I say this in all seriousness: Will the Premier (Mrs. Stefanson) and the minister consider coming to 101 Marion to hear the residents' concerns?

**Hon. Rochelle Squires (Minister of Families):** I appreciate the member's question about his constituents who live at 101 Marion, and I can assure the member that we have taken extra measures into place based on the extreme circumstances that some residents are experiencing at 101 Marion, including having card access system; restricted key system; additional security cameras on each floor, each elevator and in the common areas; and we have also contracted a security guard on site to keep the tenants safe. Plus, we have a 24-hour security line for any tenants to call that are having problems with security, as well as that they can contact the emergency providers.

But if the member wants me to talk to his constituents, I'd be more than happy to do that.

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

**Mr. Lamont:** I thank the minister.

We've also been told many times—this is a problem across Manitoba—that gangs, drug dealers and even sex traffickers are moving with—are moving in with vulnerable people in Manitoba Housing.

Now, because EIA rates are the same as they were 36 years ago, there are individuals who may only have \$60 a month left over after rent, which is \$2 a day. Those vulnerable people may sometimes tolerate a

gang moving in because the criminals will actually provide them with \$100 or more to spend a month.

It's tragic but true that drug dealers, apparently, are providing more generous income supports to some vulnerable people than this government. It's not new. It's been going on for years. But it will only change if this government reverses course.

Will this government break with the record of the NDP and the Pallister government to ensure that people in Manitoba Housing can live in security and dignity?

**Hon. Kelvin Goertzen (Minister of Justice and Attorney General):** The member opposite raises a correct issue and a concern when it comes to drugs and gangs—not just, of course, in Manitoba but across Canada, Madam Speaker.

I'm very proud of the work of law enforcement. The RCMP work together with other agencies across Manitoba to enact operation divergent—took \$70 million of—street-value—drugs off of the street, Madam Speaker. A very successful effort.

Any help the member opposite could provide us in ensuring that the federal government renews the gangs and guns strategy, which we've been speaking with Minister Mendicino and Minister Lametti on, would be very helpful for the Province of Manitoba to achieve the very things that the member is asking for.

\* (14:30)

### **Hip, Knee and Cataract Surgery Wait Times in Manitoba**

**Hon. Jon Gerrard (River Heights):** Madam Speaker, the optimum way to run a health-care system to achieve the best care for Manitobans and the lowest cost to the Province is to have short wait times for critical procedures like hip, knee replacements, cataracts, cardiac surgeries.

Surgeries need to be done. But when there is a delay instead of a quick turnaround, the health issue gets worse, the pain and suffering is greater and it costs more to fix the health issue. Manitoba is near the worst in Canada in this respect, as CIHI reports today.

Why has this government, both pre-pandemic and now—and the the government before it—been operating Manitoba's health-care system with long delays in the worst way for Manitobans who need care, and in the most expensive way—

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

**Hon. Audrey Gordon (Minister of Health):** I thank the member for River Heights for the question.

Wait times and our surgical and diagnostic backlog is a very important issue for this government. It's also a priority for our government. That is why in Budget 2022, Madam Speaker, we are investing \$110 million to address the backlog, to reduce those numbers.

And it's not just about the numbers. Behind every number is a person, and so we want to ensure that every Manitoban knows that this government realizes that they are in need of their surgical procedures and their diagnostics, and we are taking action through our Diagnostic and Surgical Recovery Task Force.

### **Sectors Affected by COVID-19 Funding Announcement**

**Mr. Shannon Martin (McPhillips):** Madam Speaker, it is my understanding that today the minister of economic development—trade announced an additional \$1 million to four organizations that will support the hospitality sector recover post-COVID.

Can the minister please share with the House the announcement and it—how will address the labour shortage that the hospitality sector currently faces?

**Hon. Cliff Cullen (Minister of Economic Development, Investment and Trade):** Today, we announced \$1 million for four organizations for projects that will address their sector's specific labour market needs.

These organizations are the Manitoba Hotel Association, the Manitoba Restaurant & Foodservices Association, the Food & Beverage Manitoba and Supply Chain Management Association of Manitoba. These four projects will promote careers in the industry, recruit employees, enhance training, access new markets and build local supply chains. These projects will be industry-designed to meet their long-term needs. This will rebuild workforce capacity and security as we recover from the pandemic.

This builds on our commitment to support and work with Manitobans.

### **Provincial Child-Care Subsidies Federal Fee Target**

**Mr. Adrien Sala (St. James):** A Canadian Centre for Policy Alternatives report released today details that Winnipeg parents will pay hundreds more in child care than they should under the federal agreement. Winnipeg will miss preschool-age target fees by over



\$100 a month. Toddler fee targets will be missed by over \$200 a month and infant fees will be missed by \$326 a month.

This is incredibly disappointing news for the many parents struggling to pay for child care.

Why is the Province missing its federal fee targets?

**Hon. Wayne Ewasko (Minister of Education and Early Childhood Learning):** Madam Speaker, I more than appreciate a question from the member opposite, who is obviously now the new critic for Early Childhood Learning. It—he couldn't be speaking his questions farther from the truth.

We on this side of the House have promised to increase the amount of seats—child-care spaces by 23,000 spaces. We have uplifted the thresholds for receiving subsidies for those parents. We have increased the subsidized spaces in this great province of ours by an additional 12,000 spaces. That means 18,000 spaces are subsidized.

We're helping and improving child-care spaces—

**Madam Speaker:** The member's time has expired. *[interjection]*

Order.

The honourable member for St. James, on a supplementary question.

**Mr. Sala:** Manitoban parents want to know that child-care fees will be reduced to \$10 a day by 2023. However, this government is already missing its federal fee targets, which will cost families hundreds of dollars.

Many families won't even see reductions to their fees this year. This leaves many parents doubting this government's commitments. The minister should change their approach so that Manitoba families don't have to pay hundreds more for child care.

Will they commit to doing so today?

**Mr. Ewasko:** Madam Speaker, thank you for the opportunity to stand up and put some factual information on the record again. There—just so much good news in regards to this file, I just can go on for minutes and minutes and minutes and minutes.

The member is absolutely incorrect. We have tripled the amount of people, families, that are receiving subsidies for daycare spaces, Madam Speaker. We've—we're also well ahead of the game in regards to the federal commitment asking us to hit \$10-a-day daycare. We're going to—we're far on our track to hit those targets. We're going to do it a year in advance. *[interjection]*

The member from St. Johns doesn't like it because we're getting it done. *[interjection]*

**Madam Speaker:** Order. Order.

The honourable member for St. James, on a final supplementary.

**Mr. Sala:** It's clear that the minister isn't listening to child-care centres or families, because all we're hearing is that they've completely bungled this subsidy.

Several other Canadian cities will reach their federal fee targets this year, and Winnipeg should be no different. Yet, this government has chosen a subsidy approach that is leaving child-care facilities and families confused.

This approach will cost families hundreds of dollars, and this is incredibly disappointing news for Manitoban parents, especially in the midst of an affordability crisis.

The minister has an opportunity to fix this issue. Will they do so today?

**Mr. Ewasko:** And we cherish those partnerships that we have with the early-learning child-care sector, Madam Speaker, as opposed to the previous NDP government that had 17 years to get it right.

They didn't get it right. We're getting it right. We're partnering with the federal government, making sure that these subsidies are flowing directly to the child-care centres.

Madam Speaker, the department has provided \$75 million to improve the affordability of child care through in-advance subsidy payments to facilities.

Where they got it wrong, we're getting it right.

**Madam Speaker:** The time for oral questions has expired.

Petitions? Are there any petitions? Seeing no petitions, grievances?

