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of the
Legislative Assembly of Manitoba
DEBATES
and
PROCEEDINGS
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MANITOBA LEGISLATIVE ASSEMBLY
Forty-Second Legislature

Member	Constituency	Political Affiliation
AL TOMARE, Nello	Transcona	NDP
ASAGWARA, Uzoma	Union Station	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian	Keewatinook	NDP
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy	Kildonan-River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
DRIEDGER, Myrna, Hon.	Roblin	PC
EICHLER, Ralph	Lakeside	PC
EWASKO, Wayne, Hon.	Lac du Bonnet	PC
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GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GORDON, Audrey, Hon.	Southdale	PC
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GUILLEMARD, Sarah, Hon.	Fort Richmond	PC
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KHAN, Obby, Hon.	Fort Whyte	PC
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LAGIMODIERE, Alan	Selkirk	PC
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MALOWAY, Jim	Elmwood	NDP
MARCELINO, Malaya	Notre Dame	NDP
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MICHALESKI, Brad	Dauphin	PC
MICKLEFIELD, Andrew	Rossmere	PC
MORLEY-LECOMTE, Janice, Hon.	Seine River	PC
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NAYLOR, Lisa	Wolseley	NDP
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PEDERSEN, Blaine	Midland	PC
PIWNIUK, Doyle, Hon.	Turtle Mountain	PC
REDHEAD, Eric	Thompson	NDP
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SANDHU, Mintu	The Maples	NDP
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SMOOK, Dennis	La Vérendrye	PC
SQUIRES, Rochelle, Hon.	Riel	PC
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WISHART, Ian	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC
<i>Vacant</i>	Morden-Winkler	

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, April 4, 2023

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.

House Business

Hon. Kelvin Goertzen (Government House Leader): Good morning, Madam Speaker. Just a couple matters of House business before we call the bill this morning.

Pursuant to rule 34(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 Dauphin (Mr. Michaleski). The title of the resolution is Calling on the Federal Government to Absorb the Cost of Increased RCMP Salaries.

Madam Speaker: It has been announced that pursuant to rule 34(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 Dauphin. The title of the resolution is Calling on the Federal Government to Absorb the Cost of Increased RCMP Salaries.

* * *

Mr. Goertzen: This is a leave request.

Could you please canvass the House to see if there's leave for the sponsor for the private member's resolution on Commending the Provincial Government for Investing in Diabetic Supports to be transferred from the member for Kildonan-River East (Mrs. Cox) to the member for McPhillips (Mr. Martin).

Madam Speaker: Is there leave for the sponsor for the private member's resolution on Commending the Provincial Government for Investing in Diabetic Supports to be transferred from the member for Kildonan-River East to the member for McPhillips?

Agreed? [*Agreed*]

Mr. Goertzen: I thank the House for that accommodation. Please, could you please call for private member's bill debate this morning, Bill 231.

ORDERS OF THE DAY

PRIVATE MEMBERS' BUSINESS

SECOND READINGS—PUBLIC BILLS

Bill 231—The Residential Tenancies Amendment Act (2)

Madam Speaker: So, we are in orders of the day, private members' business.

It has been announced that the House will consider second reading of Bill 231, The Residential Tenancies Amendment Act (2).

Mr. Brad Michaleski (Dauphin): I move, seconded by the member for Dawson Trail (Mr. Lagassé), that Bill 231, The Residential Tenancies Amendment Act (2), be now read a second time and be referred to a committee of this House.

Motion presented.

Mr. Michaleski: It is indeed a pleasure to, once again, get up in the House and bring forward legislation that works to help people, vulnerable people, people that have experienced various forms of violence and to propose legislation that creates a safer environment for them is good legislation.

Bill 231 has, essentially, three main parts. There's—it adds a new category entitled household violence. That's on top of the three that are already there. And what it does, the bill provides for that category.

It also provides for a definition of what that is, and it also expands the responsibility and liability potentially on landlords who may be found negligent or responsible for a tenant wanting to leave a residence.

So, again, this is a good bill in the fact that it broadens the scope by which people can apply for ability to get out of a rental situation. This bill will make it easier for someone who is assaulted to leave their tenancy agreement and move to somewhere that's safer. And currently, the way it stands, you need to be a victim of domestic violence, stalking or sexual violence to have a legal tool to exit your lease. And this leaves people that are assaulted in other ways, no way to get out of their—no means to get out of their rental agreement.

So, again, this bill, what it does is expands the scope and it makes it more available for more incidents of categories of violence to be used to get out of a rental agreement. It's—again, this is a very unfortunate reality of today, but we need to make a change, and—so as necessary for the victims of violence.

So, we have to make sure there's a current process that's in place with being able to get out of a rental agreement. There's—if you wanted to end a residential tenancy or a tenancy agreement, a survivor must have a certificate from Manitoba Justice Victim Services.

And the certificate must be acquired, or can be acquired from a form that you would fill out with Manitoba Justice service. And it has to be backed up with confirmation from a certified professional. So this makes it less frivolous, because this matter, it could get—if we're expanding the scope, it could open up a door for frivolous claims.

So, this process doesn't change. What it does though, is it allows for more qualifying infractions, I would say, into the process. So, the process does work. There's a number of professionals that can provide backing confirmation for tenants that are choosing this path.

And, again, it's a way to make sure that the system doesn't become frivolous. So, what's important, though, on this bill, the heart of this bill, is the new category; and it's household violence, which means violence with or without an intent to harm a tenant that is adversely affect, or is likely to adversely affect a tenant's quiet enjoyment, security, safety and physical well-being if the tenant remains in a rental unit.

* (10:10)

And it also includes physical abuse of the tenant, forced confinement, deprivation of necessities. There is other issues in here: attempts to physically abuse a tenant is a qualifier. Psychological or emotional abuse of the tenant is also. Intimidation, harassment, coercion or threats, including threats respecting other persons, pets or property, unreasonable restrictions or prevention of the financial or personal autonomy of a tenant and, in the case of a person under the age of 18, direct or indirect exposure to violence against the tenant is also.

And, Madam Speaker, I would say, this is a serious matter, that last point is—people are, you know, in a lot of these situations, people are living in a desperate situation where they don't have the means to get out of their rental agreement. They're faced with, you know, the uncertainty of having to pay double rent, and in a lot of cases, they're living in an environment where the kids are seeing and exposed to this.

And I know that a lot of people are trying to get people a leg up or a hand up to get them on the right path, and the exposure to that sort of stuff is an important point, so if we can find ways to get out of that situation for families and kids to get out of that situation, this offers that pathway. And it doesn't guarantee it, but it does offer that pathway.

And the last issue is having to do with the potential of moving expenses. And this is to do with the landlord's liability for moving expenses. And if it's—if the director is satisfied that the landlord is responsible for a tenant experiencing household violence, the director may make an order requiring the landlord to pay the tenant's reasonable moving expenses to new living accommodations, up to a maximum prescribed amount.

Again, this, in an attempt not to be frivolous, there is a process where there is applications to be filled, professionals weighing in to an application to look into particular situations. Now with the wider scope, it may be deemed that the landlord was negligent. And in this amendment to the bill, this gives the option to make the landlord liable if the director saw fit. Again, because we've expanded scope, so there needs to be some discretion, more discretion for directors on making the call on who's responsible and who's negligent for these living conditions.

So, Madam Speaker, this is, again, it's an important bill. I think it's important upon us as legislators. If we have a chance to provide safe living conditions, and if we can provide pathways out for people that are in, I would say desperate situations, difficult

situations, then we should be doing that. And it's—I think we've all heard, and I've certainly heard over the years in public service where there's people that, you know, they're living in desperate situations, they don't have pathways to turn, and a lot of times there is impediment to those pathways that they need to get out.

So, in this case, in this bill, it does provide a pathway, and that—or a doorway that wasn't open before. And, again, it expands the scope, and it's necessary nowadays to—because the definitions of violence and assault are expanding—and it just seems that there's more of that going on than has been in the past with, it seems, with the effects of social media. There's more intimidation; there's, you know, there's bullying—those types of things, which are forms of violence.

So, anyway, Madam Speaker, I thank you for the opportunity for giving me the time to raise Bill 231 here in the House, and I look forward to the rest of the debate on this bill.

Thank you.

Questions

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

MLA Malaya Marcelino (Notre Dame): I'd like to ask the member, what other measures are being taken to protect people facing household violence in Manitoba?

