Fourth Session – Forty-Second Legislature

of the

Legislative Assembly of Manitoba

DEBATES
and
PROCEEDINGS

Official Report
(Hansard)

Published under the
authority of
The Honourable Myrna Driedger
Speaker

Vol. LXXVI No. 71A - 10 a.m., Tuesday, October 11, 2022

ISSN 0542-5492

MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

Member	Constituency	Political Affiliation
ALTOMARE, Nello	Transcona	NDP
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BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian	Keewatinook	NDP
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Vacant	Kirkfield Park	

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, October 11, 2022

The House met at 10 a.m.

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

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

Good morning, everybody. Please be seated.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

Speaker's Statement

Madam Speaker: I have a statement.

As previously announced, the honourable member for St. Boniface (Mr. Lamont) has indicated that Bill 225, The Non-Disclosure Agreements Act, will be his selected bill for this session. In accordance with rule 25 and the letter from the member and the Government House Leader (Mr. Goertzen), Bill 225 will be called for debate this morning as follows: debate at second reading will begin at 10 a.m.; the question will be put on the second reading motion at 10:55 a.m.

Accordingly, I will now recognize the honourable member for St. Boniface to move his second reading motion to begin this debate.

* * *

Madam Speaker: The–oh, the honourable member for River Heights, I guess.

Hon. Jon Gerrard (River Heights): I wonder if you could canvass the House for leave to allow debate at concurrence and third reading of Bill 208, The Teachers' Pensions Amendment Act, today at 10:45, or as soon as the question is resolved for Bill 225?

Madam Speaker: Is there leave to allow debate at concurrence and third reading of Bill 208, The Teachers' Pensions Amendment Act, today at 10:45, or as soon as the question is resolved for Bill 225?

Is there leave?

Some Honourable Members: Yes.

Some Honourable Members: No.

Madam Speaker: I hear a no. Leave is denied.

SECOND READINGS–PUBLIC BILLS

Bill 225–The Non-Disclosure Agreements Act

Madam Speaker: I will now call Bill 225, and recognize the honourable member for St. Boniface.

Mr. Dougald Lamont (St. Boniface): I move, seconded by the member for Tyndall Park (Ms. Lamoureux), that Bill 225, The Non-Disclosure Agreements Act; Loi sur les accords de confidentialité, be now read a second time to be referred to a committee of this House. *[interjection]*

Madam Speaker: Order. I have to indicate, with the heckling that's been going on, I did not hear who the seconder for this was. Tyndall Park? *[interjection]* Thank you.

It has been moved by the honourable member for St. Boniface, seconded by the honourable member for Tyndall Park, that Bill 225, The Non-Disclosure Agreements Act, be now read a second time and be referred to a committee of this House.

Mr. Lamont: First, I would like to give credit to Professor Julie Macfarlane and Zelda Perkins for spearheading the Can't Buy My Silence initiative to talk about how NDAs are being abused and why they need, so badly, to be reformed.

Zelda Perkins was the first person to break an NDA after working with the Hollywood producer Harvey Weinstein, who has now been convicted.

What happened is that we were approached by a number of individuals in Manitoba who've been sexually assaulted or sexually harassed and that, because of NDAs, it was possible–them to be forced to stay quiet about it, essentially for the rest of their lives.

NDAs were developed in the 1980s with the idea of protecting valuable, confidential business information. They are not, and never should be used to silence people as a condition of getting a settlement, which amounts to legalized hush money, and there are a number of very public examples because NDAs became routine.

In consulting on this bill, we've spoken to law professors, criminal lawyers, the Manitoba Bar Association, the human rights commission. We've consulted with student groups and individuals who are also interested in this bill, notably the lawyer Greg Gutzler, who represents several dozen women in a class-action lawsuit against Peter Nygård, which states that Nygård used NDAs to silence the people he allegedly preyed on, as well as witnesses who worked for his company.

We've received letters from across Canada, including British Columbia, asking for this bill to be passed. And the stories we've heard are sometimes deeply disturbing, and more than once we've spoken to people who've been crushed and traumatized by the experience they went through.

One of the responses we keep seeing in the use of NDAs is so common that it has an acronym, it's called DARVO: deny, attack and reverse victim and offender, and we've seen a lot of that; that a complainant will file a complaint and instead of it getting accountability, they end up being punished while the perpetrator is protected.

Now, I want to say something on a personal note: I feel very strongly about these issues.

When I was a kid we came back from a family vacation to find a relative sleeping in my room. I had to go down the hall to sleep on a cot, and it's because they'd flown halfway across the country to escape their abusive partner and they were staying with us. They'd arrived at the Winnipeg airport, and they were so frightened they had to hide in the backseat of the car for being seen, when we then fled to a cottage.

They were right to be fearful because a couple of days later their ex showed up, hiding behind the trees outside our house, having flown from two provinces over to stalk the person staying in our house.

And they were not the only person who came to stay with my family who were escaping a violent partner. Later, at another point, when my uncle and aunt's marriage was breaking down, my father sided with his sister-in-law against his own brother, to make sure that she and her children had a place to live because otherwise they would've been left homeless. At a cost, my father and his brother never spoke again.

So in my family, I grew up understanding that when somebody makes a complaint like this, you listen, you find them a safe place. And there was a difficult recognition that justice comes before loyalty, even if it meant paying a permanent personal price, as it did for my father.

And, of course, throughout my life I've met many other girls and women, including people who've had experienced–I mean, when we say experienced violence, the reality is that I know people who've had their eye sockets broken, who've been choked unconscious by partners. I know several people who were murdered–whose mothers were murdered by their partner.

And so, for survivors I've seen the way in which it permanently scarred some of their psyches, of not being believed or being able to convince anyone that what they're saying might be true, and it has nearly broken them. They will keep their heads down and keep quiet because speaking up means being destroyed; maybe financially, maybe psychologically.

And we have to remember the people who are at the receiving end of this do not have to be perfect; none of us are. And I think our job as legislators is to make the system more just.

And if that's not enough reason to support this bill, I will add the following. There's a scandal right now at Hockey Canada, and it's known that Hockey Canada used NDAs to cover up sexual assaults. Again, Peter Nygård used NDAs to silence the people who worked for him, and the women he's alleged to have 'acsaulted.'

* (10:10)

At the University of Manitoba, Professor Steve Kirby was inappropriate with a number of students. He was even, at one point, charged with sexual assault, although the charge was stayed.

He received a positive reference to his next job, and the University of Manitoba was fined $286,000 for breaching a confidentiality agreement. And the arbitrator was prepared to order that he get his job

back, which he lost because he was sexually harassing students.

We were also told by lawyers that NDAs had been used to silence residential school survivors.

And when we posted about this online, one commentator, at least, pointed out that NDAs are like legalized blackmail. You can force a victim of crime into permanent silence at the threat of financial ruin and the courts will defend the perpetrator. And that's what we're trying to end with this bill.

And if all that is not enough, it's–aside from what the–what is being legally and permanently covered up, we're all paying for it, even beyond the injustice and moral injury, because there's a real financial cost as well.

And it's all being paid by the public. If it's happening at a business, it's in the prices of the goods, but if it's in the public sector–health care, Crown corporations, post-secondary education–it's all being paid for the–by the public, and we don't even know about it because it's being kept secret.

And what we've learned is that the use of NDAs, as with Harvey Weinstein, as with others, to protect offenders is a process that's been developed very carefully, and that very often, each individual thinks they're the only one or they're alone and they can't even warn others.

We know Manitobans have been hurt because of this. As legislators, we should all be able to agree to come together to support this bill. We hope you will all pass it through committee.

Thank you.

Questions

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

Ms. Janice Morley-Lecomte (Seine River): I'd like to thank the member from St. Boniface for his private members' bill.

What does this bill mean for Manitobans who are already contracted in a non-disclosure agreement?

Mr. Dougald Lamont (St. Boniface): Thank you very–I thank the member for Seine River.

This bill, unfortunately, does not act retroactively. There have been–I was part of an international conference where we met with people from the UK, Ireland, the United States and Canada, and there are jurisdictions where it's been successful. PEI passed an NDA bill to reform them, but others in Washington state, I believe, have actually been successful in making them retroactive.

We simply didn't have the tools to be able to do that right now.

Ms. Lisa Naylor (Wolseley): Why does Bill 225 simply modify the use of non-disclosure agreements instead of protecting victims by completely eliminating their use?

Mr. Lamont: No, that's an excellent question.

