

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

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**MANITOBA LEGISLATIVE ASSEMBLY**  
**Forty-Third Legislature**

| <b>Member</b>           | <b>Constituency</b> | <b>Political Affiliation</b> |
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## LEGISLATIVE ASSEMBLY OF MANITOBA

Thursday, May 23, 2024

*The House met at 10 a.m.*

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

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

Please be seated.

## ORDERS OF THE DAY

## PRIVATE MEMBERS' BUSINESS

**The Speaker:** As agreed by the House on May 21, the House will resume second reading of Bill 201, The Manitoba Emblems Amendment Act (Provincial Stone), followed by Bill 211, The Drivers and Vehicles Amendment Act (Manitoba Parks Licence Plates), with the debate on each bill to be interrupted, immediately put the question.

DEBATE ON SECOND READINGS—  
PUBLIC BILLSBill 201—The Manitoba Emblems Amendment Act  
(Provincial Stone)

**The Speaker:** Therefore, I will call for second reading of Bill 201, The Manitoba Emblems Amendment Act (Provincial Stone).

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

I declare the motion passed.

Bill 211—The Drivers and Vehicles  
Amendment Act  
(Manitoba Parks Licence Plates)

**The Speaker:** Moving on to Bill 211, The Drivers and Vehicles Amendment Act (Manitoba Parks Licence Plates).

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

I declare the motion passed.

## House Business

**Mr. Derek Johnson (Official Opposition House Leader):** Pursuant to rule 34(8), I am announcing that the private member's resolution to be considered on the next Thursday of private members' business will be the one put forward by the honourable member for La Vérendrye (Mr. Narth). Title of the resolution is Calling on the Provincial Government to Stop the Assault on Affordability and Eliminate the Education Property Taxes for All Manitobans. *[interjection]*

**The Speaker:** Order. Order.

Pursuant to rule 34(8), it has been announced that the private member's resolution to be considered on the next Thursday of private members' business will be the one put forward by the honourable member for La Vérendrye. The title of the resolution is Calling on the Provincial Government to Stop the Assault on Affordability and Eliminate the Education Poverty Taxes for all Manitobans.

\* \* \*

**Mr. Johnson:** Can you please call Bill 217.

## SECOND READINGS—PUBLIC BILLS

Bill 217—The Men's Mental Health  
Awareness Week Act  
(Commemoration of Days, Weeks  
and Months Act Amended)

**The Speaker:** It has been announced that we will now call Bill 217, The Men's Mental Health Awareness Week Act (Commemoration of Days, Weeks and Months Act Amended). It will be called for second reading.

**MLA Bob Lagassé (Dawson Trail):** I move, seconded by the member for Agassiz (Ms. Byram), that Bill 217, The Men's Mental Health Awareness Week Act (Commemoration of Days, Weeks and Months Act Amended), now be read a second time and referred to a committee of this House.

*Motion presented.*

**MLA Lagassé:** I will begin today's speech in the same way I ended my first reading of this bill. It's okay not to be okay. What's not okay is to go through it alone.

In the time since my statement, I have had the opportunity to look up and see what's available for men when it comes to mental health services. And what we found was that there were—there is a serious and alarming gap in mental health services when it comes to men and young men.

When we started looking into supports for men with mental health struggles, there wasn't many aside from a personal therapist. The programs you are often able to find for men who are seeking help have to do with rehabilitation after incarceration and/or programs to help them be better fathers or better husbands. More men's mental health supports groups are needed to be created to give men a safe place to come together and discuss and share stories in their journeys.

Men's mental health awareness week in Canada—men's voices—or men account for close to 75 per cent of deaths by suicide, which is the second leading cause of death among men under the age of 50. The silent crisis in Manitoba is the increased rate of men—this is a silent crisis in Manitoba, and it is the increased rate of men experiencing mental health crisis difficulties.

Bill 217, men's mental health awareness week, once passed, will be the week before the third Sunday in June, which is Father's Day. It will be a week to raise awareness, to have conversations about men's mental health.