**ORDERS OF THE DAY**  
**GOVERNMENT BUSINESS**

**House Business**

**Hon. Kelvin Goertzen (Government House Leader):** Pursuant to rule 33(7), I'm announcing that the private member's resolution to be considered on the next Tuesday of private members' business will be the one put forward by the honourable member for Rossmere (Mr. Micklefield). The title of the resolution is Calling on the Federal Government to Extend Time Frame for Indian Day School Survivors.

**Madam Speaker:** It has been announced that pursuant to rule 33(7), the private member's resolution to be considered on the next Tuesday of private members' business will be one put forward by the honourable member for Rossmere. The title of the resolution is Calling on the Federal Government to Extend Time Frame for Indian Day School Survivors.

**OPPOSITION DAY MOTION**

**Madam Speaker:** The House will now consider the opposition day motion of the honourable member for St. Johns.

I will now recognize the honourable member for St. Johns.

\* (14:40)

**Ms. Nahanni Fontaine (St. Johns):** I move, seconded by the member for Point Douglas (Mrs. Smith), that the Legislative Assembly of Manitoba call on the provincial government to protect the rights of women, girls, and gender-diverse citizens by ensuring access to reproductive health care throughout Manitoba, particularly in northern and rural areas, which includes equitable access to both medical—Mifegymiso—and surgical abortions and to protect access to abortion services by creating buffer zones around clinics and facilities providing abortion services, schools and the residences of medical professionals who provide those services.

***Motion presented.***

**Ms. Fontaine:** Most of us are now well aware of the pending removal of the right to access abortion in the US. The leaked decision of the Supreme Court of the United States methodically outlines an agenda that would allow states in the US to criminalize abortion by overturning precedent over precedent-setting *Roe v. Wade*. The final decision is due at the end of June.

This Wednesday, in an effort to combat this extreme, archaic and dangerous decision, the US Senate will vote on the Women's Health Protection Act, a national abortion rights bill. This bill would codify abortion rights into federal law in the US.

*Mr. Andrew Micklefield, Deputy Speaker, in the Chair*

Madam Speaker, every day I get emails and comments on social media or messages in my DMs, 99 per cent of them coming from angry men questioning and attempting to chastise me on why I care about abortion rights that are taking place in the US. As I've always said, we have an obligation to draw attention to what is happening in the US as well as what's across—occurring across the globe in respect of reproductive justice. I care deeply whether or not all women and gender-diverse folks can access reproductive justice not only in the US or here in Canada, but across the globe. In fact, when Mexico and Colombia recently decriminalized abortion, it was a victory for all of us who fight for abortion access.

Human rights are not only fought within the boundaries of our particular countries; they must be defended everywhere and always.

In Canada, whether we fully appreciate or know it, abortion rights are fragile. There is no federal law that legalizes abortion in Canada. It's merely decriminalized. An abortion is not specifically protected within the Canadian health act.

We also know political parties on the right in Canada follow the doctrines of the US Republican Party. One only need look at how Conservative MPs on Parliament mimic strategies of Trump to appeal to their right-wing base. MPs like Candice Bergen sporting a MAGA cap and capitulating to white nationalists, co-opting my body, my choice.

Canadians are lulled into a false sense of security that Conservatives would never open the abortion debate. So we're told, don't be so dramatic, we're being divisive, don't get so upset. But the fact is we have elected officials actively working to erode abortion access. Almost 75 per cent of current, elected Conservative MPs are anti-choice and have repeatedly introduced legislation to restrict abortion in Canada. Some elected officials have clearly outlined their anti-choice agenda, like Canada's own Commander Waterford, Derek Sloan, or MP Lesly [*phonetic*] Lewis, who's promised anti-choice policies if ever elected government, or Ontario's MPP Sam Oosterhoff, who has proudly declared that he wants to see an abortion end in his lifetime.

We have elected officials who attend anti-choice rallies, like the current Minister of Justice (Mr. Goertzen) and the member for Radisson (Mr. Teitsma). We have elected officials who put forward legislation to limit access to abortion under the guise of protection. And we have elected officials who act coy and dishonest by refusing to state whether or not they support access to abortion.

To be clear: in Canada there have been 47 anti-choice private member bills or motions put forward at the federal level. The federal Conservative leadership race is currently under way, with many contenders identifying as anti-choice or not wanting to declare their position at all, but we're told not to worry.

In Manitoba we have more pregnancy crisis centres than we do centres offering abortion services, but we're told not to worry. In Manitoba we have a government that as recently as 2019 provided funding support to pregnancy crisis centres in southern Manitoba, and we're told not to worry.

In Manitoba we have a government that removed the abortion file out of the Health Department because two consecutive Health ministers refused to discuss abortion or even utter the word abortion. These two men moved abortion out of Health to the Status of Women. This contravenes the notion that personal belief and biases don't affect politicians' decisions; they absolutely do.

To this day, we still don't know who makes this PC government's decisions in respect of reproductive justice, and still, we're told not to worry about it.

Recent data from Polling Canada found that 78 per cent of Canadians were pro-choice. This is a large majority, and suggests that individuals from all political backgrounds support access to abortion. I stand with the majority of Canadians, and I celebrate the medical professions—professionals who provide this much-needed health procedure.

In Canada, abortion services include therapeutic surgical abortions and abortion by pill known as Mifegymiso. Those who seek to ban this human right or this essential health care don't understand that access to abortion is just one component of the full range of reproductive justice items.

Reproductive justice includes access to abortion where there is a miscarriage—and yes, it's the same procedure. And reproductive justice includes access to a full range of birth control contraceptives, including IUDs, birth control, condoms. And reproductive

justice includes—and certainly welcomes—vasectomies, particularly for those men who feel they should have an opinion on a woman's right to choose. Want to prevent abortions? Get a vasectomy. The more, the merrier.

So, given that reproductive justice includes a sweep of services, should we not all work together to ensure folks can access these health services in a safe manner? I suggest yes.

I've introduced the abortion protest buffer zone in this Legislature four times. Again, this abortion protest buffer zone would protect access to reproductive health services and protect Manitobans who offer said services. And for four years, it hasn't gone forward. And yet, we're told not to worry about our right to access abortion services. From the members opposition—for members opposite, the answer has been—four times now—no, in respect of our abortion protest buffer zone.

In Canada, abortion access is limited generally to large urban centres. Access to Mifegymiso is seen as a game changer to provide increased access to abortion, as it would be more accessible.

However, we know that this is not entirely true. Once Manitoba finally approved Mifegymiso for use—and it's important to note that Manitoba was the second province to do so—health-care providers have told us there are regions in Manitoba where Mifegymiso is still not available at pharmacies. And while training is offered, there are still pharmacies who do not wish to provide this service; thus, limiting access.

\* (14:50)

This hush-hush approach to reproductive justice services actively hurts the most marginalized individuals in Manitoba. If you have access to money you can access the service you want. If you can't afford—you can afford to take the time off, good for you. But we know in rural and northern access is extremely limited for Indigenous, Black and people of colour who are most harmed by this lack of infrastructure.

So I will continue to speak out in support of an abortion, I will stay vigilant and rally with our US relatives who are now facing the most extreme reversal of human rights in over 50 years. And I will rage with them as Republicans now talk about criminalizing IUDs, condoms, accessing Mifegymiso in the mail and restricting travel to other states to access abortion. I invite everyone else to do so the

same, and I will be cheering them on with my body, my choice.

Miigwech.

**Hon. Audrey Gordon (Minister of Health):** Unlike the member opposite, the member for St. Johns (Ms. Fontaine), we won't play politics with women's health and we won't speculate on issues before another country's court, that country being the United States of America, thousands of miles away from Manitoba.

What I do want to put on the record today, Mr. Deputy Speaker, is that my ministry and department has a duty to provide health-care services to all Manitobans regardless of race, religion, social status and where they live in our great province. Creating and sustaining safe access to health-care services is essential. It is something that I personally take very, very seriously.

Mr. Deputy Speaker, I want to put on the record that abortion has been legal in Canada since 1988 when our Supreme Court determined that legal restrictions on abortion were unconstitutional.

