



Second Session – Forty-Third Legislature

of the

Legislative Assembly of Manitoba

**DEBATES
and
PROCEEDINGS**

**Official Report
(Hansard)**

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Speaker*



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MANITOBA LEGISLATIVE ASSEMBLY
Forty-Third Legislature

Member	Constituency	Political Affiliation
ASAGWARA, Uzoma, Hon.	Union Station	NDP
BALCAEN, Wayne	Brandon West	PC
BEREZA, Jeff	Portage la Prairie	PC
BLASHKO, Tyler	Lagimodière	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian, Hon.	Keewatinook	NDP
BYRAM, Jodie	Agassiz	PC
CABLE, Renée, Hon.	Southdale	NDP
CHEN, Jennifer	Fort Richmond	NDP
COMPTON, Carla	Tuxedo	NDP
COOK, Kathleen	Roblin	PC
CORBETT, Shannon	Transcona	NDP
CROSS, Billie	Seine River	NDP
DELA CRUZ, Jelynn	Radisson	NDP
DEVGAN, JD	McPhillips	NDP
EWASKO, Wayne	Lac du Bonnet	PC
FONTAINE, Nahanni, Hon.	St. Johns	NDP
GOERTZEN, Kelvin	Steinbach	PC
GUENTER, Josh	Borderland	PC
HIEBERT, Carrie	Morden-Winkler	PC
JOHNSON, Derek	Interlake-Gimli	PC
KENNEDY, Nellie, Hon.	Assiniboia	NDP
KHAN, Obby	Fort Whyte	PC
KINEW, Wab, Hon.	Fort Rouge	NDP
KING, Trevor	Lakeside	PC
KOSTYSHYN, Ron, Hon.	Dauphin	NDP
LAGASSÉ, Bob	Dawson Trail	PC
LAMOUREUX, Cindy	Tyndall Park	Lib.
LATHLIN, Amanda	The Pas-Kameesak	NDP
LINDSEY, Tom, Hon.	Flin Flon	NDP
LOISELLE, Robert	St. Boniface	NDP
MALOWAY, Jim	Elmwood	NDP
MARCELINO, Malaya, Hon.	Notre Dame	NDP
MOROZ, Mike, Hon.	River Heights	NDP
MOSES, Jamie, Hon.	St. Vital	NDP
MOYES, Mike, Hon.	Riel	NDP
NARTH, Konrad	La Vérendrye	PC
NAYLOR, Lisa, Hon.	Wolseley	NDP
NESBITT, Greg	Riding Mountain	PC
OXENHAM, Logan	Kirkfield Park	NDP
PANKRATZ, David	Waverley	NDP
PERCHOTTE, Richard	Selkirk	PC
PIWNIUK, Doyle	Turtle Mountain	PC
REDHEAD, Eric	Thompson	NDP
SALA, Adrien, Hon.	St. James	NDP
SANDHU, Mintu, Hon.	The Maples	NDP
SCHMIDT, Tracy, Hon.	Rossmere	NDP
SCHOTT, Rachelle	Kildonan-River East	NDP
SCHULER, Ron	Springfield-Ritchot	PC
SIMARD, Glen, Hon.	Brandon East	NDP
SMITH, Bernadette, Hon.	Point Douglas	NDP
STONE, Lauren	Midland	PC
WASYLIW, Mark	Fort Garry	Ind.
WHARTON, Jeff	Red River North	PC
WIEBE, Matt, Hon.	Concordia	NDP
WOWCHUK, Rick	Swan River	PC
<i>Vacant</i>	Spruce Woods	

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, May 13, 2025

The House met at 1:30 p.m.

The Speaker: Good afternoon, everyone. Please be seated.

ROUTINE PROCEEDINGS

The Speaker: Introduction of bills? Committee reports?

TABLING OF REPORTS

Hon. Nahanni Fontaine (Government House Leader): I'm tabling the sequence for the consideration of departmental Estimates in the Committee of Supply and for today only.

MINISTERIAL STATEMENTS

Allied Healthcare Professionals Recognition Week

Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care): This week, we recognize allied health-care professionals week.

With dozens of professions and more than 7,000 individual employees across Manitoba, allied health-care professionals support care in Manitoba and touch the lives of nearly every single Manitoban in this province.

Today, we have with us in the gallery many allied health-care professionals, including physiotherapists, orthopedic technologist educators, spiritual health practitioners, community mental health workers, regional primary care connectors, team leads for housing and housing supports and MRI technologists.

Can we just take a second to say you folks are awesome? Thank you for being here.

The unique skills and diverse roles of allied health professionals cover the full range of preventative, diagnostic, treatment and technical services, supporting Manitobans at every stage of their care journey.

Allied health professionals have significant expertise, providing specialized quality care and services across the province in our hospitals, laboratories, clinics, ambulances, long-term-care homes, private homes, schools in the community and more.

Our government is taking action to support and strengthen the health-care system through retention and recruitment of these amazing health-care professionals.

Manitoba was well behind other jurisdictions by not having initiatives like seven-day-a-week discharges across sites in this province for seven and a half years under the PCs. We changed that after hearing directly from allied health-care professionals on our listening tour. They said that this was important and so we work with them to take action. We're now seeing the benefits of that change with front-line improvements and flow through our health-care system.

We've also added more than 180 allied health-care professionals to the system in just the last year, and more are being hired and trained regularly.

We're establishing a dedicated allied health role in our Retention and Recruitment Office, and Budget 2025 invests \$40 million in annualized funding for direct care and allied health professional staffing in personal-care homes for our province's seniors and those who need that care.

We're working directly with these invaluable health-care experts to practise to their full scope—we want them practising to their absolute full scope of their expertise—and to enhance services like breast cancer screening and provide more care in rural and northern communities.

Our government values allied health-care professionals and is proud to recognize the positive impact that their work has on the lives of Manitobans each and every day. We all benefit from their dedication, compassion, skillful delivery of care, and are deeply appreciative and grateful to have them contributing to our health and wellbeing across our great province.

So, thank you to all allied health-care professionals not only this week, but every single week during the year. And I'd ask all members of this House to join me in thanking the allied health-care professionals across Manitoba and certainly the folks we have here in the gallery today.

Thank you.

Mrs. Kathleen Cook (Roblin): I, too, would like to welcome our guests to the gallery.

As the daughter of an allied health professional, I know just how vital your work is to Manitoba patients and to our health-care system. We appreciate you and we recognize all the hard work that you put

in every day on behalf of your patients, your clients, residents. Thank you.

Diagnostic services, emergency care, seniors care, community health, mental health, women's health, dental health, rehabilitation, care for Manitobans with disabilities, spiritual health providers—you name it—there's an allied health professional behind it. They are a lifeline to Manitoba patients in our health-care system.

And as we discussed just in the Chamber this morning, allied health workers are vital to women's health care. They are mammographers, sonographers, social workers, midwives. They are the ones who will be at the front lines of increasing breast cancer screenings, improving birthing services and ensuring women are safe in our communities.

Unfortunately, under the current NDP government, there have been challenges in allied health in particular. Prairie Mountain Health has had to suspend at-home birthing services for six months due to a shortage of midwives.

Allied health workers are also vital to emergency care, and widespread shortages of paramedics, particularly in rural Manitoba, put rural health care at risk.

And, here in Winnipeg, a recent MGEU survey of Winnipeg paramedics found that 71 per cent have seriously considered quitting and 93 per cent have experienced violence on the job. That needs to stop, Honourable Speaker.

Earlier this year, the Manitoba Association of Health Care Professionals surveyed their members and found that 59 per cent of respondents said morale has dropped in the last year; 62 per cent said their workload has increased.

Increasing workloads, staff shortages and concerns about retention show that the NDP government is not taking this issue seriously enough.

So to all of our amazing allied health workers, I want to say thank you for being there in a medical emergency or at our most vulnerable moments and beyond. You are critical to our health-care system. Thank you for all that you do.

MLA Cindy Lamoureux (Tyndall Park): I ask for leave to respond to the minister's statement.

The Speaker: Does the honourable member for Tyndall Park have leave? *[Agreed]*

MLA Lamoureux: I want to begin by recognizing and thanking all of our allied health-care professionals,

those who are on the front lines and behind the scenes, who bind our health-care system together each and every day.

This includes paramedics, physiotherapists, lab technicians, dieticians, occupational therapists, social workers and so, so many more. Their skill, compassion and resilience are essential, not only in times of crisis, but every single day in our hospitals, clinics and communities.

Now, Honourable Speaker, the reality is many of these professionals are feeling more disheartened today than ever. Staffing shortages persist. Many allied health professionals are overworked and under-supported. They've seen colleagues burn out and leave the profession entirely. We are forever grateful that they continue to show up for Manitobans, despite not always feeling respected.

Morale in health care is at a breaking point. It's not just about fair wages, though fair compensation is important. It's also about being valued, having a voice and working in an environment where professionals can actually provide the care that they are trained to deliver.

The government's words of appreciation this week are welcome, but, more importantly, action needs to be taken.

I directly asked allied health professionals what their hope is, and they said: real, meaningful engagement; funding and staffing commitments that actually reach the front lines; and a clear plan to restore dignity and stability to a system that has been in crisis for far too long.

In closing, Honourable Speaker, I would like to thank those who have joined us today in the gallery and the minister for bringing forward today's statement.

Thank you.

MEMBERS' STATEMENTS

Fernanda Hodgson

Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care): Today, I am absolutely honoured to recognize an important community leader in Union Station who is soon retiring, Fernanda Hodgson.

Fernanda joins us in the gallery today, and I want to acknowledge the incredible amount of support she's provided to Union Station through her role as executive director at the Day Nursery Centre.

Fernanda is retiring after 46 amazing years of working in early childhood education.

Fernanda is an exemplary community leader whose work has been vital to child care in Manitoba. In addition to being the executive director of the Day Nursery for 24 years, Fernanda also serves on many boards and in community in a way that really helps our neighbourhood and well beyond.

It's clear that through her work Fernanda has been dedicated to providing essential support for families in Union Station, and for that we are forever grateful. Whether directly or indirectly, Fernanda has touched the lives of many throughout her career.

When asked what her favourite part of being an ECE is, she said that it's seeing the impact of her work and what it's had on families. Fernanda would always ensure that parents had trust in Day Nursery Centre.

* (13:40)

Parents also—parents always, rather, felt immense gratitude that they had a safe place they could drop off their kids. She is also proud that she continued building the vision that the founders had for Day Nursery Centre, especially for families living in the inner city.

Her support for the community has been invaluable, and Fernanda's leadership and dedication have meant the world to families living in our neighbourhood.

Fernanda, we will always remember the mark you've left on Union Station. The generations of children and families will forever benefit from your leadership, care and compassion.

We thank you and we congratulate you on your retirement.

I ask that all members of this House join me in thanking and congratulating and wishing Fernanda all the best on her retirement.

Thank you.

Police Chiefs Ryan Hunt and Brad Neduzak

Mrs. Carrie Hiebert (Morden-Winkler): I rise today to recognize two outstanding leaders in law enforcement who have made lasting contributions to their communities.

Chief Ryan Hunt of the Winkler Police Service has shown exceptional leadership, earning the respect of his team and the community through his integrity, commitment and modern policing and a deep

engagement with the people he serves. Chief Hunt leads with heart, and Winkler is stronger and safer because of him.

Equally deserving of recognition is Chief Brad Neduzak, who has dedicated over 40 years of service to the city of Morden. His unwavering commitment and compassion have left a profound impact, and his recent receipt of the King's Coronation Medal is a fitting tribute to the leader who has always served with honour and respect.

Both chiefs embody the very meaning of public service.

I commend the strong partnership between Morden and Winkler departments in fighting against drug trafficking. Through joint-force operations like Project Teemiuse [*phonetic*] and Project Hat Trick, they've removed dangerous drugs and firearms from the streets and arrested over 20 individuals connected to organized crime. Their work reflects not only effective enforcement but also a commitment to education, prevention and recovery, addressing the root cause of addiction and crime.

The words thank you don't even come close to how much you are both loved and appreciated by your community and police forces you serve.

To chiefs Brad Neduzak and Ryan Hunt and to every officer in the Morden and Winkler police departments: Your dedication, leadership and tireless effort are deeply appreciated. It's fitting that during the National Police Week, we honour you and all those who are committed to striving and protecting our communities across Manitoba.

Thank you for all that you do.

Colleagues, please join me in honouring our police chiefs from Morden and Winkler who are in the gallery today.

Assiniboine Forest

MLA Carla Compton (Tuxedo): The Tuxedo constituency is blessed to have amazing green spaces. Today I want to highlight the largest urban forest in Canada where the city meets nature: the Assiniboine Forest.

The forest spans 700 acres comprised of aspen and oak trees, bringing natural charm to the urban city setting. It is a dream for outdoor lovers that is free to access year-round. Lined with six different trails for cycling, walking and birding, Assiniboine Forest is home to a wide variety of plants and wildlife. Within

a few minutes of walking on a trail, you will feel like you have been transported from the city to the bush.

Now, the nurse in me also wants to lift up the positive impact that Assiniboine Forest can have on your mind, body and spirit. Spending time in nature—pardon me—encourages activities like walking and running, which are beneficial for your overall physical health. But being in nature can also support your mental health, as it is a natural nervous system regulator, which are fancy words to say decrease stress.

Honourable Speaker, green spaces are vital resources for you to decompress and log off from the overstimulation that surrounds you in an ever technologically dependent society. And that is why Assiniboine Forest is so special. We are fortunate to have access to what is becoming a rare urban commodity: equitable access to green space.

Honourable Speaker, I encourage you and members of this Chamber to go on an adventure and explore the Assiniboine Forest. The holistic health benefits will serve your body, mind and soul.

Thank you.

Manitoba Curling Hall of Fame 2025 Inductees

Mrs. Kathleen Cook (Roblin): Honourable Speaker, we are joined in the gallery today by Manitoba curling royalty. It is my honour to rise in the House today to recognize three remarkable athletes from the constituency of Roblin who were inducted into the 2025 Manitoba Curling Hall of Fame earlier this month.

Dawn McEwen is one of the most accomplished curlers in Canadian history. An Olympic gold medalist in 2014, Dawn is also a two-time world champion and a five-time Canadian women's champion. Her dominance extended to the provincial level, where she claimed five Manitoba titles. Dawn had already been inducted into the Hall in 2015 as a part of the legendary Jennifer Jones Olympic team, and now she receives individual recognition for her incredible career.

Raunora Westcott is another standout competitor from the Roblin constituency, with a career marked by grit and longevity. A Manitoba junior champion in 1996, she went on to win the Manitoba women's championship three times—in 2010, 2011, and 2017—and reached the Canadian Women's final at the 2017 Scotties Tournament of Hearts, an achievement that reflects her consistency at the highest level of competition.

And, finally, Mike McEwen and his team were honoured for a decade of excellence from 2008 to 2018. For 11 consecutive years they reached the final four of the Manitoba men's championships, including eight Manitoba men's finals, captured back-to-back provincial championships in 2016 and 2017, earned a bronze at the Brier and won seven Grand Slam titles. For 10 consecutive years, they ranked among the top seven in the country.

Honourable Speaker, these athletes have represented Manitoba with skill, integrity and fierce determination. Their legacy inspires a new generation of curlers, and we in Charleswood and Headingley could not be prouder.

Please join me in congratulating Dawn McEwen, Raunora Westcott and Mike McEwen on their induction into the Manitoba Curling Hall of Fame.

Westman Hospice Association

Hon. Glen Simard (Minister of Municipal and Northern Relations): Honourable Speaker, I rise today to recognize the exemplary work of the Westman Hospice Association, a shining example of compassionate service in the Brandon community.

Founded in 1992 as the Westman Association for Terminal Care Hospice, or WATCH, the charity found its start by identifying the need for dignified end-of-life care, with many volunteers stepping up to help. Its founder, Professor John English, built the foundations of what has become a very profound service dedicated to patients with a terminal diagnosis and their families.

The association's cause is noble and brings a level of dignity and compassion to those seeking hospice services. It provides a patient not only comfort as they transition into the next world, but offers assistance to families who are navigating one of life's toughest journeys. Their services are provided completely free of charge, courtesy of their dedicated and trained volunteers, from in-home and facility visits, caregiver respite, grief and loss support and community education.

Honourable Speaker, these types of conversations are rarely had, unfortunately. End-of-life and grief are natural aspects of life that require the utmost care, and more Manitobans are learning about these types of services that are available to them. Hospice care is an opportunity for those receiving it to achieve personal growth and spiritual healing in what is a precious time for them and their loved ones. There are many nurses,

specialists and volunteers that help patients understand their choices for medical treatment.

Under the leadership of President Terri Miller, Vice-President Mae Lyon, Treasurer Linda Noto, and Secretary Kim Melnyk, the association continues to promote an atmosphere of home-like hospice facility, space that resonates with dignity and compassion that all Manitobans deserve.

I ask that everyone join me in applauding the Westman Hospice Association, with Linda Noto and Rob Lavin in the gallery, as well as Daniel Nowoselski from the Canadian Cancer Society for their compassion, dedication and leadership in the community.

* (13:50)

Introduction of Guests

The Speaker: Prior to oral questions, there are quite a few guests in the gallery that I would like to introduce.

First off, I would draw attention to the public gallery, where we have with us today Louis-Phillippe Sauvé, former Bloc Québécois Member of Parliament for the Montreal riding of Lasalle-Émard-Verdun, and they are here on the—as a guest of the honourable member for—I don't have that, so we welcome you all here today.

I'd draw attention of all honourable members to the public gallery, where we have with us today from Day Nursery Centre, Fernanda Hodgson, Robyn Burnet.

Also in the public gallery with us today are allied health-care workers for allied health-care professionals week: Jason Linklater, Tanya Burnside, Rachel Hamm, Nicole Spence, Widny Pervil, Tim Smith, Amanda Macbeth, Ify Iweadonbi [*phonetic*], who are guests of the Minister of Health, Seniors, Long Term Care, and the member for Union Station (MLA Asagwara). On behalf of all honourable members, we welcome you here today.

Also seated in the public gallery today we have MaryAnn Mihychuk, Manitoba Prospectors and Developers Association; Sean Campbell, Manitoba Prospectors and Developers Association; Aaron Janzen, Tria Products; Dennis Ballard, Association of Manitoba Chiefs; AJ Albert; Alejandra Gonzales, Manitoba Prospectors and Developers Association; Jim Sinclair, Manitoba Prospectors and Developers Association; James Campbell, Manitoba Prospectors and Developers Association, who are guests of the honourable member for Riding Mountain (Mr. Nesbitt).

On behalf of all honourable members, we welcome you here today.

Some of these guests have previously been introduced, but I would like to introduce everyone that's here with them, as well. So in the public gallery we have Mike McEwan, Dawn McEwan, Vienna McEwan, Jane Askin, Wayne Askin and Rauna [*phonetic*] Westcott, who are guests of the honourable member for Roblin (Mrs. Cook), and we welcome you all here today.

And lastly, but far from least, Robert Young and Declan Young. Declan Young is celebrating his 13th birthday today. He chose to come to the Legislature to celebrate his special day. They are guests of the honourable member for Fort Richmond (MLA Chen), and we all welcome you here today.

ORAL QUESTIONS

Average Wages in Manitoba Tax Increase Concerns

Mr. Obby Khan (Leader of the Official Opposition): I want to welcome all our guests, and I want to give a special happy birthday welcome to Declan.

Honourable Speaker, yesterday the Premier called a 25 per cent increase to property taxes, and I quote, a good thing, end quote. If the Premier is okay with a 25 per cent increase in property taxes, then surely wages have increased 25 per cent to match.

Can the Premier tell Manitobans what the average wage increase has been under his Kinew government this last year?

Hon. Wab Kinew (Premier): It's great that we get to welcome people into the gallery to watch democracy in action, but it's not every day we get a birthday celebration in the gallery. So on behalf of the Province of Manitoba, happy birthday Declan.

Yes, the Manitoba Bureau of Statistics showed that wages went up in Manitoba last month. The PCs froze wages. They actually used their time in government to come here and pass a law that said people wouldn't get a wage increase in Manitoba—that's on them.

Of course, we're adequately funding the school programs in Manitoba, including a universal school nutrition program, and we're giving you \$1,500 off your property taxes this year. It's going to get better next year: \$1,600 tax credit then.

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

Mr. Khan: Once again, Honourable Speaker, a non-answer by the Premier.