Essentially–and this bill was–in its origin, was drafted by–with the help of Julie Macfarlane who's a professor 'etemirus' and is at the University of Windsor.

There is still some value in an NDA in protecting what are called trade secrets. So, you might have a company, they have–there are patents, there are copyrights. Their patents and copyrights both run out, but some companies have things like, essentially, recipes that cant be copyrighted, that can't be patented, or techniques and–that are essential to that company running.

So, that's what the real purpose of NDAs should be: simply to help preserve trade secrets–

Madam Speaker: The member's time has expired.

Mr. Obby Khan (Fort Whyte): I want to thank the member from St. Boniface for bringing forward this bill, especially given what's happening in the world today.

I may be mistaken, but why does the bill only cover non-disclosure agreements that cover harassment? Should the bill also not include assault?

Mr. Lamont: I thank the member.

And no, to be clear, they–it does actually–it covers assault, sexual assault and other incidents like that. So, it does cover those as well.

Ms. Naylor: This bill includes a provision to fine a victim $10,000 if they break the NDA and disclose their abuse at a later time.

Why does the member for St. Boniface (Mr. Lamont) not want to fully protect victims?

Mr. Lamont: So, I'm happy to clarify that.

So, one of the things that this NDA does, is that it–or this bill does, is that is preserves the capacity for the survivor to have an NDA if they don't want their story out. But they're the only ones who can do that. It's not the organization that signs the NDA.

So, it's only when–we want to make sure that if somebody doesn't want to share their story publicly, that they are protected, and that the $10,000 fine would actually apply if the organization broke the NDA and further victimized the survivor.

Ms. Cindy Lamoureux (Tyndall Park): I'd like to thank my colleague from St. Boniface for bringing forward this really important piece of legislation that affects so many lives right here in Manitoba.

Madam Speaker, I'm wondering if the member for St. Boniface can speak a little bit to who he consulted with–I know he's been consulting over the last year–as well as just the correspondence he has received since introducing this legislation.

Mr. Lamont: Yes, I thank the member. And we engaged in a number of months of consultation and outreach, again, with the Manitoba Human Rights Commission, with student groups, with the University of Manitoba Students' Union. We've spoken with the CFS.

But the others–we've received letters spontaneously. We received a letter–we've received emails, letters and phone calls of people wishing us the best because they, too, have been–you know, sometimes it's even families, that somebody will be able to successfully silence someone within their family. That's a case that happened in British Columbia.

So, it's something that's–we're getting support for from across the country.

Ms. Morley-Lecomte: Further to the comments of my colleagues, this bill uses language that seems to take away from the responsibility of those that are accused or are abusers, and instead refers to them as respondents.

Can you explain that?

Mr. Lamont: That is simply a question of the legal drafting. That this is a bill, again–so, it's largely–it was drafted largely and modelled on two bills, one from Ireland and one from PEI, and then it was adapted with Leg. counsel here in Manitoba.

Certainly, if there's an objection–but I think it was simply the question of it being, as I would say, legalese, as opposed to being an indication of–or having any other trappings around it.

Ms. Naylor: Can the member for St. Boniface tell us what aspects of this bill are already codified in case law?

Mr. Lamont: So, there are–I'll give an example.

It is actually possible, under non-disclosure agreements, that somebody can–they are allowed to disclose, within a very, very limited way, to the police, to a court of competent jurisdiction, however–so that there are some possible remedies and ways which are–people are not technically legally silenced.

But the fact there's still an enormous amount of fear, and often, the people who've been forced into signing an NDA aren't legal experts. And in fact, they're not actually able to seek the–that an NDA itself, which is–which are signed 'unduress' shouldn't count. That being said, it's very difficult for people to fight them.

So, there are areas, but if there's a psychological barrier–

Madam Speaker: The member's time has expired.

Mr. Khan: Language is important, especially when it comes to a bill.

Can the member explain why they'd choose to define survivors of sexual harassment as 'complaintants' rather than survivors?

Mr. Lamont: Again, this is simply a question of being a–when we would–when referring to a respondent or a complainant, these are the technical legal terms. Unfortunately, as we all know, the law doesn't always grasp the full nuance of–you know, in a satisfying way.

But that would be the reason why; it's simply a question, is that this is the way that our legal system describes the people involved.

Ms. Naylor: What provisions does the member propose for victims of sexual harassment and sexual assault who may already currently be covered by NDAs?

Mr. Lamont: This is an extremely difficult–this is one of the most difficult ones. If, for example–actually, I'll just give an example.

As I mentioned before, that any court of competent jurisdiction can have people break their

NDAs, essentially. NDAs do not apply in any court of competent jurisdiction.

* (10:20)

So, if the federal government were to call witnesses, as they have for Hockey Canada, that would be an example of where people would be able to break their NDA.

Ms. Morley-Lecomte: Can the member from St. Boniface explain how the non-disclosure agreements have changed in practice over the last few years?

Mr. Lamont: Yes, thank you very much for that.

And I think one of the things is that, initially, when non-disclosure agreements, they were sort of being developed in the 1980s, the stories that they were–and look, that is important to notice because we have not always had NDAs, that there was an entire period of history where we had no NDAs and it was not actually possible to do this. It's always been a challenge for people to come forward and we've seen that.

But I think that, initially, it was for the preservation of–you know, there are things that should be private, there are things that should be confidential, that's reasonable. But then there's covering up wrongdoing, in that, essentially, it ended up legalizing that and it sort of became part of the wallpaper; it became routine.

And so, part of this is, we're trying to recognize that it has covered up a lot of things, whether it's Harvey Weinstein or it's other kinds of abuse that really need to be uncovered.

Ms. Naylor: I want to recognize that the member for St. Boniface (Mr. Lamont) has put a lot of research and work into this bill.

But I'm wondering if there's any ways that this legislation could be expanded to safeguard individuals from the predatory use of legal barriers to reporting sexual misconduct?

Mr. Lamont: It's–I am–I'm sure there are. It's an extremely difficult question, in part because we've also dealt with people–there are so many ways in which there are challenges for people to come forward and report.

But what this bill does, specifically, is try to remove a legal way of blocking that from happening.

There are ways–I mean, certainly, there should be things like training for police, ensuring that people have safe places to go, expanding facilities and places for people to report as a practical matter, as well.

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

Debate

Madam Speaker: Debate is open.

Ms. Janice Morley-Lecomte (Seine River): I want to begin by thanking the Chamber for giving me the opportunity to stand in the House today and put a few words on record with regard to the member from St. Boniface's private member bill, The Non-Disclosure Agreements Act.

Non-disclosure agreements were created and developed to protect individual property and trade rights. Employees were required to sign a non-disclosure agreement as part of their employment. This is good practice to ensure the intellectual rights of the company are not leaked or sold to competitors. This is especially common in technology companies, where information is crucial for the development of apps and evolving technology. Companies do not want their information to be leaked to their competitors.

Madam Speaker, over time, the non-disclosure agreement has expanded in its practice and is estimated to be used in about 95 per cent of civil settlements. The non-disclosure agreement has been referred to as a confidentiality or comprise agreement; most people have also called it a gag order.

The confidentiality agreement has expanded in its intention. The realization that is has no time limit and binds the parties to silence forever can have damaging effects on those who have signed the agreement without knowing the true intention of what they have signed.

This is especially true when individuals who sign the agreement are feeling they are in a position where there is pressure. Pressure can manifest itself in many forms: through the unfair representation provided through–to the complainant; a lack of comprehension as to the bearing of what they are signing and possible impacts on their mental and physical health; a lack of understanding of their rights; a lack of legal representation to explain the agreement and obliviousness with respect to starting in a new place of employment where a non-disclosure agreement was *[inaudible]*

thus restricting employees to speak about the harassment, in some cases substandard working conditions, they encounter.

Examples of this include workplace harassment, discrimination, agreements to drop medical malpractice suits, negligent financial advice, care-home or patient mistreatment, insurance claims and others.

Madam Speaker, a non-disclosure agreement can re-traumatize the victim. The offender has created an agreement that limits the individual to seek emotional or mental support from people they would reach out to. Individuals who feel traumatized are pressured to sign a non-disclosure agreement, may further be isolated from the very supports they would've reached out to.

Counsellors, medical professionals or even local clergy are excluded from the victim's support network, creating a limited environment leading to loneliness and isolation of the complainant. The potential to re-traumatize is very high. Signing an agreement with little understanding of your personal rights or a legal professional available creates an unfair balance of power.