When I stood in this very Chamber and discussed my struggles, I never would've imagined what was to follow. I was overwhelmed by support shown by my colleagues from members opposite as well as my own colleagues and friends and family and from complete strangers. Almost instantly, my office was overwhelmed with emails and calls from many different individuals sharing their gratitude for me speaking my truth.

One gentleman had called with tears in his eyes and a cracking voice and shared his personal struggles. He had lost his job due to missing time. This wasn't the first job either that he was dismissed from due to attendance. He lost these jobs as he was overwhelmed, overcome by his mental health struggles, and he was too ashamed to be truthful about why he was missing time. He was also too ashamed to ask for help or even confide in his closest loved ones. He just tried again and again to start over and hope that this time he would do better.

When this gentleman called again, he said, guess what, today was the day I told my closest friend. And just like that, he felt a little bit better. He left the call with plans to find a therapist that he was comfortable with to continue his journey of healing.

\* (10:10)

This is one example of the heart-wrenching stories that came to our office. We had numerous calls from men who had only now reached out for help and told those they loved the most how they are feeling. We had women calling, sharing their appreciation but also their angst that this wasn't done years and years ago. Because then maybe, just maybe, their husbands and their sons may still be here.

Many of us men—sorry, excuse me. Many of us men have grown up never being told it's okay to be sad. It's okay to cry. We're never told that sometimes we feel a deep sense of despair that we cannot pinpoint and we cannot explain. We were never told that being emotionally open and discussing our feelings is normal. Because of this, men and our young boys tend to put up a front because our physical outer strength often masks the weakness we may feel inside and the emotions that sometimes haunt us.

Bill 217, the men's mental health awareness week is going to be a sombring time for many. Not only is this week going to be a week to discuss and share and recognize the struggles that our men and boys are going through, it is also going to be a week where we remember these—those who we have lost to their mental health struggles.

There are too many parents who have lost their sons; children who have lost their fathers; friends who have lost their friends; families who have lost their uncles, their brothers, their sons, their grandfathers and their cousins. We all need to do better to ensure we check in on the strong ones and we show up for them when they cannot themselves.

Recently I had a meeting with a constituent of mine who has what, on the outside, appears to be a glorious life. He has healthy children, a great job and a wonderful relationship with his partner. Despite the meeting having nothing to do with mental health, it also becomes—it often becomes a finishing topic. He opened up and shared his own personal journey with mental health and went into details about exactly how he had planned on ending things.

I heard stories of men who had suffered in silence because they were too ashamed to share their stories. I've heard of farmers who 'shuffered'—suffered for 40 years also because of the stigma associated with mental health. I heard stories from across Canada of fathers that lost their sons; mothers that lost their sons; wives who lost their husbands and siblings who lost their brothers; grandkids who lost their grandfathers and kids who lost their uncles. I heard stories of men who, like me, had a plan to end their lives and—sorry, excuse me—I looked up families who didn't see it coming.

Today as I stand here to speak of Bill 217, the men's health awareness week, I want it to be clear. I'm not doing this just for myself, but for each and every person who reached out to our office to bring forward their own personal struggles, or the struggles they've brought forward that their sons, husbands and brothers and fathers and friends have faced or are still currently facing.

The ideal future state is a world where our boys and men understand the strength they have and that it doesn't make them weak when we are having a hard time finding it. By means of listening and sharing our stories together, we will work to end the stigma surrounding men's mental health.

It's okay not to be okay. It's not okay to go through it alone.

### Questions

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

The floor is open for questions.

**Mr. Logan Oxenham (Kirkfield Park):** Thank you to the member opposite for bringing forward this important bill.

As someone who's lost men in his life, this is an important bill.

What inspired the member to introduce this bill to the House?

**MLA Bob Lagassé (Dawson Trail):** Thank you so much for that question.

So part of the inspiration for this bill was the fact that so many people have reached out to my office and so many people were struggling. And there was just this lack—or almost a sense of despair out there that there is just no men talking about this. So we opened up a conversation and I'm quite pleased that my story was able to help others.

So that's where this came from.

