

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

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

<b>Member</b>	<b>Constituency</b>	<b>Political Affiliation</b>
ADAMS, Danielle	Thompson	NDP
ALTOMARE, Nello	Transcona	NDP
ASAGWARA, Uzoma	Union Station	NDP
BRAR, Diljeet	Burrows	NDP
BUSHIE, Ian	Keewatinook	NDP
CLARKE, Eileen, Hon.	Agassiz	PC
COX, Cathy, Hon.	Kildonan-River East	PC
CULLEN, Cliff, Hon.	Spruce Woods	PC
DRIEDGER, Myrna, Hon.	Roblin	PC
EICHLER, Ralph, Hon.	Lakeside	PC
EWASKO, Wayne, Hon.	Lac du Bonnet	PC
FIELDING, Scott, Hon.	Kirkfield Park	PC
FONTAINE, Nahanni	St. Johns	NDP
FRIESEN, Cameron, Hon.	Morden-Winkler	PC
GERRARD, Jon, Hon.	River Heights	Lib.
GOERTZEN, Kelvin, Hon.	Steinbach	PC
GORDON, Audrey, Hon.	Southdale	PC
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GUILLEMARD, Sarah, Hon.	Fort Richmond	PC
HELWER, Reg, Hon.	Brandon West	PC
ISLEIFSON, Len	Brandon East	PC
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KINEW, Wab	Fort Rouge	NDP
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LAGIMODIERE, Alan	Selkirk	PC
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LAMOUREUX, Cindy	Tyndall Park	Lib.
LATHLIN, Amanda	The Pas-Kameesak	NDP
LINDSEY, Tom	Flin Flon	NDP
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WISHART, Ian	Portage la Prairie	PC
WOWCHUK, Rick	Swan River	PC

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Friday, May 14, 2021**

*The House met at 10 a.m.*

**ORDERS OF THE DAY**

*(Continued)*

**GOVERNMENT BUSINESS**

*(Continued)*

**COMMITTEE OF SUPPLY**

**(Concurrent Sections)**

*(Continued)*

**ROOM 254**

**EXECUTIVE COUNCIL**

**Mr. Chairperson (Dennis Smook):** Will the Committee of Supply please come to order. This section of the Committee of Supply will now resume consideration of the Estimates of Executive Council.

As previously announced, as there is only one resolution, the discussion will be—will proceed in a global manner.

The floor is now open for questions.

**Mr. Wab Kinew (Leader of the Official Opposition):** Good morning to everybody.

I just want to put on the record, as a father to two teenagers, I'm very overjoyed today at the announcement that children 12 and up will be eligible for the vaccine, and so certainly this—working the phones, trying to arrange for my kids to get in there and trying to spread the word to other parents and families across Manitoba so we can get this vaccine program accelerated to the top speed. So I just wanted to acknowledge that first and foremost.

With that in mind, I know the vaccine program's a significant part of our pandemic response. At the same time, we're seeing those high numbers continue this week. Looked like we had a few days of a little dip, but then maybe that was just noise, because yesterday we still saw another higher number.

So just with that overall context in mind, just want to ask the Premier what's the state of play right now? What are the steps, the measures, that are being taken to respond to the high cases and test positivity we've been seeing recently?

**Hon. Brian Pallister (Premier):** Yes, likewise, with our daughters. Our older daughter just received her

vaccine—very excited about it, and our younger one just made her appointment too. So I share that enthusiasm around our family, as well, and I know many families do. And I think it highlights the critical importance of making vaccine available but also promoting among more, you know, some of those who might hesitate or be wary of getting a vaccine, helping encourage them.

I just asked to get a document that I'll share with the committee members on some of the specific aspects of the vaccine awareness and outreach strategies, so I'll make my comments around other aspects of this. But just suffice to say that the member's quite right in pointing out the vital importance of getting needles in arms. There's been challenges, you know, all over the world, of course, but in—right across the country, of various kinds throughout the pandemic on vaccine strategies.

For us in Manitoba, we're quite heavily criticized early, our vaccine team, and, of course, through the vaccine teams, my government, for not having enough people vaccinated. Interestingly—and repeatedly—with misinformation in one publication in particular.

And the challenge was, of course, that here in Manitoba we stayed longer following the manufacturer's recommendations than most other jurisdictions. The manufacturer's recommendations initially said that we wanted to get that vaccine in arms, and dependent on the specific vaccine, but, you know, three weeks later.

And so we took that to heart, held to that; our vaccine team felt that was the right strategy to follow. And as a consequence, initially it looked like our vaccine team wasn't doing a very good job because there were fewer people getting it.

But the truth was, more people were getting it for the second time. Those people were our front-line workers, in particular, who work with vulnerable Manitobans and our seniors in personal-care homes.

And we've continued with that approach—the vaccine team has continued with that approach in respect of vulnerable communities. In particular, I'm very proud of the work that the vaccine committee has done in co-operatively developing immunization strategies with our First Nations leadership.

I think, you know, there'll be lots of time for retrospectives after we're through this, but I think during it many people have noticed how effectively the immunization—First Nations immunization team—has worked, how effectively the vaccine team has worked with them to—and this is particularly important in Manitoba because highest—outside of the territories, of course—highest percentage of First Nations residents, many in smaller communities; close contact is inevitable for most in those communities, and so the risks were high.

And we saw that early in the pandemic, acted on it—and was able through some lobbying work to obtain a significant number of additional vaccines, which were Moderna—which are the ones, of course, that don't need to be, you know, super frozen for a long period of time, so you can get them north. And we got them up there. We got them up there, and it's really—it's helped.

Now, nothing's perfect. There have been numerous cases—obviously, too numerous—in the North as well. But, third across Canada today, and total doses—our vaccine team's catching up, and that's tremendous and I think a real tribute to them.

**Mr. Kinew:** Yes, I think we all want to see the vaccination campaign succeed, and that is, you know, the way of moving out of the pandemic stage of this thing and onto what's next. Perhaps we can talk about that later, too.

When we're talking about the, I guess, immediate needs before the vaccination campaign really is able to pave that way out of the pandemic, what are the steps being taken now to deal with the ICU capacity and hospital capacity? *[interjection]*

**Mr. Chairperson:** The honourable First Minister.

**Mr. Pallister:** Sorry, Mr. Chair.

There've been a number of steps taken. I'll get into that, but I just wanted to go a little further, if I could, on the vaccine numbers. The member had asked for an update, and I am—I'm waiting for that vaccine scorecard document, because that'll really—I think all committee members would be interested to know in more detail every aspect of what the vaccine group is doing and its supportive groups, the—and First Nations group as well.

As of today, 625,404 doses administered.

I should just go back for a quick sec and say we had fewer people, different people getting the vaccine early because we doubled up on the vaccines—excuse

me, sorry, Mr. Chair, something went down the wrong way.

We had more second doses delivered to those seniors and the front-line workers, and we've concentrated on our northern efforts because those were—before we talk—start talking about hot zones, those were hot zones. And so the vaccine team was conscious of the need to get those vaccines up quickly, get them administered quickly, but also make sure that that second dose was available.

Since then, NACI—the national advisory committee—has changed their philosophy. And this is a lot of—

**An Honourable Member:** A few times.

**Mr. Pallister:** Yes, many times. And some of their communication has been helpful, and some maybe a little less so.

But the fact remains that they—it's—it highlights, I think, how dynamic this situation is. You know, there's—situation is changing from day to day on many fronts. And so NACI changed its recommendations in respect of the second vaccine, said you could hold off on it a little longer, a little longer, a little longer. I don't know about the Opposition Leader, I'm certainly hearing a lot of questions about that second vaccine already from people, saying, well, do I have to take the same one, or I got—70,000 or—plus Manitobans had the AstraZeneca. A lot of questions about the AstraZeneca—*[interjection]* oh, thank you—a lot of questions about the AstraZeneca in terms of additional science, testing coming back on potential for blood clots, concerns about that, fears about that.

\* (10:10)

So I know the vaccine team has elaborated somewhat on that, and I think there's a plan for them to do even more elaboration in the coming days about their strategies going forward on that. I won't steal their thunder today. I can't, because I know that the plan that they're developing is evolving.

But I know the intention here is to get as many people vaccinated as possible and to get as many second vaccines out there as possible because the immunization doesn't—as much as NACI says it's—it depends on the vaccine, you know. It's somewhat higher than they had originally thought on that first vaccine, I think across the board. Depending on the brand, it varies, right?

But there is no doubt that that second vaccine is critical, absolutely no doubt. And we're at—you know,

were my mom alive and in a—which she did in her last few years, live in a seniors' home, if she had got the first vaccine and then we'd held off for an extra number of months to get the second, I'd be concerned, right? And many families are concerned that their—in particular that their loved ones who are older are getting that vaccine as soon as is appropriate.

Now, when is appropriate? Well, NACI's decided to change that. So our vaccine team has changed their strategy somewhat. And so—not on the over 80s, over 90s—and I may be able, when I go through this, to give you stats on the number of folks who are vaccinated by age category—but the older folks are—a high, high percentage have already got their second dose, which is, I think, great and peace of mind for those who have loved ones who are seniors, yes.

So, 625,404 doses. We're not there yet. But we're getting there. And I think that makes all of us, you know, more optimistic: 536,000-plus first doses and about 80,000 second doses out there, approximately 50 per cent of our eligible population.

And I'll get into the discussion a little further about where we're going on some of the questions the member has raised with my next response, if he'd like.

**Mr. Kinew:** Look forward to that information, including the younger age brackets, too. We go down to, like, you know, even 40s and 30s and up.

But again, the—I guess the vaccination program is the way out of this thing, but still some heavy lifting required in the interim.

So would like to know the—what steps are being taken with the ICUs and the hospitals in mind, given the high case counts this week and last?

**Mr. Pallister:** Yes, there's multiple issues here. I'll deal with the specifics the member's asked first and then broaden it over into the enforcement side. I think we have some updates on that as well I can share with committee members, because it's both those things. It's dealing with the consequences of COVID; it's also dealing with the causative factors of COVID. Enforcement is an issue as well. And so I'll get to that.

But I wanted to—because the member had asked for this: efforts have been focused on ensuring, diligently, in preparation and now in implementation upgrades in terms of staffing, supplies, equipment, space as well. Obviously, in an unprecedented situation like this, there's a need to expand in availability in every aspect of ICU because the ICU demands have—I don't want to say never, but I believe never

before, for any significant length of time, has the ICU need been as great.

We've been increasing the critical-care bed base. We've been scaling up the ICU bed capacity. Part of that was that there were a number of patients who were able to be moved out of ICUs either home or into community settings or back to PCH settings. That cleared some space. I don't have the numbers right here right now, but we could probably get that for the member.

Both Winnipeg and Brandon in particular, of course, have had to be addressed. On nurse staffing: 16 new full-time nursing positions, two ICUs. Principally here, of course, Winnipeg: HSC, Grace, St. B., and in Brandon as well.

On the critical-care orientation program, which is a program we introduced last year—early last year, in anticipation of additional needs, that critical-care nursing program has now got—it's 39 new graduates, as of last month. That's the first cohort and they'll be more coming and we will appreciate that. All of those grads have been offered full-time positions in our ICUs and of course will be needed there.

In addition there's an accelerated ICU orientation program that's directed at existing nurse staff that need additional upgrades or training to do the job in the ICU, so logical step to give them the opportunity to serve in that, because that's where the need is emerging, clearly, during this pandemic.

Patient flow is—and this is where if Lanette Siragusa were here she'd do a much better job of answering this question—but patient flow is a big issue. I alluded to some movement out of ICUs back—that patient flow management issue has become, of course, even more critical as the ICU demands have grown as a consequence of, in particular, the last three weeks of accelerating cases.

Now, we all hope and pray that the impact—and I'll get into the restrictions' history here in a bit, too—if I could have a document I can outline that, but—I won't get the dates right, but we know that we stepped up our restrictions about a month ago, again three weeks ago approximately, and I'll get the dates here from somebody. And then, of course, the ones that kicked in this—there's additional ones that kicked in this week.

The ones that came in two weeks ago, Dr. Roussin has said he's very hopeful about their impact. Those were the ones that particularly—they did gear down on retail, and I'll recap it when I have the document, it's—because it's—I think it's a point of hope for all of us that

those restrictions, which in particular would limit the home gatherings, right, the sort of domestic setting gatherings, which is where a lot of the problems, according to our health-care experts, are emanating from, that those are going to have an impact. But they don't have an impact immediately. They can't. It's not a switch-on and off switch—it's a delayed impact, and so because the gestation period of the disease and other factors, it takes time.

And so we're all hopeful that, over the next few days, the impacts of those more severe restrictions that were introduced a couple of weeks ago will begin to show, and that'll be—that'll certainly help us here in terms of moving back down that curve. We were late to come to it; we were—and Manitobans deserve the credit for that. I mean, this is not a, you know, congratulatory thing as misinterpreted by—repeatedly—by a Free Press columnist—

**Mr. Chairperson:** The honourable minister's—the honourable First Minister's time has expired—

**An Honourable Member:** Oh, I thought you'd give me a 1 minute—

**Mr. Chairperson:** Oh, I had it up for a while.

**Mr. Kinew:** Can the Premier (Mr. Pallister) walk us through the numbers in terms of what that means?

You know, the Premier's mentioned the various, I guess, you know, the supplies, medication equipment, staff, et cetera, that's going into ramping up the ICUs. Can the Premier walk us through what that means in terms of beds, you know, per facility, if possible, but, you know, system-wide? Like, what's the bed count at right now for ICUs; where are we going to get with contingency plans, and what's the anticipated need next week, the week following, because we do anticipate, obviously, a lag. Continued high case counts yesterday, as an example, means more ICU admissions a week from now, two weeks from now, potentially.

So, yes, can the Premier just put some numbers to some of that commentary? Where's the bed count at now? Where does it go once these other contingency plans kick in?

**Mr. Pallister:** Sorry, Mr. Chair. I'll try to pay more attention to your hand signals. An old pitcher like me should be able to remember to look for the signals from the—anyway.

I've just asked for that information the member just asked for to be provided to me and we'll just take a minute. I'll just—I'll finish by answering the previous

question. We'll keep—we'll probably end up doing this rotation a little bit frequently—

**An Honourable Member:** The dance.

**Mr. Pallister:** Yes, yes.

Well, a bit of delay while I get the information.

\* (10:20)

The modelling the member asked about yesterday, I just wanted to let him know, is going to be released today. This is not the first time that the team has released their modelling, but they'll be releasing again today, and it'll cover ICU capacity in detail. So if for any reason I can't get the numbers for the member, they'll be available in the next—what time today? [*interjection*] Sometime later this morning. So the member will have them, but I will endeavour to get them for him.

Just to finish on the ICU piece, I mentioned the patient flow. We've expedited placement in available PCH beds. We were fortunate that we had expanded the number of beds over the last few years in anticipation of more need as our population ages.

I wanted to again say a thank you to the members of the opposition and the Leader of the Opposition for supporting us in our efforts to get greater supports for health care in our partnership with Ottawa. This is really appreciated. And it's critical that we're together on this because every other premier is of the mind—Liberal, NDP, doesn't matter—it's not a political thing, it's a practical thing. We need more support from Ottawa.

And historically, the support is at its lowest level in modern times. The percentages—in Manitoba, last numbers I saw were 21 per cent of our funding for health care comes from Ottawa. This was a 50-50 program in its introduction, you know, and then—and slid down to 25, and we were given that guarantee. Just not keeping up to the growing need.

There are growing needs. There's new technology. There's an aging population, for heaven sakes. Just that factor alone means that there is a greater need for care.

And the biggest—and I'll ask if I could get the numbers on wait times for various procedures, not just emergency but for various procedures. I think we—I should say, Mr. Chair, we commissioned a study—institute of fiscal studies did an analysis for us of historical wait times across Canada in various categories, and I'll share it with the member. And it's very

disturbing, the direction we're going as a country. Wait times generally are multiples of what they were just 15 years ago in our country, right across the board for any number of procedures. It's shocking. And health care should be there. I mean, we have a wonderful health-care system; many people will say we have a wonderful system, if you can just get into it, right? If you can get the treatment you need.

But without a genuine partnership from Ottawa, every province—and other studies have shown—the Parliamentary Budget Office conducted a study and then a review of the previous study, verifying that the fiscal capacity of the federal government is, of course, far greater than of any province—any province. This is—includes Ontario, BC. Certainly, with the oil problems, used to say Alberta was the most fiscally strong, but they're not anymore. Every province is facing the challenge of a growing health-care demand, and we're largely asked to do it with less partnership and support from Ottawa than before.

So sincere thank you to members of the opposition for joining with our government and joining with, frankly, all governments across Canada. It's, you know, relatively rare that premiers agree on everything, and in this instance, we most certainly do.

And so we have made some progress, but we need the Prime Minister to act. And this is—there is no doubt the federal government has faced this COVID pandemic like all of us. They've done their best—in many respects, I think, have been tremendously helpful of provincial governments, and I thank them for that. But this isn't a short-term thing. Health care is not a short-term thing. It's a long-term thing. And the long-term trends are really, really scary for Canadians in terms of waits.

A—I'll just add, when my time comes back up, because I can tell the Chairman's going to cut me off, I'll just finish on the ICU, and then I've got that additional information the member was asking on the vaccine delivery issue that he had raised earlier.

**Mr. Kinew:** I think we've observed that our First Minister and Premier Legault don't always agree on certain issues, and yet on the—you know, the health transfers, definitely that's been a shared priority, I think we could say.

But yes, just returning to the ICU numbers. If you could just walk through the numbers in terms of where are we at now, what happens with the enhanced

capacity with those various staffing, supplies, equipment, space that was mentioned there in the previous answer.

Can the Premier (Mr. Pallister) share the numbers on the ICU beds available, both today and what's projected?

**Mr. Pallister:** Yes, I've got part of the member's answer, and we're just going to get the full answer for him here in a second, I think.

I'll just finish by saying, also, on the virtual supports for—with the new technology that the health-care system is able to utilize in terms of—and there's exciting stuff there. And in—not exclusively for rural and urban, but in particular for rural and urban folks, to save them a ton of time and to get them closer to actual health-care services they need through technological capabilities that I am only of a limited understanding, but I can say that it's very exciting.

The team has implemented a virtual COVID outpatient support program. And what that does is it enables people to get care in their own homes rather than having to travel, as was the traditional model when—frankly, very much the model across the country when I speak to other premiers. That's changing.

So, again, not trying to polish something that shouldn't be polished here. I'm just saying, as we look back—hopefully a few weeks from now—as we look back on COVID, the learnings that we have gained from this horrible experience are things that we can take with us to do a better job, not just in government. I've talked to many people and mentioned yesterday in education who feel that there are some tremendous opportunities going forward to enhance them in their teaching careers.

I've talked to people in business, as well, who have said—one of my—actually, a friend I met through the chamber—Portage and district chamber of commerce—when the member was—let me think, when the member was nine, I met this gentleman, and he's been in a retail business setting since that time and a few years before. And he said, this whole thing has been a total wake-up call. And I said, what do you mean? And he says, I don't know why we weren't doing home delivery about 20 years ago, he goes. And we—and they really weren't. They were waiting for the customer to come in.

So some of the programs that we've—I'll get into that a little later, if the member would like, on partnering with some of the business organizations

and so on to incent adaptation and so on are really going to be helping, as we move forward, our small-business community to do an even better job. And so sometimes it takes things like this to shake up organizations and to move them forward. And this virtual care of folks—not exclusively seniors, by any stretch, but people who are moved out of ICU means that you can, with more confidence as a patient or as a family member, know that that person is not going to be forgotten in the mix, that they'll be able to get that outpatient care after they move out of the ICU back into their home. And if this is somebody who's in a small community, that traditionally wasn't anything that was available to them.

Yesterday's announcement about the expansion of broadband into—over the next three or four years, we think, beginning as early as this fall—into hundreds of communities—and I can share more of the details on that, too, if I can get the detailed sheet on that; it'd be great—is really exciting, in particular for Indigenous communities, for rural communities where we have been not well served. And I think I could get the actual data from the CRTC website. That would really help just to illustrate how important this issue is, but that broadband expansion will mean that things like this are available much more widely.

And in Manitoba, we have been the worst served for a long time on access to Internet. And this has been an ongoing thorn in the side of Manitobans—frankly, I would say hundreds of thousands of Manitobans, not just those who live in these communities, but those who have friends who live in these communities, family who live in these communities who are really understanding that this is a limiting factor in our time.

So I look forward to sharing—if the member's interested—in sharing some of the detail on that expansion of broadband. It's, I think, for members in his caucus like the member for Flin Flon (Mr. Lindsey) or the member for The Pas (Ms. Lathlin), they're going to be really pleased to hear about this. The member for Keewatinook (Mr. Bushie), too.

But it's not exclusively northern communities. It's rural as well.

Thanks, Mr. Chair.

\* (10:30)

**Mr. Kinew:** Yes, no. I would like to discuss that perhaps a little bit later, as well as more on the vaccination program.

But I do just kind of want to put a finer point on the ICU situation and have the Premier (Mr. Pallister) walk us through those numbers.

Can the Premier tell us what the ICU numbers in terms of beds are at and, you know, where are we expected to have to go in the next two weeks in terms of available beds across Manitoba?

**Mr. Pallister:** Right, I look forward to provide that information to the minister—to the member opposite as soon as I receive it.

I'll go back to the earlier question about vaccine numbers. I mentioned the total doses; I should also expand on that a little bit. The First Nations doses administered are being manually added, both first and second doses, so that in partnership with our First Nations vax team, the—I repeat, over half a million first doses, total; it's 625,000-plus, 535–536,000 first, about 80,000 second. So far—presently, I should say, we have about 35,500 doses that are allocated to First Nations partners. It's 7,600 doses allocated to medical clinics and pharmacies. We have over 95,000 doses allocated to supersites, FIT, which is the—what's called fast immunization teams, and pop-up clinics.

Without new supply the doses for the supersites, the FIT teams, the pop-up clinics will run out in about nine days. Now, this gets back to this issue of supply, which is not as bad as it's been, but has been bad. We were—as a country, we were dependent on—made dependent on other suppliers. And so we languished at about 55th, 65th in ranking on getting vaccines out because we weren't getting vaccines here into Canada. Federal government took some criticism for that, but they've upped their game in recent weeks, and I hope that continues.

So Manitoba has confirmed vaccine allocation of Pfizer until the week of June 28th. The week of May 17 to 24, Manitoba expects to receive 73,700 doses a week. The week of May 31 to—weeks of May 21 to June 28, a five-week period, we expect to receive 87,750 doses a week. And our team—I can probably also go over the list of all the sites if I can get that list of all the clinics and sites somewhere here. But our team has worked so hard to build up all these various outlets to accommodate getting the vaccine out. And, again, I say thanks to them.

We're very confident that we can continue this flow rate. There's been some real confusion on the part, in particular, of one columnist at the Free Press as to why vaccines are in fridges. I remember there



was a time when the Opposition Leader was asking questions about why so many vaccines in fridges.

A briefing—and I would hope that that question would've been addressed by the briefing that I offered him; I expect it was and he would now understand better, inventory management, than apparently the columnist does in his photocopied columns. But I can only say that having vaccines in fridges is essential; if they're not in the fridge, they're not used; they're going to deteriorate and you'll have vaccine wastage. They need to be in the fridges.

Up until recently, if we had injected all those vaccines in three days, we would've been out for the following five, which means that we wouldn't have been able to continue with our staffing and keep our people at work. We would've had people working and then not working, and they would've perhaps left our work sites.