He says they went up, but how much did they go up: 2.7 per cent, the lowest in Canada, under this NDP government. Average weekly wages show that Manitoba had the worst growth in the country under this Kinew government. But the Premier demands more taxes and more money from families.

Why does this Premier think it's okay—and I quote, a good thing, end quote—to tax Manitobans by 10 times the increase of their wage?

Mr. Kinew: Since taking office, we've cut income tax; we've cut the provincial gas tax on a permanent basis, I would add too; and we're also giving you that \$1,500 property tax credit. We're taking real steps to save you money.

The members opposite gave everyone in Manitoba zeroes when they were in government. But who do I talk about percentages—we should keep in mind that they've also accepted a 25 per cent rebate from you, the taxpayer, when it came to their election campaign.

What did they do in that election campaign? I'll remind you. They ran ads attacking the victims of a serial killer—the landfill ads. It's the worst thing that's ever been done in the history of Manitoba politics.

And, yes, they accepted the—*[interjection]*

The Speaker: Order.

Mr. Kinew: —taxpayer rebate on that. They spent \$650,000 on their ads, which means they got about \$160,000 back from you, the people of Manitoba.

Apologies are empty words unless they're followed up by actions.

Will the member opposite return the taxpayer rebate that the PCs received for the landfill ads?

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

Mr. Khan: Manitobans, you see it right here: half truths by this Premier. He talks about a tax rebate and yet this very Premier wants to increase that from 25 per cent to 50 per cent, taking more money out of Manitobans' back pockets. This Premier wants to do that, more half truths by him.

So I will ask the Premier again: Will the Premier finally admit that a 25 per cent tax increase on hard-working middle-class Manitobans is not the right thing to do?

Mr. Kinew: Honourable Speaker, \$1,500 tax credit this year, \$1,600 next year, permanent cut to the gas tax and a cut to income taxes. We are saving you money.

But the member doesn't answer the question because he wants to keep your money that was refunded to them for those very distasteful landfill ads. Again, we're talking about the worst thing that's ever been done in the history of Manitoba politics, and because of the rules of election financing, they got 25 per cent of the money they spent on those disgusting ads back.

They spent about \$650,000—\$642,500.06 to be exact—which means that they got about \$160,000 rebated to them to you—rebated from you to them.

So, again, if you want to talk about hard-working Manitobans' money, stand up and explain, through you, the Chair, Honourable Speaker—stand up and explain to hard-working Manitobans who direct—who divested and rejected those divisive ads—explain why you're keeping 160 grand of their hard-working money for the landfill ads.

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

Hip and Knee Replacement Surgeries Wait-Time Reduction Record

Mr. Obby Khan (Leader of the Official Opposition): Honourable Speaker, you can see that this Kinew government is getting ready to come into opposition. This is question period. They're supposed to answer the questions that we ask on behalf of Manitobans, and he refuses to answer them. So, I'll pivot to another question.

Since November, the NDP have delivered on only 9.8 per cent of their promised 800 hip and knee replacements; 9.8 per cent sounds about right for a Health Minister that got a D- from the Manitoba Nurses Union. Just another empty promise by the NDP.

Will the Premier apologize once again to Manitobans for failing them?

Hon. Wab Kinew (Premier): A little context for everybody watching here at home: we're talking about surgeries being delivered in Selkirk, something that never happened under the members opposite.

* (14:00)

So, again, they come here to the House and ask questions. These amazing new things they're doing in health care, why can't you do them more quickly?

Well, the good news for the member opposite is, we are on track to delivering 800 surgeries.

Good news, right? But again, they want to evade accountability for the choices that they made. They chose to run those ads about the landfill victims. It was terrible. It made no sense. It turned Manitobans off. They now recognize it, and you can see because the heckling bunch is oddly quiet here today.

So the money that they got from you—your hard-working taxpayer dollars that they accepted for those terrible, terrible ads—\$160,000 of their rebate went to pay for the \$650,000 they spent on those ads. Are they going to return that money?

Maybe they could give that to compensation to the families who were harmed by those ads. Maybe they could give that money to community-serving organizations—

The Speaker: Member's time has expired.

The honourable Leader of the Official Opposition, on a supplementary question.

Mr. Khan: Honourable Speaker, Manitoba—you can see it once again—the Premier and his failing Health Minister refuse to answer a question about health care.

Honourable Speaker, 79 surgeries out of 800 promised surgeries is not a passing grade; it's a D- for the Health Minister. In the month of February alone, there are more people waiting for hip and knee surgery than the Province could provide in a whole entire year under this Kinew government. The wait-list is growing at twice the rate that this NDP government can even handle.

Will the Premier apologize to Manitobans for misleading them once again, for failing them, and will he fire his Health Minister, who got a D-?

Mr. Kinew: So again, I'll repeat this: The answer that the member seeks was provided in the first set but I'll do it again.

Okay, we're on track to deliver 872 surgeries at the Selkirk site, a site that never delivered any surgeries under the member opposite. So the Health Minister here—I'll say it again—best Health Minister in the entire country—more surgeries than expected at sites that never had surgeries under the PCs.

But the member opposite wants to turn away from this substantive issue. The landfill was such an important issue, they decided to turn their whole election campaign on it last time. They could have just said no

landfill search and not made a big deal about it, but they chose to run the ads.

They spent \$650,000 on those ads. Manitobans hated it. They were sent packing. Then they applied for the election rebate, which means that party, the same PC Party that huffs and puffs here every day, accepted 160,000 of your dollars for those landfill ads—

The Speaker: Member's time has expired.

The honourable Leader of the Official Opposition, on a final supplementary question.

Mr. Khan: Manitobans, you heard it once again: this Premier thinks that 79 surgeries out of 800 is a pass. He thinks that's acceptable.

You know what's acceptable? Over 85,000 procedures were done on this side of the House—[interjection]

The Speaker: Order.

Mr. Khan: —under the Diagnostic and Surgical Recovery Task Force: 85,000; 79 by the NDP.

Two years in government and the NDP are still staring in the rear-view mirror. Nurses say they have no idea where these supposed new nurses are. Of the 90 paramedics the NDP promised, they've only hired 15 per cent of them. It's embarrassing. It's disgusting.

And now surgeons can't seem to find anything to back up the claims that they've had all these new surgeries.

Will the Premier finally apologize for misleading Manitobans, and will he admit for Manitobans to see that a D- is a failing grade, and he should fire his Health Minister today?

Some Honourable Members: Oh, oh.

The Speaker: Order.

Mr. Kinew: About a hundred surgeries delivered in that short window of time; on track for 872 surgeries in Selkirk in the whole year. People in the Interlake-Eastern region appreciate that. People across Manitoba appreciate that.

But it—when it comes to failing letter grades, the member opposite got an F in the Winnipeg Free Press, and he can't bear to stick—face up to it.

Brandon Sun: an unimpressive first step as leader. And you see why here today that they said, I quote: Manitobans are left to ponder the sincerity of his apology and whether he really believes his party did anything wrong. End quote.

Because, again, here are the facts: The PCs chose to run those despicable landfill ads. They spent 650 grand on them and then they applied for the election rebate and got \$160,000 of your money back.

So before they come forward and claim any sort of righteous indignation on behalf of hard-working Manitobans, I would say this: return the 160 grand that the PC party got for those despicable landfill ads.

Neultin Lake Caribou Herd Killing Concern for Sustainable Herd Population

Mr. Rick Wowchuk (Swan River): I asked the minister about the lawless slaughter of the Qamanirjuaq caribou herd in Neultin Lake Provincial Park and the minister wouldn't comment. Today, details of that were released.

What is the minister doing about this senseless waste of caribou? And I table the release and photos of this unsustainable madness.

Hon. Matt Wiebe (Minister of Justice and Attorney General): Honourable Speaker, it's clear that, on this side of the House, this government is committed to listening, listening to Indigenous communities, listening to hunters, listening to lodge owners, listening to everybody about how we can manage wildlife sustainably here in this province.

It's all about working together. It's about bringing folks together. And that's why our minister has been hard at work in engaging with communities across this province. We're going to make sure that, when we are working with—when—in terms of wildlife in this province, we're always listening to one another and we're always bringing Manitobans together to find those solutions.

Mr. Wowchuk: Honourable Speaker, unborn calves were left in the snow. Pregnant mothers were slaughtered. To quote the lodge owner: snowmobiles were chasing caribou across the lake, and there were piles of dead animals everywhere.

What is the minister doing about this slaughter?

Mr. Wiebe: The member opposite knows that—*[interjection]*

The Speaker: Order.

Mr. Wiebe: The member opposite knows that there's a current, ongoing investigation. Of course, that involves the local RCMP. They're hard at work at investigating this particular incident. But importantly, they're also working alongside our conservation officers, who are doing very good work in ensuring

that the information that's being provided to RCMP, to law enforcement, and they're working hand in glove at every step of the process.

Of course, that's only possible because we've increased the number of conservation officers that we have to do this kind of important work, and we've started to rebuild the damage that's been done by members opposite.

There's more work to do. We're going to continue to work with law enforcement, we're going to work with lodge owners. But it's important for Manitobans to know we're reinvesting in wildlife and protecting our wild spaces.

The Speaker: The honourable member for Swan River, on a final supplementary question.

Mr. Wowchuk: You would think the minister would at least have the compassion to look at those photos.

These were crimes against nature, and the very concept of conservation. These caribou were slaughtered, and that herd has already suffered a massive population decline.

What is this minister doing to bring justice for the horrible assault on the herd's sustainability and very survival?

Hon. Wab Kinew (Premier): I've spoken to people directly who live in this part of the province and who live off the land, and let me say this unequivocally: anybody who participated in this has no respect for animals, has no right to be able to hunt in this province and will be pursued and held accountable to the fullest extent of the law.

We're going to do that by working with non-Indigenous people, we're going to do that by working with Indigenous people, unlike the members opposite, who want to divide.

This member who stands and asks the question and is frothing at the mouth when he does so was oddly silent when the landfill ads were being—*[interjection]*

The Speaker: Order.

Mr. Kinew: —run in the last election campaign. And he's silent now when the question of whether they're going to return 160 grand of your money, ill-begotten money, ill-begotten funds, misbegotten funds that they received for the 650 grand, and they applied for the rebate for.

So any members with courage on the opposition benches, stand up today and call on your leader to—

The Speaker: Member's time has expired.

Emergency Management Services Budget Reduction Concerns

Mr. Konrad Narth (La Vérendrye): Our thoughts are with the many Manitobans currently under evacuation or a threat for active wildfires, including the RM of Piney in my constituency.

Co-ordinating provincial emergency management, including emergency response to prevent the loss of life and minimize property damage, is the mandate of emergency management.

* (14:10)

This spring's wildfires serve as another example of why the service is so critical. Manitobans' lives, along with their homes, depend on these services and the resources.

Knowing and now seeing the importance of these services, I'd like to ask the minister why she cut the funding by 18 per cent.

Hon. Matt Wiebe (Minister of Justice and Attorney General): Members opposite know that the Emergency Management Organization activated the Emergency Coordination Centre to level 2 on May 5. And we know that this is helping to create that situational awareness, co-ordinating with local law enforcement, local fire, local municipalities. And we know that the government has been bringing together all departments during this time, disseminating information, the data being made available, again, to those who are fighting fires on the ground.

I just want to say, Honourable Speaker, I know the area very well, the member opposite knows that, and we're very, very concerned about the fire out there.

Our hearts and our thoughts are with the firefighters—

The Speaker: Member's time has expired.

The honourable member for La Vérendrye, on a supplementary question.

Mr. Narth: Honourable Speaker, the Minister of Justice (Mr. Wiebe) may not be aware, but the Minister of Infrastructure's own Estimates book on page 68, it's there in black and white, the Kinew government is budgeting less for emergency management—not just a little less, but a whopping 18 per cent, or \$1.7 million less.

Why did the minister fail to fight for Manitobans at the Cabinet table, or was this her idea?

Hon. Wab Kinew (Premier): Honourable Speaker, today is a very serious situation when it comes to the wildfires raging across the province. And I want to take this opportunity to say thank you to all the fire-fighters who are stepping up and putting themselves into harm's way to protect lives, to protect livelihoods and to protect property.

We're talking about not just the Manitoba Wildfire Service and the Office of the Fire Commissioner who're all doing great work, but also local fire who's helping us to respond. The provincial resources helped to monitor air quality here in the city yesterday in response to the situation in north Transcona.

Here in the province, we've also closed several provincial parks today and are, of course, responding to the fire that is being raised here, just near Badger. In Nopiming, there is a complete evacuation. We are calling on all Manitobans: no fires, please. Do not set any fires, even if there's not a fire ban in your area; we can't afford to deploy resources away from the front lines.

Again, in times like this, Manitobans draw together to support one another.

The Speaker: Member's time has expired.

Mr. Narth: Honourable Speaker, as the Premier just stated, they can't afford to deploy the resources. That's because they cut the funding. Wildfires don't take an IOU; they take resources and money.

In my constituency, the Carrick fire is near my home. And I know first-hand the importance of funding the resources.

Will the minister go back to the Premier today and ask for an increase in the funding?

Some Honourable Members: Oh, oh.

The Speaker: Order.

Mr. Kinew: On behalf of the Province of Manitoba, I want to send our support to all the Manitobans who've been forced out of their homes today. Again, there's about 40 permanent residences in Nopiming, many more seasonal, and then, again, people on evac watch throughout.

The member opposite knows full well that he is misstating the facts. This is an on-demand service; nothing will stand in the way of us saving lives and livelihoods across the province. But when it comes to

financial resources from the public purse, give the election rebate back—160 grand we could be spending on firefighting right now.

If you don't want to spend the 160 grand that you took for those terrible landfill ads, then go door to door and explain that to people in all of those constituencies, I would say to the members opposite through you, the Chair. But every single day that they sit on that election rebate, 160 grand of your money is another day that they flout the basic decency and compassion that the good Manitoba people show not only to each other, but also to those that we've left behind.

Intersection of Highway 8 and 67 Timeline for Safety Upgrades

Mr. Richard Perchotte (Selkirk): Last week, I asked the minister about a request made several months ago from the RM of St. Andrews for basic safety upgrades at the intersection of No. 8 and 67 Highway. That request was tabled right here in the House.

Has the minister reconsidered her inaction on these needed safety improvements?

Hon. Ron Kostyshyn (Acting Minister of Transportation and Infrastructure): To answer the question directly, this side of the House, this government, respects the opportune time of safety for people no matter where they drive in the province of Manitoba for the betterment of the public interest and import.

I want to assure that we will continue to investigate, but we also will continue to provide additional dollars to improve highway safety, improve highway conditions.

Basically, to the members opposite who constantly—for the last four years in their time in government—kept cutting and cutting and cutting the highways budget. And we are left with deteriorated highway conditions that are costing us 100 per cent more when they were in government that they could have fixed it sooner at a cheaper cost.

Some Honourable Members: Oh, oh.

The Speaker: Order, please.

I'm not sure which member's pretending to be an owl, but they can quit. We're not children. We shouldn't act like children.

Mr. Perchotte: Well, that was just confusing.

Last week the minister also seemed confusing. She spoke about our many meetings. In fact, it was many, many requests for meetings before one single meeting took place.

Surely it wouldn't be that hard to find in her notes what was discussed in that one single meeting.

Why will the minister not act on a simple improvement that will improve safety and save lives?

Mr. Kostyshyn: Let me refresh members opposite of their priorities of financial support when it comes to highway conditions and improvement.

Honourable Speaker, 2018, they cut the budget by \$347 million; 2019, they only spent \$336 million on highway infrastructure. In 2020, they spent \$333 million on highway construction. In 2021, they spent \$397 million.

I ask the member opposite who is asking me the question: look to your fellow to the right of you and maybe ask the ex-highway minister why he chose to reduce the highway 'spenditure' for road safety to the people in the province—

The Speaker: Member's time has expired.

Some Honourable Members: Oh, oh.

The Speaker: Order. Order.

Mr. Perchotte: Honourable Speaker, I'm asking for simple safety upgrades. The RM has asked for these upgrades, as well. Local emergency services called for these safety features.

What else does the minister require before she's willing to do the bare minimum and erect a larger sign and a simple light?

Hon. Wab Kinew (Premier): You know what I'm going to say, Honourable Speaker. Best Infrastructure Minister in the entire country.

You know why I say that? Because this minister has brought forward \$3.7 billion this year in infrastructure investment here in Manitoba.

So tell the RM to come on down. Tell your local community to come on down, and importantly—and very differently from the PCs—tell First Nations to come on down too. Let's all work together to build up this province.

They decided when the worst crime was committed, a serial murderer, to run ads about that. Why did they do that?

Well, here's a question that they have control over now: the election rebate, your money, 160 grand that they applied to get back off that 650 they spent on those terrible ads, are they going to keep it? What are they going to say to folks in Selkirk when you go knocking on doors and they ask about those landfill ads?

People aren't going to forget about the ads. They will be paying attention—

The Speaker: Member's time has expired.

Mining Exploration in Canada Manitoba Ranking

Mr. Greg Nesbitt (Riding Mountain): Honourable Speaker, mining exploration in Manitoba has shown a decline under this NDP government.

Will the minister tell the House where Manitoba ranks in terms of exploration expenditures among the 13 Canadian jurisdictions?

* (14:20)

Hon. Malaya Marcelino (Acting Minister of Business, Mining, Trade and Job Creation): I thank the member for the question, and he will be able to confer with the minister of jobs and get the exact number. But I would like to remind the member that under their watch, under their failed regime, Manitoba went from the second best mining jurisdiction in the world in 2016 and all the way down to 32nd in 2021.

What kind of record is that? And now they're—have the gall to come here and try to ask us these types of questions. Under their watch: three mines were closed under their watch, in Flin Flon and in Thompson. And as those communities struggled, the PCs refused to spend any of the \$11 million in the Province's Mining Community Reserve Fund.

Shame, Honourable Speaker, shame.

The Speaker: Member's time has expired.

The honourable member for Riding Mountain, on a supplementary question.

Mr. Nesbitt: Well, honourable Speaker *[phonetic]*, it's clear this minister doesn't know this file and isn't able to answer this question, so I will. Manitoba is now 12th out of 13 in exploration.

What action is this NDP government taking to unleash our mining potential to make Manitoba No. 1?

MLA Marcelino: This is a government right now that has the best interests of Manitoba at heart every single day. And we are building this province together with business, with workers, with First Nations communities—*[interjection]*

The Speaker: Order.

MLA Marcelino: —and with the mining industry.

Under their watch, the P 'shees' should be ashamed of their legacy on mining and critical minerals. Their—our administration is committed to re-establishing the trust between the Province and the local communities that they broke—let's remind them—and we are going to be moving forward with a Hollow Water First Nation silica sand extraction, protecting 30 per cent of Manitoba's land and waters by 2030.

And let's not forget, we just opened a gold mine.

The Speaker: The honourable member for Riding Mountain, on a final supplementary question.

First Nations Mineral Royalty Sharing

Mr. Greg Nesbitt (Riding Mountain): Provinces like British Columbia and Ontario have welcomed partnerships with Indigenous peoples and have mineral royalty-sharing agreements in place.

Why has this NDP government said no to revenue sharing with Indigenous peoples?

Hon. Wab Kinew (Premier): Under the PCs, mining stopped in Flin Flon; under us, a new gold mine in Alamos.

The member opposite doesn't need the money. Tell your leader to return the election rebate, I say through you, the Chair. The landfill ads were terrible. If they keep the money, the apology means nothing.

I want to take this opportunity to congratulate the new federal Cabinet. Prime Minister Mark Carney has appointed a new front bench and some interesting new ministers that our team looks very much forward to working together with, to work hard for you, the great people of Manitoba.

On a personal level, new minister, Rebecca Chartrand, is somebody that we're very excited to see represent our federal interests here in the province of Manitoba and, of course, on a personal level, she is my wife's cousin. So it'll be Minister Chartrand to me, but that personal connection to everybody in Manitoba is a sign of great things to come.

Congrats to everybody who's a new minister of the Crown.

Some Honourable Members: Oh, oh.

The Speaker: Order.

The honourable member for Steinbach (Mr. Goertzen) will come to order.

**Problem Residence in Tyndall Park Constituency
Request for Justice Minister to Intervene**

MLA Cindy Lamoureux (Tyndall Park): I want to begin by acknowledging and saying thank you to our Justice Minister for agreeing to meet with a number of my constituents following question period who have also joined us today in the gallery.