Today in Manitoba women can access abortions. Women also have access to fully funded coverage of Mifegymiso, regardless of where they live in the province. All Manitobans can access the drug at their local health-care practitioner, community pharmacy or nursing station free of charge.

To help with accessibility issues, we allow virtual accessibility options for individuals to talk to their care providers virtually. Patients residing north of the 53rd parallel can also receive Northern Patient Transport services to access abortions. First Nations patients registered with non-insured health benefits have full coverage of abortion drug costs.

Mr. Deputy Speaker, in regards to buffer zones in front of clinics and facilities, our government is strongly opposed to harassment in any form—threats, refusing to allow an individual to cross a protest line to access health services, whether that occurs at a health clinic, a hospital. I know that we saw some of this played out at schools and at our hospitals during the pandemic and we stood up against that, and it is wrong.

Human rights are important for all legislatures—legislators that sit in this House to uphold and we have a duty to protect all Manitobans. The intent of protecting Manitobans from harassment and unreasonable invasion of personal privacy is important. The issues surrounding accessibility to our health-care

services is a very important one. We must protect that access as well as the individuals who need the services and the individuals who provide those services.

The rules and regulations that need to be taken into account to consider access, the type that the minister for St. Johns—the member for St. Johns (Ms. Fontaine) is referencing, is not something that members opposite has given any thought about. If the member had done their homework, they would understand the scope of further work that would need to occur to ensure that this does not overshadow other pieces of The Human Rights Code in our province.

Our government understands and supports everyone having access to health-care services across this province. We also understand the importance of keeping people safe. Mr. Deputy Speaker, we know that the vast majority of Manitobans respect this, as well, and that is why we will continue to stand up for them.

Thank you, Mr. Deputy Speaker.

**Ms. Lisa Naylor (Wolseley):** First of all, I want to very much thank my colleague, the member from St. Johns, for bringing forward this motion today.

And I also want to recognize that, because it's the first week of May, that 39 years ago this week was when Dr. Henry Morgentaler opened his—the first abortion clinic here in Manitoba, in defence of both provincial and federal laws, something that he was charged with, failing to uphold the patriarchal order of society by doing so, but successfully operated his clinic for many, many years before abortions were fully funded by this government—not this government, but the government of the day.

I'm just going to talk a little bit about my own experiences of the abortion movement in Canada. When I was 19 years old in college in Toronto, I attended the Toronto Morgentaler Clinic with a friend in—I guess it was February of 1986 when a friend needed an abortion. It was my first experience of—maybe, I guess, yes, it was '86, February '86. It was a cold winter day. There was a lot of protesters, and I accompanied a friend to the clinic.

It was my first experience of being there, but I knew about the clinic because of, you know, so many things that were going on in the media at that time, the fact that it had previously been burnt down when it was located in a different location over top of the women's bookstore. So I had knowledge of it, but it was my first time going there, and honestly, I was completely horrified by the signs and the treatment of women that were there to access health-care services.

Of course, abortions were not decriminalized at that point. They were not a funded health-care service. Every person who walked through that door needed to have \$300 in their pocket, which was a whole lot of money in 1986.

And the following year in 1987, about a year later, I became a volunteer at that Morgentaler Clinic, and my job consisted of showing up Saturday mornings when I wasn't in school and standing in some back alleys a block or two away from the clinic, watching for women to approach, generally always by themselves. I usually had a time and a first name, and they had been told that they would be approached by a volunteer, and my job was to just introduce myself to a stranger on the street. I didn't always get it right, but most of the time I figured out who it was.

And it didn't matter, you know; it wasn't obvious, because someone coming for an abortion could be 15 years old and they could be 45 years old. They could be wearing a wedding ring. They could be any race or background. They could be a mother and they could, you know, have-be there for any reason. It really didn't matter.

So, my job was simply to approach them, introduce myself and offer them companionship and an escort service to the back door down the back lanes into Morgentaler's clinic where the security guard would take over from there. And I did that job for two years on Saturday mornings. I did it for a year before abortion was legalized and a year after abortion was legalized. And it was never any different, unfortunately, because of the degree—I mean, in fact, by the legalization of abortion, the degree of hatred and vitriol that was directed to women's bodies and on gender-diverse people's bodies just escalated.

\* (15:00)

And I think the Health Minister's extraordinarily naive if she believes that there is no relationship between abortion rights in Canada and abortion rights in the US, because the movement that fights against this, a movement that has members of this—of the government on the other side of the House, who are in support of that movement, that movement is a cross-border movement with a lot of money and a lot of power.

In fact, on the year anniversary of the legalization, I was at a pro—like, I was called early in the morning. We need to defend the clinic. Appointments continued, but I—we stood there fighting, like, standing, just keeping guard of the door, not letting anyone near

it for hours and hours because thousands of people bused in from the United States from—through Buffalo, up to fight the fact that Canada was known now a year into legalized and funded medical—funded abortions.

So the other thing is that that same year that Morgentaler opened his clinic here in Manitoba, that same year more than 60 per cent of people who needed abortions in Manitoba actually travelled to the US for their abortions. Some people still travel to the US, and I can guarantee you if the Roe v. Wade is rolled back, and if abortion access is decreased in many states, as it's likely to, that door will reverse and we will see thousands of people travelling to Canada for abortions in the coming years. I already have friends in the US just saying, like, if my daughter ever needs anything, I need to know I can count on you.

I didn't expect to be so emotional about this. It's just crazy that we have to have this conversation. But we do, and it's naive to think that we don't. It's frightening.

I believe that there are members on the other side of the House who actually are pro-choice. I have a memory of one member on that side of the House clapping very strongly at a pro-choice event I was at. And I hold on to that hope that there are more of those voices that will do everything to uphold a woman and gender-diverse person's right to choose and to their gender, to their autonomy.

There are still some of the older women in my life, some of the mentors in my life, are people that were arrested outside Morgentaler's Clinic when they were supporting abortions here in Manitoba. I worked at Women's Health Clinic for 19 years and for a short period of time, for about a year and a half, I did abortion—pre- and post-abortion counselling. And I spoke to Manitobans from across the province in that role.

I know—statistically—I know that 25 per cent of all women and gender-diverse people, all people with a uterus, 25 per cent will access an abortion in their lifetime. So I know that there are people in this House whose daughters or other children whose partners, whose sisters have access to abortion services, or will. And I need to believe that you will protect that right, that choice to become a parent or not when it is the right time in someone's life to do so.

And so, you know, I'm strongly in support of this motion and so grateful for it because I just—I have such a memory—you know, I talk about a time that is—that many of you won't know about or don't experience.

But, you know, I was a very young woman on the front line, but I was surrounded by women who had been having this fight for decades. Support those women.

I just—I ask you to consider this motion and to know that if you really, really believe that what's happening in the US doesn't affect us, you need to reconsider that. And if you really believe that abortion is safe in Canada, then you should have no hesitation to support this motion to continue to keep it that way.

Thank you.

**Hon. Kelvin Goertzen (Minister of Justice and Attorney General):** Today, we're speaking in part on a leaked draft decision from the Supreme Court in the United States. And, of course, members will know that while we both operate under a common-law system—except for Quebec, which is a civil-law system—parallels largely end there in terms of how the constitution is formed in the United States, and how the constitution and Charter are formed and operate in Canada.

I do want to speak to the portion of the motion in particular that talks about safety of individuals accessing different facilities in Manitoba. And this is an important discussion, and I did have the opportunity in the fall of last year to speak to this particular issue when it became a matter of particular concern around protests at a hospital. And I spoke very strongly that that is not the place to be denying access into a hospital, into a medical facility, into a doctor's office.