The pressure being placed on the individual by the offender to sign is unfair and does not represent the rights of the complainant. This agreement silences the complainant from speaking out against the offender, silence which in the case of assault, harassment or malpractice, means the offender continues to operate in the same manner with little to no regard for their actions.

Madam Speaker, this private members' bill offers the victim protection from offenders who are in positions in power, fraud, undue stress and employers who have a history of ill-workplace practices. The requirement of a lawyer removes the opportunity for the offender to influence or put any undue stress on the person agreeing to the non-disclosure agreement.

The victim has a representative acting on their behalf, and they can discuss what they're signing, the rights upon signing the agreement, while removing any pressure or influence from the offender. This would keep the document legal and honoured in the same fashion as a signed will or a marriage separation agreement. The individual signs the agreement in the presence of a lawyer.

Pressure to quickly sign an agreement in the backseat of a car, in the presence of a boss, co-worker or offender are removed, thus validating the victim and their rights. This added level of protection supports all parties, while preventing any future issues to arise because of someone being gagged.

This removes the imbalance of power and gives the victim their voice and an opportunity to represent themselves. The predatory nature in an abusive partner, co-worker or employer is alleviated. The person is not worrying about possible future repercussions or being further re-victimized, they have signed the agreement on their terms and the wishes and desires of the complainant have been considered.

The establishment of a time requirement, as in any profession, acknowledges that, over time, certain factors are no longer valid but void of importance or consequence. The restrictive nature of a document that has no end date seems pointless, and especially in circumstances where relevancy is no longer an issue.

As previously stated, the complainant, as the current non-disclosure act reads, is limited to whom they can seek support. This bill seeks to offer the individual the right to speak to a counsellor or a medical support person. The victim has a way to express their voice and validate their feelings while not breaching the non-disclosure agreement.

Madam Speaker, non-disclosure agreements are being reviewed in many jurisdictions both in Canada, Ireland and some states in the United States. The anti-NDA movement, Can't Buy My Silence, is gaining in support. There is heightened awareness of how damaging and immoral these agreements are to innocent parties.

The silence and isolation created by the agreement supports the offender and the bullying and harassment that individuals have suffered. An example of this is Hockey Canada and the handling of an alleged sexual assault case. Victims of sexual abuse, domestic violence and workplace bullying are also subjected to years of harassment and bullying.

Madam Speaker, the Law Reform Commission has been approached to take this into consideration. The commission will review the intricacies of the change, consultations will be held and Manitobans are encouraged to attend the consultations to ensure changes are correct and address the needs of the legislation.

We look forward to these recommendations from the Law Reform Commission.

Mr. Mark Wasyliw (Fort Garry): I want to first acknowledge the member from St. Boniface.

This is an important start to a conversation we should've had in this Legislature several years ago, and I commend him for his work on the bill and his diligence in pushing this forward, although I have some serious concerns about this bill.

We need something in place in Manitoba, and I think this is a starting-off point, let's start this discussion. I don't necessarily think that this bill has all the answers.

***** (10:30)

For those who don't know, how something like this could come about is, basically, you would have a powerful CEO or an executive of a large company who abuses or harasses an employee, and there's some indication that the employee has had enough and might go public to reveal it.

A corporation, being what it is, has to protect its brand, it has to protect its market share. So, the CEO calls the HR department and says, help, get me out of this. The HR department then calls legal and legal says, here's your out: you use an NDA. And they will enter into these agreements and then wash their hands of the incident, basically give a cheque to the employee and silence them, protecting the corporate brand and protecting the CEO.

And of course, everybody moves on; nothing changes, the CEO doesn't get reprimanded or disciplined and often stays in the company. And of course, we've seen the news of an allegation of a Manitoba citizen who did this for 30-odd years or more, leaving many victims in his wake.

The problem with this piece of legislation is it rests on two very problematic assumptions.

The first is that the parties are in an equal negotiating position; they're not. And you have somebody who is in a toxic workplace, who's been victimized, who has to leave their job. They can't stay there. So they're now–not only did they have this horrible thing happen to them, they're about to lose their paycheque.

And then you have the abuser who says, you know what, I'll give you a paycheque, but you got to not tell anybody about my busy hands, or whatever it is. And so, somebody in that situation does not have open and equal access to decision making. They're often in crisis. They are survivors in every sense of the word and they need to take whatever's thrown at them and get out of that horrible situation.

So, there's a built-in power imbalance in these 'ingreements,' and that has to be recognized, that the law here doesn't protect vulnerable people, it protects powerful people. And any type of NDA agreement that sort of codifies this, which is what this bill does, is basically an abuser's bill of rights. And we can't forget that. That's what this does.

The second assumption, which is equally troubling, is that human rights and personal dignity have a monetary price; that if you are a powerful abuser, you can do whatever you want to your underlings as long as you cut them a cheque. I think Manitobans would find that absolutely abhorrent.

And the reality is, if this legislation was in place in Manitoba for the last 30-odd years, there would have been nothing different with the Nygård story. There would have been nothing that would have changed. They've–there would still be victims, there still would have been abuse, there still would have been multiple predatory behaviours and patterns of behaviour.

So, what this bill does–and why it's so problematic–is it actually codifies the way–things we're currently doing, and it gives the appearance of reform but doesn't actually reform.

Because at the end of the day, that corporation, all they care about is making money and their brand, and if they're allowed to brush this under the rug, they get to keep doing those things. But if NDAs are not legal in Manitoba, they can't do that. They now have to confront an abuser who's in a leadership role and it's public, and they have to change the culture of that company because they know their bottom line will be affected if they don't.

Right now, there is no incentive to change and this bill entrenches that lack of incentive, and it's just business as usual.

Now, there's several other really troubling aspects of this bill. And again, why it's–I would call this an abuser's bill of rights.

A victim leaves their job and now has to apply for a new job and has to explain why they left the old job. and this bill allows them to say that they left because of an NDA but does not allow them to say about the details of what happened to their next employer.

Now imagine trying to get a job, imagine that interview, where you cannot tell your own personal

history and you cannot, with dignity, stand up and said, this is what somebody did to me and I won't take that, and that's why I don't work for that person anymore. You actually have to protect your abuser and not reveal your story and tell how you got to that new office. Why would you do that?

The other sort of, you know, way that this bill protects abusers: it's not retroactive. It means that every single Manitoban who has been entered into an abusive or coercive NDA will not be protected by this bill. This only applies to after the law comes in place, new agreements that happen in the future.

Why would we do that? Why would we give abusers a free pass? Why wouldn't we just open this up and say, there is no protection for you, ever, and you will have to speak to the consequences of your actions.

And third, there's a strange clause here. There's no actual remedy. So, if a complainant breaches this agreement, there's no remedy in this law; but there is a remedy if the abuser breaches the agreement. They have to pay a fine of up to $10,000.

And again, why is that necessary? The whole benefit to the abuser is to not talk about it, so why would they risk breaching an agreement, and then talk about it, which is the exact same thing that they're trying to prevent? So, this is confusing and bizarre what's in there.

Well, my friend from St. Boniface tells us that, well, this is so–to protect the complainant. Well, I could say, as a trial lawyer with 22 years at the bar, corporate lawyers are going to have a field day with that clause, and they are going to convince a judge somewhere in Manitoba that that is patently unfair, and they're going to read in that that fine provision also is going to be applicable to victims.

And I suspect that this will evolve to another way that this bill will, in fact, protect abusers and actually punish people who have been victims of this type of crime.

Now, the MLA from Wolseley asked probably the best question that we've heard this morning, of that–why have these NDAs at all? Why do we need them? They make absolutely no sense to have this at all.

And the response was, well, you know, they protect copyright and trade secrets and stuff like that. That's a separate issue, and we can talk about how companies create monopolies and whether that's good for Manitobans. But if that's the defence, then that still never answered the question from the MLA from Wolseley.

There really is no justification why we have these to exist at all. And that's what the real discussion needs to be here in Manitoba, not trying to create an abuser's bill of rights. Let's just get rid of this tool, so when the CEO screws up and has committed a crime and calls HR for help, the response is, we've–won't be, we've got this; the response is, you're fired, and we don't accept that type of behaviour in Manitoba.

Thank you, Madam Speaker.

Hon. Jon Gerrard (River Heights): Madam Speaker, a few words briefly on this bill.

The MLA for Fort Garry is correct that we need a discussion on this really, really important issue. And we should proceed to have that discussion as soon as we possibly can. And the best way to have that discussion openly, with input from a wide variety of people, would be to move this today to committee stage. And I hope that all members will agree that that would be an extremely important and extremely useful position.