Mr. Brad Michaleski (Dauphin): I guess I would answer that question that there is indirect and direct support for household violence.

Specifically, there's Velma's House. But there's also a number of government services, whether it's involved in EIA or low-income housing. There's a number of pathways that we can help people that are dealing with domestic violence and able to get them out of the situation or help them through that situation as they leave a situation at home where it could be violent or criminal or assault.

Hon. Jon Gerrard (River Heights): My question to—in regards to this bill has to do with what proportion

of violence and intimate partner violence and domestic violence occurs in what are rental properties, and to what extent will this make a difference in reducing the extremely high rates of domestic violence and intimate partner violence in this province?

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

It's—you know, I don't know the specific number that he's asking for. I know the issue with domestic violence in residence is not unique to certain groups of people. And in the rental issue, we have classes of rentals which are low-income housing that—where the percentages are higher.

Lots of those incidents don't get reported, and we need a pathway for these people to get out.

MLA Marcelino: Like to ask the member, in addition to Velma's House—which has a very limited amount of spots for women—what other measures are being taken to provide safe housing to survivors of household violence who break their lease?

Mr. Michaleski: Again, I guess I can refer to some of the situations that I've experienced as an MLA where people have come to me looking for pathways out.

And again, there is—you know, there's shelters that are available in certain instances. There is also, again, a number of different groups that work to help people that are in difficult situations. And nothing—I know, again, it's—whether it's through low-income housing, relief or—

* (10:20)

Madam Speaker: The member's time has expired.

Mr. Shannon Martin (McPhillips): I'd like to thank my colleague for bringing this bill forward today, and the—obviously, the issue of violence, especially intimate partner violence, is something that's at the forefront of a lot of people's minds, as it should be, as legislators.

Can the member share when would Manitobans and, more specifically, the people the member is targeting with this bill, have the benefit of the protection that this bill would afford them?

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

In this House, we're debating a second reading right now, and if we can get it moved through to committee, I'm sure there'll be a fulsome debate and we need to get to third reading and get it passed. And once

that happens, then the benefits of this bill will be able to be available to those people that are dealing with violence in the home and violent situations where they need relief and pathways out of the situation that they're in.

So we need to—once this bill passes, we'll get that—we can get that started.

Mr. Jamie Moses (St. Vital): So, I mean, over the past several years, we've seen life become more difficult for renters under this current government, with tax credits for renters decreasing now from \$700 down to \$525. We've seen many, many above-guideline rent increases under this current government.

And, you know, with all these challenges, I'd like to ask the member: With this bill, regarding renters, why has this government chosen to make life so difficult for renters over the past few years?

Mr. Michaleski: I would answer the member this way: This bill has to do with violence and it has to do with difficult situations that are in the home.

No doubt there is some attachment to, you know, affordability and those types of issues, but I can also say we've done a lot in the last budget to make things affordable for many, many Manitobans, not the least of which is the basic person exemption that's going to allow an extra \$5,000 to be withheld.

And so, those are measures that were—

Madam Speaker: The member's time has expired.

Mr. Martin: A question to my colleague: While statistically women, obviously, are the—bear the brunt of domestic violence, there are situations where, obviously, non-gendered individuals, as well as—even males can be the recipient of domestic violence.

And I'm wondering if the member can advise whether or not the legislation that he's proposing is gender specific or applies to all Manitobans equally.

Mr. Michaleski: That's a good question. I thank the member for it.

Again, these issues of violence are not specific to gender, so this protection is available to all survivors of violence in whatever form that may be. Unfortunately, like the member referenced in his question, in a lot of cases, it is women and children that are most affected by the violence that occurs in the situation of—being at hand or in living conditions, so it's important that we give them that—

Madam Speaker: The member's time has expired.

Mr. Moses: Madam Speaker, I'd like to ask the member who he consulted or who was consulted in the creation of this bill.

Obviously, there's a lot of stakeholders who play an important role when it comes to addressing domestic violence and sexual violence, and we want to make sure that the right voice isn't—a breadth of voices are being heard when a bill like this is being brought forward to the House.

So I'd like to ask the member: Who was consulted in the creation of this bill?

Mr. Michaleski: I thank the member for that question; it's a good one.

You know, it's difficult to talk to a landlord or a tenant about these things, but I know, over many, many, years I've had a lot of experience, shared stories with people that are living in these situations. And I would say even landlords, they understand that—they want protections for their tenants, as well.

So, I think there's, again, there's a lot of—I'm sorry, I just lost my train of thought. Sorry.

Mr. Moses: I'd like to give the member an opportunity to give more specifics in terms of who he actually spoke with and consulted with this bill, so that he can delve more into who actually the groups or organizations—whether it was landlords or, hopefully, many victim services groups to—in the creation of this bill.

And he mentioned that these issues have been happening over a number of years, so why also has it taken so long for his government to bring this type of legislation forward?

Mr. Michaleski: Thank you for giving me a chance to answer this again. Again, I—over the years, what people have been concerned about, whether it's landlords, families that are—that have family members that are dealing with these situations, they're the ones that are asking, you know, what we need is pathways out. A lot of their loved ones are in situations where they can't get out of a situation.

And what this bill does is simply provide a pathway for tenants that are living in rough situations. And it gives a pathway out. This is just a common sense approach towards providing help—

Madam Speaker: The member's time has expired.

The time for this question period has expired, as well.

Debate

Madam Speaker: Debate is open.

Mr. Mintu Sandhu (The Maples): It is my honour to rise in the House today to put a few comments on the Bill 231, The Residential Tenancies Amendment Act (2).

This bill amends The Residential Tenancies Act. Household violence, which is violence that adversely affects a tenant's quality, enjoyment, security, safety or physical well-being is added as a reason for the tenant to end their tenancy agreement early. A landlord can be ordered to pay a tenant's reasonable moving expense. A landlord is responsible for the tenant's experiencing household violence.

Madam Speaker, this bill—the house is—housing is a right for all Manitobans, so to have access to affordable, safe and quality housing. I do like to thank the member from Dauphin for bringing this bill forward. This is an important bill, and no one should be facing a violence anywhere. And Manitoba NDP is in support of this bill, and we will be supporting this bill.

All Manitobans deserve to live free from harassment and violence in their homes. This bill expands the definition of violence that makes a tenant able to end their lease agreement early. Previously, tenants were allowed to end their lease in the case of domestic violence. Under this bill, the eligibility criteria are expanded to household violence, meaning that 'peripretors' and the victim no longer need to be family or in relationship with the victim to end their lease.

The definition of household violence also now includes any violence that adversely affects a tenant's quality enjoyment, as well as violence against a pet, restriction of financial or personal autonomy and minors who are exposed to violence.

Additionally, it is clear that the use of force to protect yourself or other from harm does not count as household violence. Madam Speaker, this is also aligned with the other provinces that have similar laws. For instance, in—BC made similar changes to the one in this bill in 2019, also expanding the definition from just violence to household violence: physical, sexual, emotional or physical abuse by anyone that occupies a rental unit against another person.

* (10:30)

This is important change, as it allows a lease to be broken due to violence from a roommate or neighbour, even if there's no family or romantic relationship between the two parties. Several provinces, such as Newfoundland and Labrador and Alberta have only recently passed laws allowing tenants to break a lease due to domestic violence. Alberta entered with this measure in 2016, and Newfoundland and Labrador in 2019. In 2016, Ontario legislation made it easier for a tenant to break lease due to domestic violence by cutting time required to break the lease from 60 days to 28 days.

While all of these changes are positive, we know that there is much more work that needs to be done to make sure that survivors of violence are able to find safe housing after leaving.

Madam Speaker, we also cannot ignore what this PC has done for the last few years to the renters. As earlier, my friend had asked a question regarding rent credit, what used to be \$700 now is down to \$525. So, it's pretty much \$175 tax on those renters. And there are—while I was going around in The Maples yesterday to find out how many units there are exactly in The Maples. There are 32 apartment blocks in The Maples. And thinking of all those people who live on those apartment blocks: it's the seniors, it's students, young families, immigrants. So, how—this PC is not really helping those people. This PC government is putting a tax on those people to rent the properties that they are living in, because they cannot afford the houses.