I would extend that to other things like schools, for example, Mr. Deputy Speaker. We need to ensure that students can get into schools. That can be extended to a lot of different places. I'm sure we could all think of a number of different facilities that there should not be denial of access. We've even had that debate about this building, and I know that my colleague from St. Johns has some concerns about a bill that is before the Legislature that would prevent people from blocking access to this building.

It is important, in fact, to ensure that people can access a number of different things, whether it is the seat of democracy, a hospital for a medical procedure or a school so that they can continue on with their learning.

But it is not as simple as to put it into a motion and to say that, well, this is a simple solution, without looking contextually at what already exists in the law, and then looking at how that law can be augmented. And I don't believe that the member for St. Johns

(Ms. Fontaine) has done that work, and that is concerning because decisions that are made in this Assembly can have far-reaching and sometimes unintended consequences, Mr. Deputy Speaker.

I would note that in January of this year, the Criminal Code was amended in Canada to provide for two specific new offences.

Under Section 423.2, there was a new provision included in the Criminal Code called Intimidation—health-care services. This portion of the Criminal Code, Mr. Deputy Speaker, creates an offence that includes intimidating a person engaging in conduct with the intent to provoke a state of fear in order to impede them from obtaining health services; or intimidating a health professional in order to impede them in the performance of their duties.

This is a relatively new Criminal Code provision, Mr. Deputy Speaker. It may be the members opposite don't have full awareness of it or its implications, but the Criminal Code specifically prohibits and gives law enforcement the ability to act upon the very things, I think, that the member opposite is speaking about and somehow trying to incorporate into provincial law even though, of course, there's not Criminal Code ability—us to have the ability to alter the Criminal Code. But there is an extension in the Criminal Code.

In addition, there is a new provision that was brought in in January of this year called Obstruction or interference with access. This offence includes obstructing intentionally or interfering with another person's lawful access to a place at which health services are provided.

So, again, Mr. Deputy Speaker, significant Criminal Code provisions new to the Criminal Code to prevent individuals from blocking access to a health-care facility.

But, of course, there are other facilities that access should not be blocked to, and there are other opportunities within Manitoba or other law, particularly in the Criminal Code. One could look at provisions about assault to stop somebody, and police could act upon that; uttering threats is a provision that is restricted in the Criminal Code; criminal harassment, which is harassing another person causing them, in all circumstances, to fear for their safety or the safety of someone that they know; mischief prevents the obstruction, or interference, or unlawful use or enjoyment of the operation of property.

And related to property, there are trespass provisions within the Criminal Code. The 'trespacks'—

Trespass Act, Mr. Deputy Speaker—under that act, an institutional occupier, like a hospital or another institution, could tell the individual who is creating the obstruction on their property to leave the premises.

So, Mr. Deputy Speaker, you can see that there are a number of different legal provisions that already exist in the Criminal Code, some of which are relatively new, only introduced and passed by Parliament this year. There are other provisions and other pieces of legislation that specifically deal with the issue that the member is raising.

\* (15:10)

And yet to add on additional provisions would take some degree of analysis and some degree of research, research that I am willing to do and happy to confer with elected officials—or sorry, justice officials within the Department of Justice to see if there are other things that can be added on.

Are there gaps in this relatively new legislation? It appears that there a number of different provisions already that would prevent somebody from blocking access, as an example, to a hospital or maybe to other facilities. But we do have to look at how that interlays and overlaps on those provisions that have been provided. But we are willing to look at that, Mr. Deputy Speaker, and then to look beyond that.

Of course, health-care facilities is one that we're speaking about today, but there are other facilities that should not be blocked, that people should be able to access. We've talked about, you know, democratic institutions, I've talked about schools. There are probably others that don't come to my mind, but might come to the mind of others that should be considered in that discussion as well. But it takes thoughtful analysis.

It takes—and, you know, we don't want to do something that has unintended consequences that a legislature then has to try to find its way out of because it's put in provisions that they weren't intended to do, Mr. Deputy Speaker. So that's a very, very important part of this discussion and this debate.

And while the member opposite might very well with good intentions come forward today and say that this is something that we should do with a very general application, there is concern when you act upon that general application without looking at what is already a statutory provision, either in the Criminal Code or in other statutes, Mr. Deputy Speaker. There needs to be more thoughtful analysis. In many ways what the member is talking about in her resolution is too

narrow, it's not broad enough, it doesn't look broad enough in terms of the different facilities that could be blocked for access.

All that to say, I will commit to the member opposite, we'll continue to speak with officials in the Justice Department to look at the different things that we could do in provincial law, not to mirror or try to replicate criminal law because that would be beyond the scope of the Province, that would be beyond our constitutional ability, but there may be things in a provincial context that could be done on a broader scope than what the member is specifically speaking about, Mr. Deputy Speaker, but it needs to be done in a very thoughtful way to ensure that we don't have those unintended consequences.

So, again I wanted to provide the House some context and some information because some of these are new, Mr. Deputy Speaker, when it comes to the Criminal Code provisions have been enacted only earlier this year.

But I would conclude by comments, Mr. Deputy Speaker, by saying we all agree, we all agree that individuals should not be blocked access from a hospital, whether it's to get, you know, chemotherapy or whether it's to get other medical procedures. There's a litany of medical procedures—those procedures that are offered within a hospital, they should not be blocked from.

We also know, though, that there might be other institutions that need similar protections if they're not adequately protected by new Criminal Code provisions that have been brought in. *[interjection]*

And I know the member—the Leader of the Opposition, chooses to heckle. I know he maybe finds this, in some ways, funny or amusing. These are very, very serious—and I know he doesn't want to take this flippantly, but it almost feels like he might be.

So we want to make sure that this is analyzed appropriately, want to make that we involve our justice folks to make sure that it's not too narrow in scope, that it's not overlaying or duplicating something that already exists within the Criminal Code, Mr. Deputy Speaker, and we will continue to ensure that where there are concerns about access to things that people should access, whether it's the seat of democracy which I know members opposite don't agree with, a hospital, a school or other things, that provisions are in place.

Thank you very much, Mr. Deputy Speaker.

**MLA Malaya Marcelino (Notre Dame):** I want to begin by thanking my colleague, the member for St. Johns (Ms. Fontaine), for her leadership in raising this opposition day motion and for her many attempts in this House to pass abortion buffer-zone legislation to protect pregnant individuals seeking abortions and health-care professionals who provide these services.

I also want to acknowledge my colleague, the member for Wolseley (Ms. Naylor), for her career in women's health as an educator and counsellor for reproductive health services. And I must also acknowledge our late colleague, Danielle Adams, the MLA for Thompson—the former MLA for Thompson, who was a fierce advocate for northern women's health and reproductive services.

For those of us who are interested in seeing women and girls realize their full potential, reach their full education goals, reach their career goals and economic independence, we often advocate for and speak a lot about how fundamental access to quality, affordable, non-profit child care is as a base layer that women need when they're trying to achieve these goals.

However, and actually, there is another layer or foundation of need that exists even before that, and that legal foundation is under substantial attack in the United States: that women need access to safe and legal abortions. This legal and health foundation protects the women's right to safely access reproductive health care.

At this pivotal time, the Manitoba NDP are calling on the provincial government to take a unified stand to protect the rights of women and girls and gender-diverse citizens by ensuring access to reproductive health care throughout Manitoba.

The Manitoba NDP would like to emphasize that there is a pronounced need for reproductive health care, particularly in northern and rural areas, and we specify that this access should be for contraceptives, such as IUDs, birth control pills and hormone injections. We specify that sexual and reproductive health care includes equitable access to both medical Mifegymiso and surgical abortions. And at this time we also raise the need for this Legislature to support the creation of buffer zones around clinics and facilities providing abortion services.