**Mr. Derek Johnson (Interlake-Gimli):** Yes, could you maybe elaborate a little bit on who you consulted with with this bill. I know you mentioned some of them in your preamble but—and how you interacted and what you learnt from each consultation. I know you only have 45 seconds, but if you could fit that in, it'd be great.

**MLA Lagassé:** Thank you for that question.

This was an interesting one when it started to evolve because it wasn't naturally consultation that I was talking to organizations, this was talking to individuals. I had people literally from across Canada reach out and talk about the struggles they were having. And I also had a gentleman from Toronto reach out to me and wanted me to come online and talk about the struggles in mental health and how to help others.

So it just kind of evolved on its own, and I've really felt that that was the time now to bring forward this bill.

**Mr. Oxenham:** I'm just curious as to why the member chose the week of Father's Day for men's mental health awareness week.

**MLA Lagassé:** Thanks for that question again.

It actually, yes, I've been asked that a few times in the last few days, actually. The main reason is, is that the week before Father's Day is when we start thinking about our dads and about men in our lives. And in this particular case, there are other months, such as Movember, where mental health is made

aware, but when we think about Movember, we think about prostate cancer and we think about less men's mental health.

So I thought, what a great opportunity to bring forward a bill that would recognize, specifically, our fathers, our sons and our uncles and grandfathers and all that, right before Father's Day.

**Ms. Jodie Byram (Agassiz):** I just want to ask, by bringing this bill forward, what is your hopes and expectations from not only this House, but Manitobans as a whole.

**MLA Lagassé:** Thanks for that question.

So after my last statement in this House, my hope was, and through this bill, my hope is that this becomes an open conversation that anyone can have in any place.

I've been to—the local co-op is a good example, and I've heard of men now talking openly about some of their struggles and I thought, wow, all it took was someone to stand up and say that, you know, it's okay not to be okay.

And now we're having these conversations. So I want this to not be stigmatized anymore. I want us to just have these conversations at coffee shops, as men; and not only as men, but as men and women, and just talk. That's what I would like to see.

**Mr. Oxenham:** If the member consulted with anyone in preparing this bill, what do you think this bill would mean to them if it passes?

**MLA Lagassé:** So thank you again for that question.

I actually received an email this morning from someone who had caught the introduction of the bill yesterday, and they said to me that just that little tidbit gave them hope. And that's ultimately what this bill, I hope, will bring, is hope for people and bring them the ability to talk openly.

And he was talking about how his son had actually turned to drugs and he ended up losing his son that way. So this is my hope.

Sorry, I don't know if I fully answered the question correctly, but through that consultation, I—it was a lot of personal stories and a lot of people sharing with me, so.

**Mr. Johnson:** Yes, what type of events would you—envisioning happening during this week that we've set aside for men's mental health?

**MLA Lagassé:** So kind of jumping back to my earlier statement, I really—my hope is not that it's just going to land in one week, but this week will allow people to talk openly throughout the year, throughout every day of your life.

\* (10:20)

And honestly, my answer here is that if you are struggling, feel free to talk to someone because there's someone else who's struggling just the same.

I believe the stat is one in 10 men is currently suffering with some sort of mental health issue. So please, please reach out to those strong ones.

**Mr. Oxenham:** I'm just curious as to what resources and supports currently exist in Manitoba to support men's mental health, and how can this bill help those resources and supports?

**MLA Lagassé:** So I'm glad the member for Kirkfield Park (Mr. Oxenham) asked this because Men's Shed, which is in his riding, is one of those organizations that is currently working on mental health and allowing men to get together and talk in a safe environment about these things.

And I had the opportunity to meet the founder yesterday, and he gave me some of the background, and it's just truly a remarkable story. But when I was doing my research into this, in particular, as I mentioned in my speech earlier, there aren't a lot of resources out there unless you have some sort of addiction or you have some sort of, you know, anger issue or something like that.

And even when I was looking for my health, those made me feel ashamed, like I wasn't enough or I had done something wrong, which wasn't the case.