As the minister's been made aware, there is a particular house in Tyndall Park where it appears that crimes and inappropriate activities are frequently occurring. The issue has been referred to Winnipeg Police Service, and a file has been opened with The Safer Communities and Neighbourhoods Act.

Unfortunately, no actions have been taken to date, even with the repeated activity.

Will the minister commit to a direct review of this specific property and take a step towards restoring a sense of safety for residents?

Hon. Matt Wiebe (Minister of Justice and Attorney General): I want to really thank the member opposite for bringing this issue to the Legislature today, and I want to thank the community for getting engaged and making their community a safer place.

As the member opposite noted, The Safer Communities and Neighbourhoods Act is an important tool that we have as a provincial government to help enable communities to watch out for the safety in their own places and to help give them the tools to do the kinds of investigations she's talking about.

We do have some updates that I'm glad I'm going to be able to share directly with the residents in the meeting after the House.

But I will say, Honourable Speaker, it's all about enabling communities and strengthening the legislation that we have to make our communities safer.

The Speaker: The honourable member for Tyndall Park, on a supplementary question.

MLA Lamoureux: Over the last year, there have been an increase of break-ins and theft in our community. These experiences are costly and, unfortunately,

they are leaving people feeling scared, whereas people should feel safe and comfortable in their own communities.

Now, Honourable Speaker, with respect to the case that I am talking about, there are photos, there is video footage of many of the incidents, and there are several eyewitnesses of crime leading back to this one particular house.

Can the minister explain if there is anything that can be done immediately regarding the occupants of the house where the community has witnessed continuous crime?

Mr. Wiebe: Well, the member opposite has really hit the nail on the head with her approach and the community's approach when it comes to dealing with issues like this.

Not only have they engaged, of course, law enforcement and making sure they have the information that they need to do an investigation, but they've also engaged our Public Safety Investigations Unit, our PSIU, who does work on behalf of the Province to do that kind of work to support law enforcement but to also take steps when there are steps to be taken to directly deal with landlords and with tenants.

Now, we're strengthening the act. We are—we've got Bill 32 before this Legislature. We're asking all parties to support this. It's come from community and it's building off the feedback that we've gotten.

There's more work to do. We're getting that done here in the Legislature, and I hope all parties will support that important work.

The Speaker: The honourable member for Tyndall Park, on a final supplementary question.

**Tyndall Park Constituency
Request for Police Presence**

MLA Cindy Lamoureux (Tyndall Park): Honourable Speaker, social issues including addictions, mental health and homelessness continue to rise. It is abundantly clear that we need a holistic approach to dealing with crime.

Having said that, there are a few things that we can do immediately.

The government announced a 10 per cent increase in the provincial policing budget, yet despite the significant increases, community members have not felt any safer.

Will the government commit today to ensuring the public safety strategy will include more police officers in Tyndall Park?

Hon. Matt Wiebe (Minister of Justice and Attorney General): Well, that's right, Honourable Speaker: 36 new officers that are directly funded by the Province of Manitoba are being deployed on the streets right now across the province—or, across the city. And, in fact, that's on top of the already 30 per cent increase in funding that we've given directly to the City of Winnipeg.

We're also—we're not stopping there. We passed the unexplained wealth act here in the Legislature. Our machete bill. We have our Residential Tenancies Act. We are continuing to build off of the successes that we have.

Our government is moving our feet. We know, after seven and a half years of underfunding police and cuts, there's a lot of work to do. But we want to work with communities; we want to support the kind of work that the member is bringing forward here.

And I just want to thank law enforcement and—

The Speaker: Member's time has expired.

Victoria General Hospital Extended Hours Primary Care Clinic

MLA Billie Cross (Seine River): Our government has spent 18 months making good on our commitment to Manitobans to increase access to primary care and ease the burden on our 'mergency' departments.

Where the previous failed PC government closed facilities and fired front-line staff, we're going to do the opposite.

Honourable Speaker, this week, we're building on the success of two extended-hours primary-care clinics that we've already opened at the Grace and Concordia hospitals by adding another one to south Winnipeg.

Can the minister please share with the House the details of our next extended-hours primary-'clare' clinic and how it—

The Speaker: Member's time has expired.

Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care): I want to thank my dear colleague for that great question.

I am so excited to announce that we are opening another extended-hours primary-care clinic at the Victoria general hospital.

Families are benefiting from having access to primary care on weekends and after-hours. Now, families in south Winnipeg will have access to the same benefits in their own community. The new clinic will officially open this Thursday, May 15. It'll be open from 5:30 p.m. to 11 p.m. on weekdays and 1:30 p.m. to 11:30 p.m. on weekends and statutory holidays.

So, yes, that means that this long weekend, Manitobans will have another option for primary care after hours.

You can book same-day appointments using medinav.ca, and there's going to be a—

The Speaker: Member's time has expired.

* (14:30)

Police Services—Mental Health Calls Supports Needed for Rural Manitoba

Mrs. Carrie Hiebert (Morden-Winkler): Honourable Speaker, throughout Manitoba, police resources are disproportionately going to mental health calls. We've heard from the Altona police chief that they need help with these calls.

What is the minister doing right now to help rural Manitoba police?

Hon. Bernadette Smith (Minister responsible for Mental Health): I've stated in this House before, we are hiring 100 mental health workers to work alongside policing, something that members opposite didn't do.

Police were knocking on the members opposite's door while they fired 55 police officers. Shame on that previous failed, callous government. We'll not take that approach. We're working with police officers; we're listening to them. We'll continue to take their lead and support them in the work that they do. We want to lift them up for the work that they do each and every day supporting Manitobans here in our province.

Thank you, Honourable Speaker.

The Speaker: The honourable member for Morden-Winkler, on a supplementary question.

Mrs. Hiebert: Honourable Speaker, last week I asked the minister about access to mental health resources in rural Manitoba and got no real answer.

What is this minister going to do to ensure that mental health supports are there to help emergency workers—are available in rural communities?

Ms. Smith: Well, on this side of the House, we're continuing to put supports into the system. As well as supporting police officers, we're hiring psychologists, psychiatrists. On members opposite's side, when they were in the government, they were firing those very workers.

We will take no lessons from members opposite who decimated our health-care system. We have an amazing health-care worker, we have an—our amazing health-care minister, as well as an amazing Justice Minister.

We are working collaboratively across departments to ensure that the supports are getting out there onto the front lines to those Manitobans that sent us here, that sent those members opposite packing. That's why they're on that side of the House. They never listened to Manitobans; we're listening, we're giving you the supports that—

The Speaker: Member's time is expired.

The honourable member for Morden-Winkler, on a final supplementary question.

Mrs. Hiebert: Paramedics, firefighters, police officers and many other front line office staff are facing unthinkable situations every day and need to know that when they need resources they are available.

When will this minister prioritize mental health across rural Manitoba?

Ms. Smith: For seven and a half years, the failed PC callous government did not prioritize mental health, did not take a harm reduction approach, did not take an enforcement approach, and certainly didn't take an evidence-based approach in this province.

They did not listen to police officers, they did not listen to health-care providers. They closed emergency rooms, they cut policing. We'll not take that approach. We're listening to police officers, we're listening to Manitobans, we're going to get them the supports that they need because we care.

We're a caring government. We're going to continue to support you, we're going to continue to get you the supports you need. We are not going to take the approach that members opposite took, and we'll continue to support Manitobans.

That's what you sent us here to do, and that's what we're doing.

The Speaker: Member's time has expired.

Increase in Pharmacare Deductible Impact on Seniors on Fixed Incomes

Mrs. Kathleen Cook (Roblin): Honourable Speaker, I recently heard from a concerned Manitoba senior. He's on a fixed income, and yet this NDP Minister of Health has hiked his Pharmacare deductible by over 10 per cent this year, and now he's faced with a choice: he can pay for the NDP's property tax hike or he can pay for his medications.

So which would the minister prefer? Should this senior on a fixed income, in the middle of an affordability crisis, pay for his Pharmacare deductible or pay his property taxes?

Some Honourable Members: Oh, oh.

The Speaker: Order. Order.

Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care): Honourable Speaker, the member opposite is wrong, just simply wrong. And that's what she does.

She stands up in this House, and instead of bringing issues to my office, where we could've already followed up with that senior, given him the answers, worked with him and supported him, which is what our office does for Manitobans every day, she brings it to the floor of this House, and she's simply wrong.

Honourable Speaker, I look forward to learning about that constituent and helping him and making sure that he has the full information that he needs. But I also want to say, Honourable Speaker, that our government has made huge strides, but not enough strides.

Seven and a half years of cuts to health care and a callous approach takes time to fix, but we're committed to doing that work for Manitobans because they deserve a government that cares about health care, respects health-care workers and takes a compassionate approach. They finally have that. They didn't have it for seven and a half years.

The Speaker: Member's time has expired.

And the time for question period has also expired.

Point of Order

Mr. Derek Johnson (Official Opposition House Leader): On a point of order, please.

The Speaker: The honourable Opposition House Leader, on a point of order.

Mr. Johnson: Yes, I would like to make a point of order.

I would like to ask for the Premier (Mr. Kinew) to stand in his place and apologize for the comments that he put on the record about a member on this side of the House, suggesting that he was frothing at the mouth. This is, firstly, obviously false. Secondly, it's inflammatory—[interjection]

The Speaker: Order.

Mr. Johnson: It's disrespectful, much like the heckling across right now, when I'm trying to bring a point of order forward about heckling, what is happening in this very—[interjection]

The Speaker: Order.

Mr. Johnson: It's disrespectful, disparaging, insulting and, finally, it's intimidation.

So I would ask that the Premier apologize for his comments that he's put on the record.

Thank you, Honourable Speaker.

The Speaker: The honourable Government House Leader, on the same point of order.

Hon. Nahanni Fontaine (Government House Leader): The Premier won't be doing anything of the sort, but it does allow me to respond to the members opposite point of order in respect of things that occur in this Chamber day in and day out.

I'm going to start with what happened yesterday during QP when the member for Fort Whyte (Mr. Khan) winked at the Deputy Premier (MLA Asagwara) and our Health Minister. [interjection]

The Speaker: Order.

MLA Fontaine: And when that was brought up to the member for Fort Whyte, I watched him and heard him say, in response to winking to a member of this Chamber, to the Deputy Premier, the member for Fort Whyte said, and I quote: You wish.

First off, let me be clear: nobody wishes that. And secondly, I think that that is a quintessential example of what we see from the men opposite, day in and day

out, leveled towards the women and gender-diverse folks in our caucus and in our Cabinet.

I will point out that the member for Lac du Bonnet (Mr. Ewasko) routinely gets up in the House and in committee and misgenders members of this Legislative Assembly. And instead of just saying, I'm sorry, makes a huge temper tantrum and makes it even—doubles down on what he's doing.

Several members opposite routinely get up—the member for Portage, many of them I don't know their things—get up and talk about the Minister for Education and say the Minister of Education doesn't know how to do her job, doesn't know her portfolio.

They routinely get up and—for the member of Housing, Addictions and Homelessness, routinely tell her that she doesn't know how to do her job and that she doesn't know her portfolio. And let me educate the minister: every single day, the men on that side—and while the women roll their eyes, I would encourage them to get their men onside in respect of dealing—[interjection]

The Speaker: Order.

MLA Fontaine: —with the misogyny so clearly evident in their caucus that we experience day in and day out in this Chamber.

So while the member opposite wants to bring up a point of order for one of the poor little men on the opposite side, who I'll remind members opposite—[interjection]

The Speaker: Order.

MLA Fontaine: —sexually harassed his constituency assistant out of a job, to which he's never apologized, and is still sitting in this Chamber, which I don't understand how he's still sitting in this Chamber.

I would ask the members opposite: One, to stop with their misogyny. Stop with their mansplaining of how we are to do our jobs. Trust me, we know our jobs 10 times more than you ever did and ever will.

So, thank you, Honourable Speaker.

* (14:40)

The Speaker: Order, please.

So, first off, I'd like to point out that the language in question is not unparliamentary. It is not pleasant language, and we've seen that all too often in this Chamber; several times in the last little while, we've seen it. But as importantly as the language we use in this place are the way we treat each other: whether it's

words, whether it's actions; it's understanding where people have come from to get here.

And look at us. We've all gotten to this place on a different path. We need to learn to respect how people got here. We need to learn to respect that people got here. We need to learn to respect what we're here for. We are here to debate, to talk about ideas, to talk about how to make things better in this province.

All of us need to stop and look inward and say, how are we acting, how are we reacting in this Chamber, in this space—in this space where we need to be setting an example. And we're doing that right now, but it's certainly not the example that we should be setting. It's not the example that we should be setting for our kids, for people that are watching—and trust me, people are watching—and we are hearing from people that they're shocked and aghast at the way we treat each other in this place.

That needs to stop. And one way or another, as your Speaker, I have to find a way to make it stop. I can't make you like each other, but I will make you respect the positions that each and every one of us hold in this Chamber. And if I find you're not, somebody is not going to like the consequences of that. And the Speaker has tools to make sure that those members that don't grasp the concept of respect for each other come to understand consequences.

So in this case, the honourable member does not have a point of order.

PETITIONS

The Speaker: So now we will move on to petitions.

Death of Jordyn Reimer—Judicial Review Request

Mr. Wayne Balcaen (Brandon West): I wish to present the following petition to the Legislative Assembly of Manitoba.

The background to this petition is as follows:

On May 1, 2022, Jordyn Reimer, 24 years of age, was—[interjection]

The Speaker: Order, please.

If I could ask all members to take their conversations to the loge or out in the hall so that I can hear the member that's speaking, I'd appreciate that.

Mr. Balcaen: (1) On May 1, 2022, Jordyn Reimer, 24 years of age, was killed by an impaired driver while she was acting as a designated driver.

(2) There are two people legally culpable for her death: the impaired driver and the accomplice. The driver was charged, but the second criminal, the accomplice, has not been held accountable.

(3) A concerned citizen took the keys from the impaired driver earlier in the evening to ensure he could not drive impaired. The accomplice retrieved the keys from this citizen under false pretenses and knowingly provided the impaired driver with access to the vehicle.

(4) The Winnipeg Police Service's, WPS, investigation provided adequate evidence to meet the charging standard and recommended charges be laid against the accomplice. The Crown prosecutors declined to prosecute the accomplice.

(5) The family of Jordyn Reimer has called for the prosecution of the accomplice and that the decision to not prosecute be reviewed independently.

(6) As recently as 2022, there is precedent to refer criminal files on decisions to not prosecute—with prosecution to extra-provincial departments of justice for review. This was done with the Peter Nygård file, which ultimately led to a reversal in the decision to not prosecute, and charges were laid.

(7) An out-of-province review is supported by MADD Canada, MADD Manitoba and by Manitobans.

(8) The family has exhausted every avenue within the existing system, and, in the absence of a prescribed process where a disagreement exists on charging standards, the only option is to request an independent out-of-province review.

(9) In December 2024, the WPS reported an alarming number of impaired drivers in the holiday Check Stop program. Extending criminal culpability beyond the driver to those who engage in overt actions to facilitate impaired driving will save lives.

(10) Manitobans deserve to have confidence in the provincial government and justice systems to make decisions that achieve true justice for victims and their families.

We petition the Legislative Assembly as follows:

To urge the provincial government to order an out-of-province review of the prosecutor's decision to not prosecute the accomplice in the death of Jordyn Reimer.

And, Honourable Speaker, this petition was signed by Larsen Nelson [phonetic], Kim Skoc, Kevin Nelson and many, many other fine Manitobans.

Opposition to Releasing Repeat Offenders

Mr. Kelvin Goertzen (Steinbach): Honourable Speaker, I wish to present the following petition.

The background to the petition is as follows:

(1) Kellie Verwey, a beloved young woman from Portage la Prairie, Manitoba, was tragically killed in a car crash caused by a repeat violent offender with a long criminal history.

(2) Despite repeated violations of his bail conditions, the offender was free to roam the streets and to ultimately claim Kellie's life. This tragedy was entirely preventable.

(3) While the Criminal Code fails—or, falls under the federal jurisdiction, provinces have been given the responsibility for the administration of justice, allowing for meaningful provincial action on bail reform to ensure public safety.

(4) Other provinces have taken proactive steps to strengthen bail enforcement, but Manitoba has not used all the available tools to address this effectively.

(5) The provincial government has the ability and the responsibility to advocate for and implement measures that protect its citizens by ensuring that repeat violent offenders are not released into our communities without proper safeguards.

(6) Immediate action is required to close gaps in the justice system that allow dangerous criminals to remain free, which puts innocent Manitobans at risk.

We petition the Legislative Assembly of Manitoba as follows:

(1) To urge the provincial government to take immediate and decisive action on bail reform to address serious deficits in enforcement by utilizing all available provincial mechanisms to strengthen warrant enforcement, increasing bail supervision and opposing release of offenders, thus ensuring that repeat violent offenders are held accountable and that public safety is prioritized over leniency; and

(2) To urge the provincial government to lobby the federal government to immediately repeal provisions of the Criminal Code that allow for the continued victimization of law-abiding Manitobans while granting repeat offenders additional rights.

And, Honourable Speaker, this petition is signed by Colin Hourie, Tyler Robinson [*phonetic*], Wayne Johnson and many other Manitobans.

The Speaker: No further petitions? Grievances?

ORDERS OF THE DAY

(Continued)

GOVERNMENT BUSINESS

Hon. Nahanni Fontaine (Government House Leader): Can you please resolve the House into Committee of Supply for the consideration of departmental Estimates.

The Speaker: The House will now resolve into Committee of Supply.

Will the deputy Chair please take the Chair.

**COMMITTEE OF SUPPLY
(Concurrent Sections)****ROOM 254****HEALTH, SENIORS AND LONG-TERM CARE**

* (15:20)

The Chairperson (Diljeet Brar): Will the Committee of Supply please come to order.

This section of the Committee of Supply will now resume consideration of the Estimates for the Department of Health, Seniors and Long-Term Care.

Questioning for the department will proceed in a global manner.

The floor is now open for questions.

Mrs. Kathleen Cook (Roblin): Honourable Chairperson, I'd like to start with pathology. I'm wondering how many pathology vacancies we have within Shared Health, and what current wait times are for pathology results.

The Chairperson: Thank you, Member.

* (15:30)

Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care): Sure, Chair, just seeking your clarification, your guidance here in terms of the '25-26 Estimates in questions being about the '25-26 Estimates. Just wondering if you can offer any guidance in terms of the questioning.

The Chairperson: Thanks for the question, Honourable Minister.

So the Estimates talk about the staffing and vacancies. So questions about staffing and vacancies are relevant to the Estimates.

MLA Asagwara: Thank you so much for your guidance, Chair. I appreciate that.

Chair—honourable Chair, just seeking a bit more clarification here. So understanding that your guidance is correct here in terms of staffing and the budget, but just wondering: our budget prints staffing lines and funding globally, and so specific staffing lines that are in regional health authorities aren't directly funded by government; the Estimates provide global funding to regional health authorities.

So I'm just wondering if you can help maybe provide a bit of clarity here as to whether or not, based on the way that that '25-26 and typically the budgets are assembled and structured, whether or not that particular question makes sense given the structure of the Estimates and the way that we fund globally for Health.

The Chairperson: Once again, thank you, Minister, for your question.

As advised, Supplement to the Estimates of Expenditure do talk about staffing and wait times, so I think the question is still relevant.

MLA Asagwara: Thank you, Chair, for your guidance.

I just want to take a moment, as it is allied health-care professionals week and we had a good group of folks who joined us here at the Legislature today for a ministerial statement recognizing allied health-care professionals, I want to take a moment while we're in committee to recognize all of the allied health-care professionals across the province who do incredible work in our health-care system each and every day.

There are allied health-care professionals in my own family who do really amazing work and, you know, we've all—if you've accessed health care in Manitoba, you've likely benefitted in some way, shape or form from an allied health-care professional. So I want to thank these folks. I want to thank everyone who joined us today, who contributed to helping us celebrate today.

And I want to acknowledge that we've been working with some really wonderful allied health-care experts in the province who have been helping to guide our approach and inform our approach. We've really wonderful folks here in the province who have been working and leading in this space for a long time, who were eager to partner with government to help make the right decisions in terms of how we approach strengthening health care, fixing the damage but also strengthening health care long-term.

And we know that this takes time, takes a significant amount of time to repair that kind of harm to the

health-care system, but these folks are fully committed—fully committed—to putting in the time and the energy required to move things in the right direction. And so I want to thank them for their expertise and for also helping inform our approach with the retention and recruitment office.