We can then get input from lawyers and from various other people, from people who've been affected by NDAs. And I think we can have the discussion that the member for Fort Garry (Mr. Wasyliw) is asking for.

There are opportunities, quite frankly, to look at potential amendments. But I want to remind the MLAs here that this bill is based on legislation which has been passed in other jurisdictions, and which has been found to be an important step forward.

* (10:40)

We may not solve everything; we rarely do with any law. But it is really important that we have the discussion, that we bring people to the table at a committee meeting, to get input from a wide variety of people. There are divergent views on the this, but this bill clearly is based on an example of bills which have been passed by other legislatures, which have been found to be effective and which are solid steps forward in addressing a really, really important issue for all of us, and particularly in Manitoba, with the experiences that we've had here.

So, I would ask all MLAs to–let's get this to committee stage. We can look at the potential for amendments, we can listen to the words of advice and

wisdom from many other people, but I think it is important because this is the opportunity which is here now, that we should move this forward.

Thank you, Madam Speaker.

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

Is the House ready for the question?

An Honourable Member: Yes.

Madam Speaker: The question before the House is second reading of Bill 225, The Non-Disclosure Agreements Act.

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

I declare the motion carried.

Mr. Gerrard: Madam Speaker, I ask leave that we move to Bill 208, which is the bill put forward by the MLA for Tyndall Park, for third reading.

Madam Speaker: Is there leave of the House to move to third reading of Bill 208?

An Honourable Member: Yes.

An Honourable Member: No.

Madam Speaker: I hear a no. Leave has been denied.

Does somebody want to–the honourable member for River Heights (Mr. Gerrard).

Mr. Gerrard: I would ask that we call it 11 o'clock and proceed with the resolution.

Madam Speaker: Is there leave to call it 11 o'clock? *[Agreed]*

RESOLUTIONS

Res. 23–Calling on the Legislative Assembly to Urge the Federal Government to Ensure Health Funding Equity for Manitoba

Madam Speaker: The hour being 11 o'clock, the private member's resolution before us this morning is resolution 23, Calling on the Legislative Assembly to Urge the Federal Government to Ensure Health Funding Equity for Manitoba.

Mr. Dougald Lamont (St. Boniface): I move, seconded by the member for River Heights,

WHEREAS on July 12, 2022, when Premiers across Canada called for a unanimous increase in the funding for the Canadian Health Transfer (CHT), they made no mention of restoring equity to the federal health care formula; and

WHEREAS building a stronger, fairer and more responsive national public health system starts with the basic principle that funds must go where they are needed the most; and

WHEREAS in 2014, nine of ten provinces were faced with nearly $1 billion in health care transfer cuts, meaning Progressive Conservative MPs across Canada voted in 2007 to make permanent health funding cuts to their own provinces; and

WHEREAS because Manitoba has a widely dispersed rural and northern population, as well as the deepest family poverty in Canada, this decision has had a direct negative impact on the province's ability to deliver health services; and

WHEREAS prior to 2014, the formula to calculate federal health transfers to provinces was calculated based on equity being the real life additional costs to provinces of age, health, and poverty of the population, remoteness and travel distances; and

WHEREAS for six fiscal years, the Federal Progressive Conservatives capped federal transfers to Manitoba, and shifted the burden of costs and austerity onto provinces after the financial crisis of 2008; and

WHEREAS total federal funding for health care across Canada has been increased, and returning the CHT formula to an equity basis would result in significant increases to health care funding to nine out of ten provinces in Canada, including Manitoba, even before an overall increase in funding; and

WHEREAS Provincial Governments have continued to freeze and cut health care even as they plead poverty, they have had no difficulty finding hundreds of millions or billions to cut cheques to corporations, even as they have seen major increases in total federal funding in the form of increased equalization, health accords and more; and

WHEREAS equitable health funding ensures a more fair and efficient model, that money flows to the people who need it, and takes into consideration extra costs like distance and health; and

WHEREAS healthcare and transfer payments need to be recognized as essential investments into Canada's and Manitoba's prosperity and the stability of the country as a whole.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the federal government to restore the Canada Health Transfer's formula to one based on equity, and that future health agreements ensure that funds intended for the provision of health care are used for the provision of public health care and not diverted to another purpose.

Motion presented.

Mr. Lamont: It's a pleasure to bring forward this, which I believe is a very important idea, because I think we–the idea of equity needs to be introduced and discussed as part of the national conversation on funding health care.

I know that in–and I rented–I sent an email to a number of individuals to–I've spoken with the Health Minister Jean-Yves Duclos about this, the federal Health Minister. I wrote a–I received a response from the Finance Minister here in Manitoba as well.

And I think, just to put it in context, we've talked about increasing funding across the board for the Canada Health Transfer. And we believe that equity needs to be part of the national conversation on this because of a change that happened in the last 10 years or so that's really important: is that the Canada Health Transfer and other transfers, the social transfer as well, used to be calculated based on an equity formula.

It used to take into consideration things like the size of a province, how remote people were, how far they had to travel. The demographics: whether the population was older, whether their population had a larger number of people living in poverty; whether there were people with diabetes, or Indigenous folks living in remote and isolated First Nations.

These actually were part of the calculation up until 2014. What had happened is that, several years before that, in the Budget of 2007, the formula was changed. And it switched to a strict per capita model.

Mr. Andrew Micklefield, Deputy Speaker, in the Chair

And the reason I'm talking about this is because of the serious impact it had on nine–on the finances, especially the health-care funding out of nine out of ten provinces.

In 2013, there was a Globe and Mail article–stated the funding formula for health care is broken. It said, based on estimates for 2014-15, Alberta will receive $954 million more under the new formula than the current formula, $235 for every man, woman and child in the province. But other–every other province will lose money as follows: Ontario, $335 million lost; British Columbia, $272 million lost; Quebec, $196 million lost; Newfoundland, $54 million lost; Manitoba, $31 million; Saskatchewan, $26 million; Nova Scotia, $23 million; New Brunswick, $18 million; and Prince Edward Island, $3 million.

And they moved instead to a strict per capita model. And the thing about a strict per capita model, of course, is it doesn't take costs into consideration. So, if you're talking about the Thompson hospital or the Flin Flon hospital, or you're talking about–even about nurses, doctors and hospitals in southern Manitoba, those distance–those extra distances and the fact that we have a population that's spread out isn't taken into consideration in terms of our province's costs.

So, it's not as easy as flipping a switch. But if we were to return to a funding model that included equity, we would see nine out of ten provinces have significant increases in their health-care funding, with a loss going to Alberta. But nine out of ten provinces, the vast majority of Canadians, would all benefit, without the federal government having to spend more money, which I think they should.

But this is really important because this issue of equity also applies in social transfers, and it's having a longer term impact on the financial and fiscal health of our province.

There was a report earlier this year which talked about how Manitoba is particularly fiscally vulnerable; we're particularly fiscally vulnerable in terms of–we're sort of over-reliant on federal transfers, which is a challenge. But this is something that is fundamental to our health-care system, but it's also a fundamentally important principle to us, who we are as Canadians and who we are as Manitobans.

There's lots of talk of health equity within a province. So, people recognize that, people will say, look, we need–obviously you need to spend more time caring for somebody who's got a more difficult problem than somebody who's got a–you know, who's cut their finger, right, and who needs a couple of stitches, as opposed to somebody who has a complex case. So, we need to be able to–provinces need to be able to budget that, and make sure of that.

The other is just a little bit in terms of the history of when we talk about the funding for health care. Because there's been talk, people have talked about how there used to be a 50-50 funding agreement with the federal government.

And I started off as researcher something like 30 years ago in post-secondary education, but post-secondary education and health were all funded under the same bucket of money. And I couldn't figure out when, ever, the federal government had actually spent up to 50 per cent.

And it was–that stopped in 1976. So, at no time in the last–and this isn't a defence of the federal government, this is just so that we're actually all on the same page–so in the 1970s, 1976, there was a change in the formula, which meant that the federal government gave a bunch of taxes–tax points, they're called–to the provincial governments.

So it looked–what it was was actually a transfer, so that the federal share was just moved to the provinces. And there were some objections at the time. But that is why it looks as if we're not–there isn't a 50 per cent contribution. The reality is that for the last 45 years, federal funding is between 18 and about 25 per cent. It could always be better, it could always be more and it could always be focused.