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

**Ms. Byram:** So as a person who has shared their story with us here and your issues that you've had as you're going through your—as you've expressed some issues, what would you say or what would you suggest under—individuals go to seek help? I guess, where have you found the best resources for yourself?

**MLA Lagassé:** So as I was stating earlier, there aren't a lot of resources out there. I did turn to the Internet to try to see what was available, but I did end up turning to a personal counsellor. I felt safe enough to share with my family, but you don't want to necessarily burden your family. So that's one of the fears you have. So if you've got a close friend, you've got a relative you trust, please reach out and talk to them

because this, again, will affect us all at some point in our lives.

**Mr. Oxenham:** I know bringing this bill forward is an important step to bringing awareness to folks out in community.

I'm just wondering are there any initiatives or organization—you've mentioned Men's Sheds, they're great—or movements in Manitoba do you feel this bill would complement?

**MLA Lagassé:** So the mood association disorders of Manitoba, they are a non-for-profit organization. This would help them. The Manitoba Casinos' mental health—well, this is a quote from Manitoba Casinos: Men's mental health is a crucial aspect of overall well-being and is important for individuals to receive the necessary support and therapy services to cope with traumas and stresses that they may experience in their lives.

While women often have access to a variety of support services, men may not have the same resources. Prairie Mountain Health; Centre for Suicide Prevention, their BuddyUp program; Rainbow Alliance for Men. We have Distinguished Gentlemen's Ride, which also brings awareness and by speaking about it here we bring awareness to them—

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

**Mr. Johnson:** Yes, I was hoping the member could explain that—how will The Men's Mental Health Awareness Week Act help address the stigma around men's mental health?

**MLA Lagassé:** So good question, because we've already done it. We're already addressing it by talking about it openly in this Chamber. We are in positions, sometimes we forget, that others look up to and think that, although we sometimes don't feel that important, but others do look to us and they look to us as leaders. And by just openly talking about this, we've already started an important conversation around men's mental health.

**Mr. Oxenham:** Okay, so with this bill on the table, what can we all do to continue supporting men's mental health in our province?

**MLA Lagassé:** Yes, so part of what we can do is ensure that this bill actually passes to bring more, I guess more media attention and more, you know, more attention to the actual issue of men's mental health.

I know there are—and I—and this is a little bit of, not necessarily about, completely, men's mental health. There are a lot of supports for women out there. There are a lot of supports for different communities out there. It's not—it just seems like there's this gap, and this will bring awareness to that gap in men's mental health services.

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

And just a gentle reminder to all members, when asking questions, to direct them through the Chair, not directly to other members.

### Debate

**The Speaker:** The floor is open for debate.

**MLA Nellie Kennedy (Assiniboia):** Good morning, Honourable Speaker. Thank you so much.

I wanted to just extend my heartfelt thanks to the member from Dawson Trail. That was very courageous and brave for you to stand and to speak from your heart about that something that is so incredibly important, which is mental health in general.

I, myself, have had a lot of professional experience with supporting people who have lived with mental health struggles, whether it be diagnosed conditions such as bipolar, schizophrenia, depression, anxiety. And so I certainly understand and have empathy for, you know, being someone who is struggling. And I think your message, about it's okay to not be okay, is incredibly important.

Because I think a lot of times, you know, society, especially for men, you know, there is this toxic masculinity that goes around. And, you know, men are meant to be strong and show, you know, no fear and, you know, it—men are human beings. And we all struggle with our emotions, with our mental health, whether it be through situations in our lives that cause us to struggle with depression.

I know, certainly for the people that I supported in my previous job during the pandemic, I mean, that really highlighted, I think, the need for the destigmatization of mental health. So many people being isolated really started to understand situationally, when you're put in these scenarios, what that can do to someone's mental health, feeling isolated and depressed and disengaged. And I think a lot of people really struggled with their mental health. And the pandemic really brought that forward, the need for services and supports.

And certainly, you know, our children having to be online for schooling, that was really difficult for a lot of our kids. I think people are still recovering mentally from that.