In addition, if we had tried to force all the vaccines out fast, we wouldn't have been able to make them available in a variety of ways. Not everybody wants to go to the supersite, apparently. As much as I think the member opposite and I and our families would rush to the supersite, not everybody feels the same way, some people are reluctant. They only want somebody putting a needle in their arm who they know, and so they want to get their vaccine from their regular person they know, and for that reason we made vaccines available through the physicians, because for the comfort level of some Manitobans that was the way to get those vaccines to be taken up.

There was some criticism that that took longer, but it also works better for some people. Not—you know, it's not a one-size-fits-all situation. So I'll just—and I hope to have the—

**Mr. Chairperson:** The honourable First Minister's time has expired.

**Mr. Kinew:** There's a quote that's often attributed in some of the circles that I walk in, to Gary Doer, but I think it's actually from Mark Twain, and it says don't pick a fight with people who buy their ink by the barrel. So that was some advice shared with me in the past about duking it out with certain commentators and stuff like that, so I'll just leave that on the record.

But I am very curious in this whole conversation about vaccination. I think this is our shared interest. We all want to see this thing succeed. We want to see everyone in Manitoba get that shot. We want to see our way of life return to normal later this year, hopefully. Hopefully, everything goes well.

I did want to pick up on a point the Premier (Mr. Pallister) was just talking about, because I think it's an important one—accessibility—making the vaccination program accessible to Manitobans. And so, you know, on that point, I think there's a few things.

There's the one the Premier just mentioned, which is people's level of comfort. They may know their pharmacist in their neighbourhood; they may have a family doc. It's my understanding that there may be the potential to have other vaccines made available in some of those settings. I believe right now it's just AstraZeneca that's available in some of those, but is there a chance we could be looking at Pfizer, or could we be looking at Moderna, some of the other vaccines, the mRNA vaccines?

What's being done to make those available in other settings like doctors' offices, like pharmacies?

You know, I think there's a good point made here by the Premier, and I think Manitobans, other members of the committee would want to know, how are we proceeding with that.

How are we making that more available to people in those settings?

**Mr. Pallister:** I'm appreciative of the member's Mark Twain quote very much. Of course, when there are repeated errors, one has to confront that and a professional journalist would want you to. An unprofessional journalist might not.

But, for example, it was reported today, I think, in the Free Press that the member had answered the question about not paying his taxes by releasing his tax returns. That was an error because he didn't. He released one year of tax returns, so a plural shouldn't be used in the answer, and a one-year tax return doesn't answer the question that was raised, either.

So I think it's fair to ask for accuracy. I don't think it's unfair and I don't think it should be mis-categorized, but it might be by an overly defensive columnist. Columnists, of course, don't have to have the facts. They just sit down at a keyboard and they get to write.

On the facts, though, that the member had asked for, I just wanted to answer his question about capacity. I think we've got it now on the ICU beds, so base capacity at HSC was, and I don't know the date on this, but was 39. I don't know how long ago that was; currently, with 52 ICU beds there. The—and the goal—so it kind of—there's three parts to this: there's the base bed number, there's the current number, there's the

number they're working towards. So they're in directions; so, just to clarify these numbers.

So the base number at HSC, which is, of course, the biggest ICU facility we have, was 39, now 52, shooting for 58 there. On St. B., 14, 24—up to 24 now currently, big increase there; four more to come; so 28's their aspirational number, I'll call it.

\* (10:40)

I can't share with the member the time frames on these. I don't have that data, but we could endeavour to get that if he would like that. I think we could get that from Ms. Siragusa or from the medical team as to the time when they aspire to have these extra beds added. I think that would probably be a logical question we should answer for you.

On Grace, base was 10, 12 currently. They're going to be adding four more there, so 16. And Brandon, nine, adding four, 13.

As of midnight yesterday, there were 118 patients in ICUs. There were—the normal baseline capacity is 72, as the member can—as I've just shared with the member.

We have additional capacity, but this is a major concern, I know, for all of us, that this capacity was expanded previously and it continues to expand is essential, and I thank everyone involved throughout the system. And I'll single out Ms. Siragusa for her leadership and respect of the co-ordination work that she has done throughout this pandemic. And our professional staff too.

There were—and giving the member the update as of yesterday—there were 62—I don't have today's in front of me, but yes, this is yesterday's stuff; it's okay. There were 62 patients who either have active COVID cases or who are no longer infectious but are still very sick and in need of intensive in-patient care. It should be noted—and this is the thing with the variants, the member knows that they are—these variants are—seem to be more pernicious with younger people. I got a sense from his relief earlier and his reference to his boys that this is a particularly important concern for a lot of families because they understand these variants can affect younger people. Twelve of the 62 patients are under the age of 40.

And I'll finish up—I see my time is up, Mr. Chair—but I'll just finish with the numbers the member had asked for here in a minute.

**Mr. Kinew:** Yes, I think that's an important point to have on the record. So, yes, I would ask the

Premier (Mr. Pallister) to continue with that line of explanation.

And I'd also just ask the Premier just to clarify for me, you know, he said currently 52, 24, 12, 13 beds at the four ICU sites. That's 101. He said there were 118 ICU patients as of midnight last night. So—*[interjection]*—was it 62? *[interjection]* No, sorry, I'm just talking about the overall capacity. Yes, the capacity number, I think, totals 101 but the number of patients in ICU is 118.

So can the Premier explain, like, how we're caring for the additional patients? Like, what's the situation going on there with those folks?

So I just did the numbers on the ICU beds—that were shared—and I get 101. And then I get 118 ICU patients as of last night, so I just wonder, like, how are the additional folks being cared for? Like, is that, you know, they're being used in temporary spaces with extender staff or did the—are those numbers right: 118 ICU patients as of last night, 52 beds at HSC, 24 at St. B, 12 at Grace, 13 at Brandon?

Yes, I'm just looking for an explanation. Just, like, how do we make that work? You know, I'm trying to understand the—what's the situation there.

And then, again, to pick up on the Premier's—I guess he was continuing to explain the ICU situation there. I'd like to hear that answer as well.

**Mr. Pallister:** So I'll do my best to get an answer to that question and I'll continue to relay what information I have to the member, as has been my custom through these processes.

So, I mentioned the number of patients that were under 40. The age band has changed significantly. I don't have a historic one to show the member, but early days it was plus-70, plus-80, plus-90. Now, with the vaccine program—which at some point I'm going to get the information on what percentage of by age has been vaccinated—but it's significantly high for the older folks, which is great because that was—those were your most vulnerable in terms of possibly dying as a consequence.

The interesting challenge that every province is facing now with more younger people is they start stronger and they hang on longer, and so the ICU trail on the graph, I'm told, can be—can extend for a long period of time, even after infection, right, because younger folks are hanging in there. And so that's an issue as well, and this is going to be an ongoing

challenge, I think, for our health-care leadership as we move forward.

On the age band, I'll just share with the committee members, I—and I'll just give you the total number of cases; I won't get into some of the post or during categories—just to say between 70 and 79, we have 62 ICU active or post-infectious cases of COVID right now, 62. In 70 to 79 bracket, it's eight; 60 to 69: 13; 50 to 59: 14; 40 to 49: 15; 30 to 39: five; 20 to 29: four; 10 to 19: three.

So that has shifted significantly downward, not solely as a consequence of variants, though variants of concern are an impact, clearly, but also doubly so because of the number of vaccinations that we've had.

We started not exclusively by age; we started with vulnerability. We expanded down gradually by age, plus the vaccine went to these so-called hot zones; went to target those. Indigenous folks in the North were given the vaccine at younger ages. We started about 20 years younger, if I recall, and then actually went to some of the harder hit communities and blitzed in there, basically, to get those folks vaccinated. Made a lot of sense, and I know Manitobans supported that and thanks to our team on that.

Seventy-one patients were on ventilators; this is yesterday—don't have today's numbers in front of me—including 43 patients who have or had COVID. So of the 71 on ventilators, 43. We have really increased our ventilator capacity throughout the system, and that's good news.

Seven of those 43 are under the age of 40, and, of course, the number of patients in ICUs changes, as I've just illustrated here, where the number went down significantly today, but it may bounce back up. I'm not trying to tell the member it's great news and a trend; it goes back and forth. These current numbers are below the peak of the second wave. We're all hopeful that that's where they stay and they begin to drop, as I said, as a consequence, in part, of restrictions, and a larger causative factor is Manitoba's willingness to follow those restrictions.

I'll share some of the enforcement data here. A sad reality this pandemic is that we've had to—tried very hard to educate as a primary way to get the word out to people, but for some people, they just—it doesn't seem they listen to education. They need a threat of a fine, sadly.

In total, there were 240 patients hospitalized due to COVID—this is yesterday morning, I repeat—including those in ICU, 183 active cases, 57 post-

infectious cases, 54 patients in total under the age of 40; eight under the age of 20. And I see my time's up. Just got a little bit more info here that I think the member will want to know about why patient counts are going to take time. As I talked about that trail on the graph, there's a reality that we need to understand here.

**Mr. Kinew:** Yes, it's a trailing indicator; it's a lagging indicator. I think we all do expect as—given 560 cases yesterday and three—in the 300s for the two days before, 500s for a few days before that—that there will be increasing hospitalization and ICU numbers over the weeks to come. How much does that impact the overall number as other people leave ICU, other people leave hospital remains to be seen. Hopefully, we get some answers on the—some of those questions when it comes to the modelling piece.

\* (10:50)

I did just want to put on the record it's very sad to hear about the 10-to-19 age group having three people in a ICU. And, of course, it's very sad when anyone's fighting for their life in an ICU. But when we're talking about kids, you know, it's pretty heavy to think about that. So, definitely, all my best to the families and those fighting. And we wish them the best and a speedy recovery, for sure.

I'd like to talk about the vaccination program again. I did pose that question about access. I think it's a pilot program going on with Moderna in pharmacies. You know, I think CBC, maybe CTV, had an article about some of that work happening. I just wanted to ask, I guess, where's that in terms of piloting? I assume the idea is you test it with those high-volume pharmacies, you expand it beyond that, and maybe it's more generally available in pharmacies.

So I guess two questions:

Can we have an update for the committee, where does that stand and when do we expect, like, a maybe a broader rollout of Moderna and other vaccines in pharmacies?

And then I guess a second point is just to, like, flesh out, what does that look like? Is it going to be just like, you know, the big Shoppers and Rexall who can handle a high volume who are going to see that? Or would this also, then—it's going to go to the more, like, independent, local neighbourhood pharmacies as well?

So can the Premier (Mr. Pallister) talk about that pilot and what it's going to look like once it's past the pilot stage?

**Mr. Pallister:** Yes, I'm glad to.

And I'll just go back to the question that was asked earlier. Key stats here. Now, these may be a day out of date, but they'll be pretty close: 90.9 per cent of Manitobans 80-plus—and I know the member and I are both equally enthusiastic about encouraging vaccines to be taken up; there's still 9 per cent, approximately, of Manitobans over 80 who have not yet got a vaccine; 87.7 per cent of Manitobans between 70 and 79 have at least one dose—we're referring only to one-dose totals now. And 52.7 per cent of Manitobans age 50 to 59 have at least one dose, which is pretty incredible because it's only a couple—two and a half weeks ago that that group actually became eligible for vaccines. So that's an incredible thing to have happen in less than three weeks.

Among all seniors in Manitoba—65-plus, use that definition, a group that has been eligible for weeks—86.5 per cent have received their first dose. And I wanted to say, because the member for St. Johns (Ms. Fontaine) is here, thank you to her for promoting vaccine awareness. I liked her statement the other day very much. I thought it was great.

This is a real key. I've got, I think, some exciting information I can share—can I share? It's sort of formative—but a little later on—about vaccine encouragement. It's just in the planning stages, but I think we should—this is not partisan. This is not partisan. We've got to get people vaccinated, come on. So we—I'm excited to share some more information with the members on this because, boy, we've got to push on this.

We've got so many people that are so hesitant, eh? I've got friends who are; you've got friends who are. It's a challenge, boy, and we've got to face it together. And the more we can do—we have that profile piece; I know the member for St. Johns is part of that, promoting in the city, in particular, uptake. We've got to go for it. We've really got to go for it. Saves lives, and it'll get us our lives back faster—you know, really important.

Men, we're finding, are lagging. Now, I know the member for St. Johns is going to say this is true in every category, but I don't necessarily agree. Men are lagging women in respect of getting vaccines by a full 5 per cent. So we've got to know who we're trying to market to, too. We've got to be very conscious of who

it is we're trying to persuade. Because not everybody thinks the way we do under this dome, you know. We've got to market this thing.

I'll just continue with answering the member's question, but I referenced 576,000 as of—this is as of four days ago, I'm sorry, on this one—have been vaccinated.

In addition, on the question he raised about access points and so on, we've—obviously, this has put a strain on every province's budget. And this is—\$1.2 billion is the COVID funding in this year's budget alone, which is an amazing thing to say, in a sense, that the amount of money that has been invested by governments—federal, too.

I mean, in particular, the federal government should be, I think, complimented for focusing its resources. Not always effectively, no, but because we're making this up as we go along. We haven't got precedents, and there's been a lot of criticism directed at the federal government for its wage subsidy program. I'm reading in *The Globe and Mail* reports in the last few days about money going to very, very, very fortunate and profitable companies in wage subsidies that just makes you wonder if we could have had that money for health transfers instead. It would have really helped, you know.

So, there's room for error, I suppose, and there's room for criticism. And in the post-pandemic analysis period, I'm sure a lot of that will be done. I would encourage members to stick to the focus, to issues at hand, which are getting people to get vaccinated and following those public health rules. That's how we get through this.

Anyway, we've—as you know, we've expanded the vaccine eligibility, as the member, in his intro comments, addressed. This week, 14 pop-up clinics: these are really helpful, because they allow Manitobans—some Manitobans don't—have difficulty with mobility. Some Manitobans have difficulty with transportation access. Pop-up clinics around the province are really helping. We introduced the paid sick leave program. It's direct financial assistance to Manitobans that have to take time off from work. And I'll get into the other items here in a sec.

**Mr. Kinew:** So, yes, I just want to return to the question of access—or, accessibility—and access, I guess—but, just, accessibility when it comes to the vaccine.

You know, the vaccination program is moving towards, you know, just being heavily focused on

Pfizer and Moderna. The Premier (Mr. Pallister) acknowledged earlier that there's, you know, they're a little bit more high maintenance, I guess we could say, when it comes to those two.

*Mr. Greg Nesbitt, Acting Chairperson, in the Chair*

What's going to happen with second doses? When we're talking about northern Manitoba, are they going to be, you know, including more Pfizer in that rollout? And what about travel? If, you know, people need to travel, is the government going to help with that? Is there going to be assistance with helping people get to supersites? The 211 number was announced, however some folks are still finding a barrier when it comes to getting transportation to a vaccine site.

So, you know, what can the Premier tell us about steps taken to help those folks?

**Mr. Pallister:** I can share a bit of information on that. We can, I think, get even more—I'll start with the AstraZeneca, because it's been much in the news lately. We've confirmed vaccine allocations of that AstraZeneca—much discussed AstraZeneca and much concerned about AstraZeneca vaccine—out there. I think we have over 70,000 Manitobans that have the AZ for their first dose.

And the vax team, I think, is planning to release even more information next week on its plans for—its strategies for second doses. There's a lot of discussion right now about this mix-and-match research that's out there. Can you not take the AZ, if you have a concern, on your second dose, right. And this is a—so, we're following the research. There is imminent research to come out, we think by the end of the month, on this issue.

Really important issue, because, again, vaccine hesitancy is going to be fueled by concerns, naturally. The media is reporting, as they must, on clots, right, and the numbers appear to be a higher percentage than was originally thought. So that creates a concern for people and then a reluctance comes in.

So the vaccine team decided—I think they announced this this week—they're reserving the AZs for second doses for those who had first doses, because they're not sure yet if you would be as benefitted by taking—switching up. So we'll monitor that research.

There's risks to everything. I mean, you know, some have been reported to some of my caucus. By doing that, they fueled the fear, you know, that maybe the AZ isn't safe. Well, you know, we need it for second doses. So, frankly, we're not trying to fuel any

fear here, we're trying to monitor the research and do the right thing.

We all know that a person who takes the AZ, regardless of the most recent stats or earlier stats, is far better off to have it—especially over 40, right, we know those numbers—especially over 40—than if they don't take a vaccine are way more likely to contract COVID, obviously. But, you know, the concerns are still there because of the media reports, and that's the nature of the beast.

\* (11:00)

Then when NACI comes out and says, well, I wouldn't give it to my sister, then you've got a problem. Then you've got a problem. And then the Prime Minister has to go out and say, take the first one. I think, didn't he take AZ? [*interjection*] Yes.

So, you know, that's where we're at on that one. Kind of a Rocky Horror Picture Show—I don't know how to describe it. It's not—it's been—the comms around that one haven't been great.

*Mr. Chairperson in the Chair*

Janssen, federal government—this is last week—10,900 doses of Janssen. But Health Canada is holding that back due to some possible quality control issues and they won't release the product. So, good; that's what they should be doing.

The access points the member had asked about, let's get into that one. I think I have here some information the member would want.

I mentioned the paid sick leave program, which, you know, and I elaborated a little bit yesterday on why I think several of the premiers, in particular Premier Horgan and I, would not be—we're not super impressed with the federal response, but I'll leave it there.

Seven vaccination supersites up and running: two in Winnipeg, but we also have sites around the province—Morden, Brandon, Selkirk, Thompson, Dauphin. In terms—and thank you to the folks that are working at those supersites. We have over 3,000 staff that are helping to vaccinate literally thousands of Manitobans every day of the week now. So what was our number yesterday, David, on—[*interjection*]—no; on vaccinations? Wasn't it 15,000, 14 seven—[*interjection*]—yes.

Anyway, as well, as I mentioned before, we prioritized those who are most at risk. So we began with our health-care employees, our Indigenous people,

PCH residents, police officers, first responders were included in that 'prioritization' list as well early on.

And you're telling me I'm out of time.

**Mr. Kinew:** Just while we're talking about the vaccination campaign, I'd like to ask about the Providence deal as well.

So with the deposit, like, has the government of Manitoba paid that \$7.2 million to Providence?

**Mr. Pallister:** I'd be happy to address that. I'll just get the information for the member.

And I'll just continue to say the Moderna doses, I'm told, on the pilot that he asked about earlier—just got that info for him—2,300 Moderna doses sent to six medical clinics and five pharmacies. Eight of these locations are in Winnipeg, one's in Brandon, one in Dauphin, one in Neepawa. And between—it varies, right, between one and 500 doses at—for each location, spread out across the province on the pilot. And that's under way right now; yes, so that's under way as we speak.

Just worth going back a little bit, I think, and saying that what the vax team did that I—and again, I'm appreciative—I know that they're open to criticism, as anyone is in this pandemic, for making decisions, but, you know, they made them. Not all of them are going to work out, you know. There's—probably the best hitter, some would argue, in the history of baseball, would be Teddy Williams, and he went out more than—more than six times out of 10 he went to the plate, so there's failure everywhere. The failure would be in not attempting, and so here we have a vaccine team that's attempted, and I think they should be acknowledged for their efforts and respect what they're doing. We appreciate and thank them for what they're doing.

So, they expanded—they made the decision to expand in the geographic areas of concern. What this meant was that they potentially got criticized for not moving fast enough down the ages, right. Because vaccines can't be in two places same time. If you move them into those hot zones, you're taking them away from people who are 53 when the age is 55. They won't get them as fast because those vaccines aren't as available as fast to move the age down. You get the logic of this.

Was—they got some criticism for doing that from some who were anxious, and understandably anxious, wanting to get their vaccines, but they expanded into Winnipeg, into these geographic areas of concern

because that was where they were seeing some of the close contacts resulting, for example, in more cases, and where their contact tracing was showing them that they needed to pre-empt the potential expansion of an already expanding number of cases. So, in Winnipeg, that included River East south, St. Vital north, Seven Oaks east, Inkster west, Fort Garry south, Point Douglas north, downtown west, downtown east, Inkster east, Point Douglas south, Seven Oaks west.

By going into those areas, they may well have helped us to address some of the—what we're seeing now with the increase in numbers could well have been worse. I expect they're going to—when they release their modelling—and these will be some of the questions the media will most certainly be asking—how's that hot-zone thing working out for you? And we think that the pre-emptive work that the vaccine team did and those difficult decisions was part of that.

I would also say, in the Interlake, Powerview and Pine Falls were targeted. And what does this mean? Eligibility dropped, dependent on the specific area and time, but age dropped mostly so that younger people could get the vaccine—in many cases 18-up.

In Brandon—Brandon east end and then Brandon downtown, and then we expanded, of course, to all those living or working in the northern region, as well.

I mentioned the doctors offices and pharmacies. Again, partnering with them. And this is to assist in making sure that folks are comfortable and can access, in a manner that's convenient to them, their vaccines.

I'll also expand on the—an answer to the member's question in respect to the Indigenous-led activities, but I see I'm out of time again.

**Mr. Kinew:** I just wanted to ask, on the Providence, that—the \$7.2-million deposit, has the government of Manitoba paid that to Providence already?

**Mr. Pallister:** Yes, I'll certainly endeavour to get that.

I—first, before I get into the detail on that, I'll just assure the member that no money's changing hands here yet. Okay. So, that contract is not finalized and no money is changing hands. So that's where that sits right now.

It was a really—I mean, we're all hopeful, right? We're all hopeful that we can get domestic vaccines. I'll just say that before I get the detail. And clearly that would be better than counting on another country where they have a pandemic and are not supplying us.

This is the situation we've been put in by the—you know, for whatever reason. We'll leave it there.

Manitoba took the lead in this effort. We've got other provinces now, we know, across the country looking also to support domestic production. Clearly, this is going to be an issue going forward, and we didn't present the Providence thing as a panacea. It's not. But it would be better if we could have access to vaccines here in Manitoba and across Canada. I'm not in this alone, of course. We've got partners and friends all across the country and around the world.

And—but, here in Manitoba, to be—to expect that we're going to be anything but at—advantaged by having more domestic production—this is our largest sector of our economy, is drug manufacturing, right? We have the ability to manufacture drugs here, and we need to be able to do that to produce those kinds of vaccines that we need now. But we would have had to have started that years ago, so we're starting now so that hopefully, come the future—when we need booster shots for example—we'll be able to access them from a made-in-Manitoba provider. Certainly, if we can do that—as my old grandmother used to say, the surest way to help the needy, my boy, don't be one yourself.

\* (11:10)

So, if Manitoba can supply our vaccine needs here, then the federal government—we don't need to depend on a federal government, and we can quite possibly supply our neighbouring provinces with vaccines as well. That would be the hope.

So I'll—just waiting for the detail that the member's asking for; I'll share that with him as soon as I get it.

Just to go further and say I don't think enough praise can be given to our Indigenous partners through this whole process. We have really, really worked hard. I emphasized this at the outset of the pandemic. I wanted to make sure that our Indigenous—not just our Indigenous leadership, but our Indigenous communities were involved in this process as much as we could.

The immunization—First Nations Indigenous team has worked very, very closely throughout this pandemic within the structure that we've created to—and done an amazing job, and I thank them. And I thank our First Nations leadership in the communities as well as the grand chiefs for their efforts, diligent efforts—for the most part diligent efforts to stay focused on the distancing and the fundamentals.

I grew up next to Long Plain First Nation, as an example, and just in visiting there early in the pandemic, they had put checkpoints up, roadblocks to make sure that visitors were checked before they came into the community; they had really taken good precautions—and congratulations to the chief and council there for taking that initiative on. And, as a consequence, they had done very well in reducing the number of cases in their community, as many, many communities have.