I want to raise that reproductive health advocates and researchers have provided substantial evidence that shows that birth control and access to

'contrashepshion' should be available at no charge to improve reproductive health and save public spending. There's a broad consensus that exists among experts on this issue, including the World Health Organization, The American College of Obstetricians and Gynecologists and The Society of Obstetricians and Gynecologists of Canada. The members of the Manitoba Medical Students Association Student Advocacy Committee have also presented their research indicating why specifically Manitoba would benefit greatly from the implementation of no-cost contraception. For instance, for every \$1 invested in contraception, \$7 is saved in future health-care costs.

Manitoba has some of the highest rates of teen pregnancy in Canada, and if increased access to contraceptives could happen here, we could see similar results in jurisdictions that have improved that access. For instance, in Colorado, they had a 54 per cent decrease in teen pregnancies, a 64 per cent decline in teen abortion rates and savings of up to \$70 million after providing free IUDs to teenagers.

Along with cost savings, of course, there are numerous societal and health benefits. Access to 'contrasheption' allows women to plan and to manage their lives. Mothers who've had access to no-cost contraception were four times more likely to wait an ideal amount before their next pregnancy. Pregnancies spaced close together can increase the risk of poor health outcomes for both mothers and infants, and adolescent parenting is associated with lower lifetime educational achievement, low income and increased reliance on social support programs.

An IUD in Manitoba can cost \$380, while birth control pills can cost up to \$20 a month and hormone injections, \$180 a year. It has been shown that price remains the most significant barrier to accessing contraception. Universal coverage for prescription contraception is a good policy, as it helps the most vulnerable people in our communities and it reduces gender inequality and improves health outcomes for parents with cost savings in the long term.

Mifegymiso is an over-the-counter abortion pill. It was made available in 2016 to eliminate barriers for folks seeking an abortion. This medication is prescribed by a doctor and can be taken at home, in a safe place, yet Manitoba only started providing universal coverage for this pill in 2019. Until 2019, this government only covered the cost of this \$350 pill at three locations: two in Winnipeg and one in Brandon.

\* (15:20)



And even though the pill is now 'mordly'—now more widely available, massive barriers still exist for women and gender-diverse folks living in rural or northern regions of the province.

There are only four people in The Pas, Manitoba, and two in Thompson who are trained to provide medical abortions. And so, for many rural and northern women, girls, this lack of access means that they are faced with a significant cost of travel and time off work to access a pill that was meant to reduce barriers to abortion.

So, women and gender-diverse folks, no matter where they live in the province, deserve access to reproductive health care. And at this time, again, I'd like to reiterate my unfailing support for the legislation brought forward four times now by the member for St. Johns (Ms. Fontaine), The Abortion Protest Buffer Zone Act.

Protesters around abortion clinics undermine access to health care for women. They can physically block entrances or use words and images meant to traumatize women and gender-diverse folks, including health-care providers. There are many cases in Canada where anti-abortion protesters have gone to violent extremes to stop people from obtaining abortions.

In 1997 here in Winnipeg, Dr. Jack Fainman, an abortion-care provider, was shot by an anti-abortionist who was later charged in the U.S. for similar crimes.

I've shared in the House before my family's long-time friendship with Jack and Faigie Fainman and I can assure you that although he miraculously survived the stalking and attempted murder, their family's life was never the same after that.

Another Winnipegger, Dr. Gary Romalis, was stabbed and shot while also providing abortions in Canada.

Now, Bill 203 is about protecting people who are trying to access reproductive health care and protecting people who provide reproductive health care. Last year, Nova Scotia passed legislation that prohibits protest activity with the defined distance from health-care centres, pharmacies and doctor's offices providing abortion care.

In 2018, both Alberta and Ontario passed acts that allow for safe access zones to be established around facilities that offer abortion services. And Manitoba needs to follow the example of these provinces and uphold the rights of all people to access health care

safely by placing buffer zones around abortion clinics. It is our hope that the PC government will come to the realization of the importance of protecting women from intimidation and harassment.

If buffer zones are introduced, they will not affect anti-abortion activists' rights to protest. They remain welcome to take their fight to the Legislature, the medical association and their various media platforms. But buffer zones around abortion clinics would remove rights that they never had to start with. They never had the right to intimidate patients and to treat women as incapable of making decisions about their own bodies.

Thank you, Mr. Deputy Speaker.

**Mr. Dougald Lamont (St. Boniface):** I want to thank the House leader for the official opposition for bringing forward this motion and for the opposition to—for bringing forward this motion.

You know, the reasoning in the leaked decision on *Roe v. Wade* was truly disturbing. It was a shocking rollback of rights that women have—and others, many others, have fought very hard for over the years. To keep—not just to keep themselves safe, not just to be able to make their own decisions, but the fundamental recognition that women's health care is health care, that abortion is health care and that women have these—the right to make these decisions about their own bodies.

The reasoning in the leaked decision on *Roe v. Wade* is truly disturbing. There have been many very passionate and critics of the bill who've criticized it as bad law, as bad history, as bad religion. And one of the most shocking and upsetting aspects of it is that at its core, it claims that no one in the United States has any rights to privacy at all.

There are countries that have enacted bans on abortion. Within modern memory, this are extremely strict. And one was Romania under Ceaușescu. It was a totalitarian communist government, and it resulted in astounding misery, not just for mothers who were forced to give birth when they didn't want to, but for the children who ended up being abandoned in 'orphages'—orphanages as well.

Now, I remember in high school people having to leave Manitoba to go to North Dakota to get abortions in the 1980s because it was difficult and almost impossible to get access to the procedure in Manitoba. I remember when the Supreme Court overturned the decision.

And, just to go over some of the history, the PC government of Brian Mulroney actually brought in legislation in an effort to recriminalize abortion. Doctors in Canada were starting to refuse to provide abortions for fear of prosecution. It actually passed the House of Commons by a majority vote under the PCs and only failed because Pat Carney, PC senator from BC, changed her vote. So the final vote in the Senate was 50-50, which meant that it failed.

And as others have mentioned, Dr. Jack Fainman, an OB/GYN here in Manitoba, was shot by an American sniper in his own home. The only reason he wasn't killed was that he happened to be standing up at the time. Now, Jack Fainman's wife, Fagie, was actually a law partner of my aunt, and I have—my aunt actually happened to be the head of the League for Life Manitoba.

So I'm extremely familiar with all the counter-arguments. I heard them for years and years and, frankly, I didn't find them convincing; in part, because this is an emotional issue; because there is so much pain involved for the—often because there are people who have unwanted pregnancies, and it could be through the result of rape or incest, but there are also stories of wanted pregnancies that people have to deal with and the pain and trauma they have to go through is something that people don't want to talk about. They don't go out and talk about the fact that they hope to have a baby but maybe it was—it ended up being still-born—in the case of—tragic case of a woman in Ireland where the stillbirth resulted in her own death because doctors would not intervene. Or people that I know who were pregnant with twins and learned that one twin was not thriving, as they put it, and they had to make a choice between losing one or losing both. And other friends who became pregnant only to find that things went horribly wrong and their child in the womb had cancer.

These are incredibly personal, incredibly private, difficult decisions, heartbreaking decisions for the people who are involved, and we need to engage in that because their stories aren't told because they are traumatic, people are grieving, they don't want to talk about them for reasons that they're exposing their own personal suffering.

But this is not an issue that should be an issue for the criminal law, that when you look both at the law and if you look at religion, that even until the mid-1970s, evangelical Christians did not oppose abortion, that throughout history, as people pointed out in critiques of Justice Alito's reasoning, that even

in the Bible there is no prohibition on abortion but there is actually a section which says how safely to perform one, which may be shocking, but it's right there in Numbers.

Ultimately, this should be a question between a woman, her health-care provider, and that is it. That's where we need to be. I will also say that we need to do a much better job of providing reproductive health-care services in Manitoba and support for women's health services across the province.