So our decision in the '25-26 budget to have a dedicated role, an allied health-care professional role, with the retention and recruitment office was based on feedback we heard directly from, you guessed it: allied health-care professionals. And we're confident that this person, you know, bringing that lens to the retention and recruitment office is going to be a real asset and is going to really help us take further necessary steps to make sure that we're retaining the folks that we have in Manitoba, we're training even more and we're successfully recruiting folks to the province.

And so, you know, not only this week, but I would encourage Manitobans as they move forward every week, to reach out and thank allied health-care workers. It's over 7,000 here in our own province across hundreds of disciplines doing really critical work, and we can't thank them enough.

The Chairperson: Thank you, Minister.

Mrs. Cook: I would just like to remind the minister that they have the opportunity to take the question under advisement. If they don't know how many pathologist vacancies there are, they don't know what pathology wait times are, they are welcome to take it under advisement and get that answer back to me at a later time, rather than trying to dodge the question.

The reason I brought the question up is somebody close to me is going through cancer right now. And, unfortunately, she was waiting for her pathology results before she could find out whether she had cancer and what her treatment plan was going to be. So, you know, she had an appointment—a follow-up appointment—at CancerCare scheduled on Friday. The Thursday before, she got an appointment saying, oh, your pathology's not back; we're going to bump you a week.

The next week, she got another call from CancerCare saying, we don't have your pathology results back; sorry, you're going to have to wait another week. The third week, she got another call on Thursday from CancerCare saying, we don't have your pathology results back; we're going to have to wait another week.

And so this person had to advocate for themselves through patient relations quite strongly in order to push for a verbal report on their pathology results, and

that's why I am certain that this isn't the only person that this is happening to. So I'm also certain that some briefing note must have crossed the minister's desk, that the Health Care Recruitment and Retention Office must have some awareness of the level of pathology vacancies in the province.

And I'm just wondering if the minister could address the question. How many pathology vacancies do we have, and what are pathology wait times right now?

The Chairperson: Thank you, Member.

* (15:40)

MLA Asagwara: I thank the critic for sharing that personal story. Certainly, I wish the person in her life who's navigating this difficult reality of cancer diagnosis and journey, I wish them all the best.

And, you know, certainly our government takes this area and all areas of health care very seriously. We want for Manitobans to have a really seamless, step-by-step experience. And certainly CancerCare is a highly renowned organization; they've got a great reputation, but that doesn't mean that every single journey is without some experiences that we need to improve on.

And so I would really encourage the critic—I've encouraged her to do this previously, to bring that kind of concern or casework directly to my office. We will always act quickly. We will always look into a matter very quickly and ensure that we get clarity to a person as quickly as we possibly can.

There have been issues that other MLAs—including PC MLAs—have brought to my office—or brought to me directly on the floor of the House or sent me a text message, and have asked me to look into it, and I've done so very quickly and gotten them responses, recognizing that, you know, we're all here because we represent Manitobans and we want for folks to have the best outcomes possible. So I welcome the critic bringing that information to my office as casework, to see how we can look into this very quickly and make sure that this is addressed.

And I would say that, you know, concerns around any delays, whether it's pathology or anything else, should always be brought forward. We want to make sure that the system is working in the best way possible. And there are some areas where we found, when issues have been brought forward, that there's a delay, that it could be some sort of a misstep or an error that can be quickly addressed, and we really want the

opportunity to be able to address those, either missteps or errors when they happen and make sure that they're rectified so they don't occur moving forward.

Other times, perhaps it's a procedural or a policy improvement that actually needs to be made, and we're happy to look at that and take those steps as well. Other times perhaps it's additional resource that's needed. And we've been very clear that our government is going to continue to invest where we need to, to make sure that there's enough health-care human resource and capacity to improve services.

And so it really helps when folks can bring those concerns directly to me. I know that in the past I've shared my direct contact with the critic. I'm happy to share it again offline, not in this committee, obviously, but off-line, if she would like to have it again, to make sure that if there is an urgent concern she can get it to me really quickly.

But we'll take that away as casework if she wants, and make sure we follow up right away. What I would say is that CancerCare has done a lot of work over the years that they've existed, but certainly more recently. I had the opportunity, actually, to attend one of their board meetings and I was surprised to learn that that was the first time in their memory that a Health Minister had ever attended a CancerCare board meeting. I thought that—that was a bit surprising. I was really happy to be there, however and connect with the entire board.

These are people—these are Manitobans who care so much for their communities, for our communities. These are people who dedicate their expertise to doing whatever they can to improve cancer care services and I know that they would also want to be aware if there are any challenges on the pathology side, and make sure that we're all working together to address it.

This is an area for us, as you know, other areas of health care where we know it's time-sensitive and time-dependant and we want to ensure we're doing everything we can to get Manitobans those reports and tests and feedback as quickly as possible.

The Chairperson: Thank you, Minister.

Mrs. Cook: I think part of the issue here is that I don't think, and I don't think that Manitobans think, that they should have to go directly to the Health Minister whenever there's a problem; that the only way to get their issues addressed is through the direct intervention of the Health Minister. That doesn't make any sense.

In the particular case that I've referenced, the individual learned that their pathology sample had been sent out of the city of Winnipeg—I'm not sure where it was sent to, but to me that points to a systemic capacity issue and I don't think that that's an isolated case. I don't think that me bringing this here to committee today is going to be the first time the minister has heard that we might have a pathology capacity issue in the province of Manitoba.

So I'm just going to once again state the question: Can the minister please indicate how many pathology vacancies there are in Shared Health and what pathology wait times are currently?

The Chairperson: Thank you, Member.

MLA Asagwara: While we continue to look for more information, I do think it's important to speak to something the critic stated.

Again, I welcome Manitobans to bring concerns forward to me. I think that's really important. I think it's important to be a Health Minister and to have a Health team that wants Manitobans to reach out should they have concerns or ideas or experiences that they think would be valuable for us to know so that maybe not only can we address their concerns in the moment and support families or individuals as they need, but so we can also take the necessary steps to improve the system.

I'm not sure the resistance on this particular item from the member to me. It might be indicative of the previous PC government's approach to health care where they didn't want people reaching out or they didn't want to hear from Manitobans.

I've been very clear that whether it's positive feedback or criticism or concerns or ideas or experiences that are positive or challenging, whatever it is, we want to hear that feedback from Manitobans. We want to know from, you know, an everyday Manitoban's in any part of this province's experience on the front lines, what that's like for them, and I want for folks to feel comfortable bringing that forward to me as the minister.

I want to thank folks who—I see people every day in our communities, be it at the grocery store, be it at sporting events, be it at the park, in the neighbourhood, you know, all kinds of circumstances where people will approach me and share their health-care experiences or ideas or thoughts, and I appreciate that. I want to be someone who is approachable to their fellow Manitobans about health care. I think that's

important, especially after seven and a half years of the opposite approach that did a lot of harm.

And so, again, I'll just say that if there are concerns that the member has or specific issues, she's always welcome to bring that forward as casework. I will always endeavour to address that very quickly and get her clarity on that and make sure that the folks who are bringing those concerns forward first and foremost that they have the information that they need in order to move forward.

I will say that, of course, you know, when folks are advocating, that can be very challenging. I want to commend this person. Despite a very challenging experience, sounds like they did advocate; they went to patient relations and brought their concerns forward and got a response. We definitely want to see that process and that experience improved. We want for folks to have improved access to the information that they need.

* (15:50)

So that's information that is good for me to hear, for us to hear, and for us to take away, and I'm hoping that the critic will be willing to provide more information so we can take a closer look at that situation and ensure that the process is improved for other folks as well.

And, again, I want to share that I hope this person's journey is seamless moving forward, and if they do have any concerns that we can help with—that I can help with—I'm happy to do so.

The member also talked about capacity challenges in the health-care system. I think it's really important for us to be clear. There are capacity challenges in the health-care system. We've never shied away from saying that. There are very real capacity challenges in health care. That is what happens when you cut capacity in the health-care system for seven and a half years. That is what happens when you fire the people who have that capacity, when you don't train people to have more capacity, when you close the infrastructure and cut the infrastructure that houses all of the human-resource capacity that our growing population, and increasingly complex health-care-needs population, should be able to access.

And so we are doing the work of adding more capacity to the health-care system. Like all Manitobans, we wish that that work were able to advance even more quickly than it is, but we're doing this in a sustainable way. We are working as quickly as we can,

and we're doing it in partnership with folks in Manitoba who understand health care.

A good example of that would be the fact that our government has money in the '25-26 budget for a new CancerCare headquarters. I bumped into a friend, actually, on the weekend, who is one year younger than I am—she's wonderful; we used to work together in youth mental-health services; she's just fantastic—and has had a really difficult cancer journey herself.

And she's now in remission, I'm thrilled it was—I was happy to see her coming from an appointment and looking great. But, you know, that's someone who, when I shared with her that we do in fact, in our budget, have dollars aside to get that CancerCare headquarters going, she was really happy to hear that, because she shared with me in that moment some improvements she would like to see to these services based on her lived experience.

And I thanked her for taking a moment to share that with me. I think that's really brave of her to do so, and I want to make sure that we're doing our part to move CancerCare to a great institution, but let's make it even better. Let's serve Manitobans in an even better way, and that's the work our government is committed to doing.

So, you know, in terms of pathology, certainly, if there are concerns there—

The Chairperson: Minister's time is expired.

Mrs. Cook: On page 42 of the supplement, one of the performance measures that's discussed is the child mortality rate, and I just noticed that it's tracked for 2022-23, and it's tracked for '23-24, but it's not tracked for 2024-25. And there's no target listed under 2025-26, which I can only assume is an oversight because I think a deliberate decision to stop tracking that number would be troubling.

So I wonder if the minister could indicate what the infant mortality rate was in 2024-25, and what the target for this performance measure, this very important performance measure, is in this fiscal year.

The Chairperson: Thank you, Member.

MLA Asagwara: Hoping to get some information on the pathology question, but in the meantime, I would like to talk—and we'll get some more information on this one as well—but in the meantime I would like to talk a bit about the fact that our government has made very clear that we want to see more children reach their 18th birthday.

This is a really—to some folks, perhaps that seems like an obvious statement or, you know, why would a government make that statement? But we make that statement as a government. We want to see more Manitoba children reach their 18th birthday because, as a government we see that as a guiding light, I suppose, something for all of us as Manitobans to unify around.

I think it's fair to say that all Manitobans would see that statement as an important and valuable statement, that we should be doing what we can to ensure that more children reach their 18th birthday. And, really, fundamentally, what that is saying is that we want all kids to live healthy, productive, safe, dignified lives, something that our government was able to do very quickly in our mandate speaks to that.

You know, health care isn't just about hospitals and services. Health care, people know, likely in this room and elsewhere, that the social determinants of health is a big part of this conversation. We really are taking an all-of-government approach to health care.

And so when we talk about health care and improving the health-care outcomes of children, we have to talk about things like education, and I hope the Chair will allow me to talk a bit about investments made not out of the Health portfolio but under the Education portfolio, and our government's investment of over \$30 million to establish a universal nutrition program, a food program for kids in schools. That's a health-care investment. That is an investment that takes those words: we want more kids to reach their 18th birthday—and puts it into real action.

Making sure that kids can go to school and focus on their studies, focus on learning and having fun with their friends and developing really important life skills versus sitting and having an empty tummy and not being able to focus, that's a big difference maker. That's an equity gap closer. That's an effort that, as a province, we should be really proud of, and I know that when I talk to Manitobans, no matter what professional field they're in, educators or health-care workers or business people, everyone's on the same page that that's the right investment to make.

And so that's certainly a concrete, tangible step that our government has taken to support that outcome, that improvement around that outcome. There are other steps that our government has taken to improve infant mortality. We stated earlier in the House today that the previous government cut women's health care. A good example would be cutting lactation consultants. We've taken a completely different approach.

We know that it is so important that women and those who have families have the tools and the resources and supports that they need to have healthy outcomes. And so our government did something rooted in evidence, rooted in science. There was an over 20—about a 20-year study that was done, because when the prenatal benefit was introduced, I believe in 2001, quickly after, years after, it was seen to make improvements, to improve the health outcomes of not only children, but also families and parents, mothers.

And after 20 years, that investment, that approach was studied, and the evidence is plain as day that the prenatal benefit improves the outcomes for babies, for children, for families, for women, for parents. And so our government, looking at that evidence made the decision to double the prenatal benefit. It's another tangible step, action that we took to support more children seeing and thriving to and beyond their 18th birthday.

We know that there's much more work to do, but there are real steps that a government can take, steps that a government should've taken years ago, but we're taking now, to move the outcomes for babies and for families in the right direction.

* (16:00)

Hoping to provide a bit more information on the question the member's asking, but I wanted to provide that context to the committee. I thought it was important.

The Chairperson: Thank you, Minister.

Mr. Trevor King (Lakeside): And I just want to switch it a bit over to Seniors and Long-Term Care here.

The budget for Seniors and Long-Term Care has remained frozen at \$19.6 million for two consecutive fiscal years here now after a dramatic reduction from \$93 million. Given the growing seniors population and increasing care needs, this is somewhat concerning.

Why has the budget for Seniors and Long-Term Care remained stagnant at \$19.6 million for two years, and how does the department justify this significant reduction from \$93 million, despite rising demand and system pressures?

The Chairperson: Thank you, Member.

MLA Asagwara: I do want to go back to the critic's question around infant mortality and just share a bit more. There's a bit more information I'm waiting for for that, but I want to talk about that a bit before I get to the member's question on seniors and the line in the

budget, which is actually pretty straightforward in terms of the—I think we actually addressed this in Estimates for '23—for '24-25, rather. I think that came up.

But in terms of infant mortality, our government has been working with various partners—CPSM, College of Physicians and Surgeons of Manitoba being one of them—to look at ways that we can do better work, more work in this space and work with our experts locally to improve the infant mortality rates, which we know in Manitoba have been disproportionately—not where they should be for quite some time. And we have to do better.

And so there are policies that we're looking at in terms of, you know, how do we keep infants safe; how do we work with families to make sure they have the education, awareness, information and the support and services to make the most informed health-care decisions for their little ones, I would say also including vaccinations.

We've been talking a lot about that lately. I want to take this moment to encourage people to get vaccinated, certainly when it comes to measles. We're seeing measles, unfortunately, make a concerning comeback, and having really, really terrible consequences as a result.

* (16:10)

And so when we're talking about infant mortality and we're talking about improving the outcomes for children, we really need to talk about some of these—what were fundamental principles that were understood, right. Vaccinations are good, improves outcomes. Vaccinations are safe and effective. And now, we're in this space of having to have these conversations again.

I think part of it is, generationally, so many of us including myself have benefitted from vaccines, that we haven't thankfully had that experience of what it's like to not have access to vaccines and seeing the really tragic outcomes of that. And so it's really important for us to engage in that conversation in a productive, safe and informed way.

I had the opportunity recently to meet with an incredible physician, scientist, expert, pediatrician, Dr. Hotez, who is a world leader, a renowned scientist; who has led the way for remarkable vaccine development—just a really incredible human being with a heart for keeping people safe and healthy—and was able to chat with him and learn a bit from his expertise and his perspective in terms of what can we do in Manitoba. What can we do in Manitoba to make

sure that communities have as much information as possible to make informed health decisions, and to mitigate that misinformation and disinformation around vaccines which is incredibly harmful, and we're seeing how destructive that disinformation and misinformation is.

So certainly governments have an important role to play, and we take that very, very seriously. I will say that some of the information I'm looking to clarify here in terms of what happened with the infant mortality data that the critic asked about. What we're seeing—and I'm going to get clarity on this—but it appears as though the approach on that was disrupted by the previous government in transformation which is very, very concerning. And I'm going to get more clarity on those details, but certainly our government is doing the work of making sure that that information is available.

In terms of it not being printed in the budget, that may have just been a miss. It should've been in the budget, but there—I think there was a bit of an error there, perhaps. But what I am really concerned about is that it may appear as though the previous government made some changes in terms of how the approach to doing the work around infant mortality was happening. But I'm going to get more clarity on that shortly.

So I hope that provides a bit more information in terms of infant mortality here in Manitoba, and the work our government is doing, knowing there's more that needs to be done. And we are going to get some clarity, as well, for the critic in terms of the numbers and the data. And in terms of who is—who sets those targets: the CPSM, great folks there, wonderful experts, really are the leaders in this work in the province. And they provide the Province guidance and they really set targets around what we should be looking to achieve and how we can get there.

And I'll speak to the other member's question about seniors shortly.

The Chairperson: Thank you, Minister.

Mr. King: I'm just seeing here that Seniors and Long-Term Care is seeing its staff drop from 15 full-time equivalents in '23-24 to eight full-time equivalents in '24-25, to seven in this year's budget.

So I'm just ask the minister, if the seniors are of such great importance to the minister—and I'm not by any way suggesting that they aren't—why has there been a consistent reduction in the staff?

The Chairperson: Thank you, Member.

MLA Asagwara: Yes, I thank the member for that question, and I appreciate the member's approach in that question. I think he knows that I do value seniors; our government certainly does.

My first—I think my first—if—unless—it's so long ago now, I may be mixing it up, was it Victoria general hospital that I first volunteered or the seniors' home in St. Norbert that I first volunteered? I'm not sure, but one of my early, early forays into health care was at a seniors' home in St. Norbert, which was an absolutely joyful experience. I had never really spent that kind of time around seniors. Grew up not having any actual grandparents in Manitoba.

And so it was really a delight to go and visit seniors regularly and learn how to play card games and bridge and things like that and hear their stories right in my own community, right in my own neighbourhood. And it really influenced the way that I think about seniors' care and personal-care homes—how I thought about it moving forward.

So to be in this role and certainly having that experience and others in health care, working in long-term-care settings and knowing and listening to folks who provide care in long-term-care settings who take that very seriously. And also, just, you know, we all have seniors in our lives who we love, in our communities. We want our communities to be a place people can age with dignity, age well, age in place if they choose.

You know, I say we all have seniors in our lives; perhaps we're seniors in this room. I don't know. I don't know people's ages off the top of my head. But we want all seniors, no matter where you are, what roles you have, to have the best lives possible. And the ways that we do that are investing.

And, again, it's—you know, it's across government we take this approach. Whether it's housing, affordability, health care, education, jobs, economy—we want to make sure that seniors can thrive in Manitoba.

And so to answer the member's question, if you actually hold up the two budgets—so '24-25, '25-26—you can actually see, kind of spells out there underneath the seniors information maybe what happened there and answers the member's question. But the structure change, right.

So the department of seniors shifted. It's now Health, Seniors and Long-Term Care. And so the staffing associated with the previous department are what folded into Health, Seniors and Long-Term Care.

So that speaks to the FTE change that the member's asking about specifically.

In terms of the funding difference, I want to reassure the member that we're only investing more dollars in seniors care. So, specifically in terms of long-term care, almost an additional \$150 million is going into long-term-care and personal-care homes. And in terms of home care, we're looking at an increase of about 90—I think it's 88–\$87.3 million for home care. So we're investing more money into services and care for seniors in this province.

Those are two specific buckets. There are additional dollars in other areas as well that we're investing.

And I think the member is well aware of the establishment of the independent office for the seniors advocate. So that is something that seniors have been asking for, for years—years and years. I know the member is well aware of that. It is something that our government committed to delivering for seniors, and we've done that. We brought forward legislation to enact that and enable that. We made sure that there were resources in the budget to support the office being established.

And I get questions from folks all the time—I'm not sure if the member does from his constituents—about how we're moving that along, and I have to remind people—I had to even remind myself in the beginning—that it's an independent office, and so that work is under way.

It is happening. There's a whole process. And if folks want to contribute their voice or have concerns, they can go to EngageMB and they can actually share their thoughts on what they'd like the independent office for the seniors advocate to look at.

There's some wonderful advocates in our communities who I've sat down with who have chatted about their thoughts on what it could look like, and I've encouraged them to bring that forward. It's a long-form submission. You can go there and you can just—you know, there's no cap on what you can share in terms of what your thoughts are and what you'd like to see.

So those are a few key areas. I hope that addresses the member's question. But I want to reassure him that there's more investments going there, not less, and that the FTE change is just related to a change in the structure.

The Chairperson: Thank you, Minister.

Mr. King: I want to thank the minister for that answer.