The other thing is we want to make sure that these–the funding that is actually allocated makes it to where it needs to go. So, I'll just give an example, it's not part of this resolution, but it's an example of how this resolution could work.

Many of us, including the Minister of Finance (Mr. Friesen), were at the Mental Health Commission of Canada meeting. I spoke to a number of individuals who are supremely concerned about mental health, and one of the things you could do is have a dedicated stream for mental health.

***** (10:50)

So, we want to say, well, how is it–how are we going to make sure that mental health care is improved in Canada, or that diabetes care is improved in Canada or that seniors care is improved in Canada? It's to have dedicated streams of funding.

Now, we don't want to–we–I understand that the provinces need to be free to make their own decisions. But there was a report from the Parliamentary Budget Office after the first, say, five years from 2005 to–sorry, 2015 to about 2019, that a lot of money was flowing from the federal government, in terms of equalization, to provinces, and it wasn't actually making it into health care.

So, it's important to realize that, while we focus very much just on the Canada Health Transfer, there are other funds that also go to health care, including to provincial health care, separate health courts, of which there have been many. And it also doesn't include funding, of course, for First Nations–what is it, the First Nations Inuit health branch, where there have also been increases.

But I think that this is supremely important, again, as a principle, because it's practical, it's more efficient, it's more fair, we'll get better results and ultimately, the–recognizing that when money flows to where it's needed, that's the best use for it. That's what equity does. That's what equity in the Canadian Health Transfer would achieve. We have had–we've had talks and people who are interested in this.

I do think–look, Manitoba would immediately benefit from this. If we were to move to equity as part of the Canadian Health Transfer, we would see tens of millions of dollars of increases in funding right away.

Because Manitoba is huge, we have a million people living over an absolutely incredible, incredibly large space. We've got folks in Thompson, Flin Flon, we have fly-in communities like Island Lake, which is 15,000 people with no road, no rail, no hospital. And so that's it. We need to be able–we need to recognize this and ultimately, it will make us healthier and it will make things better.

So, I look forward to the debate. I do think this is an important issue. I do think that–I hope that we'll all consider this seriously because I think, ultimately, equity is going to be essential, both for today and moving forward into the future, for the health of Manitobans as well as for the fiscal health of our province.

Thank you, Mr. Deputy Speaker.

Introduction of Guests

Mr. Deputy Speaker: I just want to take a moment to recognize we have seated in the public gallery from Edmund Partridge School–is that you guys? Welcome, welcome to the Manitoba Legislature–20 grade 6 students under the direction of Amber Fernie. And this group is located in the constituency of the honourable member for St. Johns (Ms. Fontaine).

So we welcome you to the Manitoba Legislature, hope you're having a great visit and enjoy the rest of your time here.

* * *

Mr. Deputy Speaker: A question period of up to 10 minutes–*[interjection]* Okay, yes, just a reminder

that, due to the fact that we called it 11 o'clock at 10:42, we will be calling it noon at 11:42.

So, don't want anybody to be taken by surprise on that.

Questions

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

The floor is open for questions.

Mr. Brad Michaleski (Dauphin): The question here–whereas–in the whereases of this resolution, it says health care and transfer payments need to be recognized as essential investments into Canada's and Manitoba's prosperity and the stability of the country as a whole.

Now, again, being from rural Manitoba, I know this has been a priority, but what's going on on the ground for decades shows something completely different.

Can the member please speak to the importance of the federal health funding and how important it is to Manitoba?

Mr. Dougald Lamont (St. Boniface): Absolutely, yes, thank you very much.

I mean, look, I think one of the challenges–it's absolutely critical, but one of the things I learned when I was working for the federal government is that the federal government has more money than it knows what to do with and not enough things to spend it on.

The provinces usually have a lot of expensive things to spend money on and not enough money, especially in Manitoba. And that it–and that municipal–and that the municipalities, frankly, have enormous costs and very few good ways to pay for them.

And so, that's part of–one of the things that has to happen, and I'll say this, but this is essential in any country that has provinces or states, whether it's the US, whether it's Canada or whether it's Australia. We have to have transfers in order to actually make sure–that's the price of unity. The transfers–

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

MLA Uzoma Asagwara (Union Station): The resolution brought forward by the member for St. Boniface doesn't include a percentage or target for additional funding.

So, can the member clarify how much he's actually calling for?

Mr. Lamont: So, to be clear, I mean, this is of–what I'm talking about is that equity–that's an excellent question. But this is fundamentally about the–whether we're going to have equity, and as part of the calculation of the formerly or not.

I do believe that the federal government could play a larger share, but it–right now, we have a situation where, if we simply increase that, we'll end up being–massively increasing funding to Alberta, quite frankly, which is already getting the lion's share.

So, if we don't have equity in place and we increase it, we'll end up putting more money, sort of in the sense where it's not needed. It's actually more efficient to have equity and fairer–so that we're not, sort of, giving more to those who have, and while–

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

Mr. Len Isleifson (Brandon East): I know in the preamble the member had talked about sending an email to a federal minister and to our Minister of Finance (Mr. Friesen).

But I'd like to give the member the opportunity to further expand on who else he had consulted with during the process of putting this together.

Mr. Lamont: I spoke with members of the social planning council. I–we spoke with a number of individuals who work in health care. And, I mean, I approached the–I spoke with the minister, the federal Minister of Health, simply to have put it on his radar because I think, of all the discussions we're having around health care, the fact that we're not discussing equity is a huge problem. Because it's something that would, like I say–if we were–return to equity, we'd be able to see nine out of ten provinces see an increase. And it has had a massive effect on budgets, you know, in Ontario and Quebec and British Columbia, as well as Manitoba.

So, I just–it's the most important thing is that equity needs to be on the table.

MLA Asagwara: While I can certainly appreciate the member for St. Boniface (Mr. Lamont) talking about equity and using that language, which more people are increasingly having an understanding of what that means, the member continues to be very vague. He hasn't actually defined or articulated what equity in the context of Manitoba should look like, nor has he identified what percentage of the transfer should come to Manitoba to meet the equitable needs he's talking about.

So, I would ask the member again to please provide a percentage or target number, even, that he would say addresses equity in terms of increased health transfer specific to Manitoba.

Mr. Lamont: You know, that's an excellent question. I mean, I think if we were to look at–the difficulty is that it is a very difficult formula. But we actually know that there–in 2014-2015, we saw a reduction in funding by about $31 million.

Now, we're eight years later, so at a minimum, it should be at least, I would imagine, $50 million to Manitoba. But I even–don't even think that, in terms of equity. That being said, that was also happening at a time when under the–unfortunately under the federal Conservatives, equalization was flat for six years in Manitoba.

So, look, it's something that needs to be part of the discussion. I don't want to get ahead of ourselves in saying we need a specific number, because–but we have to recognize that, for example, there are individuals in Manitoba, in Point Douglas, where they have–as Chief Daniels often says, there are people whose life expectancy is 11 to 14 years less. So, we need–and we have diabetes, instance–incidence of diabetes 20 times the national average.

So those are the sort of things that need to be considered.

Ms. Cindy Lamoureux (Tyndall Park): I want to thank the member for St. Boniface for bringing forward this piece of legislation.

***** (11:00)

We know that there is a huge need. There are many Manitobans not receiving the proper health care that they need, and the member spoke very well to the point that these are different needs, whether it's seniors needing different types of prescribed medications that they can't afford to access, whether it's people who cannot physically access their prescribed medications, and we need to make sure that everyone is receiving medications that they do, in fact, need, as it contributes to many, many different routes within our province, Mr. Deputy Speaker.

So, I'm hoping the member can speak a little bit to how other provinces have handled health equity and how we could be learning from these other provinces here in Manitoba.

Mr. Lamont: Well, I would just give the one example of insulin pumps, of automatic insulin pumps as well as testers, continuous glucose monitors.

We believe in prevention. We have a huge problem with diabetes in Manitoba that probably costs tens if not hundreds of millions of dollars, from anything from kidney failure, stroke, heart attack, amputation and blindness, yet we're one of the very few provinces that does not provide universal coverage for insulin for diabetes.

The other would be if we were providing medication or Pharmacare for life-saving drugs.

Those would be two examples, and it is important–

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

MLA Asagwara: We've all seen the Conservative government's ambition around the privatization of our public health-care system, and unfortunately we've also seen some of the devastating and significant impacts that decision making and austerity-rooted agenda have resulted in.

I'm wondering if the member for St. Boniface can share whether or not he thinks there needs to be assurances made from this government that Canada Health Transfer increases would actually make it to the public health-care sector and the front lines of Manitoba health care?