I think a point which is really important is mental health should be seen similarly to physical health. It's something that we need to check in on. It's something we need to take care of for ourselves. And I think, you know, similarly to if you were prescribed, you know, insulin for diabetes, you know, people taking medication for a variety of mental health issues would be the same thing. It's just taking care of part of your body that is your brain, that is not functioning in a way that it might need to with the chemicals.

And I think that's really important, to destigmatize receiving treatment, whether it be through therapy or medication, or a combination of both for a variety of mental health issues. I think every one of us, at some point in our lives, are going to struggle, whether it be we go through hardships such as losing a job or a divorce or a death in the family.

You know, for me, I will speak personally and openly and honestly about my own struggles; was after the birth of both my children, suffering with perinatal mental health issues: depression and anxiety, post-traumatic stress disorder from being hospitalized for these conditions. It was very difficult and something that I never thought I would go through after having a child. You know, you're excited about the birth of your baby and becoming a mom and then not understanding that this is what's happening.

\* (10:30)

You—I, for me, I thought, I'm just so tired. This is what it must be like to be a new parent. You know, my son was a big eater so he's up every couple of hours; I was breastfeeding. So I just thought I need some sleep. I need to just be able to rest and recover from giving birth. And, you know, I just, I thought how I was feeling was normal and this is how all new moms must feel. And I'm just going to have to deal with it and get on with it.

And that went on for about five months without recognizing that, you know, my mood and whatnot was nothing to do with being tired or being a new mom. It had to do with the fact that, you know, chemically, my brain was not producing the right chemicals. And I became very ill. And by the time I received treatment and, you know, started to see someone and receive help and ask for help, I was quite

ill and needed to be hospitalized for a number of weeks.

And that was really difficult and something that I decided I wouldn't be ashamed of because there is so much stigma for mental health. And certainly for new moms, you know, we're characterized as just needing to be super happy that you've brought this life into this world—which I was. I mean, I had desperately wanted to be a mom. But it didn't change the fact that I had this physical ailment, which was depression and anxiety, that occurred due to the fluctuation of hormones in my body.

And so once I was well which was, you know, it took a long time, I decided that it was important to share my story because it wasn't something that I should be ashamed of or something that I shouldn't talk about. I recognized, when I did speak about it, so many women related to my story—certainly not as severe as my case was, needing to be hospitalized, but it just, it really—I saw the healing that occurred for people sharing their stories together and understanding that you're not alone. And that it's okay to not be okay, and there's no shame in going through a scenario such as this. That's life. Life isn't always going to be good.

And so I formed my own group called the Postpartum Depression Association of Manitoba and really decided that the goal of this group was to raise awareness around perinatal mental health. It was to reduce stigma. It was to advocate for more services and resources for women and their families and it was to educate people, because women often suffer in silence, especially new moms. Everyone checks on the baby. Everyone's excited to meet the baby and not a lot goes into how are you doing, Mom? Are you sleeping okay? What can I do for you?

And so I really agree with the member from Dawson Trail about making sure that you do check in with people, people in your life, even—and I, you know, a lot of people who know me, who are close to me and who love me, would definitely consider me the person always checking in on other people and, you know, being a strong person.

But it has nothing to do with your own personal strength. It's an illness that occurs and you can't wish it away. You can't just pull up your bootstraps and just get on with it. In fact, when you do that, it actually makes things worse, which is what I found out. And so that's what I would say to anyone who's watching, that it's okay to reach out to a friend or a family



member or a professional and to share how you're feeling. There's no shame in that.

And certainly sharing your story or how you're feeling, it actually takes some of the loneliness away that depression can make you feel. It plays games with your mind. It makes you think that, you know, no one cares, that you're not worth anything, that you should just get over yourself or get over things and just get on with life. And that's the swan song that depression sings in your mind, but it's not actually true.

And so the people in your life, your family, your friends, they do want to know. They do know—want to hear from you. They want to help you. They want to be there and hold you and let you know that things are going to be okay and that they'll walk beside you.