Unfortunately, despite the best efforts of many First Nations leaders, there were severe outbreaks, as we well know, well reported. I won't start naming communities, but COVID is sneaky and it can get into a community despite the best efforts of community leadership. But I don't doubt the efforts were sincere and very consistent across First Nations communities.

So, five urban Indigenous community organizations created Indigenous-led immunization clinics. Three of those are open in Winnipeg, in Brandon, in Portage right now, to help vaccinate at-risk urban populations as well as homeless populations, and that's important as well.

I see my time is up so I'll just—I can finish this up in a minute.

**Mr. Kinew:** So I just want to pick up on the Providence piece. You know, the Premier (Mr. Pallister) says no money's changed hands but he also talks about pursuing this. So I'd just like clarity.

So is it fair to say the deal with Providence is still being developed? How does the Premier characterize that, is, like—is the door still open to deal? Has the Premier walked away from it or is it—like what's the current status of this? Is it in negotiation? Is it just bye for now, or is it somewhere in between?

**Mr. Pallister:** I'll just say we've got a few irons in the fire to enhance domestic availability of vaccines and to produce domestic vaccines here in, hopefully, Manitoba or in partnership with some other provinces. I'll be able to share some of that, I think, in the next two weeks as we finalize, we hope, some of those irons.

So, you know, it's good news. You know, to be able to have those vaccines available here, not to be waiting, not to be worrying that we're going to run out of vaccines in three days, you know, when we're in the midst of that vulnerable period; not to be sitting at, you know, whatever, 63rd in the world. You know, we all hope and pray this never happens again but we're going to need booster shots; that's an obvious need.

If we can—this is an—you know, it's been an amazing exercise in fed-prov dynamic because, of course, the provinces have always been responsible for delivering health care; the feds have been partners in funding. The feds reduce their share over time, as we know and as we know has to change.

But, at the same time, the feds came in and said we'll look after your vaccine procurement, just like they said we'll look after your PPE. Well, that didn't work too well. It's not something they've been doing before, in their defence, brand new. On the PPE: not so good.

So, in Manitoba, much credit to our Minister of Central Services (Mr. Helwer) and his deputy and his team. They went out and they said, let's actively work with our small-business community in Manitoba. Let's see what we can produce here.

And I can share with you some of the detail. I know the members are familiar with some of the community work that was done, some of the production that was accelerated. Thanks to our small-business people for being so supportive and so adaptable. Some companies actually changed from, you know, beer to hand sanitizer, whatever the case may be, and that was tremendous. And to see what work done was great.

But on the issue of vaccines, we were counting on the feds to provide those; they are now stepping up, but a lot later than just 50 miles south of here. Let's face it.

So, we have other countries—Israel—I could give you the list, but the members know this—that are so far ahead of us on vaccination schedule. And so, to them, it's already unmasking time. It's get your life back time, because they got their vaccine issues dealt with early.

Here we're getting better, but we're at the mercy, pretty much, of the federal procurement minister. I don't like that and I know that as we move forward, health care will remain constitutionally a provincial area of responsibility.

So for that reason, I'm excited to share more detail with the member when I get it on some of the initiatives we're taking to make sure we're doing our part here in Manitoba to make sure we're not needing and not dependant on the federal government to do a job that, since the advent of Canada Health Act was a provincial responsibility.

It's our responsibility to innovate, our responsibility to procure, our responsibility to co-ordinate with other provinces in a co-operative way and that's exactly what we've been pursuing. So, I'm—because there's no definitive answer I can give the member at this point, I'll simply say nothing is off the table; many things are on the table; I hope to be able to share with my colleagues more progress in the not-too-distant future on this front.

On the First Nations partnership, again, I just wanted to say our leads there have developed a structure for integrating our FIT teams, and that's really been a useful vehicle for getting out to communities. So this is those fast immunization squads, and they have really helped us to get our model working better. It's fine to talk in theory, but it's the actual implementation of those FIT teams that is really getting results.

So, we've prioritized that model for on reserve—not just on reserve communities, I should mention; adjacent northern affairs communities as well. Our minister there has played a key role in respect of this co-ordination and this relationship-building, and now we're building even stronger relationships with the northern affairs communities and First Nation communities on this.

The completion—non-adjacent, I should mention this is good news. The non-adjacent northern affairs communities and the municipalities that are identified in the—oh, you're going to cut me off, aren't you? Okay. I'll finish that in a sec, because I think members would be interested in knowing this is a—this important news.

**Mr. Kinev:** So, on the Providence thing again—well, maybe not Providence directly, but when the Premier (Mr. Pallister) says there's a few irons in the fire—so that means the Premier's pursuing supply from other companies? Or pursuing deals with other companies that have vaccines in development?

**Mr. Pallister:** As I said to the member, I'm looking forward to sharing the updates with him, but because of the nature of where these negotiations are at right now, I'd prefer not to give too much more information out than that. But I would just say to him we're, I think, very hopeful that we'll have some positive news to announce in the not-too-distant future.

But I wanted to just continue with the First Nations update because it's a very important part of our overall response. The non-adjacent northern affairs communities and municipalities that have been



identified in the 'priorization' list for FIT teams to get out to will be addressed in—with a partnership that involves the ops teams—our operations team—working with the RHAs and the planned completion of second doses.

I want to emphasize: this is our second dose going out now to those communities—is May the 20th. So that's pretty exciting. I know for the folks in those communities they are really, really excited about that.

\* (11:20)

On the urban side, on the urban Indigenous clinics, those sites have been confirmed already. Ma-Mow-We-Tak in Thompson was operational back on May the 4th. Brandon Friendship Centre on College Avenue in Brandon was operational on the 27th of April. My old hometown of Portage la Prairie has Prairie Fusion Arts & Entertainment Centre operational as of a week and a half ago, May 4th. Aboriginal Health and Wellness Centre on Higgins, as I think members may be aware, is—was operational on April 29th. And Ma Mawi, Win Gardner Place, on McGregor, operational as of April 29th.

I should mention also that there's been some mRNA vaccine has also been allocated to a pharmacy specifically addressing the Métis population as part of the ongoing conversations with the Métis leadership.

I should also mention and share with members that I have noted that there was a deal signed between Ottawa and David Chartrand over at the MMF. There have been many deals signed, as is appropriate, given the Daniels court case. I think the federal government has moved in to support the Métis people in a more, shall we say, fulsome manner, and did announce hundreds of millions of dollars of additional funding just prior to the last federal election, some of which has flowed and other of which is planned to flow. And that was all public, and that's as it should be.

But last week, a deal was announced which noted—it was in reference to Kapyong, which was surprising because it was the Treaty 1 chiefs who did the legwork and the lion's share of the work on the Kapyong project that was in Ottawa through those number of years when people like Chief Dennis Meeches and Chief Hudson at Peguis were diligently pursuing—through land agreements, they were diligently pursuing the idea of taking over the Kapyong property. David Chartrand wasn't involved in that until all the work had been done at the tail end.

In any case, the federal government announced, to much ballyhoo, that they had signed a deal with the

MMF regarding the Kapyong situation that essentially, I gather, was so that the MMF would drop their lawsuit. And I'm left to interpret why they would sign this deal because of the fact that it was secret. And this I raise because I don't think that's in the best interests; that certainly goes contrary to the TRC recommendations themselves. It doesn't help with the reconciliation efforts in a broader sense. And I don't think it's entirely respectful, either, to the First Nations partners that have led this proposed project for so long.

So I have—I'll share with the members—asked the Prime Minister to share with us the details of this so they can be public, so we know. And I think that's what the Métis people of Manitoba deserve; I think that's what the First Nations people of Manitoba deserve. I don't think these deals should be done the old way, signed behind closed doors and left to be secret. And so we're—you know, that's how the federal government did all their other deals; it was public. That's the way it should be. You can like it or not, but they were public about it.

This one being secret, I think it's raised the concerns of a number of people in the Métis community itself as to why—

**Mr. Chairperson:** First Minister's time has expired.

**Mr. Kinew:** So, again, just on the topic of the ICUs, just want to circle back on that.

After the H1N1 pandemic, there was an assessment of ICU capacity and hospital capacity carried out in Manitoba. And it led to an increased number of beds.

So I wanted to ask if the Premier (Mr. Pallister), coming out of this pandemic, would commit to not just a temporary increase in ICU capacity but to assessing what the needs will be for Manitoba?

Because it's my understanding, even as we move out of the pandemic, COVID's not going to disappear. It's going to remain with us, hopefully at some lower level. And so we'll still have the flu season, normal demands on the ICU system, but now we'll have this new factor added to the mix, which seems, on its face, to suggest the need for increased ICU capacity on a go-forward basis, rather than just on a temporary basis.

So can the Premier commit that he'll carry out that assessment as we move towards, hopefully, the end of the pandemic?

**Mr. Pallister:** Yes, we're on the same page entirely on this. The premiers have had discussion on this issue in particular. ICU capacity becomes a limiting factor, limited ICU capacity. Okay, so we have to bring in restrictions because we have to reduce the number of interactions is going to limit our recovery, our ability to recovery on an ongoing basis.

So, in 2009, some recommendations were made. I haven't—I admit I haven't had a chance to review them recently, but I think what the member is saying resonates very much with our entire team, you know.

This issue of ICU capacity's going to remain. It's going to remain a limiting factor. We've already taken steps during the pandemic to address, and as I shared with the member earlier, a number of aspects of that in terms of training, facilitating movement, improving our ability to respond, in terms of improving our ability also to have staff able to be mobile so they can go where there is a need, right?

We had—have had—inherited a real challenge in respect of bargaining units. I won't get into too much of the weeds, I hope, but we have more bargaining units that—and job description structures than anybody. I mean, it's just incredible. And they limit the ability of folks to go across a hall, in some facilities, to do work, even when their area is underutilized. If they were asked to go across to another area where there was a need, they wouldn't be able to go because of old structures, old bargaining structures and job description structures that we have already started to upgrade, with the support and co-operation, actually, of the MNU in some—in—I'll just reference them as one of the major unions, but there are others as well.

Because just these—this silo problem is very, very real. It gets in the way of workers being able to work. It gets in the way of helping others, you know, really inhibiting our ability. As an example, we—I think we have close to 180 bargaining units within just the Winnipeg RHA, and there's fewer than that in all the other western provinces combined, right. So what that does is it really inhibits your ability to manage.

If the Leader of the Opposition and I were in charge of a health facility, seniors home or whatever, it'd be great to have our people be able to move, you know. Well, we need some help in this section or we need some help with this task. We're really—we were really limited with that.

But the MNU has been working with our senior health officials to change that, to expand the ability of our workers to work and to help. That's what people

get into nursing—because that's what they get into nursing for, is to help. The inhibitions to that were very, very real. So that's being addressed. That'll help us going forward, I guess is the long-about way to get back to what the member asked—you know, the idea being to facilitate when we need the ICU.

Because the ICU needs are very unpredictable. But it is, I think, predictable that we're going to always be limited, if we don't address ICU capacity going ahead further, by the fact that we'll have to deprive people of certain freedoms or enter into certain restrictions to make sure that contacts are down and so on and so forth.

So the fact that the member has mentioned is a very real fact. That's a limiting factor for us getting our lives back unless we address this issue, so we have, in the interim, but I agree this is an issue that needs to be assessed, and it is being assessed as we speak.

But in terms of its longer term applications—for example, what if there's another variant that rears its head next year? We all hope not. We all hope not. But what if there is? We have to—that's what ICUs have to be ready to address, is the what-if. And that's a hard thing to predict. But one thing that's easy to predict is if they're not there, if those ICU units aren't there or they're limited, the restrictions, all these restrictions, come back in. And we don't want that. Nobody wants that.

So this is a really important issue that I appreciate the member raising. It's a really important issue. I just wanted to—*[interjection]*—oh, yes, thank you—just say also, on workforce issues within the vaccine, over 2,000 people have been hired by the task force—by the vaccine task force to assist with the efforts: immunizers, clinic managers, clinical leads, system navigators, observers as well. And that's in addition to over 1,000 staff that have been assigned from regional health authorities.

\* (11:30)

So you're talking about over 3,000 people that are working to make this vaccine effort work, and I thank them and I very much appreciate their efforts.

**Mr. Kinew:** So, definitely want to pick up that point on, you know, looking towards a time maybe when the restrictions are going away.

But just to close the loop on that ICU point and reassessing what the need is going to be coming out of the pandemic, hopefully later this year, can the

Premier (Mr. Pallister) just commit that the representatives of those health-care workers will be engaged in that assessment and have input onto what that's going to look like?

I'm thinking about the nurses union that the Premier mentioned, the Manitoba allied health-care professionals, representatives like that.

Can the Premier commit that they're going to have a say in that assessment process of the health-care needs, going forward?

**Mr. Pallister:** My understanding is that that process is under way now and that that consultative work is being done as we speak. And so this has definitely been a priority for us. It's become obvious and apparent through this pandemic that there needs to be a greater focus on this.

You know, since 2009, the H1N1 situation, there wasn't a significant enhancement. We've proceeded with the recommendations of the Peachey commission that were given to the previous government—to be fair, they were given to the previous government as a way to improve and expedite better care and better management, not just at ERs but throughout the system—weren't acted upon.

We—it's always a challenge; health-care management, health-care changes are hard for everybody. But consolidating our emergency facilities will be a part of enhancing that availability, but expanding ICUs, the member's alluded to, is a key part as well.

And so the consolidation of our emergency facilities, we're already—we're the only jurisdiction, according to Canadian institute of health information, that has actually reduced our waits. Those waits have been stressed through this pandemic for, I think, fairly evident reasons. But at the same time, if we had not proceeded with those consolidations, those waits would've been a factor as well.

They were a factor before. We had the longest waits in ERs before the pandemic, before we took the actions to the Peachey recommendations and began the implementation of construction of new facilities, for example, new ER at Grace; we're talking about over \$40-million investment. Challenges there—the member is aware of recent challenges there as a consequence of the pandemic, but the reality is, it would've been a worse situation, I would submit, had we not proceeded with the construction of that new facility. And so same at St. B., same at other facilities. We've injected a significant amount of capital and capital investment into our health institutions.

I know perhaps later we'll talk about our educational institutions and the infrastructure investments we've committed to and made there. I'm excited, I guess, selfishly, because my riding is the only one of the 57 that doesn't have a high school, and I admit—no conflict here—I just simply say it's about time that the Fort Whyte area got a high school, and that is one of many schools that is in the planning stages or under way in terms of construction. I'm excited about that.

I can share with the member later, if he'd like, more of the capital strategy and the human capital strategy, as well, in respect of our education investments. They're really significant, and they're going to be even more significant because this is the key: unlocking the potential of our young people. And so educational investments are key.

If I have a bit of time, I was able to pull up the report from the fiscal studies institute that the former Parliamentary Budget Officer, head officer Kevin Page, who some might know because of his extensive work both in Ottawa, being, I believe, the first Parliamentary Budget Officer for a number of years and now heading this fiscal institute.

**An Honourable Member:** I don't think Harper liked him too much, though, eh?

**Mr. Pallister:** Yes, well it's a tough one.

It's interesting. I remember being part of the finance committee when those recommendations came forward. It was actually Monte Solberg and I and Rona Ambrose that came up with this idea. Oh, talk about a potential career-limiting move, you know.

Well, it is interesting because, of course, it's an independent officer. And, as the member knows, that can have benefits and drawbacks. Let's put it that way. But we felt that having that fiscal oversight was important. I still think it is, and I was proud to support the recommendation, and I was pleased when Prime Minister Harper adopted it. But I don't think he was always pleased after he adopted the recommendation. We'll leave it at that.

I'll—my time's just about up, but I did have a short overview of the wait times issue that I talked about before I think the member would find really interesting.

**Mr. Kinew:** So, I recognize that the situation with COVID is—it's very serious right now. We're seeing those high case counts. We have to do everything we can to fight the pandemic. We've got to keep

Manitobans motivated in the fight against the pandemic and have that buy-in with the public health orders, have that buy-in with the vaccine campaign.

I wonder whether, you know, that light at the tunnel might motivate people for doing their part to get the vaccines more quickly, to get them just as soon as they're able.

So I'm curious about the reopening plan that was floated in some comments by the Premier (Mr. Pallister). Dr. Roussin might have also touched on it a bit in some media articles, but I think the Premier spoke on it publicly.

We've seen Saskatchewan lay out a plan. We also saw some criticism of Saskatchewan's plan. Other jurisdictions have sort of sketched out reopening plans.

Just curious, you know, when can we expect to see a plan like that for Manitoba, and what's it going to look like?

**Mr. Pallister:** Yes, I really appreciate the member raising this. I think it's important. People need to see some hope as to where we're going and they need to also feel that there's some reward. The vast majority of people are following the public health orders. There's some that aren't; that's a problem for sure, and that's the enforcement issue.

I'll just quickly share with the member, but the—I'll—I've got the enforcement numbers here for last week, so I can share those in a sec, but I'll just say, I really appreciate him raising this point, because I think having that hope out there's really important. I think most people certainly understand that we're coming late, late—later than everybody from Nova Scotia to the west coast. We're coming into the third wave, and now we have the obligation to shorten it.

How do you shorten it? Well, you get people vaccinated, and you get them to follow those health orders. Do these two things, you can shorten it. We've done it before and we can do it again. And Manitoba has the advantage of having a really good, strong community base and community-minded people are involved in our plan top to bottom, so this is how we beat this thing. But to get those extra people vaccinated that I keep harping on, you know, they have to see some benefit from this. They have to see that there's hope.

And for others who are frustrated because they have lived with these restrictions, and I can give the history of the restrictions, but we've had the—some of

the toughest restrictions in the country, as the member well knows. We've kept travel restrictions in place. We've kept gathering numbers down compared to other jurisdictions.

And this has helped us hold off COVID for a time, but you aren't going to put your finger in the dike on this thing if you're—you know, unless you're an island. I mean, it's different if it's New Zealand or some other place, but Manitoba—we're the crossroads of the country, and so COVID got here and, for whatever reason, is spreading. And with these variants, spreading fast. So we have to act.

We acted in anticipation with some really strong enforcement. There was—a study by the Canadian Civil Liberties Association was just released yesterday, that Manitoba has the most active enforcement in Canada. They mentioned Quebec, as well. So, these two provinces. Quebec had far more cases than us earlier and bent the curve with enforcement and—of strong public health orders. We are far later to the situation, but we can bend the curve, too, with enforcement and strong public health orders.

So, our public health orders—and there'll always be those who say there's too much, too many. We have protestors, I expect, coming today or again this weekend saying way too many restrictions. We have a court case across the road. Way too many restrictions. And we have other people saying not enough restrictions, okay; should have done it sooner, should have shut the whole economy down.

\* (11:40)

A lot of those folks, of course, don't lose a paycheque when we shut the whole economy down. They're not workers in the—hospitality; they're not working in a retail store; they're not trying to raise a family working two part-time jobs. They're people who have a paycheque, so they are strong advocates to shut the economy down.

We have to find a balance, and Dr. Roussin has spoken about this many, many times. Finding that balance has been really, really difficult and there's always room—I know that the member had said, and I don't think he was harsh in saying it—he said he would have shut down five days earlier. That's what he said in the fall. Fair comment—fair comment. And, you know, in hindsight, if we had known what we know now, I think it's easy to support that thesis, you know. I do. I think if we'd known what we know now, looking back in time, five days earlier would have helped. I agree. I agree.

Except we don't have time machines. We're living in an age where we're having to make it up as best we can every day, and we're doing the absolute best we can. So I'm not pleading for sympathy here; I'm simply saying that we're absolutely doing the best we can.

So we introduced restrictions back—I'll just quickly go over those—already the strongest enforcement, as I noted, according to the civil liberties association, and obviously their report didn't mean that as a compliment; I'll just put it mildly. Total tickets issued: largest in the country for our size. Fines: the most. We've just stiffened those, as I mentioned last Friday—announced that. The member would know that he—it—this—not a deterrent for him because he'll only get two warnings, you know. We doubled the fine, so he got a warning back a month or two months ago, and he'd get two warnings now. Big deal, right?

But for the people that are actually flagrantly trying to disobey these rules, who've been fined, this, we hope, would act as a deterrent, and this is what we need. We need people to follow the public health orders and we need people to get vaccinated.

So, yes, I anticipate within the next couple of weeks, that a sort of a vision plan for some of what the member's alluded to with respect to his reference to Saskatchewan will occur, but I would always add—

**Mr. Chairperson:** The honourable First Minister's time has expired.

**Mr. Kinew:** So we'll look forward to the details on that when it is announced in the next couple of weeks. But what's it look like in broad strokes?

What does the summer look like? Are we going to have, you know, restaurants this summer? Are we going to have—I'm not thinking large gatherings, but are we going to have some outdoor gatherings this summer? What's the summer look like for Manitoba?

And, now, again, I'm not going to hold the Premier (Mr. Pallister) if, you know, some unexpected thing, a variant happens, that's unexpected at this point, but just in broad strokes, broad terms—we looking ahead to a reopening plan being released in a couple weeks? What could the summer look like in Manitoba if the vaccine program succeeds at the level we all want it to and if we're successful in beating back this third wave?

**Mr. Pallister:** Yes. That's the real challenge with—you want to present a realistic, achievable possibility to people with the strong—and the member's alluded to

it—caveat that it is in their hands. And unrealistic expectations are really dangerous.

I remember the Prime Minister saying at Thanksgiving last year, if we do the right things at Thanksgiving we can have our Christmas back. I think everybody—

**An Honourable Member:** I think he's done that for every holiday for the past year.

**Mr. Pallister:** He has, yes, and he's done it again this week, which, to me, is a federal pre-election siren song, saying one-dose summer, you know. Everybody gets their vaccine. And I am—I don't mean that harshly. He wants to give the—I understand he wants to give people hope and he wants to inspire them to get a vaccine. I think that's where that comes from.

But it's hard work; this pandemic is hard work. It's hard work for everybody. But if we don't do the work, we won't get our summer back. So we need to do our work. We need to follow the health orders. We need to get vaccinated.

And so I believe that the plan that will be released and is in development as we speak—a lot of consultation going into it—will be designed to encourage those fundamentals as we have all the way along. We've been trying to encourage people to follow the fundamentals. And, again, my thanks to Manitobans who have and continue to because I know it's been hard.

We've endeavoured with our small-business supports and all our programs—which I can go into detail on at another sitting, if the member would like—to help people bridge through this situation. Just announced the fourth of the bridge grants.

These are not going to heal all the injuries to small business across the province; let's not kid ourselves. They are designed only to help small businesses to subsist to a degree and maintain some level of readiness so that they can get back to doing what they do best: creating jobs for all of us. Hopefully, this summer, having the capacity to employ some of our young people because that is a key danger with this COVID pandemic, is that it interrupts the ability, certainly, for many people to be able to generate some income and to generate the ability to support themselves and to pursue, if they wish, more education, post-secondary education.

I think—I feel this as an urgency in particular, I suppose, because I was there. If it wasn't for the generosity of people hiring this lanky, unskilled

young person for a job, I don't know if I'd have been able to go to university, you know.

My mother said I had to, you know. I think maybe the member can relate to that. We were told we were going, you know. But money wasn't there.

So I think for many Manitobans—this is an emotional thing for me. We have to do our best to get back so we can get our young people jobs so they can find their way.

And the job itself, whether—is an education, you know. I look back on my summer jobs and I'm so thankful I had the chance to learn from many of these jobs. It was great. It wasn't just the money you made; it was what you learned from having the job, right. That was important.

So I don't want all our kids on CERB. And our kids don't want to be on CERB. I had a young man come up to me, cried—cried in a grocery store—a couple weeks ago: I got my degree last year. I'm living on welfare. Every time I look in the mirror, I see a failure, he says.