It—we don't have a strong history of doing it, in a number of ways, but especially up North and the fact that so many individuals over the course of the years; not just with Indigenous children, especially Indigenous children being taken into care, CFS. I was told that you would have a woman who would present; she'd be pregnant, she might and—had not had adequate prenatal care because she was afraid to see a doctor for fear that her next child would be taken away from her as her first one or second had been.

And so there's an enormous amount of trust that needs to be done but ultimately needs to be rebuilt. We need to have adequate reproductive health services across the province, including and especially prenatal care and especially postnatal care. There is so much that we're missing, and it needs to be invested in—that we've seen cuts to over the years, but it's especially important that we have these services not just in Winnipeg but in the places where people need them most.

\* (15:30)

So we are—certainly stand with the opposition on this. We are more than happy to support this.

Ultimately, these become difficult issues because these are 'diffy'—these are difficult issues. I—as a father of four, I watched all my children be born. One of my children—we had two very difficult births, including one in which my daughter had to be resuscitated. And, the potential of that loss is something that individuals have to deal with. But we cannot go back. And we can't—this is an incredibly important thing. There is a risk and I'm sure there are going to be people who are be emboldened about this.

But, fundamentally, we have to recognize and be empathetic to the individuals who are going to be— who need to make that choice. It is their choice to make and not ours.

Thank you, Mr. Deputy Speaker.

**Mr. Wab Kinew (Leader of the Official Opposition):** I rise today as the Leader of the Manitoba NDP, which is a party that was in government when abortion was decriminalized in Manitoba. And, so, I want to make clear that I'm speaking on behalf of our party and our movement that stands unequivocally in solidarity with women and other folks who need access to abortion, for their right to control their lives, to choose for their selves their own right to self-determination, and in favour of reproductive health and reproductive justice.

I want to acknowledge my sister-colleague from St. Johns for bringing this forward here, today. It's very important because in stating the solidarity that we feel, we have to back that up with action that is taken in the venues that we can control to support those folks whose rights are being threatened as we speak.

We know that actions in America can quickly influence the politics of Canada. And so, if we want health care in Canada, if we want reproductive health, if we want reproductive justice in Canada to be safeguarded, we have to speak up now in solidarity with folks in the States and not wait for the influence of a multi-decade-long campaign against abortion to embolden and empower folks within our politics here in Manitoba and across Canada.

And so, again, I do really take seriously my colleague for bringing this forward and, you know, all of the colleagues who we've heard from so far—colleague from Wolseley, from Notre Dame and the other colleagues that we'll hear from. They truly do stand on the shoulders of the folks in the New Democratic movement who made these rights a reality to be practised here on these lands.

The Howard Pawley government, under Attorney General Roland Penner, oversaw this transition here in Manitoba, and that work was spearheaded by strong women in caucus, like Muriel Smith and Myrna Phillips. And I want to acknowledge them here at this time, as well, because they were the trailblazers who accomplished this important realization of a very long campaign to ensure that women and other folks would have the ability not just to claim these rights, but to exercise them in their lives. And so it's very important for us to stand up and to say, clearly, that we support them and that we will stand on guard against any attack or threat against them.

As a man, I don't want to take up too much of the time in the debate here, today, but it is important to speak as a leader of the party that is so intertwined

with this issue's history, as it comes to be known today.

But as a man, I do want to call my colleague from Steinbach to task for suggesting that my colleague from St. Johns had not already undertaken a thoughtful examination and deep consideration of the issue. The mere suggestion that our colleague here wouldn't have done her due diligence is disrespectful.

I would suggest further that it's disrespectful for that same member not to say the word abortion in his remarks here today. This is a debate about abortion. This is a debate about where people stand in terms of abortion rights. And, so, folks who rise in their place today ought to be able to clearly articulate their views on abortion, or at the very least, be able to say the word abortion.

We know that this is going to be a challenging time for folks across the United States of America. We know that there is stress for people around the world who are concerned not only about their own rights but who also feel empathy and a shared humanity for those whose rights are now under attack, and I'm sure that's why we have a gallery full of people here today.

And so I want to say thank you for coming out, and we will keep coming out along with you to ensure that folks in the United States know that they're not alone and that folks in Canada who feel the same way know that they have a champion when it comes to human rights.

So I just felt it was important to share a few of these words and to just speak on behalf of the party and movement that we are a part of, and with that, I'll yield the floor back to my colleagues.

**Ms. Janice Morley-Lecomte (Seine River):** I'm pleased to be able to rise in the House today and put a few words on record and speak to the member for St. Johns' (Ms. Fontaine) motion.

I am honoured to be able to speak to the hard work that our government has done in order to advance the delivery of health services for women in the province of Manitoba. It was our government who in 2019—four years ago—created universal access to Mifegymiso for all Manitobans. We have made Mifegymiso free for low-income Manitobans who need it. We have made it free to individuals with, like, neutral income who need it, and we have made it easier for working Manitobans who have access to health-care plans to access it. We made it easier for First Nations people to access it.

Our government has made tremendous steps in order to make access to this medication easier for people living in rural and northern Manitoba. This medication is available to Manitobans at their local pharmacies and through their health-care providers.

Our government is committed to providing health-care access closer to where people are. This is a groundbreaking step, and it is the first time any medication has become universally available at no cost to all Manitobans who need it. The director of the Women's Health Clinic in Winnipeg called this, and I quote, a great first step towards access for women and trans folks and other people who become pregnant in Manitoba.

The Northern Health Region health website has indicated that, and again I quote: Manitoba Health have made Mifegymiso, the medication used in medical abortion, free of charge in Manitoba. Pregnant persons in the Northern Health Region have the right to medical abortion closer to home.

In addition to the improvement our government made, which I briefly touched on, our government is—or, sorry—continues to address the health needs of women and girls by working with the Women's Health Clinic to provide vital health services to women and individuals who access their services. Our government provides access to these same services to anyone living above the 53rd parallel by providing free transportation to access the services.

These holistic services for women and those who need them can also be accessed at Mount Carmel Clinic, which can help to provide access to reproductive health services, midwifery, prenatal care and a teen clinic. An important component of the care offered is that Mount Carmel has wraparound care for Manitobans through their community services. Sage House is one of the programs that is offered.

Mr. Deputy Speaker, health-care services are available throughout our province. Many facilities which offer health care to individuals who are accessing services have professional staff, counsellors, and medical persons trained in many areas of medicine. The support for individuals goes beyond the medicine. Staff are trained to meet with women, girls, patients and discuss the medical and emotional or psychological impacts of their health choices. Health supports are there for these patients and ensure that options and support are provided on an individual basis. This care is ongoing and supportive to each person seeking medical assistance.

In conclusion, I would like to say that health services have been and will continue to be provided for all Manitobans who are needing to access.

\* (15:40)

**MLA Uzoma Asagwara (Union Station):** Mr. Deputy Speaker, I am grateful for the opportunity to rise in the House today and put some words on the record in regards to this incredibly important motion brought forward by our colleague, the MLA for St. Johns.

I want to thank her for bringing forward this motion and for her powerful words today and for her decades of work in this area. I want to thank my colleague, the MLA for Wolseley, for her words and for her decades of work in this area. And I want to thank all of those folks who have fought tirelessly in conditions, in environments, in the face of challenges that I never have had to experience throughout my lifetime.

And the fact that we're here now, having this debate on this motion, can feel devastating. It truly can feel devastating because of what it's predicated upon. But it is incumbent on us right now to fight so hard and to speak so loudly and to do justice to the work that has been done for decades—for decades—to protect and affirm the rights of women, girls and gender-diverse peoples.

And, you know, abortion is essential health care. That isn't actually up for debate. That is—abortion is essential health care. Full stop. Those who don't believe in women or gender-diverse people having bodily autonomy and who are anti-choice don't have to access abortion health care if they don't want to. But those same people who believe in oppressing women, oppressing girls, and oppressing gender-diverse folks do not have the right to inflict their violent, archaic beliefs on our bodies. They do not.