I know for myself, I am—there are no words that I could ever say to my friends and my family who stood beside me as I got better after having my son, and caring for my son when I was unable to. Their love and support is a gift, and I think if we ask for help from the people who are around us, they will be there for you.

And certainly, if you're not able to or you're not comfortable with that, you know, reach out to a clinician, to your family doctor, to your public health nurse, to anyone in the medical field. Tell them how you're feeling. Let them know that you need help. And there is help. It may not be, you know, as successful as you might want it to be, but it is there, and it's important to talk about how you're feeling so that you aren't alone with your thoughts. And you can get better. It is treatable.

Thank you.

**Ms. Jodie Byram (Agassiz):** I would like to thank my colleague from Dawson Trail for introducing Bill 217, the men's mental health awareness act and—week act. And also thank you for sharing your personal story, and that's not always an easy thing to do, and anybody that's able to do that, I admire strength in and courage in doing so.

So thank you.

As we all know, mental health does not discriminate. It affects individuals of all gender and identity, cultures and backgrounds. Many of us have experienced emotional and/or mental turmoil. Some quickly rebound, and some folks may struggle to recover but continue working through the process.

Mental health is a wellness journey, and it's not always an easy path. One of the key challenges surrounding mental health, like we've talked about today, is the stigma. This prevents many individuals from seeking help and more specifically men. Many men feel pressured to hide their emotions and avoid seeking help due to societal expectations of masculinity. Men are more reluctant to talk about their mental health and seek proper counselling that can help with managing the emotional and psychological stress. Many men fear being perceived as weak or vulnerable if they admit to struggling with their own mental well-being. This stigma prevents many men from seeking the help that they need, exasperating their suffering and isolating them further, creating a silent crisis in our rural communities and across our province.

Another challenge is the lack of awareness and education about men's mental health. Many men may not recognize the signs and symptoms of their mental health disorder, or they may not know where to turn to find support. Mental health issues may present very different in men and could possibly lead to being undiagnosed and/or untreated.

It is essential that we promote mental health literacy and provide accessible resources to ensure that men can identify and address their mental health concerns. Having resources available for families and supports that an—and/or supports that an individual has in their life. It's not only—it's not always easy for friends and loved ones to understand what an individual may be going through and struggling with.

Men often under-report their mental health issues or delay seeking help, leading to a higher likelihood of misdiagnosis or inadequate treatment. This can result in prolonged suffering and negative impacts on overall well-being.

Access to resources in rural Manitoba may be another barrier in getting treatment and the assistance that they need. Men in Manitoba face—or many—men in Manitoba may face difficulties in accessing the services, including long wait times, limited availability of specialized services and geographical barriers in rural areas.

\* (10:40)

Furthermore, Indigenous men, for example, often grapple with intergenerational trauma, systemic barriers that compound their mental health struggles. It is crucial that we address these specific needs and

provide culturally appropriate support to ensure that no one is left behind.

We must break down the stigma surrounding mental illness. We need to create an environment where men feel safe and supported in seeking help. This involves fostering open conversations about mental health, challenging traditional gender norms and promoting empathy and understanding.

Men's mental health is an urgent and pressing issue that requires our attention. Like I said, by breaking down the stigma, promoting awareness, providing the support, we create a society where men can feel empowered to share their story. Let us work together to build a future where men's mental health is given the attention and care it rightfully deserves.

Whereas in Canada, men account for close to 75 per cent of deaths by suicide, which is the second leading cause of death among men under the age of 50. What I have learned is that we must invest in mental health education and awareness specifically targeting men. By providing this information and resources, we can empower them. We must ensure that these services are accessible and inclusive.

In closing, I want to share a personal message. I had a male classmate take his own life at the age of 50. If you were to have met him, you would have never known his struggle. He hid it very well from family and friends. He always had a smile on his face, shared a joke and laughter, always projected a positive outlook and loved to have a good time. To this day, I wish I'd known the internal suffering and angst that he was going through. My classmate, my high school friend, walked in these very hallways here at the Manitoba Legislature.