No, kid. No, you're not a failure. We got to get you a job, right. Because he didn't have enough income to qualify for CERB, he's living on EIA, you know. That's not what young people want. That's not what they deserve.

So I say this because we've got to inspire, and we work together on this, we'll do better, you know. And we have been, I think, on many fronts, but we got to keep doing it. We got to get our lives back. We need everybody to get vaccinated, and we need everybody to follow those health orders.

**Mr. Kinew:** Well, I say, with, you know, a little self-deprecation that when the Premier (Mr. Pallister) was talking about lanky, unskilled young person, my ears were burning, and I was going to raise a point of order, but then I realized he was talking about himself.

But I want to talk about the re-opening plan. *[interjection]* Yes, our colleague, the Minister of Infrastructure (Mr. Schuler) has never been criticized in that way or teased in that way.

But I'm very curious about the re-opening piece, and I would just note, like, the Government of Canada put out, like, a—I'll call it a graphic or a tile similar to what Saskatchewan did. Obviously, it's conditional. It says if, then. It's got, like, red, yellow, green, stop-sign approach: spring, summer, fall. Spring in the red situation—pretty much describes the situation we're in now: stay home, stay safe, get vaccinated, right?

Looking ahead to summer, though, it's saying if 75 per cent of those eligible for vaccines have one dose, 20 per cent have a second dose, then maybe there's small outdoor gatherings with family and friends.

It's conditional, I think is the point I'm getting across here. You hit certain vaccine thresholds across a population and, assuming the case counts and other indicators are moving in the right direction, you get other activities back; you get restrictions lifted.

\* (11:50)

Nen'—then it looks ahead to the fall again, full availability of vaccines and uptake also, and then COVID's still here, but there's a lifting—life returning to normal, if you will.

So does that match in broad strokes what the Province is looking at? Again, I'm not going to hold the Premier to a graphic that I just myself saw, you know, 10 minutes ago, but is that what we're looking at, tying a reopening towards, you know, vaccination uptake, the health indicators, hospitalization case counts moving in the right direction? *[interjection]*

**Mr. Chairperson:** The honourable First Minister.

**Mr. Pallister:** Sorry. I apologize, Mr. Chair.

Yes, in broad strokes, I think so. I think that's a fair description. It was—it continues, I think, to be our government's hope—I expect it's shared—that we can get our lives back and we know what the pre-conditions are to that. I do think we know. But the question is to what degree will the general public accept the work between now and that, and that is the vaccine and the public health orders, these—the combination of these things.

I know there are other factors. There are other factors in terms of things that are not controllable by even the strongest person who follows those public health orders. Some people have got COVID. They did nothing wrong, absolutely not; there's nothing that they did wrong. They followed the public health orders and they got COVID. It's not to say everyone who gets COVID is guilty of a sin of some kind; that's not what I'm saying. But I'm saying the public health orders reduce the likelihood of close contacts which lead to COVID.

And so these measures—for example, the measures—I mean, we brought in wave 3 orders back—the first set in—on April the 20th. Seems like an eternity ago. But additional health restrictions: two designated visitors indoors; that was on April 20th. Some critics

said, well, that wasn't harsh enough; some said it was too harsh. That's the nature of the beast, eh. When you deal with these restrictions, it's always too much or too little; depends on who you're talking to.

Outdoor gatherings, limited to 10; faith-based gatherings, 25 per cent or 50; weddings or funerals, 10 people. People—my nephew's wedding is planned for July. There are people all over this province have postponed their weddings. We haven't had my sister's funeral; it's a year. It's not fun. Sorry, not fun.

And I'm just one guy. There's a million of us, and we're all making sacrifices here. But somebody has to get through to a certain group of people there: health orders matter; follow them. Because it is accelerating the rapidity of the transmission, that there is some ongoing disregard of those orders.

I mean, we focused on education early, early, early. The member knows this. I mean, even he likes to tease about ready, safe, grow, but safe was two thirds of that campaign, and an education campaign that we pushed there was enormously important, and I think, to a great degree, worked.

And I think the EngageMB exercise of involving Manitobans at every step of the way—dozens of health order announcements that I was part of—the member's criticized me for not being at three; I think I was at 38 of those. Many were bad news; many of them were difficult things. I mean, restrictions like these are not easy things to announce and especially to people who've done their best. So I am enforcing—reinforcing what the member is saying: we need to put some hope in the window for those who are doing their best. These are people who want to see some hope, and I think it's critical that we do that.

The member has alluded to caveats and, obviously, there have to be caveats in this because we don't know where the variants of concern are going to attack next. We don't know what the ICU situation's going to be. We do know that it will linger longer because of the younger demographic that is needing intensive care, and so as opposed to the, you know, the old days of last fall when there was more rapid transition in ICUs, this is a more lingering effect on the graph.

So, you know, moving from April 20th on to just the following week, we strengthened those public health orders again. And I'll get into that in a second, because I can see my time is up.

**Mr. Kinew:** So when we look at that, you know, re-opening with the caveats in place, we don't know the timing of it, right? It's going to depend on vaccine

uptake and what's going on with transmission and hospitalizations, et cetera.

But like, what comes back first? And then what comes back later on? Like, I'm guessing schools are first or very high on the list. It seems to have been the approach previously. Is that right? Is there some other sector we're looking at re-opening right away?

Just—what are we looking at potentially as a priority in terms of once we start to turn this thing around?

**Mr. Pallister:** I don't want to pre-empt the work that's going on right now. There's a lot of people working on this plan. So if I—I'm a little concerned that if I start venturing in here, I'll unduly influence the work of the group that is doing this. I don't mean to do that because I respect the work that's being undertaken. But I will say that I expect, in the next couple of weeks, that information will be out there.

It's, I think, fair to say that we know a fair bit about what the priorities are of Manitobans in terms of what they would like to see, what they miss most, things like that from the EngageMB exercise, which we'd done until the last two closure announcements which we had to proceed, we thought, more rapidly. So we didn't involve EngageMB in those two. But in every one prior to that, we had tens of thousands of Manitobans participate. And so we know, through that exercise, the things that Manitobans miss most. I don't need to list them off; the member misses them, too. And so he knows that these are key things that need to be somewhere in that hope agenda because they are identified as priority issues.

I mean, for many of us, it's just seeing family. And for others, it's being able to go for dinner. For others, it's different things. But we know that those priorities are very real, that we need to put some hope in the window for them.

But, you know, going back to April 28th, and I think this helps bring this discussion a bit, we introduced additional health orders for a four-week period.

Introduced on April 28th: no visitors private households, with the exception of a person living alone; no indoor gatherings; outdoor gatherings up to 10 in public outdoor space only; patio dining restricted to four people only with no household restriction; food courts required to close in malls and shopping centres; gyms and fitness centres continued with 25 per cent capacity, always with physical distancing, of course; spectators limited to one parent or

caregiver per youth participant, with physical distancing at outdoor sport and recreation facilities; dance, theatre and music schools—25 per cent capacity, but the maximum number of people on site to 10 with one parent or caregiver per youth, always with physical distancing.

Brought those in on April 28th. Anecdotally, I believe, apart from Ontario at that point in time, we—those were the most severe restrictions in the country. Since then, I know that Alberta and Nova Scotia have moved to additional restrictions as their case counts have risen as well, rapidly.

Then, of course, as the member well knows, on May 8th, moved to additional public health restrictions that came into effect on Sunday at 12:01, we hope for a three-week period: outdoor gatherings limited to a maximum of five; restaurant, bar, patio closed to in-person but still takeout, delivery; gym and fitness centres closed, and I know that's a sore point for a lot of folks; casinos closed; VLTs closed; museums, galleries, libraries closed; indoor community, cultural and religious gatherings prohibited; personal services closed—should have got a haircut last week; didn't—now, like many Manitobans, I'm going to look like the member from Elmwood for the next month.

\* (12:00)

**An Honourable Member:** Aw, point of order. No, just kidding.

**Mr. Pallister:** No, but that wasn't—do with hair. That was just age. That was age joke. Okay.

Dance, theatre—yes. Day camps—closed. Retail stores, markets, garden centres—able to open.

I thought I saw the member for Elmwood (Mr. Maloway) on there earlier and that's why I was referencing him, but he's gone now. I guess I could have said the member for St. Boniface (Mr. Lamont). I see him there, so I'll just—it's well-intentioned. I hope he isn't taking this to heart, anyway.

In any case—and retail stores, markets—maximum of 100 people; malls open to a maximum of 10 per cent of facilities' capacities. So, those order, I think if I'm right, are the toughest in Canada outside of Alberta right now—or is it Ontario? Ontario.

So, again, the member's asking about putting hope in the window. Given the level of those restrictions, I think moving in another direction—

**Mr. Chairperson:** Honourable First Minister's time has expired.

**Mr. Kinew:** So I take seriously—the Premier (Mr. Pallister) says work's ongoing, so maybe we could just switch to, like, a similar topic from a different angle, looking at it from the Intergovernmental Affairs side of things.

One of the, I guess, significant restrictions—and you know, I'd say justifiably so, but it's probably revisited on an ongoing basis—is the US border closure. So I know the Premier is part of some conversations.

I don't know how often that's brought up with the other first ministers, but what's the Premier hearing about the US border closure? What's the timeline for that? Is that something that's on the table later this year? *[interjection]*

**Mr. Chairperson:** The honourable First Minister.

**Mr. Pallister:** Sorry about that, Mr. Chair.

On the border thing, I just would use this time quickly to say a thank you to North Dakota Governor Doug Burgum for his co-operation and support in moving to get our truckers vaccinated. That was really appreciated. Governor Burgum has been a friend to Manitoba in every respect since his time began in office, and I just wanted to say a sincere thank you to him and his team.

I think we're approaching on first vaccines—at the end of this weekend, we anticipate we'll go over 1,000 truckers that have been vaccinated, thanks for North Dakota—North Dakotans. They're real partners with us. I know that the relationship between North Dakota and Manitoba has been an important one for many years, not always without acrimony. I remember Premier Doer's Devils Lake interventions and things like that.

But nonetheless there was, I think, a real fortunate thing that happened when he was just approaching his first campaign as governor, he decided to visit Winnipeg with his children, and was touring the Legislature and asked if he could see me, and that was great. It was fortuitous circumstance because we hit it off and I would say become pretty good friends.

So, he wants the border open as soon as possible. They're way ahead of us on vaccines—I'll Coles Notes this, because I—the member will have other questions—but he wants the border open as soon as possible; he wants it safely open; he knows that we have to get



vaccinated. This is a genuine offer, sincere offer, that he's made.

We're trying to expand that vaccine agreement because they have more, and we have more people. I thought it would be a gesture of good faith to try to encourage teachers, if they wanted to travel—it's 40 minutes down to that, 45—depends where you are, obviously—to go down. My old union didn't like it, so it's not happening. That's okay. We'll look to others to avail them of the opportunity.

But the point is that it varies so much—to the Leader of the Opposition's question about reopening. The Premier of Ontario has really, really focused on border challenges as part of what he feels wasn't addressed effectively by the federal government and hasn't been addressed. He's really focused on that.

The Prime Minister has responded by saying he'll work with the government of Ontario to assist. There's some room for argument about to what degree that is really the contributing factor in Ontario's challenges. It's, you know, perhaps 2 per cent. Some studies have said less than 2 per cent of their cases emanate from air travel.

People of Windsor are already taking the initiative of trying to partner with the people of Detroit to—and Detroit is working in co-operation with them, I understand, to get folks from Ontario down to Detroit to get them vaccinated. There are numerous other projects breaking out around the country to see if we can't reopen the border, at least initially, to vaccine availability, because the US has surplus vaccines available. We started that trend, I'm proud to say. Others have followed. Premier Moe and Premier Kenney have both launched trucking campaigns in co-ordination with North Dakota and Montana.

So, you know, we're free traders in our relationship. You know, we don't just compete with the United States, we build things together. So we need each other. And so the flow of goods and services and opportunity between our two jurisdictions is essential. The sooner we can get the border open safely, the better. Not every jurisdiction has the same strong relationships that we do with the neighbouring state. That's fair to say. And not every jurisdiction feels the same way about opening the border in the foreseeable future.

But we know that the sooner we can get our vaccination—or this phrase we shouldn't be using, some tell me, of herd immunity—but the sooner we can get more people vaccinated, the better, clearly.

You know, Governor Burgum and others, of course, throughout the United States want to see our relationship strengthen, not weaken. And as these border impingements continue—just the example of tourism—just that—which isn't a small thing. You know, in terms of revenue for our province, it's not a small thing. We depend on American tourists.

We introduced a program for our—

**Mr. Chairperson:** The honourable First Minister's time has expired.

**Mr. Kinew:** So what are those discussions? Is that what's being said at that table then is that, yes, it just depends on the vaccine rollout? What's the timeline for that being revisited?

**Mr. Pallister:** So it's a compliment, I think, to the federal government and to Scott Moe, who was the council of federation chair during last year—and Premier Legault is the chair this year—that they have proactively made sure that we were in conversation, in dialogue.

The member knows I've had to miss a couple of question periods—I don't like to, you know, I mean, they're such a joy to be a part of—but to take calls from premiers, because we're in regular contact. I may have lost count of the exact number, I think we're over 30 calls with the Prime Minister so far. COF—the premiers' dialogue has been more frequent. Probably, we're at closer to 45 calls.

With a group that diverse, there have been divergent views on a variety of things. The unifying thing throughout our efforts has been to continue the dialogue, make sure that we're talking to one another, make sure that we're sharing our views openly with one another. We've been unified on the health issue. Again, I'll say thank you to the Opposition Leader for his support and that of his caucus on fighting for health care.

We fought hard. I'll give Premier Horgan the recognition here for leading that. I tagged along and helped as best I could, calling—we each called several premiers to try to lobby to get sick leave on the agenda, we did. We got the federal government moving on that.

Premier Kenney and I were able to initiate changes to the wage subsidy program.

I took on the initiative of trying to encourage the federal government to back up our lending processes early. The member may remember this, but we were in a position where several provinces were having

challenges borrowing money during the early days of COVID. We weren't quite there yet, but other jurisdictions were already there; I'll mention Newfoundland, Labrador.

\* (12:10)

And so, as a consequence of that, I was able to get—with the help of other premiers, of course—able to get the federal government to urge the Bank of Canada to float our loans, like to basically accept our bonds. This was really good because it—although we paid more than if the feds had actually done the borrowing on our behalf, because their credit rating is lower, you know—or, their credit rating's higher so the interest costs were lower—we still got a savings out of that, put it that way.

So that was an example of where the premiers, pushing the federal government in that direction, really helped. So, it's a compliment, I think, to the Prime Minister and his team, that they've allowed that dialogue to continue and that they have encouraged it.

And their bailout package that they had originally proposed, premiers took very strong positions that that needed to be strengthened and co-ordinated better than it was. We were able to get an increase in that proposal from Ottawa of close to 30 per cent in the overall funding and also increased the allocations on the municipal sides—we were able to support City of Winnipeg, for example, with much more available cash to go to them and, of course, municipalities across the country benefitted by that. So these are some examples of where we continue to push.

I look forward to continuing to have Manitoba lead on reducing interprovincial barriers to trade as we move forward, and so I appreciate the member raising the issue of international borders because it is equally important, perhaps even more apparent now that we have to get these international boundaries that we—now that these international boundaries have been threatened, first with the free trade discussions and now with COVID, it's critical that we get these barriers internally out of the way.

International Monetary Fund predicts that we can increase our GDP by two points—fully two points. What does that mean? It's about \$1,500 per kitchen table per year in Canada. It's not small change, if we can get our internal barriers down.

So Manitoba, under our government, has led the way in reducing and eliminating those restrictions; we have very, very few left, the lowest in Canada.

Alberta's moved in that direction under Premier Kenny; good for him but more needs to be done.

This has taken a bit of a backseat during COVID, but it shouldn't because as long as there are international impingements to our ability to trade, it should be used, I think, as motivation to get more and more of the barriers we create amongst ourselves, through excessive regulation, out of the way—

**Mr. Chairperson:** The honourable First Minister's time has expired.

**Mr. Kinew:** I want to ask a question on behalf of my colleague from The Maples. It's a pretty straightforward question, just asking the Premier (Mr. Pallister) to look into something. It has to do with the Bridge Grant program, so I'm sure the Premier takes it seriously.

Just—he's hearing from some folks—I guess we've received a few emails like this during the previous rounds as well—but he's hearing from some folks who bought a business or opened a new business at a time where they don't qualify, based on the application deadline.

I guess there's a balancing act there, right. You don't want somebody to just set up a business so they can qualify for the Bridge Grant, but there probably is a way to balance that sort of accountability consideration with people who are legitimately, you know, starting a new venture or purchasing, taking over something.

So I'm just wondering if the Premier can look into that issue and see if some consideration can be made for those folks who, because of some of the deadlines and some of the criteria, may not qualify but who are legitimately actually starting a new venture or taking over from a different proprietor.

**Mr. Pallister:** Yes, I know there's a mechanism—for the member for Maples, I know there's a mechanism for businesses to appeal, and if we can get that information—just let's make sure that information gets over to the member for Maples so that he can address that there at the riding level.

That Bridge Grant is now \$20,000 for those that applied on the first tranche. I don't have right in front of me the requirements to qualify, that we made sure that it was relatively low threshold. I don't have in front of me the number of home-based businesses that are able to qualify. We'll get that. It's very significant. We broadened the program to include home-based businesses, non-profits, charitable organizations and

so on. We are—and there are many other supports, obviously, besides these.

We started with the gap program, initially, which was a non-interest-bearing, forgivable loan of \$6,000. It had, as criteria, that it became a loan if you qualified for a federal program that was larger. We took that out on the bridge program so people could apply for other supports if they wished.

The fourth round we announced May 10th, I think, also added a top-up for restaurants. This was, in part, frankly because that's the—one of the hardest hit sectors in our economy. And I should also mention we added an additional—it's not in my note here, but I think an additional \$2 million to the restaurant support program to assist those that were converting to or enhancing their delivery and pickup services. This is in tandem with the fact that they could no longer serve inside, so clearly we felt they needed better supports. So that, I think, took that program up to \$9 million.

And I mentioned earlier that special programs through the hotel industry and for the—you know, this is another hard-hit sector, obviously, the hospitality sector. So it's not—it's a pretty broad-based program. I don't think there's any perfect program, but what I have heard from my colleagues is it's not a lot of red tape. So businesses that had previously qualified for the first program, got their \$5,000 I'm told within 10 days for bridge 2; bridge 3, it was within five days; bridge 4—I was told, when I announced it, everyone would have their cheque within that week. So that would be within four days.

So the money was—is getting out. Each of these programs, of course, as they expanded with applicant numbers going up as to what started as a, you know, forty—I could have these numbers plus-minus—about \$47-million program. I think it's now more like \$76 million because it's grown with each tranche.

So, you know, we've endeavoured to make sure that we're doing as much as we can—wage subsidy programs, promoting. We hired a company to help answer questions that would clarify for our business community where they should go to apply, educated them on various programs like the Back to Work program, the summer student jobs program, took the provincial—*[interjection]*—yes, bridge supports over \$286 million as we speak. So, pretty significant supports that stand up awfully well against any other province's programs.

So, always important to recognize that that doesn't—this isn't Easy Street, we're not making, you

know, businesses stronger with this. We're hoping that we can make them less weak, I guess. That's the point; to help them hang in there and get ready for recovery as soon as possible.

So, in other programs, we took the provincial sales tax, of course, off property insurance. That had been added by the Selinger government in 2012 budget, and that came off. So that was not small because, of course, property insurance is a necessity. And then you add that 7 per cent—well, it was 8 and they raised the PST and then they added the property insurance, so property insurance can go up 7, went up 8—

**Mr. Chairperson:** The honourable First Minister's time has expired.

**Mr. Kinew:** Just wanted to ask a couple of, maybe we could call them mop-up questions. Just sort of, like, detail-oriented stuff about Executive Council. It's stuff that the Premier (Mr. Pallister) has undertaken in previous years, so maybe I'll just kind of go through it kind of quick.

I'm just wondering if the Premier can undertake to provide an org chart for Executive Council, a staff listing for Executive Council and a current list of all the technical officers in government.

\* (12:20)

**Mr. Pallister:** I'll get to that.

I just—earlier question, and I just got handed the information here on the borders issue that I didn't really fully address for the member.

So I got acronyms in here. CBP—Canada—*[interjection]*—that's CBSA. What's CBP? Is that the US—

**An Honourable Member:** Customs and border patrol.

**Mr. Pallister:** That's customs and border patrol. Thank you. Thank you. Former foreign affairs critic, I should be able to handle acronyms. That was the department of acronyms, oh my goodness.

So they're in discussions, as we speak, on reopening the Canada-US border. The border restrictions are expected to be rolled over for another month to June 21st.

As I alluded to earlier, there's variation among the premiers on the degree to which or the rapidity of which they would like to see these happen. I would

say, quite frankly, that, generally speaking, the western premiers are somewhat more in favour of opening our borders sooner than later. I think that would be a fair observation. I should let those premiers speak for themselves, though, but I share this with the member as an off-the-record comment, how's that?

Currently, only Canadian citizens, permanent residents and their immediate families are able to travel to Canada for non-essential purposes. Permitted travellers are subject to federal requirements. This is the 14-day quarantine, as the member's familiar with that, producing a negative PCR COVID-19 test taken 72 hours before entering Canada, taking two additional PCR tests, the first upon arrival in Canada and again on day eight.

Air travellers are also required to stay at a federally designated hotel at their own expense while waiting for the results of their arrival test. And, in addition, of course, Manitobans know that we have required throughout travellers to self-isolate for 14 days. We—less than we started nationally—we lessened that to allow western Canadians; we've now have everybody 14 days. So there's a—that's a quick overview.

I can say that all the information that the member requires will be in his—the Estimates for the—my department, and that'll come out, I think, in a couple months. So it'll be all of it in there. I don't—and the only reason—I've provided this every year. This is COVID right now and I'm trying to let everybody do COVID work as much as possible.

So I hope the member will indulge me in that this year because I don't want to give too many extra tasks to people that are in the midst of some of the craziest work demands they've ever had, okay. So he'll get all the information. It'll be forthcoming, I expect, in—before the fall session. Could we assure that? *[interjection]* During the fall session? October? I'm putting these guys on the spot for you, you know. *[interjection]* We'll endeavour to get it there during the fall session so the member has all that information.

I can tell him that it's not much different than it was. There might be a couple of staff changes. The overall budget remains significantly lower than it was under Premier Selinger, we'll put it that way. So that is flat or down, I would say, on the technical staff side. We remain about 20 per cent lower than the NDP technical staff salaries that were in place under the previous government. So, still continuing to endeavour to reduce expenditure at the top of the organization and support our front line.

On—I wanted to—I finally got this info on the report on wait times. I thought the members might be interested in this because it is going to be—with this pandemic, there have been so many people that have had their surgeries delayed, so many people have had their treatments deferred. This is a truly pandemic pile up, you know. We had wait times before that were big. This study was done just prior to the pandemic, so what I'm sharing with the member I will say in advance is—done?

**Mr. Chairperson:** The honourable First Minister's time has expired.

**Mr. Kinew:** All right. Let me try a different undertaking then, I guess—just try and get some more details here.

Can the Premier (Mr. Pallister) undertake to provide a list of all employees who are currently seconded within executive government and within other departments of government?