I just want to clarify if I'm understanding it right: that as the SLTC has been subsumed by the greater Department of Health—if I'm understanding what her answer—that some of the tasks were previously the responsibility of the SLTC are now being carried out by the Health staff in one of the other main appropriation areas and that might not be accounted for the seven full-time equivalents attributed to the Seniors and Long-Term Care.

So how many FTEs are there doing SLTC work from other appropriation areas—for example, Public Health or Performance and Oversight?

The Chairperson: Thank you, Member.

* (16:20)

MLA Asagwara: I just—I'm hoping for some clarity here. Is the member asking about what are the FTEs associated with Seniors and Long-Term Care and also Public Health, or just Seniors and Long-Term Care? Because he added Public Health at the end, and I'm not sure if he's wanting both or—yes.

The Chairperson: Thank you, Minister.

Mr. King: No, I'm—my question to the minister, honourable Chair, was just clarification on the previous question as to the appropriation of staff and where the one full-time equivalent went. I'm assuming in her answer that that full-time equivalent went—

The Chairperson: Order, please.

I would like to remind the members to use proper pronouns for their respectable members in the committee.

Mr. King: I apologize for that.

So the one full-time equivalent is now taken over by the overall Department of Health is what—I just wanted clarification on if that's what.

The Chairperson: Thank you, Member.

MLA Asagwara: I'm happy to answer the question for the member.

So the, if I'm correct, the one FTE that he's referring to was established in relation to the Stevenson initiatives in '21-22, created in 2022, and it was approved for a three-year term only. And so Treasury Board—these roles get approved at Treasury Board. Treasury Board approved it for three years. It automatically, then, gets, I guess you could say, rescinded or removed once that approval window is up by Treasury Board; it's an automatic process.

That being said, the position that was created in 2022 was actually never filled. So, under the previous administration, that role was never filled; it was actually vacant. And so even though it's an automatic process, it would've been pulled back anyway. There was nobody in that role.

The Chairperson: Thank you, Minister.

Mr. King: Thank you, Minister, for the answer to that question. It clarifies a little bit.

The Stevenson review offered critical guidance on improving long-term-care standards and outcomes. Can the minister provide a detailed update on how far along the department is in implementing the Stevenson report recommendations, and specifically, how many recommendations remain to be implemented?

The Chairperson: Thank you, Member.

* (16:30)

MLA Asagwara: The Stevenson recommendations—happy to provide an update to the member on them.

I do think it's important for us to reflect on where those recommendations come from. I think folks will remember that during the pandemic—COVID pandemic there was a really tragic situation at Maples Personal Care Home. Some folks posted on Reddit—I believe it was paramedics who posted on Reddit—that what they were seeing happen at Maples PCH was horrifying.

And what we learned after the fact was that Maples Personal Care Home had actually reached out to the previous PC government and asked for help, and they hadn't received any. The response when this became very public was fairly swift, but the damage and the tragedy had already occurred.

We saw a massive loss of life and families forever impacted by a failed approach by the previous administration in terms of keeping seniors safe. So the Stevenson report was a direct result. It came out of that, right? It came out of a real tragedy where Manitoba families were reeling and dealing with an unacceptable situation that I know still affects people to this day. I remain in contact with some families who are still affected by that circumstance to this day.

The recommendations—I believe there were 17 recommendations, 16 or 17 recommendations. I am able to share with the member that the recommendations have been actioned. All of the recommendations have been actioned and followed through on. And the one outstanding recommendation that is ongoing is the

hours per resident per day. So that target of 4.1, that work is still happening.

Our government did cement an additional \$40 million in our '25-26 budget to support that, which is a—as you can imagine—a massive investment in terms of staffing, but it's a necessary investment for personal-care-home staffing. And that's in our '25-26 budget, the \$40 million for that staffing initiative.

Much more work to do. Our government has also taken steps—I was actually just this morning at the long-term care—the Long Term & Continuing Care Association conference that's happening. So they're at the Victoria Inn, and I was really happy to go there this morning bright and early to meet with all of those folks and offer our government's greetings and just say thank you. Thank all of those folks across many different disciplines and, you know, areas of the province and actually other jurisdictions who have come together to do the work of strengthening long-term and continuing care.

And, interestingly enough, one of the allied health-care professionals who was at that conference this morning was also in the gallery this afternoon as we recognized allied health-care professionals. Goes to show you how small our city and province is and how connected we all are.

And so, the work is being done in our '25-26 budget. I think the member can see that we're making real investments in strengthening care for seniors.

The structure, in terms of how that's delivered, has changed, you know, from what it looked like under the previous government. We've got Health, Seniors, and Long-Term care as one department. We are delivering on key items for Manitobans as a result of that. So, we have, again, independent office for the seniors advocate being set up. We have increased funding for long-term care and home care. We have increased funding for services in community. We have increased dollars that are going to wonderful organizations like the Alzheimer Society of Manitoba who do just phenomenal, phenomenal work and are really great partners. So—and we're building personal-care homes. I can't believe I forgot to mention that. We're building new personal-care homes in Manitoba, and we've actually reopened 45 per cent of the personal-care-home beds that were closed under the previous administration.

So all of that to say there's still so much more work to do to make sure the needs of seniors in this province are meaningfully and adequately addressed,

and we know that. So we're going to keep working with our partners, and we're going to make sure that, beyond this budget, '26-27, we're already looking at that budget and planning and seeing what else we need to do to make sure we're moving things in the right direction.

The Chairperson: Thank you, Minister.

Mr. King: Yes, thank you for the answer, Minister.

The seniors strategy, you did receive lots of praise and positive reception across the province, and it was a groundbreaking document aimed at improving quality of life and access to services for older Manitobans. Now, where specifically in the '25-26 budget can funding for the implementation of the seniors strategy be found, and what is the total amount allocated towards that initiative?

The Chairperson: Thank you, Member.

MLA Asagwara: I apologize to the member. I am going to go back, just because I have a bit more clarity on a question that was brought forward by the critic, and then I'll return to your question about seniors, if that's all right. I just want to make sure that I cover that off.

So I—as I mentioned earlier, the critic asked the question about infant mortality and asked about, maybe there's an error in terms of it not being printed in the budget. And we have gotten clarity in terms of what's happened there. And, unfortunately, what's become very clear is that the Estimates reports for '23 and '24—so the last reported statistics—the data for infant mortality was provided; but concluded, through transformation, the previous PC government actually cut the funding for the CPSM to do that work and report on infant mortality.

So, unfortunately, in their last ever budget in government, the previous government chose to cut the funding for the CPSM, who does the work of bringing forward targets that we should be looking to achieve in terms of infant mortality and in terms of doing the work around infant mortality, which is very concerning.

And so that is why it's reported that way. It—I also want to highlight that the indicator, the information, is lagging, so it's lagging by a year, I believe. And the CPSM gathers that information; it's lagging information, though. This takes a lot of time and effort to compile that information. The CPSM does a tremendous amount of work to compile and finalize and then validate and then report the information. And so the

information for '24-25 will be reported in the '26-27 year. Again, it's a year lag.

* (16:40)

Now, it is obviously concerning that the previous government would've cut the funding for this effort. Think that everyone can agree that that's not the right approach. I do want to let folks know that our government has been working directly with the CPSM. We've been engaged in conversation with them for some time in order to re-establish the committee.

So, previously, it was the child death review committee that did that work. Our government is doing the work to establish a committee with the CPSM and partners and to make sure that the committee is fulsome and representative in a way that will allow for us to actually get even greater data-enhanced data in terms of how we do this work.

So that—we recognize it's very, very important. We look forward to the partnership with CPSM to do this work. It is—it's unfortunate that the decision was made by the previous government to cut those efforts, but we take it very seriously, and so we are going to reinstate it and make it even better than it was previously. And I want to thank our partners for being willing to work with us on that front.

We are also engaged in many other conversations with the CPSM in this area, recognizing that we want to make sure we take a culturally appropriate, sensitive and informed approach in terms of how we do this work in our province.

And, ultimately, the work the committee did previously before it was cut by the previous government was invaluable, and the work that we are going to reinstate and do with this committee, in addition to the work our government has been doing, really just speaks to, you know, what our North Star goal, and I think the North Star goal for all Manitobans, is, and that is for more children to see their 18th birthday and to live healthy, happy, productive lives.

To the member's question—now just pivoting away from that, to the member's question about seniors, I wanted to also offer to the member that, you know, our government has taken a different approach in terms of how we address the needs of seniors.

I neglected to mention previously that we are establishing the Healthy Aging Council here in Manitoba, which is bringing together a group of diverse seniors to have their voices heard and help advise myself and our government in terms of senior

issues. Looking forward to sharing more details on that. We also do have the Healthy Aging Awards coming up. Last year, that was an absolute blast, to celebrate seniors doing great things in our province.

So there's work that we're doing; there's new efforts being pulled together and historical efforts that we think are important to continue, like celebrating seniors who do good work in our province. And I'll provide a bit more information in terms of the member's question posed before shortly.

The Chairperson: Thank you, Minister.

A gentle reminder to all members to put their questions through the Chair, please.

Mr. King: Thanks for that reminder.

Honourable Chair, the minister had mentioned earlier that access to personal-care-home beds are a concern in many regions of our province, with reports of long wait-lists and regional disparities.

So, I'm just wondering, can the minister provide the number of personal-care-home beds per capita for each regional health authority, and explain how this budget addresses the current inequities in bed availability across our province?

The Chairperson: Thank you, Member.

MLA Asagwara: Appreciate the opportunity to talk a bit about personal-care homes, personal-care-home capacity in the regions.

So I do want to share with the member—and this was a question that was asked in question period by the member for Tyndall Park (MLA Lamoureux), actually, recently—question around how are decisions made in terms of where personal-care homes go, and I reassured the member for Tyndall Park that these are really clinical decisions.

And so the Interlake is a great example. So we're building the Lac du Bonnet personal-care home. I intend, myself, to maybe put up some drywall or window—whatever they allow me to put on a hard hat and wear high vis and go there and do. Putting up the sign was not enough for me; want to go further than that.

But the Interlake-Eastern Regional Health Authority actually has the fewest—out of all the regions—the fewest personal-care-home beds based on the population, which for us, made very clear that it was important we added more personal-care-home capacity. And so Lac du Bonnet is being built; Arborg is also being built. It's been made clear that, clinically, we

need to get more capacity in the Interlake in terms of those personal-care-home beds.

The Interlake also—there's a really interesting relationship with the Interlake and Winnipeg in terms of pressures on the system. And so just geographically, proximity—you know, we know that if we can alleviate some of those pressures and make sure that folks' needs are better met in the Interlake, which—really, we want to make sure everybody's needs are better met in their own communities—that we're going to bring down some of those pressures in Winnipeg, which is really important.

And so the evidence and the clinical information really helped guide us to know that establishing more PCHs in the Interlake made good sense—thankfully, right, because the folks in Lac du Bonnet have been advocating for almost three decades to have a personal-care home there and are really thrilled that they have a government that's finally delivering on that.

I think it's also important to note that, at committee, we do have a colleague here who made history, if I can just take a moment here to acknowledge, as the first woman to be elected as the MLA for Transcona. Really, really big deal. Really proud that we have these history-making MLAs, women on our team.

And, you know, what I've heard for—from the MLA for Transcona is that Park Manor, which is a place where generations of—I think it's—people say Transconians; I'm going get that wrong—generations of Transconians actually go there and live.

I had the pleasure of being at Park Manor and sitting and chatting with folks who were eager to share with me that, you know, their parent had been at Park Manor, that they are now there, they expect their other family members to go there. It was really kind of a remarkable experience and really, really heartwarming and powerful.

And it just so happens that Park Manor is also a personal-care home that has the largest proportion of multi-family rooms and spaces. Given what we've learned over the last handful of years, COVID taught us that we need to move in a different direction and make sure that we have more single rooms and different structures altogether in terms of long-term care to help people be safe and improve their outcomes.

And so our government, again, is taking a clinical approach in terms of looking at the evidence. The evidence is really informing the approach that we're taking, and I hope that provides a little bit of clarity in

terms of how the decisions are being made and have been made in terms of the PCH capacity where it is.

* (16:50)

I stated earlier and I'll say it again, that I don't know the exact number—it's either 220-something or 250-something—personal-care-home beds were closed by the previous government due to staffing and some other challenges. We've already been able to reopen 45 per cent of those closed beds. We have a target attached to this budget where we want to reopen 80 per cent of those closed beds.

Those are beds that are—that had just—it existed in personal-care homes right now, right. But being able to work directly with regional health authorities and with sites to say what do you need, you know, what have you not been getting that you need from your government in order to be able to successfully reopen those beds.

We're also looking at models of care that would allow for us to work with nurse practitioners, to see health-care aides have enhanced scopes of practice, models that we know are going to improve the health-care experience and outcomes of residents in personal-care homes. We're doing that work of listening to the front lines and enhancing services in PCHs across the province.

The Chairperson: Thank you, Minister.

Mr. King: I want to thank the minister for totally not answering that question, but I'll just move on to the next one, seeing as how I don't have much time here.

Just with the announcements of your new PCH developments, I think it's crucial to Manitobans to understand how public dollars are being allocated, and whether those investments reflect cost efficiency and quality care.

So what is the estimated cost per new personal-care-home bed under this year's budget, and how does that compare to previous years' capital and operational expenditures for similar developments?

The Chairperson: Thank you, Member.

MLA Asagwara: I thank the member for that question. I thought I did answer the previous question pretty well; I'm sorry that we don't see eye to eye on that point, but I will endeavour to provide more clarity in these responses to the member.

So to answer his question about the cost per bed, I do want to make sure that I respect the tendering process. There's a process under way right now to get

all the construction and everything lined up in terms of getting these builds fully completed, and I want to honour that process. What I can assure that member is that once the builds are completed we'll have full, and Manitobans will have full transparency on the cost breakdown.

So, you know, we've talked about, broadly, the costs per build. We've shared that very openly with the public, but what we will do after the fact is certainly provide full accounting in terms of the dollars attached to that build and how it came together for that member and for all Manitobans. Think that that's a reasonable question for Manitobans to have, and we're happy to provide that after, once the process is, of course, completed.

What I will say is that certainly, the cost to build the personal-care homes now is greater than it was during the years that the PCs did not build a personal-care home or deliver on the promise of establishing—building the Lac du Bonnet personal-care home. That would've been a much more affordable project to deliver on years ago. And so we are delivering on that for Manitobans, and we do look forward to providing details around those costs in future when it's completed.

I do want to also share with the member some information in terms of what our government is investing in. So, in the '24-25 budget, the seniors strategy funding was around \$12 million. Seniors-related initiatives now, in our '25-26 budget, are over 17—close to \$18 million. So a significant increase in seniors-specific initiatives. And I just want to share with the member some of what those initiatives look like. Some are continuing from previously and some are brand new.

So we have the—let's go up here—we've got the safe and healthy home seniors' program, which is helping Manitobans age in their homes safely. It's a process that allows for folks to apply or their family members can apply for different equipment or items they need to age safely in place in their homes and community.

Got the hearing aid grant program. We have the wonderful Over the Rainbow program through the Rainbow Resource Centre, which we are very, very proud to support. The Seniors Guide, through United Way. We've got investments in supports for senior elder abuse services; I'm sure we can all agree it's a very important area to invest in. We want to make sure that we're supporting strategies that keep seniors safe and mitigate elder abuse.

We've also got investments in Age-Friendly Manitoba, A&O services. I know folks are probably very familiar with these folks in our communities. We've expanded age-friendly communities, which is really, really exciting; lots of rural municipalities really benefit from this initiative, doing the work of creating age-friendly communities and really taking that initiative upon themselves. And so we think it's a great idea, it's a great effort, and so we've actually expanded it so that more communities can benefit and get involved.

Very, very happy to support the Fédération des aînés franco-manitobains. And I want to say a huge thank you to these folks. The francophone community has been absolutely wonderful to sit down and have great conversation with and partner with to strengthen services for seniors in the francophone community.

And they've got some really wonderful, creative ideas about how we can get that work done in partnership. I want to commend them for their efforts to work with Canada—the federal government—and I sincerely hope that with the newly announced Cabinet and the new federal Health Minister, who I welcome to her role and I cannot wait to sit down and have a conversation with, that they'll continue to have those strong partnerships benefiting the francophone senior community.

There's other initiatives, like the Good Neighbours Active Living Centre that we're funding, Indigenous Seniors Resource Centre and, as I mentioned before, Alzheimer Society of Manitoba.

And so, again, to make very clear, the funding was about \$12 million; now it's almost \$18 million in our '25-26 budget.

I think the member would agree that our government making more investments in the well-being and lives of seniors is the right approach to take. I'm sure the member would also, perhaps, agree that building personal-care homes and delivering on that is the right approach to take.

So we're going to continue to do that good work. I'm always happy to answer questions when it comes to seniors and—

The Chairperson: Order, please.

The hour being 5 p.m., committee rise.

ROOM 255

PUBLIC SERVICE DELIVERY

* (14:50)

The Chairperson (Rachelle Schott): Will the Committee of Supply please come to order.

This section of the Committee of Supply will now consider the Estimates of the Department of Public Service Delivery.

Does the honourable minister have an opening statement?

Hon. Mintu Sandhu (Minister of Public Service Delivery): Yes, I do.

Good afternoon, everyone. Before I provide the 2025-26 budget highlight for the Public Service Delivery, I want to thank my staff for their efforts and hard work during the 2025-2026 budgeting process. I am incredibly proud to be part of the government that is committed to building one Manitoba.

From day one, our government has focused on bringing Manitobans together. Now, more than ever, being one Manitoba is crucial. We have been listening to Manitobans and we have heard them loud and clear: they want action on affordability, on health care, on education and our—and on protecting our economy from forces outside our borders that threaten jobs, supply chains and our local economy.

That's why our government is taking bold action. We are building a Trump-proof economy; one that protects Manitoba jobs, strengthening our industries and puts Manitobans first. Our government is standing up for workers, businesses and our economy.

We are standing up for Manitobans. We are standing up for Canadians. With Bill 42, we are putting Manitoba and Canada first, requiring public procurement to prioritize Canada-made goods and services.

My department, Public Service Delivery, serves as a central service delivery organization that supports many departments within the Manitoba government.

We are responsible for managing government's vertical and underground capital infrastructure through capital planning, project delivery and asset management, modernizing centralized government services, including procurement and providing front-line services to Manitobans through our Consumer Protection Division program.

We are being—administer key legislative—legislation, resolve disputes and ensure fair practices across various

sectors. The department also investigates, mediates and adjudicates disputes between tenants and landlords through the Residential Tenancies Branch and the Residential Tenancies Commission.

We assist complainants in appealing internal review office decisions of the Manitoba Public Insurance Corporation through an Automobile Injury Compensation Appeal Commission.

We administer beaverment legislation, we oversee land titles and personal property registrars and we are—and we register life events, issue of various—variety of foundational certification—certificates including work, marriage, death certificates through the Vital Statistics Branch, which I am proud that we have re-staffed after the former government's cuts.

Our government has committed to maintaining capital investments within a balanced budget.

* (15:00)

I'm incredibly proud of the Budget 2025 that our Minister of Finance (MLA Sala) has introduced and truly reflects our government's commitment to building Manitoba.

This is a historic budget, investing a record-breaking \$3.7 billion in capital projects. That means more jobs, better infrastructure and stronger economy for our province. We are going to build, build, build.

As centralized capital project delivery is agent for eight client departments, PSD will work with our colleagues to plan and deliver on the following capital projects: building 11 new schools so kids get the attention they need to learn; building more affordable and social housing to end chronic homelessness—homelessness; building Dauphin Centre for Justice, a facility that will be tailored to the needs of the community.

My PSD team and I are working across government to deliver on our commitment.

We have invested \$105.4 million for PSD's capital projects in 2025-2026. The majority of these funds are directed to projects in asset management, fleet management services, for a motor vehicle and equipment management agency.

Our capital investments reflect items from our mandate letter and include the following highlights: continue to build and maintain over 340 government buildings to ensure they are safe and functional for occupants and public; and restoring and preserving updating the Legislative Building.

Recently, we have invested \$1.1 million to establish the base operating funding for Manitoba emergency response warehouse in our procurement and supply chain area. This will ensure an adequate supply of equipment to protect our front-line workers and all Manitobans.

PSD will remain dedicated in effort to make a better life for all Manitobans by delivering capital priorities and programs within a balanced budget and ensure Manitobans are supported with fair, transparent and efficient services.

I'm so proud to be part of the government that is bringing people together, not dividing them—a government that builds, not cuts; that hires, not fires. And I look forward to the work we are doing to implement Budget 2025 and building one Manitoba for our future generations.