Mr. Lamont: Yes, absolutely, and we absolutely share those concerns around privatization and, you know, people will talk about it as if it's ideological, but it's really very practical.

I mean, even under the previous NDP government, they actually had an agency that would determine whether the cost of something public versus private, which was more efficient. The fact is that the whole thing about health care is that anybody can get sick and not everybody can pay for it, which is why it's so essential to have those public services.

But the other is we've seen massive increases in equalization which can also be applied to health care.

So it's important for us to be able to guarantee and to ensure that the Canada Health Act is enforced and that those funds actually do make it to providing health care on the front line rather than, say–

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

Mr. Michaleski: The PC government is working and doing a lot, taking a lot of positive steps, taking a lot of action and working with the federal government to ensure better health care for all Manitobans.

In Budget 2022, the PC government committed in taking action: $812 million to improve rural and northern health care. Now, what I said in my first question was what's on the ground is quite different from what this resolution is talking about. There's been a lot of neglect and what the government's doing here right now is doing a lot for Manitoba.

Can the member please speak to the importance and who else–and who did–sorry, the–can he advise the House–

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

Mr. Lamont: Well, I don't know what change of mind I had. I do just want to say–look, from an accounting point of view, I make a distinction between spending on infrastructure and spending on people.

And so, what has happened over the last few years is that it's very common to say, well, this infrastructure project is education. If you're building a new school, yes, you need a school to teach, but an empty school isn't going to teach anybody in the same way an empty hospital isn't going to teach anybody. And we have hospitals and clinics that are empty.

And $812 million is–that's infrastructure funding. It's not actually health-care funding. Health-care funding is about–should be limited to the provision of health care.

So, I think that's one of the things that's really important. It's one thing to say, well, we're going to go and we're going to build a whole bunch of facilities, but if we don't actually have the staff to provide the care, that's the issue.

So we need to make sure that the care is there.

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

The time for questions has ended.

Debate

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

Mr. Brad Michaleski (Dauphin): It's great to get up and speak about health care here in Manitoba, and speak to this private member's resolution and ask a few questions.

And I did talk about changing the mind. And I–again, I read this resolution and the be it resolved, and I was hopeful and–that there was a change of heart, and where the opposition has sided with what the provincial government has been doing; the positive steps, the positive investments they've been making in Manitoba.

And of course, we're looking for our help–more help. And it's unanimous across the country, in fact, where they're asking for more money at the provincial level from the federal government. And I was hopeful that the members opposite were onside with what the Premier (Mrs. Stefanson) and our government has been trying for.

But some of these be it–the whereases in this–again, it's disappointing, I would say. You know, we're–again, we've done a lot of good things, the PC government has, and we're taking a lot of time to listen to people. We've made significant investments.

And what we need right now is help, and a partnership from the federal government, not major federal overreach into provincial jurisdictions. In a lot of cases–and there may have been, at one time in the member's past, where this might've been the best way to run health care.

But, you know, we've got a lot of provincial expertise, we have–a lot of things have changed, where really, the provincial governments need to take a much more–and be allowed–a much more active role. They're much better positioned to deal with the health-care needs, some specific needs in the province, and quite often, the federal government–it would be difficult, very difficult to do it from the federal level. And in some cases, it can get in the way and snarl things up.

So, again, I know our government is committed to working with the federal government. And it's an important time. We're making some, again, enormous progress when it comes to health care, not only in Winnipeg. But I'll say, it's refreshing that the language and the focus is going towards rural and northern–rural and northern health care, I'm sorry.

Because, again, it's not just health-care services, Mr. Deputy–or Mr. Speaker; there is an indirect and a direct effect when it comes to health-care services across the province.

Now, if we end up, again, quite familiar with the landscape in our region, I'll say–and I'll say the Parkland region, and the number of people who've had to come outside of that area and travel–and north of us as well–and having to make numerous trips down south. And I don't say it, you know, jokingly.

A member mentioned something about, you know, things changed 10 years ago. But I know we can go back decades, and we can look at the withdraw of services, the lack of attention being put outside of Winnipeg, in particular Dauphin and North, where, again, it has been ignored.

And so I'm really optimistic and thankful that the government is taking this approach towards rural and northern development, northern health care, good relationships with First Nations health care.

I want to recognize First Nations for the great work that they did on the COVID and pandemic response. It's important to our government that First Nations leadership and health professionals have a direct role in developing and implementing health-care plans that priorize First Nations people on and off-reserve, as well as northern and remote communities.

***** (11:10)

Mr. Speaker, this is an important, important aspect that is really a focus of the current PC government, and I can say that this is the first time that I've really seen genuine, sincere, take-action plan in dealing with this.

Now I–and I just don't buy that this 10 years ago all of a sudden things changed and now we need to, you know, we need to pay attention to this area because it's the most important thing.

It always was–it always was, Mr. Deputy Speaker, and again I'm very thankful for the current government that is taking steps and focusing on that, and I'll say, over the course of the last number of years, we've had tremendous good relations, and I've experienced it in my region, a real co-operative spirit with Indigenous First Nations and wanting to really work together on this.

So we've also spent a ton of money, and it depends on what the opposition likes to say, we're not spending money but we are–$19.5 million to add 259 nurse training seats and, of note, 37 are going to the University College of the North, and that's important.

There was also funding for the CT scanner in Swan River. I know that that community in the Parkland, they were waiting for that for years and years and we finally got that–got it up there for them, and they're extremely happy. You know, we have made, again, a major upgrade towards the emergency centre, the emergency department in Dauphin. That was a couple of years ago, but we're also expanding that again. So, again, focus on northern development.

And there was also the Russell CancerCare announcement, which was really a good announcement for people in rural Manitoba, and again, in the Budget 2022 our government did commit $812 million, the largest single health-care commitment in Manitoba history, to improve rural and northern health care, and a significant portion of this 812 is going to be used in the creation of a new, intermediate health-care hub in northern Manitoba.

Mr. Deputy Speaker, that sounds like a government that understands better health care closer to home is important. It's not just for health care. It's not just for that, although that's important, but the–having those services available in the North, again you have to live there to appreciate what it means to come out of there and have to take a day or two trip to come down to Winnipeg for services.

It's a disruptor in your life for families, so this focus, this attention on this, is really a positive step for all Manitoba, and it's also an indirect investment into the support service that we need in rural Manitoba that comes along with economic development. We need those health-care services there. They're an important component; they're an important attraction.

So again, that's why I say it's important and it's great that the government is making those investments in rural Manitoba.

Now, the diagnostic and surgical task force. Again, another really smart initiative by this government. We have–I look at it as three parts: There's the surgical and diagnostic recovery task force; they're also working alongside the steering committee, and the latest–there was partnerships with other jurisdictions.

There's a pilot project with Big Thunder Orthopedic Associates in northwestern Ontario, the one with Sanford Health in North Dakota, and one in Cleveland, Ohio, for hip surgeries.

And, Mr. Deputy Speaker, this is smart. Not everybody can afford everything per jurisdiction. Not everybody can afford it by province. You know, there's a lot–if we can–if there's a working together, you know, we can spend some and co-operate, we can have–be in reach of good services for everybody, and it doesn't necessarily mean we all have to do it all here in Manitoba. But we just need to make sure that we're spending the money right and getting better health care.

So, for Manitobans who need hip replacements and surgeries and again, I'd like–

Mr. Deputy Speaker: Member's time has expired.

MLA Uzoma Asagwara (Union Station): I'm–always welcome the opportunity to talk about what we need to see happen in health care in Manitoba to improve health outcomes for Manitobans.

And, you know, recently, I've made a point of talking about the importance of focusing on health outcomes because this government, as the member for Dauphin (Mr. Michaleski) just has done yet again, they like to talk about announcements that they've made; they like to talk about dollars which they haven't yet spent and they have no plan for in terms of incorporating staffing into executing some of those said plans, but they don't talk a whole lot about health outcomes. And that's really problematic because as we've seen here in Manitoba, we have some of the most concerning health outcomes in our province, and we saw that, you know, unfortunately a tough reality during the pandemic.

And so, when–I think that's important context for the comments I'm going to put on the record. So, you know, calling on the federal government to increase Canada Health Transfers is important. We certainly support that call. We have, ourselves as the NDP, made that call. We recognize that the federal government does have a responsibility to ensure that provinces have enough health-care-related funding to provide adequate care to our residents and our citizens.