**Mr. Pallister:** I'm just waiting for some assistance from my clerk in respect of that.

So I'll just simply say the pandemic has resulted, not obviously just here in Manitoba, but across the country, in a massive additional problem, which is going to cost lives and is costing lives right now. And there are increasing reports—Doctors Manitoba, other organizations—of situations that are—where health is deteriorating as a consequence of people not being able to get treatment or care. And this concerns me greatly.

My sister didn't die of COVID, but she and many others who had cancer had real impacts to their treatment and care as a consequence of COVID. And I can only say that this is an issue where that is, although not new. Wait times, according to Kevin Page's group, the average wait in Canada for priorities—surgeries prior to COVID—this study was done a year and a half ago—a little more than a year and a half ago—wait times—the average national wait time, for example, in 1993 was 9.3 weeks—9.3 weeks. The average wait time when the study was done was 20.9, and that was before COVID.

Total wait times have gone up in every single province, from referral to GP for treatment, from referral to GP to specialist—massive, massive increase. Time between referral—*[interjection]*—yes, this is overall. Time between referral and visit to specialist is the first segment. That's the main driver of longer wait times. Wait times in that segment are 173 per cent longer than they were in 1993. And the wait times for

the second segment, which is between specialist and treatment are also longer—92 per cent longer.

So that's before COVID. This is an issue of awesome importance—awesome importance. And we can't do this alone. No report says that we can possibly do this alone as provinces. I speak for all provinces; even Ontario can't possibly handle this. This is—I don't know a bigger problem emerging post-COVID than this.

This is the example I gave the Prime Minister, was of a woman who had a lump, went to her GP, waited, waited. Every day was hell. Every day was fear. Little kids. Goes, finally gets a test, waits again, waiting, waiting, every day not knowing. And goes finally to get the test result back and sits with her husband opposite the specialist and he says to them, too bad we couldn't have got to this sooner. Ha. Wow.

I told the Prime Minister that's a true story of a Winnipeg couple I know, friends of mine. And he looked at me and he said, I'm not your banker. Well, thanks, guy. You know, health care is a shared responsibility. The funding for it is his—

**Mr. Chairperson:** Order, please.

The hour being 12:30 p.m., committee rise.

## ROOM 255

### EDUCATION

\*(10:00)

**Mr. Chairperson (Len Isleifson):** Will the Committee of Supply please come to order. This section of the Committee of Supply will now resume consideration of the Estimates of Education. As previously agreed, questioning for this department will proceed in a global manner.

The floor is now open for questions.  
*[interjection]*

**Mr. Chairperson:** Mr. Altomare.

**Mr. Nello Altomare (Transcona):** Oh, sorry. Thank you, Mr. Chair, and good morning, everybody. So, we'll just jump right on, Mr. Minister, and get started.

I know that today is Friday and, you know, it's Wear Red for Ed today. You will notice my tie is sort of red. And then, later, I'll be indicating my support not only for teachers in the province but for education in the province, and also for a strong support of getting 65 per cent of teachers under contract before too soon, because we have three of the largest labour groups that are still without a contract: Winnipeg School

Division, River East Transcona and Louis Riel. That needs to be taken care of.

But let's get right in. Of the \$160 million allocated for the K-to-12 COVID-19 response in the '21-22 budget, the minister mentioned that there was some carry-over from the '20-21 budget.

How much of the \$160 million is carry-over from last year's budget?

**Hon. Cliff Cullen (Minister of Education):** Good morning, everyone.

So, to the member's question, out of the—this year's \$160 million, we determined that we're going to be carrying over approximately \$78 million, so that's beginning April 1st. So that's \$78 million out of the original from last year's budget—185, pardon me.

Again, I just think—important to reiterate, out of that 185, we expect to be expending somewhere between 160 and 170 million of that by the end of the school year. Obviously, with the school year not coinciding with our budget year, that makes these respective allocations different. So that's what it is: \$78 million carried over into this year's budget of the \$160 million.

**Mr. Altomare:** So to clarify then, that's \$82 million in new government investment?

**Mr. Cullen:** That would be correct. That's doing the math correctly, by my numbers as well.

So I guess that where the premise is, we really—we don't—obviously, we have to budget for this year. Our fiscal year, obviously, begins April 1st, so that's why we've had to allocate that into this year, and then, given the unknowns that we have for COVID, going forward, not knowing what the fall situation's going to look like, we did allocate that extra \$82 million in this year's budget, for a total of 160.

**Mr. Altomare:** When a layperson hears the term COVID response, they're thinking things like—and I was speaking to my partner last night, you know, and I asked the question, what do you think when you hear COVID response? Her reply to me was, oh, things like PPE, cleaning supplies, maybe the odd piece of infrastructure, depending on, you know, the age and state of a building.

But for education, we know that education is a people business, really focused on people development and ensuring that students get the support they need, when they need it.

So in this COVID response budget, can the minister clarify if that will include human resource allocations for things like coming out of the pandemic? There'll be a tremendous demand on clinical services. Would something like clinical services be considered a COVID-19 response?

\* (10:10)

**Mr. Cullen:** A few things on this particular point. I guess I will say off the top, you know, out of the 185 we did—budgeted to date, we've spent over \$50 million on staffing alone. So, clearly, staffing is a priority—I think about 3,500 positions, which include a lot of substitute teachers as well, to support the fight against the—against COVID.

So, clearly, this year's budget, the 160 that we're talking about, you know, certainly a considerable portion of those—of that will be allocated to staffing.

And I certainly appreciate the member's point about recovery learning. We know there's going to be some gaps there and I think the longer the students are out of school, you know, the bigger that gap becomes. So, clearly, we're going to be doing some catch-up work and we're going to need resources to help facilitate that catch-up.

Clearly, when it comes to clinicians, they will be part of that, in terms of the staffing component.

And I will say—I should stop and just say right we did have a summer school, too, that was open to—I think we had about 1,300 students that engaged in summer school last year. So that provided a real opportunity for students to catch up on some of the courses that they were lagging behind.

We just recently announced that we will be having an additional summer school this year. Again, that'll be free to students that want to enroll in that. We are covering some of that cost out of our COVID budget, so that certainly aligns quite well with the recovery learning component.

The other thing too, we've got our—we have our remote learning centre, as well, up and running, and that's a tremendous resource there. I know the original investment was \$10 million. That obviously will be additional resources required, about \$160 million this year as we go forward. That, I think, has been a good resource for teachers, students and parents as we go through this, especially given the current state we're in right now.

And I believe the member did raise the point about mental health. And, clearly, we're getting feedback on that side and we clearly will need to be putting resources into mental health and helping both teachers and students to cope with the situation around the pandemic.

So, the remote learning centre has a component of that in it, so there's assistance available there and we will continue to fund that to make sure that those types of resources are available to both students and staff.

In addition, on the mental health front, we did just recently announce some additional money with the support of the new ministry of addictions and mental health. So, obviously, there'll need to be more money there, again, to assist students and teachers, in terms of dealing with this pandemic.

**Mr. Altomare:** I just want to make this minister aware that there is going to be a crush of demand for services such as psych assessments, social work. Simply by the very nature of both psych assessment and social work, it's in-person is the best part and best way to do that. And so there'll be a crush of demand for that.

There'll be a crush of demand for OT and PT services, speech and language, all of those pieces that have been delayed throughout these past few months simply because we've had to kind of rejig what goes on in schools.

So I just want to make the minister aware of that so that the department is planning for that. Because I will tell you this is where all of—a number of our schools will be focused on is how we transition back and what the plan is going to look like.

So I just—it's almost—I wouldn't call it fair warning, but it's coming, and it'll be a tsunami, I will tell you that, because working in the system just regularly, it was tremendous demand for services. I can only imagine what it's going to look like when we're coming out of this phase. Not just this three-week closing 'til June 1st, but I'm talking about this entire school year that's been really upside down from the get-go.

But I do want to get to the fact that we have a number of—we have three school divisions that have yet to settle contracts, and educators and staff in the east divisions are concerned what is going to be happening with their positions, with their remuneration, and how they're going to feel after Bill 45 approaches the passing stage. We are against a provision in this bill that stipulates the employer's ability to pay to

come into the arbitration process and for the arbitrator to take that into consideration.

And this leaves people anxious. It leaves teachers wondering, you know, how valued am I, really, by this current government, where not only are we mentioning ability to pay in Bill 45, we're doing it in Bill 64. But what is it? So, one or the other? Both? Double hammer? And this is what it's being interpreted as, and we want to be able to ensure that agreements are reached before a bill like 45 passes.

So my question is, would the minister consider deferring Bill 45 until the three largest school divisions in the province come to agreement with their teachers?

\* (10:20)

**Mr. Cullen:** I do take the member's points about extra resources being required for staff on the clinical side, for sure. I'm—I guess we are having and we will continue to be having conversations with school boards around that particular issue.

Now, I'm hoping—and maybe I shouldn't jump to assumptions or conclusions here, but I guess we better remind school boards that the process around the evaluations and whatever other clinical-type work and assessments are required—one-on-one work that the member referenced—the school board should still be having staff continue to do that, even though we're in a, you know, a remote learning situation.

Again, not all students are remote learning; we still have a percentage that are in class. But those services, irrespective of whether they're in class or out of class, those services should still be available to students. So I think we better remind the school divisions there's still a responsibility that they have. Though we're in a new era, a different dynamic here, those services should still be made available, where possible.

And we're obviously here to support that. We've committed over \$50 million so far this year to additional staff resources. We've set aside \$160 million in this year's budget, and I would suggest a lot of that could be used for staffing resources as well. And we'll just have to determine, with school boards, what that demand is and what it looks like. Clearly, they have a role to play in this, in terms of making those types of assessments and what kind of clinical staffing that they do require.

So, we look forward to having those conversations, continuing those conversations on that, and I take the member's point.

In terms of the collective bargaining process, we know it's been under way for quite some time. We, as government, are not the hiring agency; we're not the ones at the table bargaining. We leave that up to the respective school divisions to do the bargaining with the respective union representatives.

Clearly, that's in different stages across the province. Most of the 38 divisions, I believe, are in some form of arbitration. It appears to me that close to 35 of those divisions have actually come to an agreement. So, you know, a lot of that work has been done. And, for the most part, those 35 agreements, I think, are very similar in nature.

So, I'm not going to get into where the arbitration is at, in terms of the last—I guess it was potentially three school divisions that haven't come to an agreement. We are suggesting that, you know, they get out to the table there and work through the arbitration process and make their arrangements. We're not here to dictate what that looks like.

**Mr. Altomare:** I'd like to—I'd just like to remind the minister that if you don't want to interfere in a bargaining process, why are you bringing Bill 45 into—onto the floor? Why is the ability to pay being mentioned two times in—once in 45 and once in 64?

That, to me, sends a clear signal that government is involved, and that part makes the bargaining process even more problematic. We saw that in unconstitutional bill 28 taken to the courts and deemed unconstitutional. And yet here we go again—we're seeing this in 45 and 64—clear interference.

So I want to ask the minister, again, will he allow for a one-time arbitration process to take place, fair and balanced, before Bill 45 reaches royal assent?

**Mr. Cullen:** You know, this is probably—clearly a place where we'll, the member and I, we're going to probably disagree in principle on this. To me, once Bill 45 reaches royal assent, it's up to the government's purview when legislation will actually be proclaimed.

So the legislation doesn't come into effect until the government decides it will be proclaimed. So I don't see how Bill 45 is interfering with the arbitration process as we see it. I think if the member goes back and actually has a look at what the arbitrator said in

the existing arbitration rulings, they did make mention of that provision.

So there was certainly talk about it and recognition of it, you know, and clearly this legislation hasn't passed. So I think I have to beg to differ on the member's phrasing of this particular situation.

Clearly, most of the school divisions have come to an agreement; we will allow the process to unfold. I think it's unfolding as it naturally does. I mean, this—we've seen the same process unfold year after year, you know, contract after contract. It's no different, just that we—every time we go through this process, once contracts expire, we just do the same process. We go through 38 processes. Bargaining processes end up in arbitration with basically the same outcomes.

So what Bill 45 says and what MTS has asked for for years is to have a provincial-wide bargaining so that we do have, you know, one agency that we can, you know, be dealing with these contracts. I mean, it's not rocket science. I think it would streamline the process, and clearly, the union has been looking for this. We've been listening to the union, and that's—I think that's the process.

\* (10:30)

And, again, Bill 45, even though it gets royal assent, will not be proclaimed until the government decides it's the time to proclaim it.

**Mr. Altomare:** The minister is right. We do have a difference of opinion here. I will just say that, yes, MTS was in favour of provincial bargaining, but no, MTS is not in favour of an unbalanced arbitration process.

Teachers gave up the right to strike for a fair and balanced arbitration process when an agreement can't be reached. When a government interferes and interjects itself with legislation that unbalances the arbitration process, questions are going to be asked.

And right now I will say the society is gravely disappointed, as I am, with this particular piece that's in Bill 45 and in Bill 64, because there is a real possibility that we'll have professional staff that will be going into the new provincial education authority without up-to-date collective agreements.

So in that case, if that happens, is there a plan in place for how these educators will be rehired and what rate of pay they will receive?

**Mr. Cullen:** So there's provisions in Bill 64 that will allow for the transition to happen, over to the

provincial education authority. So, they get—35 out of 38 have agreements at this place in time, so obviously, those agreements will carry forward.

If, for some reason, the other divisions do not come to an agreement by next July—July 31st of 2022—again, the provision will allow those staff members to have their existing contract carried forward. So whatever contract they have in place, the transition will allow them to become employees of the provincial education authority with their existing contract, whatever that may look like.

So I hope the member does not confuse the undertakings of Bill 64 with the provisions in Bill 45. Again, Bill 45 will be proclaimed at the will of the government when the government deems that necessary. So the reality is that that's certainly not the same undertaking as maybe July 1st of 2022. So I'm just hoping the member does not confuse the two issues and doesn't muddy the waters in that respect.

**Mr. Altomare:** So, I would like to clarify, for the vast majority that don't have a contract going into the new provincial education authority in 2022, will back pay be part of these new contracts that will be provided to educators in the province if they haven't had a recent collective agreement?

**Mr. Cullen:** I'm just a little nervous today the member's jumping ahead in terms of maybe reaching conclusions on white-what-ifs and hypothetical situations. You know, the fact of the matter, come July 1st, 2022, whatever contract is in place—has been negotiated or gone through arbitration, whatever the process—those contracts will all remain in place.

And I'm not going to, you know, talk about the outstanding arbitration—just, I guess, optimistic there'll be some of those agreements will be made prior to July 1st of 2022. But if they're not, the existing contracts will remain.

So, in terms of the member's comments about back pay, again, you know, those are rulings made through the process, whether it be a collective bargaining process or whether it be a ruling by the arbitrator. So again, I'm not going to jump into—put words in their mouth on those discussions.

\* (10:40)

But I will say, you know, historically, that's been the case when they've gone through the arbitration before. You know, historically, the arbitrator rules on the back pay and members are paid that back pay,



based on those rulings by either the collective bargaining process or by the ruling by the arbitrator.

**Mr. Altomare:** I'd like to move to the transit—talking about transformation and the transition team.

Can the minister share how many full-time equivalents will be involved in this transition team in the Department of Ed?

**Mr. Cullen:** Yes, certainly a lot of moving parts on this transformation reform project that we have under way. While I know the member's focusing on the government's piece, that piece that will take us to July 1st of 2022, obviously that's one piece that does require considerable work, but, hopefully, the member will also be having a look at our larger all-transformation undertaking and relative to our strategy. And that's, again, based on student outcomes and teacher and leadership in the province.

So there's a lot of work on that front in whether—and we have announced quite a few committees on that front. So there's going to be a lot of work in that regard looking at curriculum, looking at funding, look at the poverty and how that relates to education, inclusion and diversion. All of those fronts need a lot of work and that's an undertaking that's going to take years.

So, to the member's point—to the member's question: we do have eight staff within the department currently dedicated to transition work. We have also allocated up to 28 extended FTE positions. These would be term positions over the next year to potentially two years, to work on transition.

We also have the capacity to bring in folks on an advisory basis, again, whether those be short-term contracts or whatever the case may be.

So I will say on the—back to the 28 positions, those would all be directly employed by the department. There could be exchange agreements for different other contracts put in place to bring those people in; again, all on a term basis.

So, as we work through this over the next few months, we're going to put together a more detailed road map for everyone to see this fall, and I think that comprehensive road map will be a little more descriptive and more comprehensive so that members and the public will have a clear understanding of what this rollout and this transition will look like over the next number of years.

We as government have set aside \$5 million for this initial rollout of the transformation and certainly

optimistic we can do some good things on behalf of Manitobans and on behalf of Manitoba students.

**Mr. Altomare:** I just want to ask the minister: there will still be demands, regular demands, on the Department of Ed for the regular services that they provide to school divisions and to these new regional authorities. So, of these 28 positions, are they coming from current FTEs in the department or are these above and beyond what's currently there?

**Mr. Cullen:** Yes, so just to confirm, these 28 positions that I talked about, the extended FTEs, those are new positions over and above what we currently have in the department. Again, those will be term positions, potentially term contracts, could be some interchange agreements with people that are already employed by school divisions or other areas.

We're obviously—we're seeking those with expertise in a number of the areas that—we're looking at transformations, so there's a number of sectors involved in that for sure. But, again, those will be term positions. We also will be bringing in consultants from time to time to add their expertise in some areas as we go through this.

I will say, you know, we're still mindful, as a department, of the services and responsibilities that we have to school boards, so we're keeping an eye on that as well and making sure we're delivering on that.

But I will also say, as we journey down this transformation road, we have to be clear and make some decisions in terms of what the role of the government, in terms of the department itself, will be, and the roles and responsibilities of the provincial education authority.

\* (10:50)

So we have a pretty good idea of where we want to go, but there could be some fine-tuning as we journey down this road, and that's why we'll be listening to some experts along the way and experts in education and other areas, organization and so forth. So there might be some tweaking in the roles and responsibilities of the department versus the provincial education authority.

So, again, it's a pretty big undertaking. I would say I'm not sure there's any province has undertaken such a comprehensive approach to looking at education. There's a lot of pieces to this puzzle, but again, we're going to get the experts that are—have an eye on those various sectors and we'll bring them in and we'll work our way through that over the next few years.

And it will take a few years because we are dealing with some very complex problems, and probably some complex problems that other governments have been afraid to look at. But I would say we've come to the point where you can only make excuses so long, and, you know, this is about providing better outcomes for our students and I think nothing can be more important than that.

And that's why we're embracing—to take on these challenges and do some good things for Manitoba students. Not an easy task; not a task that is going to yield results overnight, but we're prepared to take on that challenge.

**Mr. Altomare:** We know Meyers Norris Penny did some work regarding the Department of Ed's mandate and did a review on that mandate, departmental mandate review.

Would the minister explain what changes have been made within the department as a result of N-M-P's work?

**Mr. Cullen:** Yes, the Meyers Norris Penny work goes back some time; it actually precedes when I came here. But Meyers Norris Penny did some work in terms of, I'd say, the overall education system.

So there'd be certainly a look at the organization structure here within the department, would also include some roles, responsibilities around the department and sort of a mandate within the department. So a lot of pretty general work, I would say.

And I would say that that work, too, of a somewhat general nature, also helped inform part of the strategy that we subsequently developed as well. So that's—that, I guess, is in a nutshell what Meyers Norris Penny did for us, you know, some time ago.

**Mr. Altomare:** Did Meyers Norris Penny provide you with—or are you in possession of a formal document that will aid in the recommendations that they brought forward and putting them in place?

\* (11:00)

**Mr. Cullen:** So, I guess the work that Meyers Norris Penny undertook—I know there was some consultations with education stakeholders here in Manitoba. I know they looked at other options for organizational formats for the Department of Education, I think, provided maybe some other options in terms of some of the roles and responsibilities in other jurisdictions were doing. They summarized that work and then provided, I would say, more options and, you know, potentially recommendations for government.

But I will say that we have used that feedback on that engagement process to help make some decisions here as we move through the transformation. So I think it was a worthwhile exercise.

**Mr. Altomare:** Would the minister be able to provide any reports or summaries generated by this MNP review that you just referenced?

**Mr. Cullen:** I'll have a look at what we've got and what we could share with the member on that front. And I will provide what we can.

**Mr. Altomare:** I want to thank the minister for that last response. That would—that will be helpful.

I'd like to move on to some questions regarding Bill 64.

As we know, it proposes—Bill 64—the elimination of democratically elected school boards. We know that a number of school divisions in their correspondence with many MLAs—when I say many MLAs, I mean MLAs from both parties that are in the Legislature. I'm cc'd a number of those documents and correspondence with the department and with MLAs and have expressed some disappointment.

I think disappointment is an understatement when it comes to the democratically elected part. That is something that was not expected. Certainly, we want to do our best for our kids, absolutely, right? We just have different avenues and different ways of seeing that, it seems.

But one of the—really, the bedrock foundation pieces of this is how is that local voice really going to be part of this? And that's a part that has a number of Manitobans very concerned.

I will notice that and I will bring to the minister's attention that a number—every rural school division has communicated with myself. We've had many meetings regarding this. And they're looking for a way to get the government's attention on this.

I know the minister has said that they were going to embark on a tour of Manitoba to get feedback. I'll remind the minister that that feedback was provided during the Ed review. And during the education review, we heard from many, many stakeholders—that are not necessarily parents, they're community members, take pride in their school—feel that with Bill 64 that this will be something that they won't have an ability to contribute to anymore.

And one of these really key stakeholders outside of, you know, elected trustees are these community

members, right, that see their schools as a manifestation and representation of their communities, not only in small-town Manitoba but also here in the city.

So I want to get to the point where I want to ask the minister, when you're coming up with this plan, how was it determined that voices outside of parents will be included in how these regional catchment areas will operate?

**Mr. Cullen:** The member raised a lot of points there and it sounds like he's trying to accuse us of over-consulting with Manitobans and, you know, I'll take that criticism any day, and we're going to continue to consult with Manitobans. You know, education is too important not to be consulting with Manitobans.

So we're going to reach out on a number of fronts and I hope the member does go to [bettereducationmb.ca](http://bettereducationmb.ca) and have a look at all the fronts that we are working on and we're going to be working on those fronts for a number of years.

And, you know, our government was hired to make improvements across government, and to leave out education and say that education isn't worthy of having a look at to make improvements, would be disrespectful.

\*(11:10)

So, that's why we've undertaken the K-to-12 review. We've clearly learned a lot through COVID. We continue to learn through COVID. We've put together a strategy based on four pillars, and two of those are direct relationship to better student outcomes.

We, as government, don't profess to have all the answers or solutions to improving education. That's why we're engaged in the process, and we're going to continue to engage educators and experts in the field to develop a better education system here in Manitoba. I know the NDP did not want to take on that challenge. As a result, we've seen our student marks slide, but we're taking on that challenge.

The member talks about taking away elected officials. The K-to-12 report actually gave recommendations about having a combination of elected and appointed officials, and quite frankly, that's exactly what we're doing in this regard.

Right now, we have approximately 300 school trustees across the province. Our proposal here will have elected members at the school level through school community councils, so in fact we will probably have an excess of 3,000 elected individuals that

will be responsible for education at the local school level.

So, to come out and say that we're taking away the democratic elected officials is completely false. We, in fact, will have 10 times as many elected officials when it comes to education in Manitoba. So the premise behind that is completely false. And we hear the fearmongering coming out of school boards be extended across the province, a lot of times based on non-factual information. So it's extremely unfortunate.

And I know the NDP are going to love to start spreading these non-facts as well and attempt to expand fear around the province. They've got to understand the reality here. I get the politics of it and I get the games they play, but they're really doing a disservice to Manitoba parents.