Madam Speaker, higher housing costs and less support means families and seniors living below the poverty line will have to make difficult decisions between housing, food and medications. Unfortunately, this government has done nothing to help ease the burden for renters in Manitoba. As I said earlier, from \$700 tax credit to \$525; this is \$175, a tax which is on the renters. They also ended their freeze to eviction and rent increases in the middle of the pandemic. They cut the Education Property Tax Credit for renters by 25 per cent while giving corporate landlords huge breaks.

This is—again, we are talking about, Madam Speaker, those people who are not even have businesses in—they have businesses in Manitoba, but their corporate offices are not even in Manitoba, such as Polo Park got over \$1 million tax credit.

In 2019-20, the PC government approved 100 per cent of above-guideline rent increase requests,

resulting in some renters paying up to 30 to 50 per cent more. That's lots of extra rent the people had to pay.

Again, Madam Speaker, who are those people? These are the seniors. These are the immigrant people. These are people living on low income. They cannot afford these huge rent increases.

Again, this bill is a good bill. Manitoba NDP will support this bill. And thanks for bringing this bill forward.

And I'd also like to thank the member from Dauphin. Happy retirement, and I wish you spend lots of quality time with your family, and thanks for your service to the people of Dauphin and Manitoba.

Thank you, Madam Speaker.

Mr. Shannon Martin (McPhillips): It's always a pleasure to rise in this House and echo a few comments that have been put on the record. I appreciate being able to offer my colleague, the member for Dauphin (Mr. Michaleski), my support on Bill 231, the residential tenancies amendment act, exiting a tenancy due to violence.

Madam Speaker, there's no—I think it's very evident, as seen by comments put on the record, that the issue of intimate violence is something that's at the forefront, here in Manitoba, and that, simply put, our rates are too high. Will Bill 231 end the issue of domestic violence? Absolutely not, but what it will do is offer those victims, as my colleague noted, another path forward, another path out.

Madam Speaker, I had the great honour several years ago, prior to my elected office, to work at probation services, at Westman probation services, and I dealt almost exclusively with domestic violence, both—obviously—the perpetrators and the victims.

When you talk to the victims—and often, Madam Speaker, there is a disconnect from the public when it comes to victims of domestic violence as to, you know, why won't you leave? Why didn't you leave? As if the onus is on the victim; that it's very easy, somehow, it's very easy to leave a relationship of which violence is a component. And it simply isn't that easy to leave for a whole number of reasons, obviously, psychological and physical, but in a lot of instances, financial.

Mister—or, sorry, Madam Speaker—and those financial components can be tied to the simple fact that you are locked into a lease which you cannot leave. And so, here we are as a government and as elected officials having that opportunity to remove

this legal requirement for any individual who is seeking to get themselves out of a violent situation for their own physical and psychological safety and that of, perhaps, their extended family, whether it be children or others within their extended family.

I'll—I can share a story, Madam Speaker, just to give colleagues an idea of what we are actually talking about in the real world. When I was in my early 20s, living in Brandon on 18th Street near the Brandon University, in an apartment building, I remember hearing a loud fight going on in the apartment below us. Lots of yelling and screaming and you heard a very distinct sound of what I would later find out, literally, of being the woman thrown across the room and into the wall.

So, upon calling police services and them attending, I knew Angela from around the building. I had an opportunity to speak to her, and the marks on her were very visible in terms of the violence that had been perpetuated to her, Madam Speaker. But, again, it gave me an opportunity to interact with a victim of domestic violence head-on and hear from her the barriers of why sometimes it isn't that easy to leave.

And I think this legislation, and I think this debate this morning, will help remove one of those impediments. There are a number of impediments and there's far more than we as legislators can clearly do when it comes to protecting victims of domestic violence. But this is a path forward and this is part of that solution.

I am gratified to hear from my colleagues across the way their indication that they will be supportive of this legislation. I think that's crucial. I think that Manitobans, on the issue of domestic violence, want to hear that all elected officials are united in both their condemnation of domestic violence but also their willingness to put forward ideas that sometimes can have a relevant and immediate effect on their lives.

* (10:40)

And so, if this legislation even helps one more victim of domestic violence, I think we've accomplished something in this House. And now, obviously, the goal is to help far more than just that one, Madam Speaker. And that will be incumbent upon all of us as legislators and as government to make sure that when this legislation—you know, knock on wood—which I won't do, in interest of our Hansard individuals—passes and ultimately becomes legislation, that we make sure that those organizations, you know, be it Willow house, or any other organization that deal with domestic violence, that those organizations are

properly educated so they can also share that information, so that any individual who is looking for an out knows that at least that one more impediment is not there for them; or, again, as my colleague from Dauphin noted, that there is a pathway for exit.

These pathways are never, never easy. The inclusion in the passage of this legislation today will make it somewhat easier, but again, let us not underestimate and undervalue, literally, the courage it takes any individual to leave these kind of situations, Madam Speaker.

So, again, I thank my colleagues for this opportunity. I thank my colleague, the member for Dauphin (Mr. Michaleski) for bringing in this bill. I look forward to hearing from some other colleagues about the importance of this legislation, and importance of what we can do as legislators to offer that sign of hope and that sign of a future without violence to these individuals who are able now or will be able upon passage of this bill; able to leave those leases.

So, with those few comments, Madam Speaker, I thank you for your time.

MLA Malaya Marcelino (Notre Dame): I just briefly wanted to add some comments to this bill, this very important bill that we're hoping to see passed, here on the other side of this House.

You know, this bill expands the definition of household violence, which is to say that it will—any kind of violence that adversely affects a tenant's quiet enjoyment, security, safety or physical well-being is an added reason for the tenant to end their tenancy agreement early.

The landlord can also be ordered to pay tenant's reasonable moving expenses if the landlord is responsible for the tenant experiencing household violence. This is very appropriate, given the rising amount of violence that we're seeing in residential tenancies.

But I would like for this House to consider some situations that have been going on for the last 20 months that I've been witnessing as the MLA for Notre Dame.

I've had the opportunity to go into apartment blocks that are experiencing a lot of violence. I've had the opportunity to speak to landlords who own properties where a lot of violence occurs. I've had the opportunity to speak to community support units, fire prevention officers, the assistant Winnipeg Fire Chief and all kinds of emergency crews. I've had the opportunity to speak to many surrounding community

residents—very, very concerned about the types of violence that they're seeing in apartment buildings in our neighbourhoods.

And I think that this experience that I'm bringing forward here to the Legislature actually would help enhance this bill, and also requires more from this government to assist with the types of violence that we're seeing in apartment buildings.

Number 1, over the last 20 months, we've been seeing a lot of homeless encampments in Winnipeg, near the Disraeli bridge and along rivers. The City of Winnipeg has contracted organizations to clear these homeless encampments, once there was a lot of safety issues, public health and safety issues that have been happening at homeless encampments. The City has contracted, for example, St. Boniface Street Links to do so. The Province, recently, in February 2023, also has contracted, or plans to contract, St. Boniface Street Links' OASIS program to also help with some clearing of homeless encampments.

And what has happened over the past 20 months with the City is that these homeless encampments would get cleared. You know, for those folks experiencing homelessness, this was a chance for them to get into a home, to get into an apartment.

And, obviously, we all believe here that, especially with our NDP caucus, that housing is a right, and that everybody deserves to live in a safe place.

So, these folks were getting housed. And I did speak to the head of St. Boniface Street Links, Marion Willis, and she explained to me that there are only two property owners that were willing to take in folks that were coming in directly from homeless encampments. And they were the properties that were owned by Karin and Patrick Penner and whoever owns Manchester properties—we don't know who the owner is, because they're numbered companies.

Anyway, so, they would—the homeless encampments would get directly—find homes in apartment buildings, but the problem is that there is no wrap-around supports for these folks that would then be living, now, in a building.

And I'm telling you, whole buildings would be now having folks from homeless encampments, and everything that people were experiencing in homeless encampments including, you know, the reasons why people are homeless in the first place—everything from, you know, extreme poverty, lack of employability skills, mental health and addictions issues that people have been facing for a long time—and now

they're being moved directly into buildings without any wraparound supports, because the funding that was provided by the City and the funding that was announced at the OASIS Project for St. Boniface Street Links was only in February 2023, like a month ago.

So now, people are in buildings. And what's going on? Well, they're setting fires in there—sometimes accidentally, sometimes there is arson; lots of violence; lots of homicides and all these kinds of things. So, I'm asking this government to consider that type of violence that is now happening in these buildings when they are considering this bill.