Thank you, honourable Chair.

The Chairperson: We thank the minister for those comments.

Does the critic of the official opposition have an opening statement?

Mr. Josh Guenter (Borderland): I just want to say I'm glad to be here, glad to be able to have the opportunity to ask the minister and department staff through the minister questions of the Department of Public Service Delivery, which is an important department.

I recall working with a colleague who was the minister for consumer protection and government services as it was then called, and he said that it's the department that's responsible for everything and gets none of the credit, so it's an important department.

So, I'm glad to be here and to have the opportunity to ask some questions and look forward to the next couple of hours.

Thank you.

The Chairperson: We thank the member.

Under Manitoba practice, debate on the minister's salary is the last item considered for a department and the Committee of Supply. Accordingly, we shall now defer consideration of line item 8.1.(a) contained in resolution 8.1.

At this time, we invite the minister's staff to join us at the table and we ask that the minister introduce the staff in attendance.

MLA Sandhu: Yes, I have with me Deputy Minister Joseph Dunford; Financial and Strategic Management

Division assistant deputy minister, Jason Perez; Consumer Protection assistant deputy minister, Kathryn Durkin-Chudd, and I have here my DOMA, Julia Antonyshyn.

The Chairperson: We thank the minister.

According to our rule 78(16), during the consideration of departmental Estimates, questioning for each department shall proceed in a global manner, with questions put separately on all resolutions once the official opposition critic indicates that questioning has concluded.

The floor is now open for questions.

Mr. Guenter: I'd like to ask the minister, what political staff work out of the minister's office or within his purview?

MLA Sandhu: I have two staff members, political staff members, one executive assistant, Deepmala Sahu, and the second one is director of ministerial affairs, Julia Antonyshyn.

Mr. Guenter: I thank the minister for that.

I'm wondering if I can get a breakdown of their salaries as well as what pay scale they are on.

* (15:10)

MLA Sandhu: So the first one is Julia Antonyshyn, is appointed to the position of director of ministerial affairs within the classification of senior officer 7, within the salary range of \$130,198 to \$156,562 per year, effective April—sorry, no—and, where applicable, a long-service step to \$159,683. Starting salary is \$130,198, effective April 2, 2024, with a term and conditions set out in an employment agreement.

Second one is Deepmala Sahu, is appointed to a position of executive assistant within the classification of executive assistant to the minister within the salary range of \$62,162 to \$74,253 per year and, where applicable, a long-service step to \$75,766. The starting salary is \$64,021, effective October 18, 2023, with a term and conditions as set out in an employment agreement.

Mr. Guenter: Does the minister have any staff who are on secondment?

MLA Sandhu: Can the member clarify what he was asking for?

Mr. Guenter: Just wondering about staff who have possibly—or if there are any who have been deployed to work in other offices or in other positions within government.

MLA Sandhu: There are no secondments of political staff in my department.

Mr. Guenter: Sure. I thank the minister for that.

Can the minister explain the duties of their political staff?

* (15:20)

MLA Sandhu: My political staff support me in many capacities. For example, accompanying me to the events, review correspondence, attend meetings and communicate with the stakeholders. Most importantly, they help me to deliver on the mandate given to me by the Premier (Mr. Kinew).

This includes building schools. You know, we will be building 11 new schools this year. I'd really love to find out where those schools will be going. Devonshire Park, Brady Point, Meadowlands, Brandon West, a new French school in Brandon, Ste. Anne's regional high school, Bridgwater Lakes school, Neepawa regional high school, Highland Pointe school, Winnipeg northwest high school, a new French school in Winnipeg.

And we are also building—this year spending \$3.7 billion on our capital. We build—will be building new personal-care homes.

So this is a part of where the—my political staff usually help me with this.

Thank you.

Mr. Guenter: Are there any staff within the minister's department who have taken severance, and what are—within the last year—and what are the severance terms?

* (15:30)

MLA Sandhu: Can the member be more specific? Are you—are the member referring to executive level services? What year of services is overall in the—in our department?

Mr. Guenter: Sure. Just broadly, within the department, is there anyone that has been, I guess, fired or laid off, who's taken severance?

MLA Sandhu: In my department, Public Service Delivery, we had 911 staff members. Government has a regular staff turnover. Any servants that was that—servants—are those that has left would be delivered through their collective agreement that is with the Public Service Delivery—public—sorry—Public Service Commission.

So this is, again, 911 staff members, and we have agreement with the unions, so any person that is leaving the job or being let go, we are following collective agreement with that member and with that union through Public Service Commission.

Mr. Guenter: What is the current status of the VEMA fleet, and how does it compare to inventory counts from two years ago and five years ago?

* (15:40)

MLA Sandhu: In 2023 we had 2,614 people and in 2025 we have 2,600. Those are light-duty vehicles.

Mr. Guenter: I think I heard the minister say those are light-duty vehicles.

I guess, is—I'd like to get a breakdown, if I could, of ambulances, trucks, graders, passenger vehicles, and how many of those are rental vehicles, if any?

* (15:50)

MLA Sandhu: So the question that the member asked: there are 2,600 light-duty vehicles. Out of that, 1,200—sorry—1,400 are trucks, and all others are 1,200 vehicles. And on top of 2,600 light-duty vehicles, we have 204 ambulances.

Mr. Guenter: Moving on to procurement, I'm curious: What is the criteria, the formula, for procurement? What, I guess, criteria does the government use when undertaking procurement? Is there some sort of a points—how are the points allocated, so and so forth?

* (16:00)

MLA Sandhu: We have a number of different tools when procuring a—goods and services such as the lowest price tender, request of petitions, request of proposals for the RFP. We'll ask for a mix of technical plus pricing, technical determined by subject matter, export requirement, totals for technical plus pricing, return by outcome.

Mr. Guenter: Has the department undertaken any policy changes with regard to buy Canadian? There's a legislation that came forward; of course, being in the middle of a trade war, tariff uncertainty, so, on one day, off the next, but at the end of the day it's the uncertainty that's crippling, and I think brought into focus the importance of supporting local businesses and local enterprise.

And is there—what steps has the department taken to buy Canadian and buy Manitoban? And is—are—can the minister provide any tangible examples?

* (16:10)

MLA Sandhu: Canada and Manitoba are navigating an increasingly complex trade landscape at the United States-imposed tariffs on Canadian products. In this evolving environment, Manitoba has a strategic opportunity to 'bolster' its economic adaptability by diversifying its supply base, introducing vulnerabilities associated with over-reliance on any single market.

In the line with the measure proposed by Canada and other jurisdictions and within trade agreement obligations, Manitoba planned to leverage procurement to increase participation of Canadian and Manitoban businesses and diversify existing supplier bases.

Manitoba is a signatory to various domestic and international trade agreements. The government of Manitoba is working closely with the federal government and other provinces and territories on a common objective.

In response to unjustified tariffs imposed on Canada by the US government, Manitoba is implementing a strategic measure to reduce reliance on US supplies. Bill 42 will enable the development of long-term and prior government policy that will increase the participation of Canadian and Manitoban businesses and public of procurement while ensuring a productive and fair collect—collaboration with other trade partners who are also respect trade agreements with the Canadian sovereignty.

Reducing—reduced over-reliance on any single market while posturing a broader, more competitive supply base that ensures supply chain stability.

Our government is already using preference clauses to support Canadian companies in procurement. More to come once the Bill 42 passes. So I hope the member will support the bill, and as we have also seen, member was kind of really want to align Canada to become the 51st state, which will—never going to happen.

And member from Midland liked our budget so much, but she has only one concern. You know what, she was really, like, worried about why Elon Musk wasn't really getting the rebate on EVs.

And of course, their new leader thanked Donald Trump for putting a tariff on Canadians that's hurting our economy and that's, you know, affecting Manitoban jobs. But we will always stand with Manitoba companies; we will always stand with Manitoba workers.

Yes, thank you.

The Chairperson: Before acknowledging the next member, just a reminder that we are not to speak about legislation currently before the House here in Estimates.

Mr. Guenter: The only members of the Manitoba Legislature that have given government contracts to American companies in the middle of a trade war are the members of the NDP government, so that's hugely concerning. And perhaps—perhaps—there's something going on there.

It's unfortunate, as well, that there is a delay in implementing a buy Canadian policy, for whatever reason.

But—and I was concerned in the minister's remarks that his remarks are more anti-American than they are about, you know, pro-Canada, buy Canada. You know, China has implemented broadened tariffs on Canada that have devastated and are devastating Manitoba's agricultural industry. You know, I think our focus should be—the government's focus—and all across Canada, I think there's an expectation that governments, as Canadians are, support local, support Canadian and buy Canadian. So I think it's important to set that on the record.

I'm wondering if the minister could talk about the procurement modernization project that the department is undertaking or at least is mentioned on page 8. Where—what is the status of that modernization? Where is the department at?

* (16:20)

MLA Sandhu: Our procurement and supply chain is implementing 5i Category Management in collaboration with the public—with the broader public sector. The division also recently implemented REBA, a new software which enables end-to-end management of the procurement process, including the necessary approvals.

The PSE recently introduced a new Procurement Administration Manual. This was the first major update in 26 years. The new PAM enables modernized procurement process, compliance, improved operational efficiency.

Mr. Guenter: I have the unique opportunity here to ask a very important question, and that is: Can the minister tell us when will the Manitoba Legislative Building receive air conditioning?

* (16:30)

MLA Sandhu: Thank you—the member for that question.

And I think member is really looking forward to having a little bit of cooler air in this building. We have a really good breeze coming in right now, and

it's only 33° plus, I think, today, so it's—[interjection] 37°? It's 37°, not bad.

Well, we are currently undergoing a master planning exercise for the Legislature Building, which will look at all of the building's systems for the people's building. You know what, as Premier (Mr. Kinew) has said so many times, this is the people's building. Our priority is always keeping the people's building up to date, you know, and for generations to come.

So we are investing \$10 million, and you probably see on this side of the building, so that's \$10 million under the legislation that—where we are spending on the building.

But our also No. 1 priority is—you know, it's maybe a little bit uncomfortable for us to sit here, but our priorities are always Manitobans. We want to spend—we are—that's why we are spending historic \$3.7 billion on our capital plan, creating over 17,000 jobs, increasing business by \$1.3 billion, increasing our GDP by \$2.3 billion.

And we are building 11 new schools and Seven Oaks School Division here in our neighbourhood are getting three new schools.

Shovels in the ground for Victoria ER, which is very, very important. Under the previous government they cut—closed that ER, and not only that ER, but also at Seven Oaks, which is also in our neighbourhood in north-west Winnipeg.

And, you know, it's not only people from that part of the town were coming to the hospital; they were pretty much coming from, like, outside the city, and those services were gone. I still remember when I was in opposition, and I still remember asking the minister about cutting the health-care services in northwest Winnipeg. All I heard is, no, we didn't close anything. Well, I even offered them a ride to the Seven Oaks hospital to show them the exactly where Seven Oaks hospital is, or even where northwest Winnipeg is.

And this is where Kildonan-River East riding is, where McPhillips riding is, where The Maples is, where the Burrows is. You know, those ridings are—got really affected by the health-care closers.

So again, we will always prioritize Manitobans. That's our No. 1 priority, and as you probably have heard from the Premier, this is people's building. We will always invest in people's building as well, so make sure they enjoy coming to this building.

Thank you.

* (16:40)

Mr. Guenter: I'll turn the floor over to my colleague, the member for Riding Mountain, for a question.

An Honourable Member: Thank you to my colleague for Borderland, and thank you, Chair, for recognizing me.

While we're talking about buildings here, I'd like to ask the minister a question about office space in the building. I think—I hope the minister's aware that we played musical chairs with—

The Chairperson: Sorry to interrupt you. Apparently, Hansard didn't hear the recognition, so the honourable member for Riding Mountain.

Mr. Greg Nesbitt (Riding Mountain): Thank you, Chair, and I'd like to thank my colleague from Borderland for letting me ask this question today.

I would like to ask the minister about another question about the building in here—building here as it relates to office space. I hope the minister's aware that last fall we played musical chairs in the PC caucus with offices in this building. We were told one thing by the NDP caucus chair in terms to move into an office bank. When we moved, we were told another, and we were forced to move back again to offices that we were told we were exiting. Anyways, that's a long story, but—so we moved back to the offices like we were told.

Now, I appreciate the minister saying this is the people's building, but I would suggest that without 57 MLAs, this building wouldn't exist. The sole reason for this building is to house government and elected officials from across the province. We have a situation where we have one MLA in our caucus that does not have an office with four walls and a door. I'd just like to ask the minister if he would consult with his officials here and see if he thinks that that is the way any MLA that was elected by the citizens of Manitoba should be treated and if he would take immediate action to correct that issue.

* (16:50)

MLA Sandhu: I would like to thank the staff in the department who work hard to manage the building. This is the people's building. It belongs to all Manitobans. I enjoyed welcoming Manitobans here for many events, and I invite Manitobans to please come visit the building any time. As I was speaking at the Turban Day event, this is the people's building; they're welcome any time to this building.

And it feels so good when we see 300, 400 people in the building, enjoying, you know, and learning—

especially, when I came from India, I never visited this building before.

So this is a beautiful building, and there's so many other people that are coming—newcomers to Canada that really don't know if they can—able to access this building, because back home, you are not even allowed to come close to the building.

So this is a really, really great opportunity for all newcomers to come visit the people's building. And the Premier (Mr. Kinew) has said in mandate letter, we want to make sure this is a welcoming place to everyone, from all backgrounds.

The question clearly shows the priority of the member—that side of the House.

On this side of the House, we are focused on making life better for Manitobans. Serving the people of the province is a sacred duty that I take very seriously. Manitobans can count on our team to focus on what matters.

I will also like to let the member know—I want to thank the member for their concern. You know, as we have stated and even previously, we were doing a throne speech, and, I guess, the member opposite—their priorities was, again, their office space for themselves, you know. And it wasn't—they have raising the concern of Manitobans; they were raising about themselves. So, you know, those entitlements, I guess.

The current space allocation is fair; however, we are aware that the building personally needs retro—refresh. We will take this into consideration as we are looking—executing our minor renovation into coming months.

Mr. Nesbitt: While I thank the minister for his comments, and I appreciate everything he said, my question concerned does he believe that every elected MLA in the building should have a private office, with four walls and a door, so they can conduct private business with their constituents? That was my question. Didn't really hear an answer to that, except that perhaps they're going to refresh the building in the future.

So, again, I'll just leave that for now and hopefully the minister can perhaps talk to his department about that, about installing a wall and a door to ensure our one MLA without a private office has one.

So my other question, I guess, is: Can the minister tell us if any new branches or departments moved into the Legislative Building following the election in 2023? And if so, has that put a real crimp on the office space that's available and trickled down to the fact that we

now have MLAs without private offices, where there's new branches and departments in this building.

So I guess my question then is: Is there any new branches or departments in this building since the election of 2023?

Due to 'kime'—time constraints, if the minister can't come up with an answer today, could the minister endeavour to take it under advisement—my question under advisement?

The Chairperson: The hour being 5 o'clock, will the committee rise?

CHAMBER

HOUSING, ADDICTIONS AND HOMELESSNESS

* (15:10)

The Chairperson (Tyler Blashko): Will the Committee of Supply please come to order.

This section of the Committee of Supply will now resume consideration of the Estimates for the Department of Housing, Addictions and Homelessness.

At this time, we invite ministerial and opposition staff to enter the Chamber.

Could the minister introduce her staff in attendance?

Hon. Bernadette Smith (Minister of Housing, Addictions and Homelessness): So to my left here, we have our amazing Deputy Minister Charlene Paquin; directly in front of me, we have our Director of Ministerial Affairs Carolina Stecher and then, to my left, our amazing ADM of Housing Carolyn Ryan.

The Chairperson: Thank you for that.

Would the critic like to introduce her staff in attendance?

Mrs. Carrie Hiebert (Morden-Winkler): Yes, I would like to introduce Mark Stewart as my—he is the director of issues management, and he is originally from my area of southern Manitoba, a little community called Manitou. So I'm happy to have you here today with me, Mark.

Thanks.

The Chairperson: Thank you for that.

As per subrule 77(15), questioning for this department will proceed in a global manner.

The floor is now open for questions.

Mrs. Hiebert: As the Progressive Conservative opposition critic for mental health, it's my role to hold government accountable and ensure that mental health, addictions and housing supports remain a priority for our province's—the people of our province, and to make sure that the Province's policies and spending decisions are done accordingly to those what—that need those services.

I work closely with front-line workers, community leaders and families to understand the real-world challenges people are facing across Manitoba. From urban centres to rural and northern communities, my job is to listen, to advocate and to push for improvements in access, quality and support for services.

That means scrutinizing the government's decisions, questioning gaps in care and bringing forward the voices of those who are often overlooked. It also means working across party lines when needed because mental health, addictions and homelessness should never be a partisan issue. We all should have the same goal.

I bring concerns to the Legislature, propose solutions and challenge the government to do better, whether it's ensuring timely access to care, advocating for increased funding for programs, expanding community-based supports, addressing youth and Indigenous mental health needs or supporting the well-being of those working in the front lines in addictions. All of these are so important, and it's my position as the critic to make sure that I take my job seriously, and I do that, deputy Speaker.

Ultimately, my goal is to help build a system that's more responsive, more equitable and more compassionate for all Manitobans.

I will continue to ask important questions because Manitobans want to know information from this minister. And I would ask that the minister would take time to answer my questions, and I'm looking forward to having good—a good back and forth today as we sit and we talk about the different—the portfolios that her and I both work together.

So my question—my first question would be for the minister in regards to access to RAAM clinics in Winnipeg. Can the minister please tell me what is the current waiting time for access to a RAAM clinic in Winnipeg?

* (15:20)

Ms. Smith: I thank the member for that question.

So I just want to highlight that we have increased our addictions and mental health budget by \$8 million

this year, which is a historic investment. And, you know, this is a priority for our department, a priority for our government, which is why this department was created.

We know that folks are experiencing mental health, addictions and need stability in housing, which is why we launched Your Way Home, which is why we are working across departments and working with service delivery organizations.

We've heard from folks who are experiencing, whether it's substance use disorders or mental health issues, or whether they need stable housing. And we've been listening and certainly have come to the table and come with a plan and been supporting them.

So to the member's question, there's been a 90 per cent decrease in the number of patients that have been turned away due to capacity issues from April 2024 to March 2025. And I just want to uplift and really, you know, honour and just—I can't say how much we appreciate the work that these folks are doing on the front lines, the heavy lifting that they're doing each and every day to support our relatives who need these supports.

We opened up the first ever Indigenous-led RAAM clinic. We've increased their funding by \$1.4 million this year to increase capacity, because we know that there's more folks that need the support.

We also invested in the digital RAAM front door, which supports folks no matter where they're at in the province, they can get support, RAAM support, and we are continuing to put services into the system.

For far too long, the previous failed government didn't invest enough to meet the demand that we've seen from folks, whether it was folks in encampments, whether it was folks in shelters, whether it was folks that were experiencing addictions in their homes, you know, isolated during the pandemic without supports.

Whether it was the stigmatism that we see coming from members across the way when they talk about this crack commando committee that is supporting and helping folks in Swan River, helping to support folks to—whether it's stopping the spread of STBBIs, or whether it's to ensure that people are staying alive in the what—in that region, but these are folks that are doing heart work. They are doing some heavy lifting.

* (15:30)

And for members off—opposite to, you know, continue to stigmatize folks who are suffering and need support and need a government that is going to really

come from a non-judgemental place and offer that support and really come from a place that is saying to them that there is hope, that we believe in you, that we are going to provide the support regardless of where you're at in your journey.

Whether you're a user and you're ready to go to treatment or not, we're going to support you in that journey, which is why we're listening to the experts who have told us that we need to open up a supervised consumption site in this province. And the supervised consumption site will have a RAAM clinic in the supervised consumption site. It will have primary health care; it will have mental health workers; it will have housing-first workers who can stabilize folks, and certainly there will be paths for folks to get into treatment from the supervised consumption site.

So when members opposite are talking about, you know, treatment and recovery, absolutely we need that, but we need a balanced approach. We have to keep people alive in order to get them the supports that they need.

And, you know, RAAM clinic is one part of it, but also supporting and meeting people where they're at and taking a non-judgmental approach and providing the supports is our government's responsibility, and that's exactly what, on this side of the House, we're doing.