Royce Hollier worked here in the late '90s in a minister's office, and I know some staff who remembered him from that time. We find comfort in friends and family when sudden, unexplained tragedy hits home. I know Royce's classmates, our classmates, sought comfort in reminiscing and sharing stories from the past. Royce had many, many friends across the province who all miss him dearly, and his family, who continue to show strength, love and adoration: his wife, Sherri, of 25 years, daughter, Kassia, and his son, Rylan.

I'll end with a poem. We all grieve in different ways and sometimes poetry is one of my ways to express emotions at times and I'm just wanting to share that here.

We've all grown up and our youthful years are past  
/ Fond memories of school peers and time gone too fast  
/ The laughter, the smiles and the tears of our great class  
/ Show strength and emotions, a togetherness en masse.

It was with heavy hearts that brought us back together  
/ With tragedy and loss that very sad November  
/ It leaves us with questions and no answers why  
/ Just saddened our hearts and you left with no goodbye.

Our classmate, the funny guy, our dear friend Royce  
/ You've left this earthly plane, but we still hear your voice  
/ Telling a joke like the man we all knew  
/ Having a good time at a party or two.

You loved good music and a great concert too  
/ So cheers to our buddy, this tribute's for you  
/ You had tickets for concert matchbooks—Matchbox Twenty  
/ A band that you loved, and we know there were plenty.

Some words from the song still stick in our mind  
/ And brings out emotions and stuff of some kind  
/ We'll all sit together; some will laugh; some will cry  
/ Like a wish that you made and one we can't deny.

We can't help but be scared of all of it sometimes  
/ We're living life quickly and we all miss the signs  
/ Like a rainstorm coming down, an overwhelming flood  
/ That fills up our town.

With suffering and pain there is no sound  
/ Like a mask on a ghost that no one has found  
/ We loved your laughter and the energy you had  
/ And as an adult we know a very proud dad.

Some may reflect back on the years gone by  
/ And we have questions and ask ourselves why  
/ Why do we live in such a big hurry  
/ Why do some suffer with struggle and worry.

Why do some feel the way they feel  
/ Why can't emotions fade away and heal  
/ We've all had our own life battles to fight  
/ Making decisions, some bad and some right.

People take a chance to be vulnerable and strong  
/ Being one or the other or both isn't wrong  
/ We will settle our hearts and heal the best we can  
/ Check in with each other will be a start to the plan.

If your day is going great and you have strength to lend  
/ Reach out to someone; it may help a heart mend.

Let's work together to break down stigma,  
promote awareness, provide accessible supports so  
that we can create a society where men feel empowered  
to prioritize their mental health well-being.

**MLA Mike Moyes (Riel):** I'd like to just take a moment to thank the members opposite: the member for Dawson Trail (MLA Lagassé), as well as my colleague, the member for Assiniboia (MLA Kennedy) and the member for Agassiz (Ms. Byram) for sharing some personal stories and adding that—just that personal touch. It doesn't always come across in the Chamber, in the cut and thrust of debate, and with heckling and everything. This isn't always the most positive place but those personal stories, I think, really add a humanity and so I thank those members for sharing that.

This is an important issue. And so, once again, thank you for bringing forward this bill. I think Bill 217, The Men's Mental Health Awareness Week Act is a good first step. It's an issue that often gets swept under the rug, brushed off, even by those that are being affected by it.

Mental health in general is a very serious issue. Mental health is health; it's not something that can be divided between the mental and the physical. You can't have good overall health if—and well-being if you don't have a stable mental health.

Our government is committed to supporting mental health for all Manitobans. We recognize that each and every one of us struggle at different times, different points in our lives, with mental health issues—sometimes because of a specific incident, sometimes because of trauma, and other times just because.

And so, before I go on further, I'd just like to take a moment and uplift and thank those Manitobans who work every single day to support people's mental health, whether that be the health-care workers, the psychologists, the psychiatrists, the social workers, the support workers, the guidance counsellors, the teachers, therapists and on and on. It could even be the moms and dads, brothers and sisters, friends that just reach out to folks and try to be there for the people in their lives. These folks do a lot of work and try to ensure that people are able to maintain their health or support them when they are struggling.