And I'm also asking this government to please consider providing important wraparound supports. It's not enough to just give somebody a key. They're actually losing these keys and they're breaking in windows and doors. And then, the landlords, you know, are not able to maintain the building for multiple reasons that I don't have time to get into right now.

So, with those final comments, just urging this government to please consider the wraparound supports that are needed for Housing First.

Thank you.

Hon. Jon Gerrard (River Heights): Madam Speaker, a few comments on Bill 231, the residential tenancies amendment act.

This bill enables a renter who's exposed to household violence that adversely affects a tenant's quiet enjoyment, security, safety or physical well-being, may end their tenancy agreement without negative consequences.

Let me start with the issue of domestic violence or intimate partner violence. We have, and we must recognize we have a major problem in Manitoba with extraordinarily high rates of intimate partner violence and domestic violence.

For example, in 2019—the latest year that I was able to get figures for—the intimate partner violence rate in Manitoba was about 600 per 100,000 residents. And this compares to the rate for all of Canada, which is about 350 per 100,000. So the rate in Manitoba is 71 per cent higher than the rate for all of Canada.

This is tragic, it is awful, it is unacceptable. It has been going on for years under NDP and PC governments, which have not been effective in addressing

this. We need to reduce this rate. We need to be preventing domestic violence, which is occurring every day in Manitoba.

We'll support this legislation as one small step in this direction, but there need to be, in parallel with this measure, some additional measures. As the MLA for Notre Dame has mentioned, very often when we're dealing with violent situations in homes or in rental places, we're dealing with situations where you have people on relatively low incomes, and it not easy to find another place, particularly with the way things are organized currently.

If this is going to be effective, one has to have some organized fashion that these people can go somewhere where they're going to be easily able to find a place. And, I mean, you can't, right now, immediately put people in Manitoba Housing, because it's chockablock full and there's a long waiting list, and if somebody had to wait until they got a place in Manitoba Housing, they'd be staying in this violent environment for months and months and maybe a year or two.

If there are other places, we need—very often—to make sure that there's some assistance to individuals who are experiencing or exposed to violence in a rental unit, that we can help them find another place.

* (10:50)

Without that, this is not going to do nearly as much as it could do. And it may help people who are experiencing very noisy environments, who are in, you know, higher-paying rental places, who can afford to easily leave and to go somewhere else. But, you know, most of the units where there are higher rents, they have greater security, they're on top of the violence, there is much less of a problem.

And so, the reality, as I see it, is that this legislation, if it's going to work, has to be paired with an opportunity for people to easily get another apartment place which is more secure and safer and doesn't have the violence.

I think that one of the impacts of this, hopefully, would be that people who are landlords would get the message that they can't operate a rental unit with violence inside. But, you know, with current, you know, low vacancy rates, you know, landlords may not care so much. And if they lose somebody, then they're likely to get somebody very quickly to replace them, even if there's an environment which has got violence and noise and other problems.

So, I think that there's a part of this which is missing if it's going to be effective, and I hope that the member for Dauphin (Mr. Michaleski)—and I wish him well after the next election and thank him for bringing this forward so we can have this discussion.

We have, you know, a long way to go to reduce the amount of domestic violence in Manitoba, and this could be a contributing measure. But I don't believe it's going to be effective without the opportunity for people to know where they can go to get a place that's safer and have some help to make sure that that's an opportunity, you know. And what will end up happening and—you know, is that vulnerable people, they will leave one apartment and they will go couch surfing, often in dangerous places, and that's not much better.

So, the reason that people tolerate violence too often is that they don't have other choices. So we need to make sure we are able to give them other choices so that they can avoid these violent situations. We need to not just change the legislation; we need to change the whole approach if we're going to be effective.

I think there's some issues which need to be addressed in this legislation. It will need some important consultation in terms of exactly how the rules are spelled out. You know, one presumes that it will be the residential tenancies board who adjudicates decisions in this respect: what will the procedure—how—what will happen, how long will it take.

These details of what will be considered a level of noise or violence which would be acceptable, to mean that the individual can leave the apartment without having to incur a debt for the rest of the year, as they've committed to by signing the initial tenancy agreement. I think this is something which, if we're not careful, there would end up being significant problems in how this bill is implemented, both in some cases for the landlord and in some cases for the renters.

And so, I believe that it will need a, you know, a considerable amount of work to make sure that the legislation is translated into effect, is implemented in a way that really works effectively. And there may be some important differences between rural communities and Winnipeg, which we would need to take into account. And it would be very important that we have, you know, discussions and consultations with people in different parts of the province, where they may be running into different situations that they have to deal with.

So, I think that the need, as has already been mentioned, to address situations of homelessness—we know that many people struggle to find a place to stay that is affordable to them on social assistance. And, of course, part of the issue for people who are getting social assistance is that the rate that they get to cover the rental costs often are not enough to get a really decent place, and so they end up with a place which is subpar and which is more likely to have violence.

So, this ties in with what we have to do in terms of preventing homelessness, make sure that we are getting people off the street. Marion Willis has been mentioned; her efforts have been extraordinary in taking people from encampments and finding them housing. I think more than 400 people in the last year.

But we need to make sure that, you know, the efforts for people who are vulnerable doesn't just stop with—

Madam Speaker: The member's time has expired.

Are there any further members wishing to speak in debate?

If not, is the House ready for the question?

An Honourable Member: Question.

Madam Speaker: The question for the House is second reading of Bill 231, The Residential Tenancies Amendment Act (2).

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

I declare the motion carried.

Hon. Kelvin Goertzen (Government House Leader): Will the House call it 11 a.m.?

Madam Speaker: Is it the will of the House to call it 11 a.m.? *[Agreed]*

RESOLUTIONS

Res. 7—Commending the Provincial Government for Investing in Diabetic Supports

Madam Speaker: The hour is now 11 a.m., and time for private members' resolutions.

The resolution before us this morning is the resolution on Commending the Provincial Government for Investing in Diabetic Supports, brought forward by the honourable member for McPhillips.

Mr. Shannon Martin (McPhillips): As I always say, it's always—oh, sorry—apology.

I move, seconded by the MLA for Portage la Prairie,

WHEREAS the Provincial Government has provided unprecedented amount of support in keys area where Manitobans are most concerned; and

WHEREAS the Provincial Government has made historic investments for healthcare, seniors, and local communities; and

WHEREAS one of the programs that the Provincial Government has recently decided to give an incredible boost is expanded access for Manitobans to diabetes treatments; and

WHEREAS this new funding announcement will allow all eligible Manitobans over the age of 25 access to insulin pumps and advance glucose monitors; and

WHEREAS this expansion now extends support to all eligible Manitobans who have diabetes; and

WHEREAS the Provincial Government intends to provide Manitobans with millions in diabetes treatment specific funding this year; and

WHEREAS this investment is just one part of the \$7.9 billion health care funding coming from the Provincial Government; and

WHEREAS the Provincial Government has invested above inflationary funding and has allowed for the expansion and creation of many new healthcare services that are relied upon by Manitobans; and

WHEREAS Manitoba, since 2016, has become a leader in diabetes care and coverage, as the Provincial Government has been announcing increased support after increased support.

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba commend the provincial government for its efforts to help deliver more money for health care so that eligible Manitobans with diabetes can get access to insulin pumps and glucose monitors sooner.

Motion presented.

* (11:00)

Mr. Martin: Before I get into my full comments about this morning's resolution, I think it's important to put on the record my, and I would assume, on behalf of all MLAs, congratulations to Jeremy Hansen, the Canadian astronaut who's been tapped to join Artemis II which will see four individuals circle the moon, in-launching in October of 2024. And it will be the furthest deep space mission—personned mission, in

human history, Madam Speaker. So, I think a congratulations to Jeremy Hansen, as a Canadian astronaut who will represent our country's space exploration desires going forward.

Mr. Andrew Micklefield, Deputy Speaker, in the Chair

As well, Madam Speaker, we talk and—or, Mr. Deputy Speaker, one of the reasons we are here, obviously, is as representatives of democracy. As someone who's had the fortune, for lack of better terminology, to visit Ukraine within the last several months and see first-hand this devastation going on with the illegal Russian invasion, I think it's incumbent upon all of us to recognize the value that we hold in this House in terms of upholding the values of democracy in a fair and equitable manner, without resorting to violence.