There are some concerns that we have in regards to the decision making around funds that this government has a pattern around. And so, I think it's–our criticisms, as much as the member for Dauphin or other members of the PC caucus may want to push back against our criticisms, our concerns are rooted in the patterns of behaviour and decisions that this government has been making since 2016.

You know, we all, I think, are on the same page in believing and understanding that all Manitobans deserve quality health care. We value health care being accessible across the province; we value a strong public health-care system. That specific statement, when I say we value, I am talking about our NDP caucus because, quite frankly, I haven't seen from this Conservative government that they value a strong public health-care system.

You know, and that's evidenced by this PC government making many intentional decisions which have had detrimental impacts on our public health-care system which right now, in this very moment, some would describe as being in a state of collapse. Certainly in a state of prolonged and unsustainable crisis.

This Conservative government has made massive capital cuts. They've closed clinics, emergency rooms, diagnostic centres and many other services Manitobans 'dely' on. A good example would be their privatization of lab services, and allowing Dynacare to have a monopoly. We saw very recently that workers with Dynacare were looking at potential strike action, which would mean that thousands upon thousands of Manitobans who are–have already been detrimentally impacted by this privatization, would be further impacted, potentially not being able to access these services really at all.

And so that's a good example of the concerns we have around this privatization from this government. And I raise that because when we talk about calling for increases in the Canada Health Transfers and what that means specifically for Manitoba, we have to be able to also ensure that a responsible provincial government here in Manitoba would see those dollars go directly to the bedside of Manitobans in our public health-care system.

A responsible government would ensure that those funds do not actually go to further privatization of our health-care system because what that means is the health outcomes of Manitobans would be increasingly inequitable. What we'll see with privatization and the misallocation of increased federal health transfers is that those Manitobans who right now suffer from poor health outcomes–whether that's increased rates of diabetes, cardiovascular-related issues, whether that's, you know, increased mental health issues and struggles with addictions–it's those Manitobans who will more than likely see increased poorer health outcomes and growing health inequities.

* (11:20)

And so, we do need to be able to be very clear and talk about the responsibility a government has to ensure that increased dollars go to the public health-care system and ultimately to the front lines of our health-care services in Manitoba at the bedside of Manitobans receiving care.

Now, I'm going to outline some of the cuts, and I'm really only going to capture a mere fraction of the cuts that this government has made to the health-care system and how they have mismanaged the funds that have been transferred to Manitoba from the federal government.

So, in the first two terms as government, the PCs have closed emergency rooms, being Victoria, Seven Oaks, Concordia.

I'd like to also highlight that they closed urgent care at Misericordia, which directly impacts the community of Union Station, which I represent. I hear on a regular basis from folks who desperately miss being able to access urgent-care at Misericordia.

They cut 18 ICU beds before the pandemic. It's really interesting when the current and former ministers of Health talk about increased ICU capacity in Manitoba, they talk about the numbers being over 100 beds right now. They don't talk about the fact that Manitoba had to scramble to make up for the 18 beds this government cut before COVID ever reached our province and the impact that had on so many Manitobans during all waves, but certainly during the third wave, where we set an unfortunate precedence here in Manitoba by sending residents out of our own province to receive life-saving critical care.

They closed four quick-care clinics. They closed primary community clinics. They closed the Mature Women's Centre, which was part of this government's direct attack on women's health care and reproductive health-care services in Manitoba, despite the federal government having funds that were meant to be directly invested in addressing women's health care.

With that in mind, this Conservative government has been on a rampage attacking women's health care since 2016, regardless of the fact that we have great evidence to support that these previously existing Mature Women's Clinic and other services for women have actually supported–I'm going to go back to something I started with–good health-care outcomes for Manitobans.

They cut lactation consultants from our health-care system. There's not a single person I've ever talked to who hasn't called that decision reprehensible. And now we're seeing the impacts of that when we've got new parents–new mothers, new parents coming to us and saying that the services they need in hospital that this government wrongly assumed the additional burden on other nurses who are overworked could absorb–those folks aren't getting the support that they need from overworked nurses. In fact, they're going home with a gap in their care that they've received in terms of no access to 'lacsation' specialists, and I appreciate my colleague from St. Vital for flagging that for me.

They closed obstetrics in Flin Flon, they contracted out Lifeflight, pushed for the closures of 26 of 53 Dynacare locations, began closing 23 EMS stations, closed CancerCare locations at Seven Oaks and Concordia, which was absolutely disgusting, and despite the push-back and the advocacy from community members, and–including my colleague, the MLA for Concordia–they went ahead and closed those CancerCare locations.

They've closed community IV clinics at the Transcona ACCESS Centre. They cancelled capital projects–*[interjection]*

Mr. Deputy Speaker: Order.

MLA Asagwara: –like a new facility for CancerCare in Manitoba, personal-care home in Lac du Bonnet, St. Vital primary-care ACCESS clinic, The Pas primary-care clinic, Bridgwater primary-care clinic, and after years of cuts to seniors care, there are now 193 fewer personal-care-home beds than when the PCs took office.

And despite the funding that we've seen, Mr. Deputy Speaker, come from the federal government in recent years, recent months, specifically identified to address the needs of personal-care homes, what we've seen is this government abandon outright their commitment to create 1,200 personal-care-home beds in Manitoba. Apparently they're okay with 193 fewer personal-care-home beds existing in our province, and they've pivoted now to talk about investing in other ways in senior care.

The problem with what they've talked about is that they're saying they're looking only to the future. They're doing nothing to address the urgent, immediate, daily crisis that we're hearing about in terms of home care in our communities.

So, these are just a few of the concerns that we have in regards to whether or not this government, quite frankly, even has the capacity, or–I don't want to say aptitude, but I just said it anyhow–to ensure that

increases in Canada Health Transfers will be invested in public health care at the bedside to improve the health outcomes for Manitobans.

And that's where those dollars need to go. We need a commitment from this government to ensure that happens to the benefit of all Manitobans.

Thank you, Mr. Deputy Speaker.

Mr. Len Isleifson (Brandon East): I find it interesting that we're here debating a resolution from the Liberal Party and the member from Union Station spent the entire 10 minutes criticizing the government and not addressing the resolution at all. But hey, that's okay.

You know, there's–that's–we're–that's the ability of being in this House, Mr. Deputy Speaker, and I take great pride and honour in standing in the House and speaking to yourself and to other members of the House. And it is a great opportunity that we have to stand and put our own voice on the record and for the member from Union Station, I appreciate that. But I just wanted to point out that it did not address the resolution.

What instead it addressed is the fact that–and I will talk with the NDP–that they do want to cut nurses. We're in dire straits, not just here in Winnipeg, not in Brandon, not in Manitoba but right across Canada and right across the world. We're in need of more nurses.

And then the opposition party–the official opposition stands up and does not want to invest money in agency nurses which have been around for years–years.

I used–I had the opportunity and the privilege of housing nurses when I worked with Prairie Mountain Health. It was part of my responsibility to make sure when agency nurses come out to lend a hand, that they had a place to stay. And we did–we had a nurses residence and it was always great to ensure that they had a place to stay in there, and it helps out the entire system.

So, if we're in a situation where we're short on nurses, like they are right around the world, getting rid of agency nurses, cutting the funding for agency nurses is definitely a step backwards. It's not something that we want to see in this province.

Would it be great to have every position in Manitoba filled with nurses? One hundred per cent, it would be. And that's why our government is taking initiatives to do just that.

And again, the challenges are not faced by us alone, Mr. Deputy Speaker. They–all provinces are facing it and again; it is not just unique here in Manitoba or even in Canada.

I like the ending of the resolution and the purpose of the resolution to create more of an equitable playing field between the Province of Manitoba and the federal government.

I had written a paper back in–I think it was 2003, 2004, I wrote a paper when I was taking my health-care administration course. And again, it was on the challenges of federal transfer payments and the ability–and I believe at the time when this came out it was a 50-50 split. I'm not sure. I'll be honest with you, I haven't checked right now to see what the actual split is. I know it was 23 per cent from the federal government at one time and I can only 'sumess' that it's–or surmise, pardon me, that it is lower than that.

But when we look at what needs to happen in this province–and I'm going to give you a quick example. A real-life example, Mr. Deputy Speaker, is late last week I made a doctor's appointment here in Winnipeg because I'm–lately with the House sitting, obviously, you know, we're in here more than we're at home.

And so, I made an appointment with the doctor's office here in Winnipeg and while I was in there, the nurse came in first and she said that she would be assisting the doctor but they–obviously first visit for me, they wanted to get to know me a little bit better.