Mrs. Hiebert: That wasn't really the question that I had asked about. I had asked about wait-time lengths, and just—our province addiction services are woefully inadequate. Manitoba's seen a dramatic rise in substance use disorders, yet access to treatment remains limited and almost non-existent in some areas of the province.

While jurisdictions across Canada have expanded detox centres and recovery programs, Manitoba lags behind. This is a problem; this is something we need to really—we need to realize that we need to get on board here and start giving people the services for treatment and recovery.

We need to—we need approaches that—you have little approaches that do little address the root causes of addiction with the mental health side of it. Individuals seeking help often face month-long wait times, can't wait, which can be the difference between recovery and tragedy.

The government's failure to expand accessible evidence-based treatment options is costing lives, and this is tragic for me. And, yes, we need—we have front-line workers that are reaching out and telling me

that they need more support in addiction treatment and recovery facilities such as RAAM clinics and other organizations, too.

And it's unfortunate that we're not spending—or, the government's not spending money on those, but just on the—in drug injection sites. And it's difficult to say when the minister says balance, \$8 million, and six of that is going to a site for—a drug site. And then we have another \$1.5 million that's going to actual recovery and treatment. So she brought up the amount of dollars and that's disappointing because we need—like she said, we need balance, and I don't think that's balance.

So I'm going to ask the question: Specifically, how many beds have been opened in RAAM clinics or other treatment beds, specifically in medical health-care facilities? Any treatment beds other than the Indigenous-led RAAM clinic that the PCs had already gotten started that she cut the ribbon on?

I'm just wondering, like, what has she—what has the minister done to increase beds for mental health and for addictions? Specifically addictions; sorry.

Ms. Smith: Again, I just want to reiterate what the opposition leader's committed to, and that's language. And language does matter. And, again, stigmatizing folks who are in their substance use disorder.

This is a health issue. This is—you're making a judgment against folks, and not everyone that is struggling with a substance use is, you know, struggling—using injection drugs.

So when that member continues to use this rhetoric—drug injection site—it's really stigmatizing to folks that are struggling in our province, and, you know, that member should apologize to those folks. That member heard yesterday, clearly, that their leader is committed to using the proper language, which experts have used and have said it's a supervised consumption site.

These folks that come there are being supervised to use their drug of choice so that their lives are saved. Whether that's inhalants, or injection, there's many different modalities. It's not just injection. So I want to correct the member on that and I would hope that that member would use the proper language and not make these judgments about—because when you use rhetoric like that, it's really demeaning to those folks and it's hurtful, quite frankly, and it makes a judgment towards those folks that are experiencing this.

And we as the government, as an MLA—and I'm sure there's folks in your constituency that are

experiencing this that need the support, that need your support, that would not—would appreciate you not using that type of language.

The Chairperson: I'll invite the minister to direct comments through the Chair.

Ms. Smith: So, through the Chair, I would ask, you know, that the member across the way to apologize, use the proper language as their leader had committed to, which is supervised consumption site. These are folks that are Manitobans, they're our relatives; they deserve the respect of our government and they need to be treated with the respect that any other Manitoban would want to be treated with.

We have the responsibility to provide the supports that we've come here to commit to and we're—you know, we came into government with a \$2-billion deficit. We came into government for seven and a half years from a previous government who didn't take a harm reduction approach, and that has left us playing catch-up, quite frankly.

And since we've come into government, we've done nothing but put services into the system. We've worked with service providers. We've listened to them. We've created a strategy, Your Way Home, to meet people where they're at, to support people right in their homes. We visited Houston. We've learned about their strategy in terms of helping to end homelessness.

But we've also taken what best practices have been in Manitoba to support Manitobans and, frankly, service providers have told us that best practices are to support these folks in their homes with their mental health and addictions, and that's exactly what we're doing.

So we are meeting people where they're at, providing them the supports right in their very homes, right in the places where members opposite were selling under their feet and creating homelessness, right in the very places where they were boarding up.

We're not going to take that approach. We're going to continue to support, stabilize, provide the wrap-around supports that these folks need. We're going to continue to work collaboratively with—whether it's municipalities, whether it's mayors and reeves, whether it's with city councillors. We're working with everyone because it's for the betterment of our province. It's a better—for the betterment of our citizens here of Manitoba, and we want to ensure that everyone's doing well, because we're not doing well unless everyone's doing well.

And Manitobans have stepped up and they said: No longer do we want to continue the way that we were doing under the former government. We want to provide the supports that Manitobans deserve, and we're going to continue to do that.

* (15:40)

Mrs. Hiebert: It's time for this government to move beyond empty rhetoric and take meaningful, measurable action. The people of Manitoba deserve better than this—than band-aid solutions, underfunded programs and political posturing.

I'm disappointed. I'm here to talk and discuss treatment and recovery for people in our province who desperately want it and need it. For parents and mothers who desperately need it for their children. And they deserve to—they deserve some answers from the minister in charge of this portfolio.

I—my question would be—again, I'm going to repeat the same question I just asked: How many treatment beds have been opened up in RAAM clinics in the last—since this government has been in power, in Winnipeg?

Ms. Smith: I just want to let the member know that \$67 million is being invested into addictions services. We are continuing to put services into the system.

So our total operating expenditure budget is \$733,000,965. That's an increase of \$57,000,691. That's an 8.5 per cent increase overall.

When, you know, the former cold, callous PC government was in government, they were cutting, slashing, selling. They weren't investing in social, affordable, harm reduction, mental health programs to support those who were struggling.

So, you know, for members opposite to now come to the table and say: Oh, what are you doing to support these folks? Well, \$67 million is what we are doing. We are continuing to put services into the system.

You know, so I'll ask the members opposite, through the Chair, when that member was at the consultation—and again, when they were in government, they had the opportunity to support and meet people where they're at. They had the opportunity to open up a supervised consumption site, which would have saved Manitobans' lives.

Mothers were in this building begging—begging—the PCs at the time to open up a supervised consumption site. I remember Moms Stop the Harm coming to this building and asking, begging the former

PC government to do something about addictions, to take a harm reduction approach, to support a supervised consumption site.

I remember experts, you know, letting—giving a report to the former premier at the time, Pallister, who was, oh, very cold and had this mentality of just pick up your bootstraps. And I think that this—members opposite have not changed their tune on this, that they think that people can just—can go to treatment.

Not everybody's at that place. Some people need to meet someone, develop a relationship, to have someone to build trusting relationships with, and then have hope and walk alongside them, and then they'll go to treatment and recovery. And that's exactly the type of system that we're trying to build.

A supervised consumption site could have been built in this province years ago. Did the former government, you know, even take steps? Did they even listen to the experts? There was no movement on that. Instead, they threw a report on the floor. Shame on them.

So I think that, you know, members opposite haven't moved anywhere on that because they still seem to toe the line of, supervised consumption sites are enabling; they're not—people should just be able to pull their bootstraps up and meet—and go to treatment. Not everybody's there.

And what I will say to the members opposite is: we are investing \$67 million; we have reduced the capacity of it by 90 per cent in RAAM clinics; we have invested \$1.4 million more; we have opened the digital front door for RAAM so that people can get the supports where they need anywhere in the province.

We've hired more psychiatrists and psychologists, we've invested \$1 million into provincial drug-checking machines, we've—\$1 million for expanded stabilization and withdrawal management options. And we've—the \$1.5 million that the member across the way is referring to for the Anne Oake recovery centre, that is above and beyond the \$733.965 million that we are investing.

The minister from—for Families is investing \$1 million from the Mino'Ayaawag Ikwewag strategy, which is the empowerment to help end gender-based violence in this province. And, you know, I would encourage members opposite to get on board and support, instead of coming from this place of divisiveness.

Mrs. Hiebert: I've asked, like, the same question three times and the minister doesn't, I think, know the answer

to know—to let me know how many—currently how many new beds they've opened up for treatment in the last year and a half since they've been in government.

Perhaps the minister can tell me how many they anticipate opening up in the next fiscal year? What is her goal?

Ms. Smith: And again, what I will say to that member is Your Way Home is a strategy that supports and meets people where they're at. Something that the members opposite were okay with, walking outside this building each and every day—I remember leaving here, there's two bus stops, one on Broadway and one on—I don't know if it turns into Osborne or it's still Memorial, but those two bus stops, those bus shelters, there were people living in there.

They had mattresses in there, they were putting up blankets, they were making homes in those bus shelters. And I remember being on the opposite side and, you know, asking: When is this government going to be coming up with a strategy, providing housing, supporting these folks? When are they going to ever support folks who are unhoused, that need mental health, addiction supports? Did that ever happen under that failed, cold, callous, PC government?

Never happened. They were okay with leaving people living in bus shelters. They even, you know, sold off 185 Smith—hundreds of housing that left people homeless, that put people deeper into addictions. So when that member is talking about how many services are we putting into the system, I would suggest that member reads Your Way Home strategy, because we are housing people.

We've housed over a thousand people already. That's getting people into homes, with supports. We're taking 20 per cent of our Manitoba Housing and making that a housing-first approach, which is providing mental health and addictions supports—wrap-around supports.

And I don't think the member knows exactly what that means. I actually wanted to actually let the member know what a RAAM clinic is, because I'm not sure what the member—if the member knows what a RAAM clinic is.

So, there's currently seven RAAM clinics in Manitoba: and three are in Winnipeg, and one in Selkirk, one in Brandon, one in Thompson, and one in Portage la Prairie; and there's also virtual services, as I've let the member know.

They're—it's nurse-led, and the hours of operation vary depending on location. And across the province there's between 122 to 151 clients that walk in or drop in each week. When RAAM clinic—like, we heard from people, you know, that there was more services that need—were needed, so we opened up more services at the Aboriginal Health and Wellness RAAM Clinic: \$1.4 million more. We opened up the Digital Front Door so that we can get more services there.

* (15:50)

So they're walk-in clinics that are appropriate for people wanting help for high-risk substance use and addictions without an appointment or formal referral. RAAM clinics are not for people needing urgent medical attention for either physical or mental health symptoms. They're more urgent need for—that these can be met at emergency or urgent-care departments or the crisis response, depending on the situation. So these are for addictions related.

And in 2020, the RAAM clinic was—there was a mandate that led a collaborative provincial action to help improve timely access. Well, we went beyond that. We opened up an Indigenous-led, because we heard from the community. We've continued to work with the Aboriginal Health and Wellness, who has told us that, you know, there's a great need for Indigenous people to access these services.

In '23, '24-25 fiscal year, RAAM hubs' strategic plan focused on a number of initiatives and actions, with four key strategic priorities with a particular focus on the unique challenges faced by Indigenous people.

So, (1) to increase patient outflow from ran—RAAM clinics to primary care. So if you go to the Indigenous RAAM clinic, you'll notice that there is a primary health-care clinic right beside. So when we open up the supervised consumption site, it will have the RAAM clinic and it will also have primary health care.

(2) Increase access to RAAM clinics and provide services closer to home. We are doing that with Your Way Home, providing those services in homes. Also the digital RAAM front door is doing just that, meeting people where they're at, providing those services right in their homes. And I'll continue those next two in my next answer.

Mrs. Hiebert: Again, my question was about how many spaces is she hoping to open up for treatment and recovery for those in addiction crisis situations right now. And there was no answer for that.

I would personally hope that there's a goal for her—for the minister—to want to do more specifically for those. And for the rapid access addictions medication clinics, I think they're important, and I know that that's something that there's so many that are being helped so much by those spaces and those clinics.

And it's amazing that we have so many people and so many health-care providers in those clinics that are putting themselves aside and putting their lives on hold because they're there every single day, giving it their all, and I just appreciate that so much, the stuff that they do. It's—they're the—they're our true heroes for putting themselves there—or for making that their life's goal to help those who need help with their addiction recovery walk and journey.

It's such an important thing, and I just want to say thank you to every single care—front-line worker. There's no question at all that I am so thankful for those who helped people in my life with their addiction crisis and those that are helping all the mothers and daughters and sons and fathers out there that are 'dreading'—that are struggling with addiction. It's just something as family members we cannot ever repay, being able to have our family member back with us and that they are living happy, whole lives free of addiction. And it's such an important thing.

So, again, I just want to really reiterate that the minister couldn't give me a goal that she has of increased beds for treatment and recovery, and I just want to ask her again—the minister again—if—what exactly would her vision be for treatment and recovery specifically with the RAAM clinics. If there's extended hours, you know, is something that they could be doing, or what is it that she would like to see with those RAAM clinics to make it even more accessible and take those wait times down that are far too long right now for our loved ones.

Ms. Smith: And, again, I'll reiterate: under our government, the wait times have gone—have decreased by 90 per cent. That is a significant number. That is because of the investments that our government has made since taking government.

And, you know, I'm not sure why the member opposite is not happy with a 90 per cent decrease in wait times at RAAM clinics. That's something to be celebrated: 90 per cent decrease in folks getting the supports that they need, 67 million being—or, million dollars being invested into addiction services. Like, that is an incredible amount of money, and, again, I just want to correct members opposite. It's addictions—

RAAM addictions medicine clinics—rapid access addictions medicine clinics, yes.

So we're investing an additional \$2.878 million to support additional psychologists and psychiatrists in the health-care system, as well as an expansion of the extension of the community health-care outcomes, so the ECHO Program. So that meets people where they're at. That supports people living in the community, whether it's with their addictions or health—or, mental health. It adds—it's a wellness team and it's, again, meeting people closer to home. And this is in addition to the \$2.215 million for the increased psychiatric wages that we increased. Under the former government, there were no increases, and we're meeting and supporting these folks.

We also—the department's budget '25-26 'comeets'—commits to funding a range of addiction services, and I had told you \$1 million for drug tracking, and that's significant. This is—folks can come in, test their drugs before they use them. There's folks there to, you know, give them the information.

We went down to several different supervised consumption sites, whether that was in Vancouver—and I would, you know, encourage members opposite to actually go and visit a supervised consumption site, to actually go and visit and talk to folks; whether it's Calgary whose supervised consumption site is in an urgent-care centre, where, you know, all the supports are provided in there: primary health care, social workers, housing-first teams. And their—they stood up their supervised consumption site pretty quickly. They put it in a mobile site in their parking lot in the beginning until they were able to get it up and running in their urgent-care centre.

But I would encourage members opposite—instead of, you know, the previous failed mental health and wellness minister—to actually go inside and speak to those folks, who—a lot are—many of those have lived experience that are giving these folks hope to see that they can do it too, that they can change their lives around, that they can have the support of someone who's caring, compassionate and nonjudgmental to say that: I've come through it, and that with the support of others, that you can get through your addiction.

So I'd encourage that member opposite, through the Chair, to visit a supervised consumption site, whether that's in Victoria who also, you know, primary health care provides stabilized housing.

And, again, \$67 million towards addiction services, that's not a drop in the bucket. That's a huge amount

of money, and we're going to continue to ramp up services. We're continuing to listen to and work towards the expansion of detox beds and other treatment options to ensure Manitobans have the support that they need.

And, again, 90 per cent decrease in the number of patients turned away at RAAM clinics. So I would hope that members opposite would, you know, celebrate that number along with us, because that's not insignificant. And that is a huge number to be celebrated. That's 90 per cent more folks getting the supports that they need.

* (16:00)

Mrs. Hiebert: Just wanted to—just to say that the Indigenous Rapid Access to Addictions Medication clinics were first funded by the government—the PC government in January of 2023. Sarah Guillemard, just a little call-out to her, was the minister of Mental Health and Community Wellness, is the one who started this—these clinics, and thanks to her work that she did in championing these clinics. So many people are receiving treatment and are in recovery. So thank you to Sarah for that.

I think it's important for us to celebrate those that have gone before us, and to try to be—I try, strive to do what I can in this role to be more like her.

So my—one of my questions would be, like, apparently, the minister voted against this initiative in 2023, and I'm just wondering, as she sits here and talks about how all the different things that they're doing to move forward, and we should be learning from others around us. I have been to a drug injection site. I've toured some, and I just want to ask, or just mention that there's many locations across the country that are closing them down right now. And I'm just wondering, like, if there's—like, why is that happening?

You know, when we—it'd be great if we could take and learn from others around us as what has worked and what hasn't worked. But they're closing them down in Ontario. They're closing them down—they've closed them down in Saskatchewan for a period of time because their mental health staff support—don't have the support and couldn't continue to do—to work there.

And those are all things we need to learn from and do better at. I think that it's a benefit for us to be able to do a better job because we can take what's happened in other areas and learn from them, and I think that's really important.

And I'd like to ask the minister to table the month-by-month wait-list data for me.

Ms. Smith: Miigwech, honourable—Chairman. I almost called you Speaker. You're not in the Speaker's Chair right now.

So I'd—again, I just want to reiterate: language is important. Members opposite still is using, you know, drug injection sites. These aren't just drug injection sites. These are supervised consumption sites. These are where people go to get supervised while they are doing their drug of choice. There is toxic drugs out there and we need to ensure that people are supervised so that they—their lives are saved. They're not simply going there to inject drugs; they're going there to get the support and resources that they so desperately need for so, so long.

And as I said so many times, and I don't know, member's not listening across the way. You know, she strives to be like her predecessor, minister, former failed minister Sarah Guillemard, who didn't take a harm reduction approach; who, in fact, went to BC, went to an Insite, one of the supervised consumption sites. Said that they went and toured the site when, in fact, took pictures outside. Walked around, never talked to one single person and was called out by the media on that.

Like, how demeaning is that? How can someone go and take pictures of someone who is struggling in their substance use disorder, and say that they went into this supervised consumption site, and say that these don't work. That—look what's happening here. Like, without even going in and seeing what is actually happening inside, without even talking to the very people who are operating the service inside. With actually—without even talking to the people who are struggling with their substance use.

But going there and actually looking down on these people as if they should be pitied. As if they should just pull up their bootstraps and, you know, figure it out and get yourself into treatment, because that's the only option, when it's, in fact, not the only option.

Experts tell us, and members opposite said it in their opening statement, that we need to take an expert approach, and that's exactly what we're doing on this side. We're listening to experts, we're taking the approach that the experts have told us, what Manitobans have told us. They sent us here with a mandate, a mandate to end chronic homelessness with the wrap-around supports, getting people to whether it's mental

health, whether it's addictions, whether it's stabilized housing, whether it's, you know, to someone that they can trust and someone who believes in them, someone who will give them hope.

And certainly, the cold, callous, former PC government did not do that, and Manitobans certainly sent them packing with their cold, callous approach because they no longer believed in that approach. They wanted to see Manitobans out of tents. They wanted to see Manitobans out of bus shelters. They wanted to see Manitobans off the street and into a safe place to safely, in a supervised way, consume their drug of choice, to get connected to the supports that they need.

We take a four-pillared approach on this side, because the experts have told us that it needs to be a four-pillared approach—which is a harm reduction approach, which members opposite never took—so that we can lead them, and help support them to a path of recovery.

Our Justice Minister is doing an amazing job at enforcement and putting more supports into place so that we can get those toxic drugs off the street, and we are investing in a universal nutrition program so that we can make sure that kids are getting to school and getting educated, something that members opposite never did.

And we'll continue to do the work and get services in.

Mrs. Hiebert: I'm just trying to figure out which direction to go, because I'm trying to get information. That's what this is supposed to be about, learning more about our addictions and our situation that's happening in our province right now, because it's a crisis.

And I'm—again, I'm going to say it, I'm disappointed that we can't get more information, because it should be something that is incredibly serious right now, and we should be talking about it. We should be talking about solutions every day, because we have people that are dying of addiction or of overdoses every day, and we need to do whatever we can. And we need to have a balanced approach, we need to have treatment and recovery available and it's just not something that's a priority. It's disappointing for me, and I really just want that to—just want to put that out there, that it's such an important thing that we need to give attention to.

One of my questions would be: We have several RAAM clinics in Winnipeg and then we've also got them in different areas of the province, as well. And that was well strategically done, and I appreciate that the former government put them in different

communities, as well, around the province, so that all of the addiction treatment isn't just in one space and that it's accessible to people around the province of Manitoba.

But I—one question I would like to know and ask the minister, specifically—there's two different—there's the River Point Centre in Winnipeg and there's also the Aboriginal Health and Wellness Centre, and they both run RAAM clinics.

Can the minister specifically tell me what kind of reporting system—or how does, let's say, the Aboriginal Health and Wellness Centre report to the department, the minister, specifically, what numbers of—the data of how many people are coming in to actually get treatment and recovery per month? At the—and how they're keeping track of what they're doing to help people at the Aboriginal Health and Wellness Centre specifically?