And on that note, again, some good news, Mr. Deputy Speaker, I think that it's important to put on the record, is that as of today, Russia's border with NATO has now doubled with the inclusion of Finland as the newest member of NATO. So, I think for our Ukrainian friends and allies that this is historically good news.

Mr. Deputy Speaker, we're here talking about supports for diabetes, something that I think all of us as MLAs have heard from the moment we have originally been elected. Now, as we all know, diabetes is a chronic condition, a chronic health condition that affects far, far too many Manitobans. And with diabetes your body simply doesn't make enough insulin or you can't use it as well as you should.

And so, what do sufferers of diabetes—what is their resolution? Well, when there isn't enough insulin or cells, your body just simply stops responding and as a result, Mr. Deputy Speaker, you are subject to heart disease, vision loss, as well as kidney disease and amputation. They are all issues.

I know that diabetes is actually the seventh leading cause of death, as well as the number one cause of kidney failure and lower limb amputation among adults, as well as adult blindness, Mr. Deputy Speaker. So, obviously, the inclusion and the expansion—actually, is a better term—of these eligible Manitobans with diabetes to get access to insulin pumps and glucose monitors, is going to be of value to those individuals.

As I said, I think all of us, once we got elected, at least pre-COVID and post-COVID, had that opportunity to meet and attend events with Diabetes Canada, where they would lobby us on behalf of their

constituents for the expansion of diabetes services here in the province of Manitoba. And I'm proud that our government expanded those services just a few years ago to any individual below the age of 25, and then with Budget 2024–2023-24, that we're expanding it to all Manitobans, Mr. Deputy Speaker.

And I believe it's these kinds of investments, Mr. Deputy Speaker, these investments that address chronic diseases that are going to have the greatest benefit to us as a province and as a society. Not only is it going to, obviously, 'alleviate' these individuals of, in instances, several thousand dollars of out-of-pocket costs that there will no longer be attributable to them and to their bank accounts, but more importantly, there's the added benefit of hopefully ensuring the stability of these individuals' health so that they not require and they don't have that need to use the health-care system to deal with, obviously, the adverse conditions that come with diabetes.

Mr. Deputy Speaker, in, again, in a former life I used to work for the Canadian National Institute for the Blind, and one of my roles was actually to help teach visually impaired people how to use a white cane. One of those individuals was a former professor at Brandon University, Professor Nicols, and—who I got to meet not actually through my—through attendance at Brandon University, but actually through CNIB.

I was assigned to the professor, and I would attend his house three times a week to help him go through his mail and such, Mr. Deputy Speaker, but more importantly, I've—myself and Professor Nicols would go on walks where he would have that opportunity to, obviously, engage in physical activity, but become more comfortable with using the visual aids that were available at that time, that being the cane.

And so, the reason why I became associated with Dr. Nicols was for the simple fact that he suffered from diabetes, and this was the result—or, sorry, this was—and this led to his loss of vision, Mr. Deputy Speaker, and you can only imagine, as an individual whose life has largely been one of visual life as a professor in teaching, the tremendous stress and disappointment that this put on him as an individual.

As well, I do remember him struggling with the treatment of some of his lower limbs in terms of dealing with circulatory issues. And, again, these are very, very serious issues for people who suffer from diabetes, issues that, through these investments and through the expansion of blood glucose test strips and

advance glucose monitors, that we can help address, Mr. Deputy Speaker.

I think all of us, all legislatures—legislators in this Chamber, should be proud of our government and our Province's lead role when it comes to supporting persons with diabetes. It is, like I said, it is at times, has been described as an epidemic here in the province of Manitoba, in particular within some communities, Mr. Deputy Speaker.

And while there are in some instances, depending on the type of diabetes, actions that we can all undertake to improve our physical health, until there actually is a cure, Mr. Deputy Speaker, accommodation is the only path forward for these individuals in learning to live with their chronic condition. And so any opportunity for us as elected officials to help these individuals live with this chronic condition, to move them away from needing emergency—perhaps emergency medical services to deal with their diabetes, and if they can resolve or at least address their medical conditions related to—by—diabetes within their own home, financially supported by the province, I think we are all to benefit from that.

So I look forward, Mr. Deputy Speaker, that this resolution receives passage this morning. I don't, in reading resolution, it's—and again, it's my pleasure to put my name on this resolution, but, as I don't believe that there's a single MLA in this House who has not met or does not know or have probably somebody in their family that has suffered from some form of diabetes, and perhaps to their detriment in terms of some of the significant health consequences that come from it.

And more importantly, there isn't an individual in Manitoba with diabetes that will not benefit from this announcement and this expansion of supports. So it's my hope, Mr. Deputy Speaker, that this resolution, like our budget, receives passage here in the House so that we can say to all Manitobans who suffer from the chronic condition known as diabetes that we here, as MLAs, support you, support your health journey, and more importantly have your back and want to ensure that you have medical supplies necessary so that you may live your life to the fullest, until such time as another Canadian comes along and actually cures this disease.

So with those very few comments, I thank you for your time.

* (11:10)

Introduction of Guests

Mr. Deputy Speaker: Before proceeding with the question period, I do want to take a minute and welcome the students in the gallery. I met them just a few minutes ago.

We welcome you to the Manitoba Legislature. I'm sorry, I don't have it written down; is it Garden Grove School? Am I—*[interjection]*—I'm recalling that correctly. We welcome you to the Manitoba Legislature. Hope you have a great time here.

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 by a member from another party; any subsequent questions must follow a rotation between the parties; and each independent member can ask one question. No question or answer shall exceed 45 seconds.

The floor is now open for questions.

Ms. Amanda Lathlin (The Pas-Kameesak): In regards to this resolution, I want to know: Why has the Province failed to invest in preventative diabetes services and supports?

Mr. Shannon Martin (McPhillips): I want to thank my colleague, who I always appreciate, who brings her very important worldview into this Chamber.

And I think it is through investments that we are seeing with this budget, that capitalize on previous investments that increase the age to 25, that we will address those situations of individuals suffering from the chronic condition as diabetes.

Hon. Jon Gerrard (River Heights): I've been getting quite a number of calls from people with type 2 diabetes, and they would like to have clarity on what will be the eligibility for individuals with type 2 diabetes.

How will that decision be made, and when will this be available? Because the last—well, when a change was made to allow people, or enable people who are up to age 25, it took months for that to be actually implemented.

Mr. Martin: I'd like to thank my colleague, the MLA for River Heights for that question.

And absolutely, there obviously is the challenge of implementation, Mr. Deputy Speaker, but as the member himself just shared, with our previous expansion to age 25, that as soon as our health officials were

able to deal with the regulatory burdens and deal with those situations to ensure that those eligible Manitobans were properly reimbursed and had access to those equipments, that they did receive it within a very timely manner, post announcements.

And I have every confidence that our health-care officials and bureaucracy will be able to achieve a similar result with this.

Mr. Ian Wishart (Portage la Prairie): I wonder if the member would take this opportunity to explain how this is important to people with both type 1 and type 2.

Mr. Martin: As I noted in my comments, Mr. Deputy Speaker, in a lot of instances, chronic diabetes is one of the leading causes of lower limb amputation, blindness and kidney disease. So, any opportunity that we have as elected officials and as individuals who control the public purse to make those investments to individuals suffering from diabetes, so that they can address this chronic condition in a sustainable way that takes that financial burden from them is something that should be celebrated and acknowledged.

And I thank the Canadian Diabetes Association for their lobbying and their efforts in making sure—

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

Ms. Lathlin: I know these are about insulin pumps, but has the government developed a targeted diabetes prevention plan? Can you share that with the House?

Mr. Martin: Again, Mr. Deputy Speaker, I thank my colleague for bringing forward that question. And it is, it's absolutely a valid question because provincial prevention is a key component of any disease management, whether it is diabetes, or is—whether it is any other chronic condition that we face as a populace.

So, as a government, obviously, it is incumbent upon us through the Health Department and practitioners that we educated individuals on how to prevent diabetes. But for those individuals that suffer from diabetes, it is incumbent upon us to ensure that they have those supports and they have those financial supports to properly manage that disease today.

Mr. Wishart: I wonder if the member would like to take a moment and share how this will impact his own home constituency.