So, she asked where I was from, and I said I was from Brandon. And she said wow, you came all the way in from Brandon? And I said no, I actually work in Winnipeg during the week. And she's oh, what do you do for a living? I said well I'm the MLA from Brandon East. And she goes oh my goodness, she says, what are the big issues in politics these days? And I said to her, well, it's no secret: education and health care. She goes oh, health care, yes, for sure.

Now, this is a nurse, a front-line nurse that I'm talking to. And you know what her question was to me?

Her question to me was the opposition says that we need to get more nurses. Where are they going to get them from? Do they not realize that there is a shortage around the world?

And I said to her, I said, you know, what do you–what–I said to her, what are you doing this afternoon? How would you like to come into the Legislature and actually speak for a couple of minutes and let them

know from a front-line nurse? They understand the challenges that we have.

* (11:30)

The extra funding? The extra funding will certainly–*[interjection]*

Mr. Deputy Speaker: Order.

Mr. Isleifson: –help in various ways. And, again, Mr. Deputy Speaker, we–you know, the opposition brought out the fact about nurses: $19.5 million to add 259 training seats this year at five secondary institutions, and that's all part of a plan of adding 400 new nursing seats.

Well, I got news for the opposition, Mr. Deputy Speaker: you don't open up a seat today, put a student in it tomorrow and then graduate them next week.

An Honourable Member: What?

Mr. Isleifson: Yes, it's–isn't that hard to believe, eh? That's–it's hard to believe, you know.

And, you know, they keep these mysterious cuts that the NDP talk about. I've got lists and lists and lists of investments that this government is making, but, of course, I understand it doesn't fit the dialogue of the opposition.

And I could spend all day talking about the non-dialogue of the opposition, but I do need to go back to the resolution, because that's what is at hand here is the resolution.

Going through some of the whereases in the resolution, it's like saying, you have a terrible car. It's the wrong colour, it's the wrong make, it's the wrong model, but hey, next Friday can I borrow your car? Because that's what this resolution does.

If you look at it, it's–again the whereases, I'm not sure where they came up with the whereases, but the therefore, absolutely. Everyone knows that the Premier (Mrs. Stefanson) of this province has been working with premiers right across Canada pressing the federal government to increase transfer payments.

That's not a secret–that's not a secret–everybody knows that. But, again, you don't knock down and then try to get an end result by building a new building when you're just using matchsticks, Mr. Deputy Speaker.

Again, oodles and oodles–I don't know if that's an actual word, but I just said it in the House–the oodles and oodles of information that we have, and it's available to anybody.

Go on the Internet, check out what our government has been doing since 2016. But it seems that a lot of people in this House tend to forget that we had a pandemic. Pandemics change outcomes. They don't change plans; they change the route those plans are taking.

So, where we've always had the plan of building health care, you can see simply by the investments that we are doing, that is coming true. Hundred and fifty-nine more nurses have started since April, in this province. That's progress, that's progress. Do we have more? Absolutely, we have much more to do.

Again, when we look at building: 35 new paramedics in Manitoba; we look at 60 new full-time nursing positions to ICUs in Brandon, the Grace Hospital, St. Boniface and the Health Sciences Centre. Our government is investing.

I know the member said looking–we're looking at the future, but, yes, we are looking at today as well. We got to get there. And, again, we'd look at–I know it was last week I spoke to a bill where we talked about giving the opportunity for Manitobans to help reduce the surgical wait times by going out of province, if they're able to, to gain access to surgeries, so that it 'expediates' their individual case. But it also reduces the backlog here in Manitoba.

For those that are unable to travel out of the province to get these services, if I was No. 42 on a list, and No. 13 moved to get service elsewhere, I would move up on the list.

So therefore, I want to thank those who have the ability and took the opportunity to get these services outside of Manitoba in other jurisdictions so that it does help decrease the overall wait-list.

Again, there's more initiatives to it. And we talk about funding: $110 million is what our government has put in to reducing that surgical and diagnostic backlog, and, again, that's a total of $160 million since last year. So these are investments, as the member from Union Station was looking for, wanting good outcomes.

We are getting good outcomes. It would be beautiful, Mr. Deputy Speaker, if we could make everything happen overnight, but we cannot make it happen overnight.

We are working with our institutions, our health-care institutions. We are working, again, with the federal government on a regular basis, with our Premier now heading the premiers' table and pushing

the health care among all provinces so that we can do it collaboratively. And again, those are not all Conservative provinces. They're NDP provinces, Liberal provinces; we're working together to have an outcome that works for all of Canada, with Manitobans at the top of our priority list.

So with those words, Mr. Deputy Speaker, I thank you again for the opportunity to speak.

MLA Tom Lindsey (Flin Flon): Just want to say a few things about this resolution and about this particular government, because they are tied in together. They do both address the same issue.

It was a federal Conservative government that initially cut the health transfer payments under guy by the name of Stephen Harper. Successive Liberal governments haven't restored that funding to where it previously was, although the current federal government did increase it.

But one of the most important things that needs to come out of this is to make sure that that money actually gets spent on health care, that it doesn't go just towards giving this PC government in Manitoba's billionaire buddies' tax cuts. It has to go where it's intended to go.

Now, we've listened to a previous PC member talk about how wonderful everything is with their government and what they've done for health care, and I can tell you, Mr. Deputy Speaker, people in the North know that everything he said is not true, that health care in the North has been absolutely destroyed by this government.

Hospitals are shut down. People are transferred hundreds of miles away to get health care. *[interjection]*

Mr. Deputy Speaker: Order, please. *[interjection]* Order. Order.

Just a caution to members to deliberately attribute somebody as saying something is not true. I think we need to be careful around the language we use in those kinds of things, so. Just a caution.

Member for Flin Flon does have the floor, though.

MLA Lindsey: It's a word that should be used cautiously, and I did.

So, let's just go on the record as saying that if we're talking about equity, we need to make sure that the funding is achieved at an equitable level that is sustainable for health care in this province. To just say that you're going to get equitable, if every province gets less money from the federal government, that's not the right answer.

We need to make sure that the federal government is funding as it should be to make sure that particularly northern communities–that right now don't have access to health care at all in many situations, thanks to this government–that we need to make sure that that funding is there to make sure that they have doctors, to make sure they have nurses.

Speaking of nurses, you know, the member opposite talked about how wonderful they are at training some nurses. Well, if they hadn't have cut 700 training seats from the nurses once upon a time in 2016 or '17, maybe we wouldn't be as short of nurses as we are today.

Now they've talked about, well, we've increased the number of seats, so therefore things are going to be lovely. Well, at some point in time they will, Mr. Deputy Speaker.

So I just want to say, this resolution goes partway, but it doesn't go 'fard' enough.

Thank you, Mr. Deputy Speaker.

Hon. Jon Gerrard (River Heights): I rise to support this. I think that there's been a healthy discussion of the situation. I think that most, maybe all, MLAs in this Chamber would support the concept that we have better equity when it comes to health care, both in funding and in the delivery of health care.

So, I hope we will have support from all MLAs for this resolution.

Thank you.

Mr. Blaine Pedersen (Midland): This resolution mentions equity numerous times, and I would take it what that really means is that the feds don't increase their funding but they have more say as to where the money is actually spent.

* (11:40)

And so, they want the Province to manage health care but they want to determine–the federal government, the Liberal-NDP coalition in Ottawa–wants to decide where money is spent and not be involved in the day-to-day tasks that our Health Minister and our Health Department works on each and every day for all Manitobans.

So, the member also failed to recognize that the share of federal funding for health care has continued to drop under the Liberal-NDP coalition. It has not

increased in keeping up with inflation and with costs of labour and costs that are occurring in the health-care system, just like every other department, and yet the member from St. Boniface only talks about equity.

So, in other words, he wants to say, have a share– the federal government wants to have their say in where it's spent, not how much is spent. And so that's a real shortfall of this resolution.

The budget for the Health Department this year is a record $7.2 billion. That's $812 million more than the previous government ever spent on health care. There continues to be demands on the health care that we're meeting.

Certainly, the pandemic caused some real angst within the health-care system that we–you know, that this government faced each and every day.

But easy to criticize when you're on the outside, but when you're on the inside having to make these decisions–

Mr. Deputy Speaker: Order, please. When this matter is again before the House, the honourable member for Midland (Mr. Pedersen) will have eight minutes remaining.

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

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, October 11, 2022

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