* (16:10)

Ms. Smith: So reporting is—so we are the funder, just to be clear, and then reporting is reported—the reporting is done through Shared Health.

And I just want to understand a little more clarity from member's opposite question. So member opposite was asking: What is the difference between reporting from Riverview versus Aboriginal Health and Wellness? They're both the same reporting structure, and they report to Shared Health. We are the funder of the program.

Mrs. Hiebert: I was just wondering, like, just in regards to the two Winnipeg—I didn't mean to say in—like, between the two, I just mean, like, specifically Aboriginal Health and Wellness, what would be the reporting for that specific RAAM clinic? What would be the process of reporting for that one, specifically? That's what I was meaning. Sorry.

Ms. Smith: So just to be clear that all of the RAAM clinics report the same. Regardless of what RAAM clinic it is, they all report to Shared Health. And, again, we fund the RAAM clinics. And, again, I can't reiterate enough that 90 per cent—there's a 90 per cent reduction in the number of patients being turned away due to capacity issues.

And I just want to remind the member that, under their former failed government, that OD deaths increased by three times from 1999—or from 199 in 2000–1990—in 2019, to 568 in 2023.

We invested in drug-checking machines to ensure that folks can get their drugs tested, but we've also

heard from Manitobans that they wanted to ensure that Manitobans had a place to go to, to get connected to services, which is why we are working on getting the first supervised consumption site stood up here in our province.

We've been working on consultations, listening to Manitobans and hearing from folks. And, again, it's about connecting people to services, helping them build a relationship, so that they have the confidence that they can get into treatment and they do have, you know, someone who will believe in them. And these—the supervised consumption sites will have primary health care, a RAAM clinic.

When members opposite was in government and, you know, the Leader of the Opposition was in Cabinet, they could've made the decision; they could've pushed for their leader, at the time, to open up a supervised consumption site, but the member for Fort Whyte (Mr. Khan) didn't push for that. Instead, they stood by and allowed 568 people to succumb to overdoses in 2023. They can't run from that record.

We're taking a harm reduction approach; we're meeting people where they're at. And members opposite, you know, they say that they want to be like the former minister of mental health and addictions.

* (16:20)

So, through the Chair, I would ask the member opposite if they support a supervised consumption site, if they support a balanced approach, and if they would ask that—or, if they would answer that member that question that was asked at the consultation, the community consultation, that wasn't held by government, that wasn't held by—it was held by communities.

There was a question raised at that consultation: How can someone go to a treatment facility if they're dead? A supervised consumption site is there to support, meet people where they're at and lead them to treatment and recovery.

So, again, I have two questions through the Chair. Does that member opposite support a harm reduction approach through supervised consumption sites, which would lead people to treatment and recovery? And how can you lead people to treatment and recovery if they're not alive?

Mrs. Hiebert: I have so many questions in that preamble that I just heard, and one of them is, well, I'm just wondering where the 90 per cent number comes from, because I've been speaking with mothers who are waiting for—who have daughters who are waiting for

treatment and they're waiting for three to six months for a space.

I'm talking to people that are working on the front lines in RAAM clinics and saying they're turning people away and they're in tears because they can't help them.

So my question would be, again—and I've asked this question over and over and over again and I don't get an answer from the minister—is: How long is the wait-list for these RAAM clinics or for treatment beds? And how many people were turned away? We need to know some answers and I want some numbers for those questions.

Thank you, deputy Speaker.

Ms. Smith: Again, the raps—Rapid Access to Addictions Medicine clinics are walk-in clinics. They're not clinics where you walk into and you get into a bed.

I don't think members opposite understand what a RAAM clinic is, so I would encourage the member to go and visit a RAAM clinic to, you know, sit with the RAAM doctors, with the folks who are on the front lines supporting folks as they are coming into the RAAM clinics.

When I was on the opposite side—in opposition, I was, you know, meeting with mothers, with folks who were deeply in need of supports. When we got into government, we formed a department because this was a priority for us. The addictions, homelessness, mental health and housing department has taken this addictions crisis seriously. It's a priority for us. It's something that is deeply close to my heart. I've worked with so many mothers, so many family members. I'm a family member that has lost someone. And it's not something that any of us take lightly.

So when I say there's a 90 per cent reduction—a decrease in the amount of people that are being turned away at RAAM clinics, these are people that are going in to see someone the day of to get the supports.

And I know the member opposite was trying to educate me on what, you know, the OAT is and those folks that go to RAAM clinics often will get administered Rapid Access to Addictions Medicine. Doctors will often refer people or administer OAT prescriptions to folks to help them with their addictions. And these are folks that are on the front lines each and every day, supporting our most vulnerable folks who need the support of our government and need to come from a non-judgmental place.

And we're going to continue to put services into the system. Whether it's withdraw management services, whether it's bed-based services, whether it's day services, we've been working with, you know, service delivery organizations.

And again, Your Way Home meets people where they're at, gets them out of encampments into stabilized housing, gets them connected with people with lived experience that have the expertise to, whether it's mental health or addictions, right in their homes, get some of the supports that they need, something that they so desperately needed for seven and a half years under the former failed government. They were banging on their door, begging them to do something around the addictions issue.

They finally have a government that's listening, that's working with them, that's working for them, and that will continue to put services into the system.

And, again, we increased funding to Aboriginal Health and Wellness by \$1.4 million. We've invested an additional—above the \$67 million—\$1.5 million into the Bruce Oake foundation, or the Anne Oake foundation that'll open fairly soon. And then we're also—\$1 million for drug checking, \$1 million for expanded stabilization withdraw management services.

Thompson—I was up in Thompson in September to celebrate their mobile withdraw management van, so they're going to—and servicing a ton of communities in their region. And, you know, they were asking the former failed government, they were asking the member from Fort Whyte, who's now the Opposition Leader, for these services for years, and would they put those services into play? No, they wouldn't.

We now have Bill 12, which the members opposite is holding up. The member from Morden-Winkler said that there's red flags around this. Well, certainly we have red flags around them holding up this bill because this is social and affordable housing. This is taxpayers' money.

So I'll ask members opposite, through the Chair: Whose home do they want to sell next?

Mrs. Hiebert: I definitely do have more questions, but I'd like to cede the floor to the member for Tyndall Park for the—to ask some questions for the remainder of the day.

MLA Cindy Lamoureux (Tyndall Park): I'd like to thank my colleague from Morden-Winkler for allowing me some time here this afternoon to ask some questions, as well as the minister and all of her

departmental staff for being here this afternoon and trying, to the best of ability, to answer questions.

The first question I have is: The government promised to hire 100 new mental health workers. Can the minister provide a clear update on how many have been hired to date and where they are being deployed?

* (16:30)

Ms. Smith: I want to thank the member for that question. That member knows that there is a great need for these mental health workers in several organizations, whether it's policing that have been actively, you know, advocating for years for these extra supports into the system.

So there was a cross-departmental working group between Department of Justice, Families and Housing and Addictions and Homelessness that was—came together and we developed a four-year plan to hire 100 mental health workers through a number of initiatives across Manitoba.

The Department of Housing, Addictions, Homelessness and Families and Justice were working together under a shared mandate to hire the hundred mental health workers to collaborate with law enforcement and community organizations. And a working group between the department was established and successfully developed a four-year plan with 14 initiatives to meet this mandate.

Many of the planned initiatives worked directly alongside police officers to link Manitobans with timely mental health supports. And, again, listening to front-line workers, listening to policing, and I know the members opposite have brought many of those concerns to the floor here, and we've met with several of those organizations and front-line folks.

Collectively, these initiatives will make significant impacts on crisis services and will help to build the front-line services necessary to ensure people have access to appropriate supports while also alleviating pressure on first responders, especially law enforcement. Some of these initiatives involve hiring additional staff for existing services and establishing new partnerships and pilot projects and/or establishing brand-new initiatives based on evidence-informed models.

So in 2023, the mandate letter for my department was directed to work with Justice to hire a hundred mental-health workers to work alongside law enforcement and community organizations. Issues such as homelessness, addictions, unemployment and interactions with the justice system have shown to stem from various factors, including mental health challenges, so

expanding the scope of crisis services will ensure that support is available to community members at the right time.

This—the proposed four-year plan 'embends'—embeds mental health workers in outreach and front-line services to alleviate the need for law enforcement involvement, and year one of the plan is currently being implemented.

So funding letters have gone out to hire 29 FTEs, and we have hired or are in the process of hiring 21 FTEs, and will have 60 hired by the end of the fiscal—of this fiscal year.

MLA Lamoureux: I'd like to thank the minister for her answer. I'm going to jump around just a little here to try and get a few different questions in.

On safe consumption sites, earlier today I met with members of the University of Manitoba medical student advocacy group, and we—who have been advocating and supporting the idea of implementing safe consumption sites here in Manitoba, and they were wondering if the minister agrees with a lot of the initiatives that they're bringing forward, specifically the education component—not only the importance of it.

I know the minister agrees and strongly believes in education portion, but how exactly that's going to be done here in Manitoba: are we talking through billboards, brochures, community centres? Just what the plan is to educate Manitobans on safe consumption sites for comfort.

Ms. Smith: I just wanted to add to the last question and just let the member know that we also made an announcement in October of last year, where we announced 20—or, 22 new mental health workers for our ACT team, which is in complement of our FACT team, which is like a revolving—or not a revolving, but a continuum of care, where people, as they need less care or more care, they can move on that continuum.

* (16:40)

So more services, again, to support people and meeting them there—where they're at, so they that they can live in the community successfully and healthy with the supports that they need.

We are still in the consultation stage as far as supervised consumption site is—we have been listening, learning, and certainly I've engaged with a number of students, whether that's, you know, going to Argyle—I'm an alumni of Argyle—and they had a day where I went for an afternoon and they had lots of questions

and fielding their questions. And we had students come—several students come to the Manitoba Legislature and bring their questions here. I've gone to Gonzaga, which is in my constituency, as well, and they've had questions.

So it's been a number of questions from a number of students around, you know, what—how do we engage and how can we get involved and what's that going to look like. So certainly, we've been taking that feedback through the consultations.

And as an educator myself, the member would know that that's something that I'm very passionate about and want to ensure that, you know, we are educating around the supervised consumption site. Aboriginal Health and Wellness also; that's something that they want to ensure that people are aware of.

And certainly, you know, the toxic drug supply that is out there, there is—whenever something comes out of social media, I'm sharing it; and Sunshine House has a site and they're sharing it. And we're now on PHAC, so we're—our numbers are visible on the drug overdoses in the province here. That's something that I was a strong advocate of.

I want to be transparent as a Province to, you know, help Manitobans understand where we're at and that it is an issue in our province, that we should be worried about this and that as a parent, we should also be talking to our kids about this, because it could happen to anyone, and it's not a socioeconomic issue or a gender or an Indigenous issue or a demographic issue. So it doesn't matter; it could happen to anyone.

So, certainly, it's something that is still evolving as we're having conversations and we're consulting and listening, and we'll continue to do that. And certainly, if members opposite have any suggestions, and we're certainly open to listening to those, as well, because I know they represent, you know, their riding. And I'm sure that their riding—I know they have folks in their riding because they represent Gilbert Park. I spent a lot of time in that constituency. My stepmom and dad and my sisters and brothers grew up in Jig Town, as we called it back then, and that's our Manitoba Housing.

So we have several folks who live in that riding and we know that folks need the support, and we need to meet them where they're at in a non-judgmental way. And, certainly, destigmatizing is a part of the education and making sure that people are aware of where they can go, how they can access the supports and just really why it's important for us to provide

these supports and lead people to the four-pronged approach that we're taking, you know, harm reduction, getting people to treatment, and the enforcement is super important because we need to get these toxic drugs off the streets.

And, then, of course, education and—which includes ensuring that we—you know, we've invested in a universal nutrition program. We've seen rates of students returning back to school greater, so attendance rates have improved, which proves that nutrition program is working.

MLA Lamoureux: And I appreciate the mention of Gilbert Park. There's a very special place in my heart for Gilbert Park and I can tell the minister's, as well, and also for picking up on what I meant in the previous question with respect to comfort, was the word that I used, a sense of reassurance that I think can come with education. The more we educate Manitobans, in this case on safe consumption sites, I believe that will go a really, really far way.

My next question is about safety and support on social housing.

How is the government ensuring that wrap-around supports, including mental health and addictions services, are adequately provided to new tenants transitioning from encampments, to prevent the reoccurrence of unsafe conditions within social housing units?

Ms. Smith: Miigwech for that question.

And, certainly, safety and security in our buildings in Manitoba Housing is something that is super important to us. And we've been working since we've formed government to put services back into our buildings and to put maintenance into our buildings and, you know, really put that pride back into our properties.

We've seen such a decline in maintenance, whether it was boarded up properties. You know, Gilbert Park, you would've seen that—see someone living next to a boarded up unit. We've done our best to get those boards off and get people into them as soon as possible. Sometimes it's challenging with people leaving stuff behind. There's residential tenancy policy we have to follow, so 60 days—or, 90 days, I think it is. So sometimes those boards are on there because of that. But we're certainly doing our best to get the maintenance done and people in those places and spaces.

So strong tenancies are maintained by connecting households in need with services that can best support them. And NorWest is, you know, a great support in

your constituency; they have lots of great supports. And our tenant service co-ordinators are great at connecting people with services that are in their neighbourhood.

And that was something, when I became minister, that I directed all of our tenant service co-ordinators to do: is, what are the resources in the community that people can access, that are living in our Manitoba Housing buildings and units, so that whether it's, you know, mental health supports or addiction supports or mom-and-me supports or prenatal supports or primary health care, or if it's—they need to go for a food bank, whatever it was, or community building. There are so many different resources that are out there.

And our tenant service co-ordinators are really good at pulling all of those resources together to support folks to direct them when there was—when it was needed.

And, certainly, we've been working to ensure that tenants stay tenanted successfully, so to get in front of any issues, like if someone—we've had suite takeovers, so we've had to, you know, get in front of that and support those tenants. And how do we—because certainly, under the former government, they never invested. They devested; they cut mobile security so that there was less security.

And we've reinvested in security. We've put 10 new tenant service co-ordinators in. We've set up a security post where we have all our cameras set up so that we're putting more cameras in our buildings. We're putting keycard access, and, more importantly, we're putting human resources in so that we're building relationships.

We hired an Indigenous co-ordinator that is going to be working with all of our different units, buildings, so that they can do some community building, whether that's land-based teachings or barbecues, to connect people.

* (16:50)

And, you know, going to the member's question around encampments and our 20 per cent housing: those folks that are coming out of encampments into the 20 per cent Manitoba Housing that we've dedicated to those folks are—they're going to be receiving wrap-around supports. So they will be well supported in their housing, and it's something that was so desperately needed for so long.

And, like I said, when I came into this role, it was like, we need to start doing housing differently.

You know, under some advisement from our amazing ADM Carolyn Ryan, who's been in this position for 20-plus years, she's seen the vast majority of—she knows a lot of the folks, she's seen the change in housing and so we've made a lot of changes in terms of supporting, meeting people where they're at, but also making sure that people can get supports that we can't provide in our housing, so they know where the supports are in the community.

And we're going to continue to put in maintenance into our buildings and certainly, you know, the Leader of the Opposition is holding up a bill, Bill 12, that could protect our social housing. And we'd encourage them to not hold up that bill because we don't want to see something like my—Lions Manor happen again.

MLA Lamoureux: Just thinking a little bit more large here, what mechanisms are in place to ensure that the unique challenges of homelessness in rural areas, such as limited access to services and transportation, are adequately addressed in the province-wide rollout of the strategy?

Ms. Smith: So we—Your Way Home talks about building in Manitoba, but we didn't start in Manitoba. We actually started with two pilot projects, so we did a pilot in Dauphin and we did a pilot in Winnipeg. And Dauphin has been really successful, and I don't know if members opposite has had the chance to read some of the articles that have come out of Dauphin.

Very successful, and that's the kind of services that we're providing in our Manitoba Housing. So those same wrap-around services. Canadian Mental Health Association has been, you know, providing some tremendous amount of supports, whether it's mental health or addictions, meeting people where they're at, getting them connected with some community supports, giving them the hope that they need to get back into the community.

I've visited Parkview many times and have been able to connect with folks. Last time I was there, there was a tenant that was moving in and I got meet them and they were so happy to be moving in. And they actually connect them with someone who's already living there, so they kind of pair them up with someone who's been living there for a while.

And, you know, the amount of services that they provide—they bring in primary health-care providers into the building. And it's been so successful because they build a community within the building, and the tenant service co-ordinators are working alongside

these folks. So it's not like, you're over here; it's not a siloed approach but it's a team approach. And I really just want to lift up all of the work that's being done, whether it's in Dauphin, whether it's in Brandon, whether it's in Thompson. We're continuing to build on that work, because there's so much great work that's being done across our province; and we're just getting started.

You know, we've taken a number of months to work on this strategy, to listen to front-line organizations, to listen to those who are living unhoused or precariously housed, who have been living in shelters for many years, that have been in and out of housing because they've been—haven't had the supports that they've needed. So we've really—we want to ensure that people are successfully housed, which is why we've put the supports back into tenant service co-ordinators.

We've also put more maintenance money into our own social housing, because that's a Crown jewel. We want to ensure that we keep social housing social and that we're protecting taxpayers' money and, right now, that's at risk with Bill 12 being held up.

And, you know, I say—I said earlier, I asked the members opposite through the Chair, like, whose house do they want to sell next? Whose building do they want to sell next? Because they certainly sold 185 Smith, and that was hundreds of units.

I have a staff member that's working in my department right now who's our housing co-ordinator that—or, our casework co-ordinator who came from Siloam Mission that helped house people. He lives in that building. It's a beautiful building. I've been in there. And when I go in there, I kind of feel a sense of, like, a little bit of anger because I'm like, imagine how many of our people could have lived in there, Manitobans that are struggling to pay the high rents in our province, right.

And we need to as a government ensure that we're—we have a responsibility to provide affordable rent, and that's what Manitoba Housing does. And Bill 12 protects that. It ensures that our social and affordable housing that we invest in, 15 per cent or more, stays social and affordable. And if somebody wants to sell it, they have to come and ask and get permission, and that whoever is going to buy it that it remains the same amount of social and affordable.

So, you know, members opposite is holding that up. We would hope that they wouldn't hold that up because it's at risk for more homes to be sold and then

more people to not be able to pay high market rents. And we're in affordability crisis right now, and you have a Leader of the Opposition who's holding up a bill that—they could just let this pass tomorrow. And we want to work collaboratively and ensure that Manitobans have the affordable option that government is responsible for providing.

And, you know, certainly Gilbert Park is a big part of that. So thanks for that question.

MLA Lamoureux: I thank the minister for her answer.

My next question is on staffing and support services. Are there specific training and support programs being developed to equip staff with the skills required to manage the complex needs of individuals transitioning from homelessness to stable housing, and what are those specific supports and programs?

Ms. Smith: So thank you to the member for that question.

So Your Way Home talks about our strategy which is partnering with service-delivery organizations who have those skills to support those folks. So whether it's Sunshine House—we just made an announcement on Friday partnering with three organizations: Sunshine House, Main Street Project and Siloam Mission. They do a remarkable job of supporting and meeting people where they're at. They've been doing this work for a very long time.

You know, Sunshine House is supporting queer folk who have been in encampments because, for ever—whatever reason, they need supportive housing where

they feel safe and supported and valued and seen and a place of safety. And, certainly, Sunshine House has come to the table and providing that.

Whether it's Main Street Project, who, you know, on a daily basis is providing shelter work, but they've been also a supervised consumption site for a very long time. They've been providing mental health supports. And many of those folks are trained, have had extensive training. Many have lived experience.

Siloam Mission, they also do transitional housing, and they've been supporting and meeting folks where they're at for quite a while.

And we're working with several other organizations that—Aboriginal Health and Wellness is another one of them. And these are organizations that have been working in the sector for a very long time, that come with a lot of experience, that we're very confident that can deliver these services and have the human resources to be able to support and meet people where they're at. And really, it's about giving people hope and knowing that—

The Chairperson: Order.

The hour being 5 p.m., committee rise and call in the Speaker.

IN SESSION

The Deputy Speaker (Tyler Blashko): The hour being 5 p.m., this House is adjourned and stands adjourned until 1:30 p.m. tomorrow.

LEGISLATIVE ASSEMBLY OF MANITOBA

Tuesday, May 13, 2025

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