Mr. Martin: Well, I want to thank my colleague, the member for Portage, for that question. And I don't think this is really an issue of singling out any one

constituency over another. All Manitobans, any Manitoban who is—who does require blood glucose test strips or advance glucose monitors is a beneficiary of this, whether you live in The Pas-Kameesak, whether you live in Portage la Prairie or McPhillips.

Mr. Deputy Speaker, this is a universal program, a component of which our health-care system is built on. And as an elected official, I am pleased to support the expansion of this service to, indeed, all Manitobans, regardless of their geographic location or economic circumstances.

Ms. Lathlin: Again, in regards to preventative care such as foot care, why did the PC government cut the Thompson foot-care clinic when here they are, commending themselves about investing in diabetic supports? Doesn't make sense to me.

Ekosi.

Mr. Martin: Mr. Deputy Speaker, the member from The Pas-Kameesak is right. We are investing in diabetic supports. It is true the most recent budget, which builds upon an earlier investment of—where we increase the age to 25 in terms of coverage of these diabetic equipment and services that are needed in this continued expansion from age 25, beyond to cover all Manitobans is absolutely right, and she noted, is an investment within diabetes that will indeed help all Manitobans from north, south, east and west.

Ms. Lathlin: I would like to know, does this government intend to reverse the years worth of cuts that that have—they have made to specialized health care that they—have adversely affect Manitobans living with diabetes?

Ekosi.

Mr. Martin: Mr. Deputy Speaker, what I'm trying to do, and I think what we're trying to do in this House, is to acknowledge that there is more that we can do as elected officials in promoting the health of Manitobans who suffer from the chronic condition known as diabetes.

If there's—if any MLA from this side or others doesn't believe that the expansion of blood glucose test strips and advanced glucose monitors is a worthy investment, they're more than happy to stand up and share that perspective.

I don't think it's a perspective that the Canadian Diabetes Association or that most Manitobans would share, Mr. Deputy Speaker, but this is something that is a democracy, and you are free to have that perspective.

Mr. Deputy Speaker: Are there any further questions?

Seeing no questions, the time for questions is over.

Debate

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

MLA Uzoma Asagwara (Union Station): I—as you can see on this side of the House, we're fighting with each other, we're competing to see who will stand up and speak to this resolution because there's just so much to say in—around this issue of health care, this particular aspect of Manitoba's—Manitobans' health needs.

And I think it's really important to put some words on the record in terms of how this government is failing Manitobans who are living with diabetes.

I know that members opposite—and I think that there are several members opposite, actually, who've been trying to bring this resolution forward, but there's a lack of some sort of strategy on that side. But they have managed to bring it forward this morning.

* (11:20)

And so far, what we've heard from members opposite about this resolution is a regurgitation, a repetition, a parroting, if you will, of old announcements and no real deviation from talking points around those announcements, which is disappointing because one would think that this government would be able to, after seven years of being in power, be able to expand beyond announcements and talk about a broader impact of the decisions that they're making.

But I think, in regards to this resolution, part of the challenge the government is having is, if they were to expand beyond the language of their announcement and the details of that, they would find that there's actually a number of gaps that exist despite them bringing forward these investments in diabetes, CGM and insulin pump access.

Now, the credit that is deserved in regards to these changes really deserves to be directed to the advocates and the families, individuals and organizations who have been fighting for years under this Conservative government to ensure that CGMs and other diabetes supplies, management tools, see increased coverage. These organizers, these activists in diabetes care and diabetes health, have been fighting tirelessly to push this government to make the right decision in terms of improving access to these CGMs and insulin pumps.

Now, unfortunately, what we've seen is this government be very, very slow-moving to make those changes, and even when those changes are brought forward, I've heard from a number of Manitobans living with diabetes that, in fact, there continues to be barriers to accessing the CGMs and pumps that they need; that, in fact, there continues to be gaps in terms of who can access these important pieces of equipment, these life-saving pieces of equipment.

I heard from somebody just a few days ago, actually, and she outlined for me—and she did as well for the Premier (Mrs. Stefanson), because the Premier was actually the focus of her correspondence. I was cc'd on that, but we have communicated since. And she outlined for us that, despite this government's announcement, she is ineligible for coverage for the glucose monitor that she needs.

And she shared a personal experience of recently how she simply didn't wake up one morning. She was rushed to the hospital. She didn't realize that, some time in the night, her levels had dropped markedly, and she required yet another trip to the hospital. She's had a number of hospitalizations throughout her lifetime, being diabetic.

And, you know, her frustration is that she is one of many Manitobans who actually do not qualify for this new expansion in CGM and insulin pump access. And so she's advocating for herself and many others who still need access to these tools that really do save lives. And so I think it's really important to acknowledge that there are still many Manitobans who are not going to be able to access these incredibly important pumps and monitoring devices, and that the government has had a lot of time, more than enough time, has heard from many advocates, can and should do better in terms of what this coverage looks like.

The other thing that I want to highlight is something that my colleague, the MLA for The Pas, highlighted in her line of questioning: the fact that this government has actually cut and undermined areas that we know to be the social determinants of health—areas that people need a government to prioritize in order to have good health-care outcomes.

And one area that this government has done a lot of damage in is in the area of, just to name one, housing. And we just talked about that earlier this morning. We know that a lot of folks who struggle with diabetes and struggle to manage their diabetes are also folks who are living in lower income levels, folks who maybe are living and struggling with poverty. And this is an area that this government has

done, really, less than nothing to address meaningfully since taking office.

And we're seeing the rates of poverty in Manitoba increase. Manitoba has the highest rate of child poverty in the country. Manitoba also has the fastest growing numbers of children, Indigenous children, being diagnosed with diabetes. The burden on the health-care system here in Manitoba is massive. The financial implications are astronomically high, and they're growing. And when we talk about, you know, access to affordable housing, when we talk about the impacts of poverty, when we talk about those numbers in Manitoba being really not anywhere near where they should be, if we're meaningfully addressing these areas, they are directly related to the rates of diabetes that we're seeing.

And so, where this government could take meaningful action in addressing social determinants of health, like making sure that Manitobans have access to affordable housing, like making sure that kids in Manitoba are not living in poverty, taking action in those areas would actually improve the rates of diabetes that we're seeing. We would have less people actually needing to access insulin pumps and CGMs. That seems like a pretty reasonable approach. But unfortunately, under this government, reasonable approach is not a part of their strategy.

And, you know, there are other areas that I could talk about when we're talking about social determinants of health. And, quite frankly, I could list them all out for you today. I don't have enough time. But we have a strong argument, on this side of the House, that this government has intentionally underfunded and cut the critical areas that would see folks have better outcomes, and that is unacceptable.

And so, the approach cannot simply be from this government to invest in expansion of coverage of tools, like CGMs, although that is important and is a direct result of advocacy from organizations which we've worked alongside to see those changes happen. The approach must also be this government investing in the areas that contribute to folks having higher rates of diabetes here in our province.

And, you know, one of the other things that we have to talk about when we talk about diabetes is prevention. The fact that this government continues to make decisions that really work in contradiction with what we understand to be good public health policy in addressing health care at a preventative level, is really concerning.

This is a government that has cut foot-care clinic in Thompson. This is a clinic—this is a service that is very, very low cost, if you take—if you address it at a preventative level. If you provide foot care for folks, to the tune of maybe 50 or 80 bucks a visit, you're preventing, you know, negative outcomes down the road like amputations, full-on amputations that cost thousands and thousands of dollars, that require folks often to leave their communities and come to Winnipeg for that care.

This government continues to just dance around that very real reality. This is a government that didn't expand vision care in the Parkland. There's a gentleman whose name we've raised in this House, Mr. Dunn, who could not afford to keep coming to Winnipeg to get the vision care he needs: injection treatments for his vision. He has to now—he's forgone those treatments and is at significant risk of losing his sight because this government broke a promise to enhance and expand vision care in the Parkland. And so now this Dauphin resident is at risk of going blind because of another failed, broken PC promise.

This is what I'm talking about when I'm talking about addressing things at a preventative level. This is what I'm talking about when I'm saying we have to address the social determinants of health. This is what we mean when we're talking about health-care equity. This government is working in opposition to Manitoba being a province that moves in the direction of health-care equity, thereby increasing the burden on our health-care system and forcing, wrongly forcing, more Manitobans to live with the potential negative outcomes of a diabetes diagnosis.