So we will continue to engage parents in the communities. We have established a task force. MLA Johnston is going to be spearheading that task force across the province, getting feedback in terms of how the school community councils will work best, what their roles and responsibilities will look like and the interaction they will have with the local principal and their local school.

They will certainly have input into what the budget looks like or should look like and what the priorities are for, not only that school, but also for the region. And we still view this as a regional delivery of education in Manitoba, and, clearly, the elected school community council members will also elect a regional director, if you will, to serve on a provincial advisory committee to the minister. And a number of those individuals will also be appointed to the provincial education authority.

So these elected members will have a great deal to say and advice to provide when it comes to education in Manitoba. The role of school trustees has changed and is changing. We are going to province-wide collective bargaining—

**Mr. Chairperson:** The minister's time on that question has expired.

**Mr. Altomare:** Can the minister provide what the average pay of a school trustee is in Manitoba?

\*(11:20)

**Mr. Cullen:** I appreciate the question from the member.

And I guess we could probably do a little bit of math here in terms of, you know, what the—say, the average salary would be, that might be a little more difficult.

We do have a figure for certainly the all-in expenses related to school trustees, so—and that figure comes to about \$11 million across the province.

So we have about 350—or—oops, sorry, I meant three hundred and twenty, or thirty, or ten—*[interjection]* 310 trustees across the province. I guess they're roughly expenses of about \$11 million so, the member could do the math on that.

Probably, you know, it ranges across the province for sure, probably anywhere between 3 to 4 thousand dollars on the low end to \$30,000 for individual trustees or school board chairs, so there is quite a variation there as well. But, according to FRAME, it's close to the \$11-million mark.

And I was just winding up my comments on the last question. Clearly, the role of the school trustees have changed over time. We are moving to a collective—province-wide collective bargaining mandate, so certainly that particular undertaking of school trustees has changed.

We, obviously, as a government, have signalled that we are going to move to more of a provincial funding for schools over the next few years. In fact, between this year and next year, a 50 per cent reduction to the local property homeowners' portion of funding for schools, so clearly that taxation component has and will be changing quite dramatically.

So, yes, I will say too—I know we do have a list of expenses related to school trustees and senior administration and we've seen out-of-province travel, you know, in the—\$200,000 a year out-of-province travel and all associated other expenses seem to be continuing to increase.

And I guess, our overall, overarching view is that we can take some of this money in administration and put it at the front lines of the classroom to assist teachers; and, quite frankly, that's what we've heard from educators is more resources at the front lines.

So, I think if we take some of this money in the \$11 million that trustees cost, that we can translate that into more teachers, more education and assistants—assistance, more clinicians, more resources for evaluators, more resources for mental health issues that we've talked about and more resources for individuals with special needs. So, that's certainly a part of our

focus is to make sure that we're putting the money where it is needed.

So I would say, if the member would have a look at some of the reports that will be landing on his desk very soon, he will note that there seems to be less and less money getting to the front lines and the classrooms than ever before. More money seems to be getting eaten up on the administration side and, quite frankly, that's heading in the wrong direction.

And students and taxpayers are more deserving of their hard-earned money and that's exactly what we're trying to accomplish by some of the changes that we are making.

**Mr. Altomare:** The minister and his government have said that there'll be \$40 million in savings and that's been throughout the media.

Could the minister provide a breakdown as to where this \$40 million in savings is found from eliminating school boards?

**Mr. Cullen:** I think, first of all, I should correct the member's question or statement within the question.

We have never said that we are going to eliminate—or, pardon me, save \$40 million from the elimination of school boards.

First of all, everybody would be—I would use the word redirected, to the front lines. So this is never intended to be a cost-saving process. This was intended to redirect money directly to the front lines and streamline the administration process. The school boards—trustees—are only one component of that and, as I indicated in my previous answer, the FRAME report talked about trustees being an expense of \$11 million.

So, certainly, if we can take a considerable portion of that administrative expense, redirect to the front lines—again we have tremendous resources there for teachers, educational assistants, clinicians, resources for technology, special needs, mental health that I would say our front-line educators are looking for.

\* (11:30)

So, also in terms of the new deliveries—delivery model, I would say that it will be a shared services component here, where we can garner savings, so will the—about the unification of regions. I think we can streamline our delivery of services there as well.

So, overall, when we review \$40 million of money redirected to the classroom, it's quite doable.

You know, we're working through the process of what the organizational chart will look like under the provincial education authority, what the regional delivery model will look like and—but we're quite confident with a streamlined system. We can put an additional \$40 million into the front lines of the classroom.

You know, we've done this with other areas across government, tried to streamline process and generate savings which can be redirected to other sources. And this is certainly the case in education where we think we can help teachers and we can help students, and that's the undertaking.

So, I appreciate the question and I look forward to another question.

**Mr. Altomare:** I still would like to have a detailed breakdown of that \$40 million and I would hope that the minister will undertake to provide some of that for us at a future date.

I would like to move to the next part where the minister and this government has also stated that Manitoba's administration costs are 48 per cent higher than Ontario's.

Would the minister provide any documentation or evidence of how that was determined or calculated?

**Mr. Cullen:** We just wanted to double-check exactly where we got that information from. So, just to confirm for the members, the Manitoba admin costs are 3.1 per cent, Ontario admin costs were 2.1 per cent. And we did get that information from Stats Canada. It was the most recent Stats Canada data series.

So we could provide that right to the member if he doesn't have it already, and that's where we got that information from.

**Mr. Altomare:** I would like the minister to provide a more detailed breakdown of the \$40 million in savings.

But, having said that, can the minister provide factors or qualifiers that will be taken into consideration when appointing board members to the provincial education authority?

\* (11:40)

**Mr. Cullen:** Just pulling up the actual legislation as it pertains to the appointments or the members for the provincial education authority.

So here's how the legislation reads in terms of board expertise. In section 41(4): In appointing a

member of the authority board, regard is to be had for the need to ensure that (a) each member has the knowledge, skills and expertise in an area relevant to the needs of the board; (b) the board as a whole represents a sufficient range of expertise and experience to carry out its responsibilities effectively; and (c) the board as a whole represents the diversity of the people of Manitoba and the varied talents, perspectives and ideas of people with different backgrounds and experience. So that's how the legislation reads.

Clearly, we're looking to make sure we have qualified people there with a diverse background that can meet the needs of the board. I will say this will be a very, very important board as we go forward. The board will have oversight to a—what will be over a \$3-billion budget. This will—these will be order-in-council appointments so we will be using our regular agency, boards and commissions process.

We will be seeking nominations for people that have an interest in serving on this particular board and, as we do with our current ABC process, again, we look for qualified people and we look to have a diversity of people represented on our boards as well. And I know we've made great strides in doing that over the last number of years.

I also want to mention that we do have a lot of task force entities we are putting together to address a number of issues in education. And, certainly, from there, we want to make sure we get a diverse background as well. And, as an example, we have MLA Johnston actually engaging with parents and stakeholders and communities starting just next week on the parental engagement side.

And I think we've put together a pretty diverse background of parents and educators across the province, and coming at it from kind of unique perspectives. So we're excited about that particular task force getting going, hearing from Manitobans, hearing how parents in the community can be really engaged at the local school level and how we can make that operational, and have a look at their—the roles and responsibilities that those school community councils will play and the role they will play.

I'm also really looking forward to other issues which we're going to tackle, which are big issues, such as our poverty and education task force. Clearly, a lot of different communities involved in that and looking forward to getting a diverse group of people and—knowledgeable on that field and coming at it with different perspectives, as well.

It's certainly an issue that's been raised as it pertains to moving forward, but we can't use poverty as an education—as an excuse for—not to make changes in education. In fact, quite to the contrary. Poverty—education, quite frankly, is a way out of poverty and that's why it is so important that we get this right in how we can make changes to that.

Clearly, it's not something that we, as educators, can resolve. It's something that we have to deal with but we, hopefully, can be part of the solution. But when we look at poverty issues, this is a whole-of-government approach, and that's why we have to look at various other departments across government to see how we can deal with this poverty issue—

**Mr. Chairperson:** The minister's time has expired.

**Mr. Altomare:** So, I'm just trying to understand how we're going to have broad representation when Winnipeg region is going to be one of 15 and Winnipeg region has the most diversity in the province.

How will the minister ensure that a broad diversity of voices, especially from communities in Winnipeg, will be represented on this new provincial education authority?

\*(11:50)

**Mr. Cullen:** I think we have to set the record straight here. Hopefully, the member will maybe go back and have a second look at Bill 64 and the governance structure.

So, I don't want him to confuse the parent advisory council with the provincial education authority—two distinct and two separate entities. So the—to go back, each school will elect a school community council and then each of the regions, including Winnipeg, will elect one individual to the provincial advisory committee which will advise the minister and vice versa; the minister can also ask the—seek advice from provincial advisory committee on different respects of education.

So, clearly, we're going to have a lot of elected officials within Winnipeg and in the 249 public schools there. We will have a robust operating structure certainly within the schools to assist in those endeavours.

And speaking of diversity when it comes to the school community councils, this is exactly the type of thing that we're asking MLA Johnston and his committee to look at. How do we engage parents in the community in this and how do we make sure that

we get a diverse group represented at the school leadership level? And hopefully that will translate, as well, into the provincial advisory committee.

I will also say, then, from a provincial education authority perspective, there will be up to 11 board members appointed by the government. This is the agency that will be responsible for the administration of education across the province. And as I went through the list and the legislation, it clearly talks about diversity on that board and that's clearly something that—it was mandated by legislation that our ABC process will review in making those appointments.

And it should not be lost that the legislation also says that at least two members of the provincial advisory committee will also serve on the provincial education authority board. So it's up to government to decide. They may select more than two members from that provincial advisory committee to serve on the board. So I have every expectation that the provincial education authority will be a diverse group.

And I will say right now as well, we had a look back within Winnipeg of the diversity of the existing school boards and only 6 per cent of the current school trustees were of a diverse nature.

So we're certainly diverse underrepresented right now in terms of school boards. So that's something that we're trying to address, and that is something that Mr. Johnston and his committee will be out in the communities and seeing how we can engage more diversity, certainly at the local school level. And the legislation really and clearly spells out we will have diversity on the provincial education authority as well.

**Mr. Altomare:** We know that there will be six to 11 appointments on the provincial education authority.

How often will these appointees change?

**Mr. Cullen:** So, the legislation spells out that particular provision. So members can be appointed to a term of up to three years, but the maximum they can serve is a total of 10 years. And that is consistent with our ABC process as it exists, and that is based on previous recommendations by the Office of the Auditor General.

**Mr. Altomare:** Bill 64 creates authority for the provincial education authority board, whose members are appointed by the Lieutenant Governor-in-Council, to develop and implement policies about potentially sensitive curriculum, opening the door for some really

interesting conversations that'll happen and leading to a potential censorship of educators.

Can the minister explain what potentially sensitive content curriculum is or isn't?

\* (12:00)

**Mr. Cullen:** Just doing a little history work here—history homework this morning. So thanks for your—thanks for 'allowussing'—allowing us to do that.

I just want to be quite clear from the outset here, you know, even though there is some work that the provincial education authority has to do in terms of providing a policy, a written policy, the fundamental case that I want to leave with the members on the committee is that curriculum is still being set by the Department of Education. So I just want to make sure I highlighted that point that curriculum is still being put forward by the Department of Education.

So the other thing when it comes to the history part: there's been a policy in place around sensitive content since 2007 within the department. That's been a policy. That's been the directive that we have provided—the government since 2007 has provided to school boards. So all we are doing under Bill 64 is bringing that policy forward.

So, in my view, this is being extremely transparent. And I want to make sure that committee members do take time to read section 144(1) right through to 144(4) in respect of this particular situation.

So just to highlight this again, Bill 64 formalizes what was previously a department policy on sensitive content. It reinforces what happens in practice and supports parental choice relating to their child's education. The proposed legislation contains a requirement for the PEA to have a policy that requires schools to notify parents when physical or health education curriculum is being delivered that deals primarily and explicitly with human sexuality, substance use and personal safety.

If a parent elects to exclude their child from that portion of the course, the legislation requires that the student receive instruction in the potentially sensitive content by way of an alternative delivery.

To further support diversity and inclusion, the proposed legislation requires the provincial education authority to have a respect for human diversity policy that accommodates student activities, including gay-straight alliance or any other activities that promote a safe and inclusive environment. So, hopefully that

helps clarify the situation in the legislation around potentially sensitive content.

Thanks, Mr. Chair.

\* (12:10)

**Mr. Altomare:** At this time, I'd like to invite the member from Tyndall Park to ask the next few questions.

**Ms. Cindy Lamoureux (Tyndall Park):** I'd like to thank the member for Transcona (Mr. Altomare) for allowing me to ask some questions here, and to thank the minister for his time today with the department.

I'm referring to page 18 of the Estimates here, and I understand that the department will be tracking the percentage of teachers trained in the Treaty Education Initiative.

I'm wondering: Why isn't this training required for all teachers?

**Mr. Cullen:** Thanks for allowing us some time on that. Thanks for the question from the member; I do appreciate that.

A couple of things that I want to highlight in respect of this. Certainly, we do have established some targets in terms of training. And COVID hasn't helped us in achieving those targets, but hopefully soon we'll be able to get back on track.

Clearly, we, as government, are not—we're not hiring the individuals that are teaching these respective courses, and obviously, we encourage school divisions to hire individuals that are willing to take the respective training. We're certainly funding that training. We take the—this responsibility very seriously. We do have an Indigenous inclusion director—leader—on our executive management committee that's working closely with respective school divisions on this front.

I will say as well, in respect of where we're heading in terms of our strategy going forward—and I revert back to the K-to-12 report. If the member would have a look at that report, there is quite a number of recommendations in that report around how we engage the Indigenous community and how we can enhance education on that front. So we agree, in principle, with those recommendations. In fact, we're looking at an Indigenous Inclusion Directorate Advisory Council that would enable those discussions to take place. I think that's very important.

The K-to-12 report also talked about elders and knowledge keepers in school initiative, which I think

is really important. And I just reflect back on some of my time in Justice and the difference that the elders and some of these knowledge keepers had, and the influence they had on individuals was quite remarkable. So I think there's valuable lessons that we can take from there and I appreciate that recommendation in the K-to-12 report.

And, excited about remote learning strategy as well. I think that has a bearing in our discussion on Indigenous education. And then when the court comes to northern Manitoba, I'll know the challenges with recruiting teachers, retaining teachers in northern Manitoba as well. And certainly, there's some recommendations in the K-to-12 report in addressing that.

So those are really important discussions that I know we will be having in the future. So I look forward to having those discussions and we will be bringing forward a number of task forces, if you will, or advisory groups to try to address some of those challenges as we move forward.

\* (12:20)

**Ms. Lamoureux:** I'd like to thank the minister for his answer, and I think the ultimate goal is to ensure that all teachers have the training in the Treaty Education Initiative.

And I'm just wondering if there's any sort of roll-out plan. And correct me if I'm wrong, Minister, I'm wondering if there's any sort of rollout plan as a far as prioritization. Are—is there a focus on specific schools? A focus on specific subjects? If teachers teach geography, for example? Just what is the plan in ensuring some of the teachers do receive this education—ultimately, all of the teachers receiving it.

And just because it's on similar lines, what is the government hoping for as an acceptable percentage of teachers having this education?

**Mr. Cullen:** I appreciate that question. We did have a look at our balanced scorecard and what we were striving for on this front, and, you know, we're looking at a 95 per cent uptake when it comes to the Treaty Education Initiative.

So that, I would say, is a pretty aggressive mandate. We want—our goal is get 95 per cent by 2023-24 year. I will say, sure, we got some work to do on that front, but we've made a commitment to continue to measure that and continue to provide funding for that.

To the member's questions, I—we are undertaking a curriculum framework review. I know the truth and reconciliation, residential schools will certainly be an

important part of that curriculum development and we most certainly look forward to seeing how that unfolds. So, we're just in the process of getting that over-all review team together, to provide us some recommendations overall on the curriculum.

The other piece I will speak to is going back to one of our four pillars when it comes to our Better Education Starts Today strategy. And one of the key pillars is about professional learning education in respect of teachers and leadership. So that is a very important pillar for us. We want to make sure that (a) teachers who are qualified, (b) teachers are getting the upgrades they need and (c) that they have the resources to do the job in the classroom.

So that's key for us. That's a very important pillar for us. So, there's a lot involved in that. Clearly, the issue around treaty education is important to us, as well. That will be a key component of that, but that, again, is not something that we're going to solve or resolve overnight. It will take additional work as we go through this transformation journey.

I do appreciate the member's question on that front.

**Ms. Lamoureux:** Thank you, Minister, again for your answer.

Just flipping to page 21 here, it's really important that schools are safe, respectful communities for all, and I'm wondering how does the department currently handle a situation where a 'safed' respectful workplace policies are breached—or when they are breached, sorry.

**Mr. Cullen:** Yes. Sorry, I'd like to get back to the member for—with an in-depth answer to that, but let me say that we work closely with school divisions on that front. And there's obviously policies in place to deal with these situations.

There's another process that we, as a department, get engaged in when it comes to teacher situations, sometime in the teacher-student situation, when that does occur, but primarily it—this is handled through the school divisions. Obviously, we're in close contact with school divisions on this front when these issues do arise, so, very cognizant of that. We're just trying to follow up on some respectful workplace policies and see where it's—

**Mr. Chairperson:** Order. Order.

The time being 12:30, committee rise.



**CHAMBER****HEALTH AND SENIORS CARE**

\* (10:00)

**Mr. Chairperson (Doyle Pivniuk):** Would the Committee of Supply please come to order. This section of Committee of Supply is now—may resume the consideration of Estimates for the Department of Health and Seniors Care. As previous agreed, the questioning from this department will proceed in a global manner.

Before we get going on questions, is the minister and the critic ready for—to get—to continue?

**An Honourable Member:** I am ready.

**An Honourable Member:** I am also ready.

**Mr. Chairperson:** Okay, the floor is open for questions.

**Mr. Tom Lindsey (Flin Flon):** Well, thank you, everyone, and good morning to everyone, including the minister.

I guess we'll start off today with some questions specific to the Northern Health Region. And my colleagues from Thompson and The Pas will be joining in those questions as well.

So I want to start off talking about public health nurses in communities like Lynn Lake and Leaf Rapids. A pretty important role that they fulfill, and my understanding is that both those positions are presently empty because both people that were in those positions have resigned.

So can the minister (a) confirm that those positions are empty and (b) give us any insight on why both of them resigned basically at the same time? And what the minister's plan is to fill those positions?

**Hon. Heather Stefanson (Minister of Health and Seniors Care):** I want to thank the member for the question. And, certainly, I know when it comes to Leaf Rapids, there are some significant challenges there. I know the member is probably aware of those.

We've had significant safety challenges, I know, in other portfolios that I've held. You know, we've sort of been working together across, you know, Justice, Indigenous and Northern Relations as well as Health and Families and other portfolios to try and address some of the challenges with those issues. These are nothing new. These have been going on for kind of decades up in the area.

So, certainly, there has been some concern on—you know, from a public health standpoint of people, you know, within the community, and so—but it is very important, you know—so it has been difficult to sort of recruit and retain health-care professionals there.

But, certainly, on an as, you know, needed basis and so on, there will always be people from—that will be redeployed to help those individuals out who need it to ensure that people get the access to the health care that they need within the communities.

**Mr. Lindsey:** Well, except what we've seen, particularly at Leaf Rapids, is what you've just said is not the case. People have not been redeployed. We were short one nurse, who was, my understanding, an agency nurse who for whatever reason was unable to come to Leaf Rapids.

So your government's plan was to just shut the facility down for two weeks and leave people in that community with zero access to health care. Nobody was redeployed until, thank goodness, the MKO stepped in and used some of their pandemic health people to step in and fill the void, left to play short for a little while. So really, that plan isn't working.

So we know that there's difficulties in staffing those positions. So what exactly has been done to find people to go to those positions? We keep hearing it's difficult, but we never really hear what the game plan is and how you're going to change recruitment, how you're going to change something to retain people. What is the plan for filling those empty positions?

\* (10:10)

**Mrs. Stefanson:** I just thank the member for the question.

Again, it's obviously—and I know, you know, I mentioned this before—but obviously it's been very difficult for the northern regional health authority to recruit to the area. And so, in the interim, what has happened and particularly once some services were to be suspended, MKO came in and were very interested in testing their sort of rapid response team and were very interested in working collaboratively with the northern regional health authority.

And so I think this is a prime way of how we can work with our Indigenous communities to ensure that people in the community to get—can get access to that care. It doesn't mean that we're not continuing to recruit to the area. We'll continue to try and get people to the area. It has been, again, a very challenging, you know, issue, not just in health care but other areas

where we're—we've been trying to recruit people to the community, but it's due to safety reasons. People are, you know, have been reluctant to move into the community.

And so, obviously, this is a challenge but I think where we can work with MKO, who is very interested in partnering with the northern regional health authority to get their help. They are interested in getting their rapid response team to have a sort of a test run and work in a collaborative way. I think this is a very productive way to look at how it can work together moving forward.

**Mr. Lindsey:** I certainly appreciate what MKO did to step into the breach but that—unless we develop some kind of long-term plan between your department, the Manitoba government, the MKO on some kind of permanent contingency plan, I don't see where just relying on their pandemic team to fill the vacancy is much of a plan because they may very well be employed elsewhere. They've only got so many folks.

But again, we never really come up with an answer as to what specifically are you doing to try and recruit people for the Northern Health Region, particularly when it comes to things like nurses and health-care aides—well, doctors, too, for that matter, I guess.

**Mrs. Stefanson:** Again, thank the member for the question.

You know, certainly, I know the northern regional health authority has been working for quite some time to try and recruit individuals to Leaf Rapids. There have been the challenges. I've outlined what some of those challenges have been but I will say there has been, you know, a part—a very important part, on the part of the First Nations communities surrounding the area, of wanting to be involved and wanting to help people in the community. And I think that there are some very good opportunities.

This was obviously a way to start, where they wanted a chance to sort of test run their rapid response team in the community and I think that that has been positive. And I think to the extent that we can continue to move forward and on a collaborative approach to some of the solutions with ensuring that we get, you know, the appropriate care for people in these communities is extremely important. And I know those First Nations communities are very interested in helping out. They've expressed that not just on the health-care front but on other fronts as well. And I think it's very important that we take them up on that, that we

do work in a collaborative way to ensure that we can get people the care that they need.

So again, that recruitment continues on the part of the northern regional health authority, but we'll continue to partner with MKO and others who want to help out and be part of a solution here.

And, certainly, you know, if the member has any other ideas of how to approach the challenges that have been ongoing for decades in the community, I know he knows these communities well and we certainly don't pretend to have a monopoly on good ideas. We certainly want to work in a collaborative way to ensure that, you know, we can recruit people and retain them in these communities, but that we also work with our partners in the surrounding communities.

So I'm certainly open to any advice that the member may have on how we can work collaboratively here.

**Mr. Lindsey:** I thank the minister for that and, certainly, I've never been shy about sharing ideas. Unfortunately, to date, your government hasn't listened to any of them, and, certainly, I want to thank MKO for stepping in and, certainly, Grand Chief Settee has a vision for a more collaborative approach with the Northern Health Region and I want to be a part of that approach to a new way of doing things.

My concern is that this government's way of simply off-loading costs onto someone else for the lack of attention, certainly since this government has come into being, to properly fund health care in the North. Is it now the plan to off-load that cost and call it a partnership?

**Mrs. Stefanson:** I thank the member for the question. And certainly over last year, the dollars expended in the community on this particular area is about \$1.4 million and, as of this year, it's about \$1.55 million. So we are continuing to increase the investments in the community and the expenditures in the community to ensure that health care, you know, takes place.