And I could spend my time—my very limited amount of time—speaking about those people, about those oppressive beliefs, about those folks who, instead of making sure that reproductive health care is rooted in justice, is rooted in compassion, is rooted in dignity, those folks choose, instead, to be on the wrong side of history.

But I'm not going to focus on those people. I'm going to speak to women, to girls, to gender-diverse folks who I know right now are scared, folks who I know are very tired. I'm going to speak to Indigenous, Black and people of colour who have had to fight tooth and nail to survive and to thrive.

I'm speaking to those folks who know that the narratives from anti-choice voices that this debate even being in existence is about preserving life. We know that that's a bold-faced lie. And we know it's a lie because those same people are silent or actively participating, in many, many cases, in state, systemic and strategic efforts enacted against our bodies in an attempt to make our lives hard, unbearable and, in many cases, not survivable, Mr. Deputy Speaker.

I'm speaking to those folks. I'm speaking to people who take time out of their days to come down to the Manitoba Legislature and legislatures and parliaments across the country and throughout the United States to hear what their legislators have to say on this issue. Because they know that our lives are literally on the line with this. Because it's actually—it is about abortion, but it's also about a culture that attacks people's bodies and their communities in every which way possible—every which way possible.

Those are the communities that I'm speaking to right now. I know—we know—that now, more than ever, we have to fight. We have to fight for full reproductive health care access, and we're going to fight and we're going to win. We are going to win. We know that we have to fight to enhance and expand reproductive health-care access here in Manitoba, and we will. And we are, and we are going to win, Mr. Deputy Speaker.

To those folks who would minimize the impacts of what's happening in the United States right now, to those people who would minimize the significance of what's happening and the impacts here in Manitoba, including, unfortunately—and I am actually shocked I have to say this—our own Minister of Health (Ms. Gordon), who minimized the seriousness of this in debate today. Don't worry. We're fighting for you, too. And we're going to win, Mr. Deputy Speaker.

To those folks who need to access abortion, who need to access reproductive health care: We're with you. You are not alone. You do not have to take whatever the steps are in your journey alone. We are with you. And I encourage those folks to reach out should they need support. Should you need someone to walk with you to the clinic, reach out. Should you need someone to talk to, and affirm you, and validate you, reach out. You are not alone.

And that's the shift that we need to commit to making. Abortion is health care. Our bodies are our choice. That is not up for debate. But we have to crush the narrative that would suggest that folks should feel shame, stigma, fear—we need to push back so hard

against that that any person seeking reproductive health care in any way, shape or form knows they're not alone. Knows that we're standing up for them in this House and beyond it on their behalf.

I have, as a health-care provider, as a friend, been there alongside, beside people who have accessed all kinds of reproductive health care, abortions. As my colleague, the MLA for Wolseley already talked about, folks of all identities, ages, I will continue to do so. We should all make a point, in whatever capacity we're able, to support those folks on their journey.

This issue is incredibly important. It is incredibly urgent. I can't thank the member for St. Johns (Ms. Fontaine), and other legislators who are bringing these motions forward, enough. It is incredibly important for residents of Manitoba to have a clear understanding of where their representatives stand on this issue. It is incredibly important for voters across Manitoba, across the country, to know very clearly if their representatives believe that women, girls and gender-diverse people should have full bodily autonomy, should have the right to access the health care that they need and deserve.

And if legislators that represent folks cannot explicitly state that, vote them out. They have no business representing girls, women and gender-diverse people if they do not believe that those folks should have rights over their own bodies. It's not a debate anymore. If you want to believe that and think that, do that in your homes. Don't get an abortion. But you don't get to inflict that violent and despicable way of thinking on other people's basic human health-care rights.

So, Mr. Deputy Speaker, I sincerely hope that all members of this House support this motion. It's an incredibly important motion that sends a significant message to Manitobans. The buffer zone act, the bill brought forward by the member for St. Johns, I can say from my own personal experience is an important one. Accessing health care in Manitoba should not be a traumatic experience for anyone. Should not be one where folks need to get escorted because people are abusing them on their way in.

In its entirety, this opposition day motion is significant; it's important and it's historic. We have an opportunity here to support something that will leave a mark here in Manitoba long after we're done being legislators in this House. I hope that all members here in front of the folks who took their time to be here today and stand on the right side of history, do the right thing and support the motion.

\* (15:50)

Thank you.

**Mr. Deputy Speaker:** The honourable member for Tyndall Park (Ms. Lamoureux)—my apologies—the speaking order predetermines.

**Mr. Nello Altomare (Transcona):** It's a distinct honour to stand here today speaking in support of the opposition day motion, calling on the provincial government to protect reproductive health care in Manitoba.

We've heard many of my sibling-colleagues here today express their very deep beliefs and passions regarding this opposition day motion: the history and, most importantly, the passion that they spoke with regarding this issue.

I will say, I was reminded on Sunday at a rally hosted by an organization, reminded of the history. I had forgotten, Mr. Deputy Speaker, of the history here in Manitoba that we have regarding this particular issue; regarding abortion, access to abortion. A very difficult decision but one that should not be made, just like the member—my colleague from Union Station mentioned, traumatically—with trauma. It's one that needs to be surrounded with compassion, with support.

I was reminded of the important work done by an NDP government in the early '80s; how courageous it was. Muriel Smith, Myrna Phillips having a significant impact on legislation here in Manitoba.

But most importantly, Mr. Deputy Speaker, I'm also here in support of the people that are in this gallery. I will say I have a former student of mine in that gallery who is here today because they are fearful—fearful that we are entering a time now, not just in the United States but also in Canada, where a person's choice over their reproductive health care is being influenced by forces that really don't care about their health care. That's why they're here. They're ensuring that we are, as legislators, ensuring bodily autonomy over their reproductive health care. It's very important.

Mr. Deputy Speaker, I will say that part of the reason that Supreme Court justice ruling, you know, the pre-ruling was leaked was that it can prevent the justices from having something called sober second thought, where other justices can approach the justices and say: You know what, let's think about this more before we actually release this decision.

That was released early, or leaked in order to prevent that type of dialogue. It was done so that the decision, whatever—when it is released cannot be influenced or changed. How cynical is that, Deputy Speaker?

And so I, again, I want to reiterate: I want to thank my colleague for St. Johns for bringing this important motion today so that we can debate it here in the House, so that Manitobans know that reproductive choice and health care is that person's choice and health care, not mine. And that when that decision is made that they are supported by their province with access, with care and compassion.

It's very important that we do this and sometimes, Deputy Speaker, symbolism does matter. And in this instance, we're here today to ensure that not only will we debate this, but also pass this important motion.

I want to thank you for the time. I want to thank my sibling-colleagues here today, incredible bravery on this side of the House.

I know the work that the member from St. Johns has done for decades, the work that the member for Wolseley (Ms. Naylor) has done for decades is important. And when my colleague, the member from Union Station, says we will win, it is a victory for all of us, not just women, not just gender-diverse folks, but for all of us.

And with those few words, Mr. Deputy Speaker, I will cede the floor.

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

And before getting into them, I do also want to thank many of my colleagues who spoken here this afternoon, in particular, my colleague from Wolseley for sharing what they shared this afternoon and for their vulnerability and for their bravery here in this House. I think it goes a very long way and we need more of that here in this House, Mr. Deputy Speaker.

I have a couple of thoughts and, again, I will keep them short. We want to pass this motion this afternoon here in the House and I don't want to repeat everything that has already been said, especially for our guests that have joined us here in the gallery today.

The two thoughts I had was: (1) we need to address this issue of throwing accusations at one another here in this House, accusing one another of not being able to use terms such as abortion and Mifegymiso. Mr. Deputy Speaker, I think that's actually hurtful for the culture of this House. There are many reasons that

members may be uncomfortable to use these terms, and I think it is fair to say it may be or may not be because they support legislation or not, but many people are unfamiliar or uncomfortable with these terms for different reasons. Whether that's inter-generational, many here in these Chambers grew up in households where the term abortion would be frowned upon and they should not feel faulted if they do not feel comfortable using the term in this House.