And so, quite frankly, this government continues to do what it always does, which is not enough, falling short, breaking promises and not investing in areas across the board that would see Manitobans living with diabetes having the best chance of really good health-care outcomes. And that is unacceptable.

And so I don't think this government deserves a pat on the back at all. I think that the people who deserve a pat on the back are the advocates, the community members, the organizations who've been doing the heavy lifting to get these change made and who are still doing the heavy lifting because they know more work needs to be done.

Thanks.

Mr. Ian Wishart (Portage la Prairie): I'm pleased to be able to put a few words on the record in support of this resolution. And I'm a little bit concerned that the

opposition here doesn't seem very supportive of moving forward in the process of making pumps and glucose monitors and other related supplies available to more Manitobans. I think we all know from many years of a very effective lobby from the diabetes folks in Canada that this is a very important step forward.

And though it may certainly need further work in terms of making sure that, as the member for river rights—heights has pointed out, that we make sure that everyone gets included that needs to be included, which is a refinement of the program.

* (11:30)

It is still a major step forward and built—building on what we did last year, which was the under-25 situation where glucose monitors were made available to those and it did take a little while to get rolled out, but it did get rolled out. And we certainly want to continue building on that, moving forward into the future. And I was very hopeful, really, that we would get some fairly broad support from other—the other side of the House as we move forward on this.

It's an important step for Manitobans. I think we all know people that have suffered or have families that, as part of that, that have suffered from diabetes moving forward. I know in many communities—my own is no exception—there are a number of people that have to go regularly for dialysis, which is a complication that is generated by diabetes. And I know it's always been a battle to make sure we had enough places available for those so they didn't have to go too far to access dialysis on that. And it's—it continues to be a problem as we move forward.

And I know prevention is a perfect—in a perfect world, prevention is what you want to do. But prevention's always going to be a challenge. I'm reminded of my time with Keystone Ag when—many of you know that in the dairy industry, supply management industries, there are occasional shortages of milk, but there are also surpluses. And when I was there as president of Keystone, it was one of those periods when, as we're seeing today, when there was a surplus of milk available in the community, not only here but in many other provinces as well. And we keep hearing a little bit about dumping milk and what a terrible waste that is. And it certainly is.

So, as part of that, we thought, well, let's see if we can do something to get milk moved into northern Manitoba where shortages and prices are quite high and, you know, it would be a healthy addition to their diet to have that done. And we looked at the feasibility

of doing that. We could certainly get the processors to treat the milk into a form that actually would store quite a long time so we would be able to move it into there.

But, of course, moving things into many of those northern communities requires co-operation from the air freight industry. And that's where we ran up against a bit of an issue because they have a standing order in place from Coke and Pepsi that if there's empty spaces, they went to Coke and Pepsi. And for us to get any other product in there, we simply had to go around that process. And that was something we couldn't find a way around.

So, instead of getting healthy products into northern Manitoba where it would have been a greater benefit, we were—we're not able to help with that. Instead of that, we were able to get Coke and Pepsi, which was a sort of standard order. And that certainly does not help. I mean, we all know, from many different sources including the school nutrition programs, that a proper diet would be very helpful in this whole process. And we certainly want to continue to pursue opportunities in that direction. So, we're very hopeful that we can keep on doing that.

I know in my own home community, the number of dialysis sites is a very important addition. And we've been able to expand that over the years and in the process of building a new hospital there now with part of the \$7.9-billion health-care budget, which was greatly appreciated in our community. And that, too, will expand the number of dialysis sites that are there and provide other services that will be a necessary part.

We do know that both type 1 and type 2 diabetes is a financial burden on the individual and very often the family, as well, that is certainly a very burdensome, with, you know, costs of up—past \$9,000 for access to diabetes and necessary supplies. And that is only probably going to grow in the future because, as we all know, costs in the health industry tend only to go up. And certainly important to do that.

So, we want to continue to work constructively and to make sure that we can deal with diabetes not only as it arises. And, as a country, we tend to deal with the medication approach first and then think about the prevention down the road. And that's a positive move, to think about prevention, because that's certainly the best long-term solution. But it's going to take a lot of steps and a lot of changes, as I pointed out. Access to getting the right kind of nutrition in the communities isn't as simple as just

waving, you know, a wand and making it happen. You need to work with all of the players in the industry to get there on that.

So, with those few words, I'm very pleased to speak in support of this resolution. I hope that members across the floor will work with us on this, and that they will continue to support not only this resolution, but our move to make health care more accessible closer to home here in Manitoba.

Thank you.

Ms. Amanda Lathlin (The Pas-Kameesak): As always, it's always an honour to stand here and put a few words on record in regards to this PMR that's asking for us to commend them for investing in diabetic supports. But I can't do that, Mr. Deputy Speaker. I don't support that this government should be commended because I don't see this change. I don't see this glimpse of hope, of supports within northern Manitoba.

You know, you've got to remember that we have to come to Winnipeg in regards to—when people have to go through amputations. And you wouldn't believe it, how many people I see within the airport, that are in wheelchairs, walkers, that are coming into the city to get their amputations treated.

And, like I said yesterday, you know, OCN has the highest percentage of people having—of amputations, including relatives of mine. Just recently, ever since I started getting another thing about being a diabetic—yes, I have to share with the House that I'm a type 2 diabetic, and, yes, I'll be sharing some personal information, you know, regarding health. But this is the thing, you know, this—they're commending themselves for, you know, insulin pumps, right? But I'm—for type 1 diabetics, but I'm talking from a type 2 diabetic perspective.

You know, a lot of people don't know what symptoms are of suffering from diabetes. You know, for example, your eyesight starts to go. The blood vessels in your eyes start clogging up with blood because—the reason why—our blood doesn't flow as freely because of high blood sugar, right? And speaking of that, I just had a little incident, too, right before this speech, where I had to go and ensure that I had orange juice and some grapes because I was having a low-sugar attack.

And what that means, you start getting tired, you start sweating, you know, and you start getting really moody, you know what I mean? And after that attack, you usually want to take a nap because it takes a lot

out of your body. And also, too, your feet, nerve damage. You know, the first thing you start feeling—what it feels like, it feels like your feet—when your foot falls asleep. You know how that feels? Imagine that 24 hours a day. You know, you start losing your balance, you know, and with eyesight and that, well, that results into a lot of falls, which diabetics take much longer time to heal.

So, the reason why I'm sharing all of this is because, what I'm sharing, you know, there is many of us in my family, in northern Manitoba where we have the highest rate of diabetes. And also, too, I was surprised too; my in-laws, who are from Oklahoma, that state has the highest rate—my ex in-laws, I should say. My ex in-laws. Their—Oklahoma, they have the highest rate of diabetes too.

And the member opposite was mentioning soda—that's the thing. Lifestyle choices, right? When I was in Oklahoma, I asked for water, and everybody dropped and went, for what? I said, to drink. You know, and that's the thing, you know, lifestyle choices. But we don't really have that privilege to choose, you know: should I feed my children chicken, you know, fresh chicken, or should I just get hot dogs, you know, and Kraft Dinner, because, shoot, that's all I can, you know, afford? You know, should I buy broccoli, should I buy salads? No, I can't; may as well throw a Kraft Dinner on the side, you know, because that's cheap.

* (11:40)

And I could tell you a fact that my dad always thought that education builds healthy communities because, you know, we hope that with an education, we start making smarter choices, right? So, with preventative ideas, you know, this should be taught at schools and whatnot. But they're taught how to eat well at school, but when they go home, there's nothing well to eat when they go home, right?

A lot of kids go through poverty. When I was—so, the only thing they can bring is processed meat stuff, which is much cheaper to buy. And also, too, sugar, you know, with infants and children, you know, it just seems like it's the cheapest thing to buy. So, with that, it affects our children's teeth as well. We have the highest rate of dental surgeries for babies, children just developing their teeth, you know, because we need to start showing our parents, you know, that sugar may not always be the possibility. So, by doing that, we need to start providing and having more access to more healthy food and whatnot.

So, what I wanted to say about this particular resolution asking us for—the government asking us to give them a pat on the back, but, again, I can't do that. I have to talk about when I went to Peguis, Food Matters Manitoba was there and it was wonderful to see these large community gardens that provided so much produce, vegetables to our elders. And even I got away with a whole bag of beets and carrots, you know. So, we have that, too, in OCN.