But I think it's important to say that this collaborative approach with our First Nations partners is a positive thing to move forward on, and certainly we're not looking to off-load or anything like that; we're looking for partnerships and I think that's a responsible approach moving forward.

And so, you know, we continue to work with, obviously, the northern regional health authority, and I know they are—they will continue to work with MKO

and others who are willing to help out with those citizens within those communities.

But by no means—I don't want to leave the member with the impression that we're, you know, decreasing funding to the area. We continue to improve and make those investments that are necessary to ensure that we are able to look after the people in those communities.

\* (10:20)

**Mr. Lindsey:** I guess we could go on for quite a while talking about those two communities and what—the long-term plan for their hospitals. But I want to just, very briefly, talk about the Flin Flon General Hospital and what the game plan might be going forward there. We've seen obstetrics disappear, surgical disappear.

Is the government planning to continue to downgrade services in Flin Flon, which will mean less care closer to home?

**Mrs. Stefanson:** Thank the member for the question.

And what I will say is part of this budget is—and the member opposite, I know, has read through it and we have about \$812 million earmarked towards capital upgrades in rural and northern Manitoba. So that includes an intermediate hub that will be placed in northern Manitoba. There's been no decision yet as to where that will take place in northern Manitoba. We'll continue to engage with northern stakeholders to see where, you know, that hub will be.

And, certainly, what we want to do is ensure that through our clinical preventative services plan, who I know the member opposite is aware of. You know, we want to ensure, through these, you know—while there will be an intermediate hub in northern Manitoba, we want to ensure through our clinical preventative services plan that obviously safety is paramount, but that Manitobans do have access and will have access to the services that they need closer to home.

So that obviously will be a big component of this.

**Mr. Lindsey:** Interesting when the minister talks about an intermediate hub. I wonder if she could expound on how many conversations she's had or her department's had with the Saskatchewan government recognizing that the Flin Flon hospital services a large portion of the population in northern Saskatchewan as well.

It seems to me that between the Manitoba government, the Saskatchewan government, possibly the Peter Ballantyne Cree Nation, the Mathias Colomb

Cree Nation, all of which traditionally use the services at Flin Flon hospital, along with Flin Flon, Creighton, Denare Beach and some other communities—Cranberry Portage—that it would seem to be an ideal place to strike a collaborative approach to building something more at the Flin Flon hospital to service both sides of the community.

I've long suggested that perhaps an MRI machine in the North—and what better way or place to put it than in Flin Flon where we can get several different governments involved in helping to pay not just for its installation, but for its ongoing operation?

So perhaps the minister could tell us how many times she's had conversations with her counterparts in Saskatchewan and whether any of those conversations—if there has been any—have talked about how to grow that facility in Flin Flon to become a true hub for not just northern Manitoba folks in Flin Flon, but for that cross-border entity that affects everything that takes place in Flin Flon.

**Mrs. Stefanson:** The member mentions, you know, a very good point in terms of how we collaborate with our neighbouring provinces. And certainly we have ongoing discussions, particularly, you know, through COVID, with our neighbouring communities.

And so—and in this case, the member opposite's talking about Saskatchewan. We also have ongoing discussions with northwestern Ontario and the Ontario government with how we can work in a collaborative way towards delivering health-care services to citizens within our neighbouring communities. And so those are discussions that are ongoing—very much a part of this.

And I think the member has some very good points with respect to moving forward. You know, we'll continue to work in a collaborative way with Saskatchewan and with northwestern Ontario to see how we can better deliver services between our communities.

**Mr. Lindsey:** Well, the minister's given basically a non-answer to the specific question that was asked.

How many times has the minister actually had a conversation with any of those entities about building better facilities? And not just the physical facility, but ensuring that services are there for both sides of those border communities that presently we don't see, that they've been cut in the interest of saving money, I guess, which means that not only don't people in Flin Flon have care closer to home, but that whole portion

of northern Manitoba doesn't, that whole portion of northern Saskatchewan doesn't.

So can the minister say specifically how many times she or her department has met with their counterparts in Saskatchewan to talk very specifically about services that can be provided at the Flin Flon General Hospital or the Flin Flon centre that could be something more than it is now? *[interjection]*

**Mr. Chairperson:** I'm sorry.

The honourable minister.

**Mrs. Stefanson:** Oh, sorry. Thank you, Mr. Chair.

**Mr. Chairperson:** The honourable minister.

**Mrs. Stefanson:** The member opposite seems to be fixated on numbers of meetings having with, you know, our neighbouring partners. We have, you know, many, many meetings on an ongoing basis. And to me, that question is somewhat irrelevant.

But what I will say is that there has been many, many investments that have been made since we came into government with respect to our northern communities. And the point of this budget is to point out that, you know, we are committed to an intermediate hub in northern Manitoba: hundreds of millions of dollars that will be invested in that community—in those communities in northern Manitoba to ensure that northern Manitobans have access to the quality health care that they need when they need it.

\* (10:30)

This is something that was never done under the previous government. It is initiatives that we have taken. I know that we upgraded the emergency department in—at Flin Flon General Hospital, as well—almost \$24 million that was expended that, I believe, that was completed back in April of 2019.

So, to say that, you know, we're not interested in northern Manitoba, that we're not, you know, making investments and improving health care for individuals and Manitobans and that the only way we can do that is based on the number of meetings that we have with our neighboring, you know, provinces, you know, really is quite irrelevant.

What is relevant is that we are continued—continuing to make the investments that are necessary within those communities, and we're committed to that.

**Mr. Lindsey:** Just one last question before I turn the floor over to my colleague from Thompson.

I'm fixated on people in the Flin Flon and surrounding area actually being able to have health care close to where they live, and since your government came to power, that health care has continued to degrade to the point where the new ER is little more than a nursing station.

Is it the plan to keep the Flin Flon General Hospital operating as a full-scale hospital, offering medical services to those communities, or is it this government's plan to downgrade it to something less than what it has been and what it even currently is?

I mean, we've got it—a new ER facility that was committed to being built by our government when we were last in power, and thank the minister for carrying on with that construction project, but we need things to happen there other than just a building. We need to have doctors in Flin Flon; we need to have surgical capabilities in Flin Flon; we need to have day surgeries in Flin Flon; we need to have all those services that we've seen cut under this government.

So, can the minister explain, do they have a plan for what's going to happen to the Flin Flon General Hospital and health services in Flin Flon?

**Mrs. Stefanson:** Yes, no, I thank the member for the question, and, once again, I know members opposite like to say, you know, claim—falsely, thankfully—that there's less investments being made in Manitoba in health care.

In fact, there's \$750 million more that we are investing than the NDP ever did under their time. And so it's important to continue to correct the record when members opposite put those things on the record.

What I will say is, through our clinical preventative services plan, certainly, areas like Flin Flon, The Pas, Thompson, northern communities—what we want to do is ensure that, through our clinical preventative services plan, that we're enhancing the access to health care within those communities.

And within the plan itself it states—and I'll just read for the member—its enhanced diagnostic supports to inform care, including diagnostic services, critical care and acute medicine services with remote support and—from provincial hub—these are obviously attributed to northern Manitoba. This is how we're enhancing the capabilities in the North, by developing more enhanced care capabilities and improving access in the North.

So, also, critical care and acute medicine services, which I mentioned; improved support for Indigenous

health in the North in partnership with Indigenous communities—so again, that goes back to—and as an example, Leaf Rapids, where we are developing partnerships to help enhance access to care for individuals in those communities, new modes of patient transport for scheduled care—so that's assessment, diagnostic, pre-op procedures and follow-ups to enable better patient flow, to—within that—at the North for non-urgent and intermediate care.

So those are some of the things that we're working on for northern communities. This is available and has been for some time—our clinical preventative services plan on the website. The member opposite should feel free to go to the website and read up on all the exciting initiatives that will be coming to northern Manitoba as a result of us moving forward on the clinical preventative services plan.

I'll also say beyond that, I'd mentioned already about the emergency department redevelopment and how we expended more than \$24 million. Those services will continue for those individuals in the Flin Flon community and, certainly, you know, bringing an intermediate hub to northern Manitoba is certainly—it's all part of our clinical preventative services plan and it's all about providing better access to care for those in northern Manitoba.

So these are all positive developments. I know the member opposite doesn't like to hear that because it's coming from a Conservative government that's making investments that were not made, frankly, back during the time of the previous NDP government.

But we believe that we continue—we want to continue to work with northern Manitobans; we want them to be involved in the discussion as to, you know, where this intermediate hub will be, where is the best location, and we want to engage with our northern stakeholders, including our First Nations communities, to ensure that we take the time to get that right.

But by bringing this to the northern communities, that will create better access to care for northern Manitobans closer to home.

**Mr. Chairperson:** The honourable member for Flin Flon (Mr. Lindsey)—or no, the honourable member for Thompson (Ms. Adams).

**An Honourable Member:** One last comment before I turn it over to—

**Mr. Chairperson:** The honourable member for Flin Flon.

**Mr. Lindsey:** The minister talks about this intermediate hub in the North. It would be akin to saying, well, we're going to shut every hospital in southern Manitoba down except Winnipeg and have a hub there, and everybody from southern Manitoba go there, because the minister has no concept of the distances and the transportation, communication—all those issues that if you only have one hub in the North, it means that a lot of people aren't going to have proper care.

So with that, I'll turn it over to the member from Thompson.

**Mrs. Stefanson:** Well, I—you know, the member opposite needs to know and understand that we have existing facilities in northern Manitoba. By bringing the—an intermediate hub into—it's enhancing—by bringing an intermediate hub into northern Manitoba, it's enhancing the access to health care for people in those communities.

We're not taking away other services and putting in an intermediate hub. We're recognizing that there is a need for more services there and that's why we had identified that northern Manitoba needs an intermediate hub.

So we're continuing to do that. And the communities like Flin Flon and The Pas and Thompson, you know, we'll get together to decide and we'll consult with those in the communities, including our First Nation communities, about where is the best and most appropriate location for that intermediate hub. In the meantime, you know, and continuing on after the hub is there, there will be access within these communities that the member is talking about.

So this is enhancing the access to quality care in Manitoba, unlike what the member opposite is trying to portray.

**Ms. Danielle Adams (Thompson):** So I would like to ask the minister some follow-up questions on the hub.

Is there a timeline for when the hub is going to be announced? I know many communities are waiting and there are a number of communities that have projects waiting, depending on that announcement.

**Mrs. Stefanson:** Yes, the hub was announced in the budget.

**Ms. Adams:** Which location is going to be getting the enhanced hub?

**Mrs. Stefanson:** Well, the member opposite will know what I've just said the last several minutes that I've been speaking about the intermediate hub in northern Manitoba, is that we believe in engaging with northern Manitobans throughout this process to ensure that we get it right, in terms of what that location will be. We want to engage First Nations communities; we want to engage all communities in northern Manitoba to ensure that we hear from them, from those who live in those communities, where that should be.

So we have not made that decision because there will be adequate and extensive and thorough consultation with members of the community.

\* (10:40)

**Ms. Adams:** Once again, I go back to my question. Yes, it was announced in the budget, but what is the timeline to have which community announced, as there are many communities that are—have projects depending on that announcement?

**Mrs. Stefanson:** Well, again I will answer that question for the member that no decision has been made because it's pending consultation with those people from those communities.

**Ms. Adams:** Will the MLAs from those communities be involved in those conversations, as we are stakeholders in the community?

**Mrs. Stefanson:** All members and people in those communities, including those—if you've got some ideas about what you want to bring forward, we're always open for those discussions, absolutely.

**Ms. Adams:** So will the minister commit to meeting with the northern MLAs to discuss this issue?

**Mrs. Stefanson:** If the member has some ideas of her own, I'm welcome—you know, I welcome her thoughts on this. She's welcome to get those thoughts in writing to my office. I'm happy to have a look at that.

Certainly, right now we're in the middle of a pandemic. We are focused on ensuring that we're protecting all Manitobans. And so we will, you know—and, again, you know, that's been our focus right now, but as we move forward with this consultation process, we will be reaching out to members of our northern community, to those who live there, to those who work there to really get a thorough consultation process so that all Manitobans who live in northern Manitoba have a say in that, not just NDP MLAs.

**Ms. Adams:** So now we're going to—I'm going to ask the minister about agency nurses. How many agency nurses are in—deployed to—with the northern regional health authority versus nurses that are hired and maintained in the community?

**Mrs. Stefanson:** The preferred option is obviously always to hire directly from those, you know—the—into the—nurses into the northern regional health authority directly. So that's obviously what the priority is and will continue to be.

**Ms. Adams:** Seeing as the minister is unable to provide me with the number of agency nurses in the northern regional health authority, is the minister able to provide me with the number—how much was spent on agency care? *[interjection]*

**Mr. Chairperson:** The honourable minister.

**Mrs. Stefanson:** Oh, sorry, Mr. Chair.

**Mr. Chairperson:** The honourable minister.

**Mrs. Stefanson:** The member did not ask for the numbers in the first question around—that I could hear anyway—and perhaps I missed that.

But, you know, what I will say is that when it comes to northern Manitoba, I know that we have just announced 20 new spaces in the University College of the North, a diploma in practical nursing program for students in northern Manitoba.

We recognize, obviously, there are challenges with respect to hiring nurses in—you know, directly into the RHAs, into the hospital situations in northern Manitoba, but we recognize this is a challenge, and that's why we have announced those—and we are—you know, those 20 new spaces in the University College of the North.

So we recognize that there's some challenges and we're starting to—well, and we're making investments to ensure that we can improve the situation of nurses in Manitoba—in northern Manitoba.

**Ms. Adams:** So, I will ask the minister again: What is the number of agency nurses versus the number of nurses employed by the northern regional health authority and how much was spent on agency care in northern—in the northern regional health?

\* (10:50)

**Mrs. Stefanson:** You know, what I will say to the member is, like I answered her last question, which is there have been challenges with the recruitment and

retention of nurses not just in northern Manitoba but indeed all over Manitoba.

This is not something that's either—that is unique to Manitoba either. This is a challenge that is being faced across the country. And so—and this is nothing new. This is something that's been going on for decades, even back when the previous NDP government was in power. These are challenges that ministers of Health—previous ministers of Health under the previous NDP government acknowledged.

I know it's easy for the member opposite to sit in opposition and talk about this all being, you know, a current issue and problem. I know the member is fairly new to her position as an MLA. But, you know, history is there and it is what it is. And we continue to face those challenges.

We will continue to do, you know, to continue to work with those regional health authorities, with Shared Health and work with all Manitobans who want to be involved in how to help us recruit and retain nurses. There's been a number of initiatives that we have undertaken, one of which I mentioned already for the member: the 20 new spaces for the University College of the North's diploma in practical nursing program. This is—I know that we recently just trained 60 new nurses for ICU capacity in Manitoba. There's been a number of initiatives that we've done in the recruitment and retention of nurses. We recognize that there's more work to be done.

What I will say is that, yes, in northern Manitoba and in places across not—across the province and across the country, we do rely on agency nurses to fill positions to ensure that we have the adequate and appropriate care there for Manitobans when they need it.

If the member opposite is suggesting that we shouldn't hire agency nurses to help ensure that we get the adequate care for Manitobans, that is very concerning to me because that would be putting Manitobans' lives at risk.

And I sure hope that the member opposite is not suggesting that we shouldn't hire agency nurses to look after Manitobans to ensure that they have the adequate protection and safety and health care that they need when they need it. I sure hope the member isn't saying that.

But this is what happens when we have a recruitment and retention issue which has been ongoing for decades, and we will continue to look to our partners, our agency partners, to help us through these times, especially in the middle of a worldwide pandemic

where we've had significant challenges, you know, with respect to, you know, things that have come out of COVID-19.

And so, again, I would just say to the member opposite that, yes, we will reach out to our agencies to recruit agency nurses where they're needed, but obviously our first choice is to hire, you know, nurses in our regional health authorities. That's our first choice, but out of an abundance of caution and for safety measures and ensuring that we deliver the health care that's needed for those individuals, we absolutely will partner with agencies to ensure that we have the nurses available to deliver the health care for those individuals who need it.

**Ms. Adams:** If the minister says that they have been aware for some time, what is the number and the amount? And if she does not have it, will she take it under advise—under—undertaking and provide me with the number at a later date and the amount?

**Mrs. Stefanson:** I believe I've already said to the member that if she is suggesting in any way, shape or form that by reaching out to agencies to hire nurses is not an appropriate way to look after citizens in our province who need access to health care, you know, that's a serious problem. And if the member opposite wants to put that on the records, then I suggest she does so.

What I will say, once again, in answering the member's question, is that we put a priority on the recruitment and retention of nurses within our RHAs and our hospital systems to hire within and directly to the extent. And while we're, you know, we've got a number of programs and a number of plans out there that—to address this issue right now. And we're always looking for, you know, for more ideas, and we will continue to move in that direction towards the recruitment and retention of more nurses in Manitoba so we can hire them directly into—you know, through our RHAs.

In the meantime, if the member opposite is suggesting that we shouldn't hire agency nurses to fulfill the roles and responsibilities that are needed to adequately care for Manitobans, I would suggest that that is a wrong approach, and so we will just have to agree to disagree.

**Ms. Adams:** Seeing as the minister is unable and unwilling to provide me with a simple answer to my questions, I will move on and ask another direct question.

How many Lifeflight planes are available in Manitoba?

\* (11:00)

**Mrs. Stefanson:** There are three.

**Ms. Adams:** I'd like to thank the minister for that direct answer.

I would now like to move over to the Lynn Lake, Leaf Rapids, Gillam sharing a facility manager. How is that going to work, seeing as those communities are far apart on different highway systems and Lynn Lake and Leaf Rapids don't have cell coverage? So if the manager is in Lynn Lake or Leaf Rapids and there's an issue in Gillam, how are they supposed to respond?

**Mrs. Stefanson:** What I will say to the member is that I think there's many instances where, you know, managers are managers of multiple facilities and they're not just a manager of an—single facility.

But the member opposite does bring up, obviously, a good point with respect to access to Internet services and cell coverage in rural and northern communities. And I know we did make an announcement yesterday as a government in a partnership with Xplornet to improve the connectivity to hundreds of rural, remote and Indigenous communities throughout Manitoba.

So it was a memorandum of understanding that was signed—agreement—the Province and Xplornet will provide broadband services to nearly 30 First Nations communities, approximately 270 rural and northern communities and additionally, this agreement will also serve 350 communities with cellphone access and—with cellphone access.

So that was just announced yesterday. We obviously recognize that that has been a challenge in some of our more remote communities, and those are some of the actions that we're taking to address those issues.

**Ms. Adams:** I'd like to thank the minister for that response. I'm going to ask one more question pertaining to vaccine rollout, and then I will be handing it over to my colleague from Keewatinook.

We've heard from many northern communities the lack of engagement from this government on vaccine rollout. Many communities have reached out to let us know that the pop-up clinics that have been happening have been on short notice. There has not been enough time to get community members—advertise enough within the community.

I know the other three northern MLAs have sent repeated letters to the minister asking for a meeting regarding vaccine rollout to address the concerns we have heard, and the minister refused to meet with us regarding those issues.

So can the minister please commit to providing more knowledge and more transparency and more working with the northern regional health authority on vaccine rollout to ensure communities are able to get their citizens vaccinated quickly, efficiently and effectively?

\* (11:10)

**Mrs. Stefanson:** I thank the member for the question.

And, first of all, regarding a request for a meeting with myself, that—we actually got an even better meeting for her caucus, which was with the Leader of the Opposition and the Health critic this week with Dr. Brent Roussin. So I'm sure that—directly with Dr. Roussin—so I'm sure that the member opposite will agree that's a much better meeting to have than a meeting with me, and we helped facilitate that. So I'm sure the member opposite will recognize that.

But certainly when it comes to our pop-up clinics across the province, you know, those pop-up clinics are based on the supply that we get from the federal government. It's often very last minute.

And so, you know, so if—with it being short notice, that is just the nature of the game through how this is all rolled out in Manitoba, especially when there's been a scarcity of supply from the federal government. And, of course, that the pop-ups primarily are the Moderna vaccine.

As the member opposite will know, when there has been delays in the delivery of Moderna vaccines to—not just to our province but to provinces across the country. And so that has had an impact on, you know, sort of the notice, sometimes, with those pop-up clinics. And so that is nothing that is, you know, just to northern Manitoba; that's to all of our pop-up clinics and something that, you know, quite frankly is beyond our control because, of course, the member opposite will know those—you know, it's up to the federal government to issue the supply to the individual provinces.

What I will say is that, you know, through our First Nations vaccine implementation task force to our vaccine task force as well as, you know, the northern regional health authority, they've done a phenomenal job in terms of getting the vaccine out to a higher



percentage of those 18 plus; in fact, the highest percentage of those 18 plus of any other region in the province.

And so I really want to commend those who have worked very, very diligently in northern Manitoba to ensure that those vaccines are getting out to those who need it. And we, of course, want to continue to encourage all Manitobans to get the vaccine.

Just as of this morning, we announced that all of those aged 12 and up now, so that's everyone who's—you know, sort of the eligibility now of everyone across the country, the Pfizer vaccine is available for those 12 and up. And so—or has been clinically tested for those 12 and up. And we are now offering vaccines to all Manitobans 12 and up.

So we encourage everyone to get out and ensure that their loved ones and family members and friends and neighbours get the vaccine so we can, you know, get back to some semblance of normalcy moving forward for all Manitobans.

**Ms. Adams:** Thank you, Minister, for that response.

I'm going to jump back to Lifeflight planes for a moment. You indicated that there were three Lifeflight planes in Manitoba. Who owns and operates them, under what terms and what is their staffing complement on each plane, i.e., how many doctors, nurses are on each plane?

**Mrs. Stefanson:** I thank the member for the question.

The member will know that any sort of contractual services with respect to, you know, Lifeflight services and so on, that's done through Central Services, so it is more appropriate to ask those questions in the Estimates for that department.

When it comes to the complement of doctors or nurses or staffing on the plane, that obviously comes under Health, but it varies according to the individual case. So it's very difficult to give, you know, a concrete answer because it's based on individual cases.

**Ms. Adams:** Thank you. I will now hand questions over to the honourable member for Keewatinook.

\* (11:20)

**Mr. Ian Bushie (Keewatinook):** Is my audio and video coming across okay?

**Mr. Chairperson:** We can hear you properly—you've been sort of froze on the video side, yes. But we can still see you.

**Mr. Bushie:** I'll point out that I was not included on the list for the announced upgrades. I searched high and low on the five pages that was put forward and I'm not on that list, so. It's a work in progress.

I have a couple of COVID-specific questions of the minister, especially because, well, of course, right now we're right in the middle of the pandemic, in the middle of the third wave and hopefully don't have to deal with the fourth wave at some point in time.

For the Pine Falls facility and the Pine Falls capacity that's existing currently right now, and with the surge in cases, the surge in variant cases, I'm just wondering: is there any plan to expand the hours of operation, maybe the daily operations to be able to help with the potential overload that's coming forth for the Pine Falls COVID testing facility?

**Mrs. Stefanson:** Sorry—just for clarification, you're talking about testing or the vaccination?

**Mr. Bushie:** Testing.

**Mrs. Stefanson:** I thank the member for the question.

I know the vaccine—the—or, sorry, the COVID-related questions are sort of back-and-forth with some staff between the Executive Council Estimates and ourselves, but what I will say to the member is that we're always looking to either, you know, if we need to—this has been an ongoing—and there's been so many moving parts with respect to COVID and with respect to testing that if we need to expand hours of operation, I mean, the team is looking at those, you know, to see if it's needed.