We can talk about it generationally as well, Mr. Deputy Speaker, and even just from past experience, perhaps this is a hot topic for someone and they may feel triggered for using terms like abortion or referencing Mifegymiso. And these are just examples again, but I think that we can do better as legislators, and rather than guilting each other into saying words or forcing each other's hands into it, let's just have organic conversations about it.

The second thing I want to share is I really think that this is a wonderful opportunity to be talking about the mental health side of things when we talk about abortion because we know it's being practised all around us here in the province of Manitoba. And many who experience abortion—whether it's for themselves, whether it's for a loved one or a friend, first hand or second hand—they are then encompassed with heavy feelings of guilt and with shame, and this should not be a thing, Mr. Deputy Speaker. A person who chooses to get an abortion should not also, then, be burdened with these heavy feelings that we as society have put upon them.

*Madam Speaker in the Chair*

We need to be more welcoming of this. We need to be supportive. We need to have resources in place to ensure when someone, whether they are choosing to get an abortion or they know someone who is choosing to get an abortion and they personally feel affected, we need to have supports in place for these individuals to go to.

So, Madam Speaker, with those few words, I do want to thank the member for St. Johns (Ms. Fontaine) for bringing forward this motion and we will be supporting it here today in the House.

Thank you.

**MLA Tom Lindsey (Flin Flon):** I want to say a few things today.

First, I want to acknowledge the member from St. Johns for bringing forward this very important piece of business that needs to be debated and needs

to be passed today. I want to acknowledge my colleague from Wolseley for her years and years of experience in dealing with the abortion issue and trying to help people, and continuing in that vein to help people.

\* (16:00)

And I want to, as a man, say that it's not my place to decide if a woman should get an abortion. As a legislator here, it's my place to stand up and say that we need to support this so that women can make that decision, so that women can be protected while they make that decision.

So, I just want to make sure that everybody understands that this bill is so important. When we see what happens in the US and we see how it bleeds across the border, we need to be at the forefront of stopping that today, making sure that abortions are available for women when women want them.

Thank you, Madam Speaker.

**Mrs. Bernadette Smith (Point Douglas):** I'm not going to take up too much time but I want to thank my sister-colleague, the member from St. Johns, for bringing this motion forward—super-important motion. And, you know, I want to urge the members on the other side to support this. It's the fourth time that this member is bringing forward, you know, this buffer zone.

I want to share a little bit of my own story, but first I want to talk about language and why it's important that we acknowledge these words such as abortion, such as Mifegymiso. We need to remove the stigma from these. When we talk about mental health, same thing. We need to remove the stigma from that, the stigma from addictions. If we don't name them, as leaders, then we are contributing to that.

So, I just want to acknowledge that in the House because—

**Some Honourable Members:** Oh, oh.

**Mrs. Smith:** —too many people who want to feel supported by our leaders.

I'm going to share a little bit about my own experience having to cross a picket line. After my second son was born, I became pregnant, and I didn't realize that I had some genetic issues, and I ended up actually having three miscarriages. And each time I had to go and have—go through that picket line and get services

to, you know, remove this baby that was in me that had no heartbeat. And each time I went, there was a picket—there was several people in front of the Women's Hospital, walking with signs, walking with very graphic signs, yelling at me. They didn't even know what I was going to do, and I was grieving, I was crying because of how I was being treated.

And many of these women have to experience that. And, you know, it's super important for us as leaders to acknowledge that this is hard enough for someone to experience. We don't know their story or what's happened to them or why they're choosing to have an abortion. But it's their right as women to be able to access those services, and they shouldn't have to cross a line such as that with these graphic, you know, images and people shouting at you and making you feel shame and judging you. And, you know, it's not as simple as them walking peacefully. They actually engage with you.

So if the, you know, the members on the other side think that that's okay, then, you know, I would say to them that they need to go and experience that for themselves and see actually what's happening because they're not simply, you know, being peaceful protesters; they're actually shaming people. They're actually making people feel bad about their choice, and they shouldn't have to feel bad about, you know, accessing reproductive services and making a choice that they're fully—you know, it's their choice.

So I just want to, you know, urge the members on the other side that this is something that should've been supported long ago. The member from St. Johns has done, you know, decades of work around this. And for, you know, the members on the other side to, you know, say that this member hasn't done their research, well, I can tell you that this member is being—been done—doing research for decades on this issue and has been standing up and fighting for women's rights.

So, members on the other side need to get on the right side of this, the right side of history, and vote in favour of this and stand with women in choosing what they want to do with their bodies.

So, with those few words, Madam Speaker, I thank the member from St. Johns. I also thank my sister-colleague from Wolseley for sharing their story and getting emotional about this because it is an emotional topic. It is an emotional thing that all of us go through.

It's a hard choice for people to be able to make, and we need to reduce the stigma. We need to support. We need to educate, and certainly, we need to move out of the way and let women make their own choices and stand beside them.

Miigwech.

**Madam Speaker:** Are there any other members wishing to speak in debate?

If not, is the House ready for the question?

**Some Honourable Members:** Question.

**Madam Speaker:** The question before the House is the opposition day motion in the name of the honourable member for St. Johns (Ms. Fontaine).

Do the members wish to have the motion read?

**An Honourable Member:** Yes.

**Madam Speaker:** The motion reads, that the Legislative Assembly of Manitoba call on the provincial government to protect the rights of women, girls and gender-diverse citizens by ensuring access to reproductive health care throughout Manitoba, particularly in northern and rural areas, which includes equitable access to both medical—Mifegymiso—and surgical abortions, and to protect access to abortion services by creating buffer zones around clinics and facilities providing abortion services, schools and the residences of medical professionals who provide the service.

Is it the pleasure of the House to adopt the motion?

**Some Honourable Members:** Agreed.

**Some Honourable Members:** No.

**Madam Speaker:** I hear a no.

#### Voice Vote

**Madam Speaker:** All those in favour of the motion, please say yea.

**Some Honourable Members:** Yea.

**Madam Speaker:** All those opposed, please say nay.

**Some Honourable Members:** Nay.

**Madam Speaker:** In my opinion, the Nays have it.



**Ms. Nahanni Fontaine (Official Opposition House Leader):** A recorded vote, Madam Speaker.

**Madam Speaker:** A recorded vote having been called, call in the members.

\* (16:10)

The question before the House is the opposition day motion.

#### Division

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

#### Yeas

*Altomare, Asagwara, Brar, Bushie, Fontaine, Gerrard, Kinew, Lamont, Lamoureux, Lathlin, Lindsey, Maloway, Marcelino, Moses, Naylor, Sala, Sandhu, Smith (Point Douglas), Wasyliv, Wiebe.*

#### Nays

*Clarke, Cox, Eichler, Ewasko, Fielding, Friesen, Goertzen, Gordon, Guenter, Isleifson, Johnson, Johnston, Khan, Lagassé, Michaleski, Micklefield, Morley-Lecomte, Nesbitt, Pedersen, Piwniuk, Reyes, Schuler, Smith (Lagimodière), Smook, Stefanson, Teitsma, Wishart, Wowchuk.*

**Deputy Clerk (Mr. Rick Yarish):** Yeas 20, Nays 28.

\* \* \*

**Hon. Kelvin Goertzen (Government House Leader):** Madam Speaker, could you please canvass members to see if it's the will of the House to call it 5 p.m.

**Madam Speaker:** Is it the will of the House to call it 5 p.m.? [*Agreed*]

The hour being 5 p.m., this House is adjourned and stands adjourned until 1:30 p.m. tomorrow.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Tuesday, May 10, 2022**

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