So, these are ideas for preventative, but they're just small little steps that can be—you know, within years, these ideas can grow. And for my community, you know, it irks me when I go grocery shopping and I see my people, you know, buying processed stuff, cans of processed soups and whatnot. And I just wonder, you know, that's what people with low income do, that's all they can afford. And, of course, what's going to happen? Poverty leads to, you know, a high number of diabetics with poverty—living in poverty.

And also, too, with preventative measures, you know, maybe exercising should be more implemented in schools, because I remember this idea in Saskatoon where they provided treadmills and exercise rooms within this one school. This school is known for high school dropouts and, you know, troubled students, right? So, they provided this gym facility and guess what? Their grades and their attendance improved. Their mental health improved. So, why can't we have things like this as preventative measures within schools, wherever possible, really?

And really, start promoting to start exercising at home, as well, you know, just 20 minutes a day. And I can tell you that really has a huge impact and that's coming from me as a diabetic. After some exercises, you can see your blood sugar levels drop by four points, right?

So, that's my whole point of why I'm on my feet here today is that I do and will always advocate for more supports for diabetics in northern Manitoba, but this PMR, I will not suit it because it's asking us to give them a pat on the back because of one move. Okay. Let's do more than providing pumps. Let's do more on the preventative side of things on here.

You know, like, even my little cousins, you know, it just irks me how much sugar I see them, you know, digesting. You know, and I just have to say, you know, maybe, you know, introducing vegetables, you know? And that's what's key, is exercise and diet. But like I said, in northern Manitoba, with the diet part and the food, it's not always possible. And it's just sad how

healthy food is overly priced compared to processed, you know, food that's basically killing us, right?

So, those are my words on record. As a diabetic Indigenous woman from northern Manitoba, I do not support this because we don't see those supports where I'm from.

Ekosi.

Hon. Jon Gerrard (River Heights): Mr. Deputy Speaker, I want to begin by congratulating those who've been so active in advocating for many, many years for access to continuous glucose monitors and insulin pumps. They have done an extraordinary job of advocacy, of explaining diabetes, of explaining the needs. And after many, many years, the government has finally listened, at least in part, to what they have asked for.

It's a positive step which we can celebrate, in part because the Liberals have been working with those in the community of people with diabetes to get these changes. And so that, although it has taken quite some time, we will have those changes.

We don't know—I asked when this would be implemented. We know from previous experience that implementing the changes earlier, just as far as those who were age 25, took quite a long time. And we know from experience with the introduction of support for people with cochlear 'imprant' processors—has taken almost a year before things are starting to move.

And so, we hope that in this case, the introduction of more widespread use of continuous glucose monitors and insulin pumps will not take so long to be done much more quickly.

I think it important to understand the potential benefit for people in type 2 diabetes. I asked the MLA who sponsored this bill in the time we have for questions, how this will apply to those with type 2 diabetes.

And I've been getting questions, and people are unsure and this really should have been clarified right from the beginning, at the time of the announcement. It's not clear. Most people with type 2 diabetes don't—are not using insulin. They're using diet and exercise and metformin and other drugs, but the majority of people with type 2 diabetes are not on insulin.

And so, insulin pumps will only benefit some people with diabetes, but not many. Now, I've been asked about the continuous glucose monitors. Individuals with type 2 diabetes who have to do blood tests

and finger tips many times a day are saying, can I have a continuous glucose monitor because I would much prefer that to having a situation where what's basically happening is multiple pinpricks in a day, which is cumbersome and painful.

But we don't have an answer. The member would not provide me with an answer and the minister is not providing clarification. And so, we have a lot of people who are waiting in limbo to find out whether this has any benefit for them if they have type 2 diabetes. And the answer is, we don't know because the government has not been clear in terms of how it will apply these measures for people with type 2 diabetes.

* (11:50)

The—it is interesting that we have a government which advances this measure, which is positive, but at the same time takes away another benefit, which is the foot care in Thompson. So, the government gives with one hand and takes away with the other. And we're not left further ahead. There was really a need for a much more comprehensive approach to people, and to help people with type 2 diabetes and type 1 diabetes.

The—it is correct that, in general, the use of the insulin pumps and the glucose monitors enables people to be better able to control their diabetes. And we know this because of measurements of hemoglobin A1c, which is a long-term measure of the, essentially, the blood glucose—the glucose in the bloodstream and how it makes changes to the red blood cells and the surface of proteins and the red blood cells are glycated and we can measure this. And we know that this is an accurate reflection under most circumstances. There are some circumstances where it's not of the status of the diabetes and the status of the control of the diabetes.

And we also know that in general, if we can have better control over the diabetes, we have fewer complications. Fewer complications with kidneys, fewer amputations, fewer episodes or individuals going blind. So, it is important to do what we can to have better control of the blood glucose.

Now, one of the problems with monitors other than the continuous glucose monitor is—just doing finger pricks—is that sometimes the changes can be such that overnight, as was mentioned, you can have a situation where the blood glucose goes up or down. And you may not be aware of those changes.

So, in general, this continuous glucose monitoring is going to provide better control and better

long-term results. And so, this is a good thing that it's more widely available, but we don't yet know for type 2 diabetes just who it will be available for and how extensive it will be used or not used. And that we await because it could be that the government is going to say that, you know, only a very small percentage of people with diabetes—type 2 diabetes—are actually eligible. And if that is the case, then you might have a lot of people with type 2 diabetes who are very disappointed in this because they are not included.

So, that should have been clarified right from the start to avoid confusion. And the government has sown confusion in this respect, and that's too bad.

I want to use my remaining time to talk about prevention. For 24 years, I have stood up in this Chamber and called for much better prevention of diabetes and—particularly for type 2 diabetes, because it is a preventable disease. We know that, but we've not done a very good job of it. In fact, there has been a rising tide increase—a steady increase in the number of people getting diabetes going back to when diabetes was called an epidemic in 1996 in the province. And for many years after that, there was—well, there was a plan put forward in about 1998, but it was never followed. And then it was a change in government. And then there was talk about what plan they might put in place, but there was never a plan put in place in—after 1999.

Indeed, the government of the time, after some years, disbanded the diabetes unit in the government and, I guess, they just kind of gave up. But certainly, the numbers have continued to go up and they've continued to go up with exactly the same trajectory under the Conservatives as under the previous government.

So, there has been completely inadequate attempts, measures to address the rising tide of diabetes in Manitoba. There should have been much, much more effective measures taken. There should have been much more effective process used to develop the approach to preventing type 2 diabetes and there should have been much more.

It's very sad that there wasn't more because we have had hundreds and hundreds of millions of dollars of extra health-care costs as a result, and many, many people with diabetes and complications, when we

could have been much more effective in preventing this.

Those are my comments, Mr. Deputy Speaker.

Thank you. Merci. Miigwech.

Mr. Deputy Speaker: Are there any other speakers?

Mr. Eric Redhead (Thompson): It's a privilege to stand and put a few words on the record for this PMR commending the provincial government for investing in diabetic supports. As my colleague from The Pas-Kameesak said, you know, it's—we're not able to do that.

What this PMR lacks and my PMR brings in on Thursday is prevention for people with diabetes. And I think, you know, commending yourself for providing diabetic supports—*[interjection]* What's that? So sorry.

You know, what this bill lacks is prevention. And we know that, you know, when it comes to prevention, we need healthy food. So, Indigenous communities both in urban centres and remote communities experience an increase of diabetes in part due to poverty rates and a lack of healthy and affordable food.

There are far too many food deserts in Manitoba which are areas where healthy, affordable food is not readily available. This means that people are often forced to eat unhealthy foods that can contribute to obesity and illnesses such as diabetes, as they have an alternative for affordable foods.

In rural and remote communities, members dealing with chronic illnesses such as diabetes is a struggle which requires frequent and expensive travel, as services are often located and concentrated in higher density population areas such as Winnipeg.

One example of this is the closure of the foot-care clinic in Thompson which offered services to many people diagnosed with diabetes. Since the closure of the foot-care clinic in Thompson, northerners have been forced to forgo services—

Mr. Deputy Speaker: Order, please.

The hour being 12 noon, when this matter is again before the House, the honourable member for Thompson will have eight minutes remaining.

This House is recessed and stands recessed until 1:30 p.m. this afternoon.

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, April 4, 2023

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