And so, you know, I rely and we rely on the advice of our team that is responsible for this specific area, and certainly, I can let them know that you've had this, maybe concern, and bring that back to them and ensure that if there is a need there, that we do increase the capacity for testing.

**Mr. Bushie:** So maybe a little bit furthermore to that, then. Being, of course, that the northern health area and eastern health area is—the dynamic is a lot more different than Winnipeg. For example, being able to access, being able to travel and get around in the area to various sites, various organizations, various urban areas.

Would—there is there a plan to have that global testing more available to these communities and more still to that, maybe rapid testing? And why I ask that question is, rapid testing—because isolations will—are proving to be a lot more difficult in rural communities and further

out communities from urban areas, so I'm just wondering if mobile testing and rapid testing will be made available to those communities to help kind of alleviate and help with the tracing of the potential difficulties with having to isolate?

**Mrs. Stefanson:** I thank the member for that question, and, certainly, yes, having been in many of the northern and, you know, Interlake eastern communities, I recognize in some of our—in our rural communities as well, recognize certainly that there are challenges that we face with respect to the remoteness of some of these communities, and we need to ensure that we have the access within those communities.

And, you know, I'm happy, again, to take this away and talk to our task force about this to ensure that we do have access, you know, whether mobile testing is an option there in some of these communities and certainly get back to the member on that.

And, you know, with the rapid testing, we are looking at ways. You know, until more recently, we weren't utilizing, you know, extensively the rapid testing and we were moving more towards the PCR test because we had the capacity within our lab systems to be able to do the PCR test. They're obviously much more reliable than some of the rapid testing. But as we're moving into some of these—you know, as our numbers are starting to go up, our PCR testing numbers are going up, we are expanding into our rapid testing and utilizing that in many locations across the province.

And certainly I'll bring that to our task force to have a discussion about that, as to, you know, how we can increase access to testing in some of the more remote communities.

So I thank the member for bringing that forward and we'll certainly look into that. I think it is a good idea, an important idea to ensure that people in more remote communities have access—better access to the testing.

**Mr. Bushie:** So will there—will a threshold be established? Will there be something to trigger the ability to *[inaudible]* mobile testing and rapid testing? Or will that request have to come from various community leaderships? Or is there some kind of *[inaudible]* I mean, it's all for the—say—because the number one is already more than enough numbers already to be able to trigger something like that, but is there a threshold that will then be established to be able to trigger that?

For example, there was a lot of rapid testing, mobile testing funded to fly-in communities over the winter, but that was triggered by, you know, severe outbreaks and the inability to actually know exactly what was contained. And I realize there's a lot of employers that actually use rapid testing for their employees, just to be able to—I mean, more or less peace of mind and it really doesn't go into the provincial figures. It seems like that, too, it's more from a community and a work perspective.

But I'm just wondering, will there be a threshold established then or a percentage to be able to do that?

**Mrs. Stefanson:** I thank the member for that question.

Obviously, as I had just mentioned to the member for Thompson (Ms. Adams) in a question that she had asked, you know, northern Manitoba has sort of the highest percentage of people vaccinated, those 18-up, and, of course, we just dropped that age to 12 today. So our focus is still going to continue to be on the vaccine, but I know northern Manitoba's been very good, in terms of rolling that vaccine out, which is obviously the key.

But in terms of the testing, I don't believe there's a specific percentage or anything along those lines, but I know just, you know, we've had this conversation now and I think it's just something that's worth bringing back to the table with respect to discussions here around the testing. And I'll certainly bring it to their attention that there could be an opportunity here to increase the mobile testing or rapid testing in some of these communities.

These are the types of partnerships that we're looking for now. And so, you know, we'll see if there is a need, that—we obviously want to encourage people to get tested as well.

So for those in more remote communities, I don't think there's a threshold. I think it's just—you know, it's a matter of going back and just seeing what makes common sense, frankly. And so we can certainly continue that discussion, you know, offline, if the member opposite wants to.

**Mr. Bushie:** I thank the minister for those responses.

The minister had touched on the announcement this morning of the vaccine and the vaccine now being—the age being reduced, and for just the conversation here, we'll just say to minors—we'll call it that. But the announcement was also specific to basically the Pfizer vaccine.

As the minister is aware, I mean, the travel—the transportation logistics of the Pfizer vaccine to remote communities was an issue, but, primarily, northern and remote communities received the Moderna vaccine.

\* (11:30)

So I'm just wondering how—where along this line will either Pfizer be available to go into remote communities and be able to—or is it going to be specifically Moderna and then, well—then the First Nation communities that are remote and isolated have to wait for the Moderna vaccine to be approved provincially to be able to go to minors?

**Mrs. Stefanson:** Yes, no, I want to thank the member for the question, and it is a very good one.

And I think what has transpired over time is that things have changed. We need to be very nimble and flexible with these changes that are taking place with respect to, you know, the vaccine—in particular, those mRNA vaccines that need to be stored at very low temperatures, in particular the Pfizer vaccine. And so—and this is the one, obviously, that has been tested for those 12 to 17, I guess, 12 and up.

So, one thing that has transpired so far is that pharmacists—through Pharmacists Manitoba there has been a pilot just to test on the, you know, about the temperature and stability of the movement of the vaccines, you know, from the supersites. And so that has been ongoing. We're seeing some positive results from that. And certainly, the manufacturers themselves—there's been some loosening of those restrictions from the manufacturers when it comes to the temperatures and the stability of the vaccine as well. So I think we've come a long way.

And then, obviously, we're going to work very closely with our First Nations vaccine task force as well as our vaccine task force, and we'll all work together to ensure what is the best, most efficient, effective way to get those, you know, between the ages of 12 and 17 vaccinated as close to home as we possibly can.

So I know those discussions have all been taking place over the course of the last while, and I'm sure there'll be more announcements. As the member knows, we do have—you know, every Wednesday, our co-leads of the Vaccine Implementation Task Force do go out and give technical briefings and briefings to the public as well about these kinds of questions that are coming up. We're very aware of the fact that

these questions will be coming up with respect to rural and northern remote communities.

And I think, you know, sort of from day one we've always been cognizant of the geographical challenges that we face as a province, and it's why we implemented, sort of, those pop-up—you know, the pop-up sites, the FIT teams that would go into our congregate-care settings to really ensure—and that we have, you know, our supersites in all five, you know, health regions.

But I think it's really important to know that we do understand and we do have a lot of respect for those that live in rural and remote northern communities, and this is definitely something that we have been looking at and that we'll—you know, I'm sure the task force will be out very soon in terms of what the next plans are for rural and northern remote communities.

**Mr. Bushie:** Yes, I'd like to pass the next question on to my member from The Pas-Kameesak, please.

**Mr. Chairperson:** Okay.

**Ms. Amanda Lathlin (The Pas-Kameesak):** Good morning.

I have a question about the Northern Patient Transportation Program. As a northerner, we can all agree that program is severely inefficient when serving us when we have to travel to Winnipeg for medical. For example, we have seniors, elders travelling back alone in wheelchairs while on dialysis after surgery. That is happening because of pandemic and limited flights from Calm Air and limited people.

So—and other issues are that once we're medevac'd out, including myself twice, it's up to us to get back on our own and the travel, the assistance that we get is, again, severely inadequate.

So my question is, as a fellow northerner and for myself and for my family, is there any plans to look at this northern patient transportation policy to help us feel a little bit better and safer when we leave our communities and travel to Winnipeg for medical services? Is there plans in the soon, very near future to relook at that policy so that we don't have to feel like second-class citizens when we leave our community for medical in Winnipeg?

\* (11:40)

**Mrs. Stefanson:** I just want to thank the member for her question and, you know, say I'm sorry to hear about, you know, the fact that, you know, she had mentioned that she had to utilize these services as

well. And, obviously, our thoughts go out to she and her family and to those affected by that. And so I just wanted to reach out that way.

I also wanted to thank the member as well for bringing forward Bill 213, the reporting of supports for child survivors in sexual assault act. I think that was a very important way where I think, you know, we've been able to work together towards understanding some of the challenges that are being faced and how we can work together to overcome some of those challenges.

And I think, you know, beyond that, I know that just one of the things we're sort of learning from COVID is that, you know, there can be more of an emphasis placed on some virtual care where we can do it virtually. And the—it—we have expanded that through COVID just to ensure that people get that access during these difficult times as well. I know the member will know that there has been a huge impact on air travel in general during COVID, and so that's been a huge challenge across the board.

But essentially what we want to do through our clinical preventative services plan, our goal is to hopefully be able to reduce the number of those trips that are necessary to have to come into Winnipeg or go to other communities to get access to health care that can be delivered at home within their home communities.

And so that is really the gist of the whole clinical preventative services plan. Of course, COVID comes into play, and there has been, you know, some delays there. But I think there's also some things that we've learned as a result of COVID that could help enhance the way that we, you know, deliver medicine as well closer to home.

And so those are, you know, some of the things that we're continuing to discuss with our clinical leads—our provincial clinical leads as well, just to see how we can, you know, maximize the use of all of our hospitals all across the province, really take a provincial approach to medicine so it's not just all about, you know, having to fly into Winnipeg to get the access to care that, you know, would be better to have access to, obviously, closer to home.

And so those are some of the things we're working towards right now.

**Ms. Lathlin:** I'll go back to my colleague from Keewatinook. Thank you.

**Mr. Bushie:** And I will tag in my member from Union Station.

**Mr. Chairperson:** Sorry, I didn't—we didn't quite hear what you—

**An Honourable Member:** The member for Union Station.

**Mr. Chairperson:** Oh, Union Station. Okay.

**MLA Uzoma Asagwara (Union Station):** Hello. I love the teamwork. That's great. Good to see everyone.

So I want to thank my colleagues for those questions, thank the minister for her responses on them. There are a couple of questions that I have that I'd like to follow up on what my colleague, the member for Thompson (Ms. Adams), asked in regards to Lifeflight.

So can the minister provide details around the physicians that are currently on board for those Lifeflight flights. Do all of the Lifeflight response flights currently have physicians on board and will the current existing contract be extended?

**Mrs. Stefanson:** I just want to thank the member for the question and, as I mentioned to the member for Thompson earlier today, the 'Lightflight' contracts are—that's all done under Central Services, so those questions would be better put during those Estimates process within the Department of Central Services.

With respect to physicians, there's really—it depends on the medical condition of the call as to whether or not a physician will attend to those calls. So, it varies, I guess, according to, you know, whether or not a physician will attend on the flight or not.

**MLA Asagwara:** Great. So specifically, then, in regards to physicians on the flights—depending on the case, how critical the case is in nature, the acuity, I get that they determine if a physician is on board—I'm wondering though—there must be, like, a percentage. There must be data information on the percentage or number of times that a physician is on board those flights, attached to, of course, the reasons why.

But in this case, for the purposes of right now, even a percentage around how often a physician is present on board would be great. It would be even better to know the circumstances typically, but just a percentage around how often those physicians are actually on those flights would be great.

**Mrs. Stefanson:** Yes, I don't—just in the interest of time, I don't have a percentage, you know, here right now. We can endeavour to get that to the member.

But, you know, what I will say again, it—you know, and I'll just reiterate that it depends on the medical conditions, as well as other factors involved, as to, you know, whether or not a physician will—themselves will attend to the—you know, a particular flight.

But, you know, we'll endeavour to get—you know, hopefully get that information if we have it. I think we should be able to get it at some point.

\* (11:50)

**MLA Asagwara:** On that same note, I would ask if the minister could also endeavour, then, just, since they'll be doing that looking into, to also provide details around the complement of staffing on each flight. So, as well as, you know, the physicians attending—but if they could endeavour to provide details around, you know, how many nurses are joining the physicians, the complements of nurses on those flights, I would greatly appreciate that.

And then my other question would be: Currently, who actually owns the planes? Who owns the Life-flight planes? Who's operating it and under what—I mean, terms. I know we've already referred as to Central Services, but those are a bit more broad in terms of details. So, who's owner—who's operating, rather, the planes under what operations and who owns the planes? And if you have details around the terms, that'd be great.

*Mr. Jon Reyes, Acting Chairperson, in the Chair.*

**Mrs. Stefanson:** I just wanted to say to the member we'll endeavour to get more information with respect to the staffing on the flights.

And also, I just—I will just say to the member that I think the best area, again, to ask those questions, because it is a service that is contracted out through Central Services—I'm not—I don't, you know, know who individually owns the planes that would be utilized for the services that we use the planes for. So that question, I think, again, would be best asked under Central Services.

*Mr. Chairperson in the Chair*

**MLA Asagwara:** Thank you, Minister. I appreciate that you'll endeavour to provide those details.

Now, specifically, I'd like to ask some questions about nursing and agency nurses. So, I'm wondering if the minister could provide some information—basically a dollar value—in regards to the agency nurses last year in the northern region. So if you could

provide, you know, a monetary amount that was spent to hire agency nurses in the northern region.

**Mrs. Stefanson:** Just for clarification, I'm wondering if the member could indicate: are they asking specifically for northern Manitoba or for all of Manitoba?

**MLA Asagwara:** Give me one moment here. I'm going to clarify.

**Mr. Chairperson:** Okay.

**An Honourable Member:** Okay, so, yes—

**Mr. Chairperson:** The honourable member for Union Station (MLA Asagwara).

**MLA Asagwara:** My apologies.

The data—specifically the monetary amount for the northern regional health authority.

**Mrs. Stefanson:** It's \$4 million.

**MLA Asagwara:** Thank you, Minister, for that information.

So, I'd like to ask some questions now around surgical wait times. That's an area that I know we're all talking a lot about, we're hearing a lot about from our constituents. I'm sure that the minister is hearing from many folks. I know we've raised it in the House several times, as concerns were brought forward from folks in the community. Those concerns brought forward were specifically in regards to women's health.

But more broadly, I think it's important for us to talk about what's going on in terms of surgical wait times. Given here in Manitoba, you know, we haven't had a strong as response as other jurisdictions. I think about British Columbia and how they've addressed their backlog in surgical wait times. They've brought that almost entirely right down; I believe 95 per cent cleared up. And here in Manitoba we're just not seeing that issue being addressed in a way that is really sustainable or meeting the needs of folks. So I do want to ask some questions around that.

And, you know, we know in January of last year that Winnipeg hospitals had 1,072 filled nurse positions in surgery. I can give you a quick breakdown: Concordia had 106 filled; corporate-regional services, three; Grace, 174 filled; HSC, 433; Misericordia, 52; Pan Am, 27; Seven Oaks, seven; St. Boniface, 198 positions filled; Victoria, 72 positions filled.

And we've seen the monthly data and that number has not really significantly changed throughout the pandemic, which tells us that there hasn't been a ramp-

up of staffing in that area despite the fact that, you know, I think it—all of us could've predicted that we'd need to staff up in that area.

Not even between the waves of the pandemic has staffing been ramped up in those areas. And, actually, in fact, by January of this year—so, 2021—when the government said that it had restarted surgeries after the second wave, there were actually less positions filled than prior to the pandemic. So 1,036 positions were filled—nurse positions filled in surgery. So again, less than before the pandemic, which is really concerning; not only were those positions filled and ramped up but they were actually—they decreased. And, you know, every position counts, we know that.

So my question for the minister is, currently, right now, today, how many filled nurse positions are there in surgeries—for surgeries in Winnipeg?

\* (12:00)

**Mrs. Stefanson:** I just thank the member for the question.

The member will know that, in the budget, we have announced \$50 million to go towards decreasing the wait times in surgical procedures in our province. So we've made that commitment. We're also working very closely with our provincial clinical leads to see how we can best, through our clinical preventative services plan, how we can look at it—this as sort of more of a provincial approach to surgeries.

So, obviously, using the more emergent cases, those where we have the ICU, you know, capacity, there are the acute-care hospitals for the emergent—more emergent cases. But also utilizing hospitals, say, outside of Winnipeg to perform some of the, you know, less emergent cases of surgical procedures within those hospitals to be able to kind of utilize, you know, the whole provincial approach to how we deliver surgery in the province.

So those are the things that our clinical leads are coming up with, and I just want to thank them for the incredible work that they're doing.

Obviously, the member opposite will know that we're into the third wave of COVID, and to, you know, the specific question that the member asked about nursing positions and surgeries in Winnipeg, this is somewhat of a fluid number. As we are, you know, in the middle of a—the third wave of the pandemic, where, you know, those positions, you know, are sometimes being redeployed and so on in a voluntary way right now. So these are—you know, it's a very

fluid number. It would be very difficult to get a concrete number for the member right now.

We do obviously know, as I have mentioned before, that there is a challenge with respect to recruitment and retention of nurses in the province of Manitoba. We do know that it's nothing new, but we are putting some measures in place to ensure that we have, you know, the capacity with respect to the nursing positions to be able to fill those positions.

We are coming up with a sort of short-, medium- and long-term strategy to deal with that. I think it's something that, particularly during the pandemic, that other provinces have been facing as well across the country. And it is just something that, you know, it is a challenge that we've got. It is a challenge that we're embracing. And it is a challenge that we are working with our partners to ensure that we can increase that necessary nursing capacity within the provinces—within our hospitals.

**MLA Asagwara:** I can certainly appreciate—and I thank the minister for that response—I can certainly appreciate, you know, some of the impacts of re-deployment and resources being reallocated where they're needed during this pandemic.

To be clear, that shouldn't really disrupt the ability to provide information, clear information, on how many positions are filled right now. We do know that, you know, as restrictions were increased recently, there may have been some disruptions, but that shouldn't really impact the ability to provide this specific piece of information in terms of how many positions are actually filled currently in surgery in Winnipeg. So I would hope that that detail—you know, and we can have all the understanding in terms of what's going on right now and apply sort of our logic to that, but that information should still be available and able to be presented.

Now, I apologize, I'm going to kind of go back to a previous question. Hope that doesn't cause too much stress on your end for the honourable minister. But I would like to go back to the question that I asked about agency nurses in the northern regional health authority.

I'm just wondering. When I think about the number that was provided—\$4 million for agency nurses—it's a number that, you know, with comparison to other years would be much better to understand what that means within this context. So I'm wondering if the minister can also provide some information on the years before. Like, even two to three years before this

period, if the minister can provide how much money was spent on agency nurses in the northern regional health authority for the previous two to three years.

\*(12:10)

**Mrs. Stefanson:** I don't have the exact figures in front of me, but I know, certainly, that, you know, the—you know, it has increased, in terms—you know, for the—in the last year, with respect to, you know, the hiring of agency nurses in northern Manitoba. And I think the important, obviously, issue there is that doesn't take away from our, you know, first and foremost, wanting to hire nurses internally to do the work in our hospitals in, and so on, in northern Manitoba.

So that is our primary, you know, objective is to hire nurses internally but obviously we never want to put any patients', you know, lives in jeopardy or patient care in jeopardy and so we do reach out to our agencies to hire nurses for—to ensure that we have the appropriate nursing capacity there to look after Manitobans.

So I'll leave it at that. I did speak to, I know, the member from Thompson about that earlier today. I think you had a much more respectful way of asking these questions, and so I'm happy to provide those answers to you.

**MLA Asagwara:** I thank the minister for that response.

I'm wondering if—the minister's acknowledged that that number has increased, so I don't know if the minister has those numbers for previous years in front of her. It would be helpful to have those numbers concretely, what they look like.

You know, and I know that myself, alongside my colleagues, are really invested in making sure that, you know, that we more collaboratively to address the needs of northern health needs and community needs and finding solutions to some of the issues that exist. You know, my colleagues that represent the North have a tremendous amount of expertise and great relationships in their communities and great ideas around how to do so. So certainly, you know, in the spirit of working collaboratively to meet some of those needs and fill those gaps and address these issues, having the information certainly makes it much more realistic in being able to do that.

So if the minister can provide some clear information around what those amounts were that were spent on agency nurses in the northern regional health authority for previous years, two to three years before

this fiscal that she's already provided, would be really appreciated.

And then I would like to ask for clarification as well for a question that I asked about Lifeflight. I realize that I should've maybe been a bit more clear. The minister did say that there may not always be a doctor on board, depending on the case, but I want to be really clear that the minister was referring to Lifeflight and maybe not referring to medevacs, when folks were medevac'd out of community.

So is—can the minister provide some clarity on that point, as well? I apologize; I should have asked for that clarification before.

So again, my two points: if the minister think—has that information around previous dollars spent on agency nurses in the North; and as well, just to clarify, the doctors being on flights or being a part of that transportation issue, speaking specifically to Lifeflight or medevacs.

**Mrs. Stefanson:** So, just with respect to Lifeflight: yes, I was—we were referring to Lifeflight, yes. And that's been, as I understand, a longstanding sort of agreement or whatever for years and years. So that's—there's nothing new there or nothing that's changed as a result of that.

With respect to the numbers for the nursing, I don't have them, like, right in front of me right now. I just—I said that because I do recall that it is up slightly from last year. I mean, that could be for a whole host of reasons, where, you know, we're in COVID and obviously, you know, we were asking people to stay home if they're sick and so on. And so we had to, obviously, reach out to agencies to help fill those positions in the interim. So there could be a number of reasons for that.

I don't have all of those in front of me right now but, you know, that's what I've got.

**MLA Asagwara:** I thank the minister for that response. She can anticipate that I'll be following up on those details in particular. I do think that information would be really helpful and is important for us to be able to compare and understand what's going on and why and how to address those areas of concern.

\*(12:20)

So, now I'm going to go back to the surgical wait times issue. I believe the minister was not able to provide details on how many positions are currently filled. As I mentioned before, you know, I understand there's a lot going on right now with the pandemic,

obviously, and redeployment and all of that. We should still be able to get a sense of how many filled surgical nursing positions there are in the city of Winnipeg. And so if the minister is able to find that number, that would be greatly appreciated.

But my other question on this front is, you know, why wasn't that ramped up?

We know that wasn't ramped up between the waves of this pandemic, when, you know, that would've been an opportune time to do so and make sure that, before we potentially see a third wave, that we've got more nurses in those positions, given the impact that we saw it had on surgical wait times, and certainly, given the efforts that we can look at—again, I reference British Columbia, in terms of them bringing those wait times down and essentially eradicating them, dealing with their backlog almost entirely.

So, just wondering, you know, why didn't the minister ramp up capacity in surgical wards between the waves of the pandemic, as it's been done successfully in other jurisdictions?

**Mrs. Stefanson:** I just thank the member for the question. And, you know, certainly, you know, we do know through the pandemic, through the first wave, second wave, that, obviously, we had to redeploy staff, and some elective surgeries were postponed at

that time. And that's nothing, you know, unique to Manitoba. That was across the country as well.

During that time in the interim between some of our—the waves, obviously, we had some of our partners like CancerCare Manitoba, western surgical centre and others sort of step up to help out with some of those procedures and to take some of the load off of our hospitals at the time, which helped a little bit in the interim.

Obviously, we did make an announcement. We recognize that there are some challenges as we're going into the third wave as well. There are challenges with respect to, you know, staffing and so on. We do recognize that there is a—there are surgical backlogs that need to be addressed. It is why we announced \$50 million towards this end as well, and we will continue to work in a sort of pan-Canadian—or pan-provincial approach to dealing with this issue.

**Mr. Chairperson:** The hour being 12:30 p.m., committee rise.

Call in the Speaker.

#### IN SESSION

**Mr. Deputy Speaker (Doyle Pivniuk):** The hour being 12:30 p.m., the House is adjourned and stands adjourned until 1:30 on Monday p.m.—1:30 p.m. on Monday.



**LEGISLATIVE ASSEMBLY OF MANITOBA**

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