As a society, I think that we have made gains. The fact that this bill is before the House, I think is—demonstrates that. I think that we are starting to recognize the importance of mental health. However, there remains a stigma in some capacity and I think, when it comes to men's mental health specifically, I think that remains—I think we're a little bit behind on that aspect specifically.

And so I would urge every member and everyone out there—all Manitobans—to try to break down those barriers, to try to open up our hearts and minds and to understand and support the well-being of all Manitobans, but specifically the men in our communities.

\* (10:50)

I think that a lot of the struggles that take place come from the societal expectations that are placed on men. I think, from a young age, boys are taught to be strong, resilient, unyielding. They're told to suppress their emotions; sometimes they hear terms that—something that I've really learned to try to take out of my vernacular and also to push back against—that term of man up. You know, we hear that when somebody is struggling that they just need to man up, whether—and we'll hear that said to any gender, and that's troubling.

Men shouldn't have to deal with these things silently. I think that this just plays into a toxic masculinity. It fosters a culture of silence, and I think that when men feel ashamed to seek help, it just adds to the struggle.

All this needs to change. And so, we know that mental health doesn't discriminate based on gender. Anxiety, depression, other mental illnesses can affect anyone regardless of their gender. However, we do also know that men are less likely to seek professional help to talk about their feelings openly, even with people that they love.

And this reluctance can have devastating consequences. It leads to higher rates of suicide among men. As mentioned, in Canada, three out of four suicides are male, which is a pretty staggering statistic.

Some other statistics: there's 4,000 suicide deaths in Canada each year. It's the—as, I believe, the member opposite also mentioned, it's the second leading cause of death for young males. And even despite all these statistics showing that there is a problem, only 30 per cent of Canadians who access mental health are male, so there's a lot of people that are struggling that are not getting the care and help that they need.

So why are men less likely to seek help? As mentioned, there's that—what was—those societal expectations that are placed on folks. But it's also of being—that idea of being perceived as weak.

One of the things that I had an opportunity to hear a number of years ago was the TSN broadcaster Michael Landsberg speak, who battled with depression. And one of the things that he mentioned was this idea

that he's sick; he's not weak. And I really think that that's important. No one would bat an eye, as the member for Assiniboia (MLA Kennedy) said, if you had diabetes, if you were battling cancer, if you had some other ailment. But too many people feel that they can't openly state or seek help or receive medication if it is—if it's having to treat mental health issues.

So that vulnerability is not weakness. It's, in fact, courage. It takes strength to admit when you're struggling, to ask for help to confront your inner demons. And I think that we need to redefine masculinity to include that emotional intelligence, that empathy and that self-care.

I appreciate the member for Agassiz (Ms. Byram) bringing up the importance of assessability to health care, and mental health is no different. This can really be a problem in the rural areas, as was mentioned. And it can leave, specifically in regards to this bill, men feeling isolated and without support. And so I think that we need to ensure that people can access health care regardless of where they live in Manitoba. That's something that our government is firmly behind, that you should not have to travel to faraway communities in order to receive health care, and that includes mental health care.

We need to make sure that there's mental health infrastructure, so that anyone and everyone, regardless of their location, their socioeconomic status, have access to the care that they need. I would also argue, especially as, with my background as a teacher, that education is key.

I think that we need to teach our boys that it's okay to express your emotions. It's okay to be vulnerable; that seeking help is, in fact, a sign of strength and not weakness and that we, as a collective body, can try to promote mental health literacy in schools and communities to break that cycle of stigma and silence.

Furthermore, I think that we need to address the unique challenges faced by groups that have traditionally been marginalized, whether that be Indigenous men or people of lower socioeconomic status. They disproportionately are affected by mental health issues as a result of the history of intergenerational trauma, systemic inequities, inequalities and a lack of cultural appropriate care. I think that we need to work collaboratively with those Indigenous communities specifically to develop holistic, culturally sensitive approaches to mental health care.

So just to conclude, I just want to point out and really put a point on the fact that mental—men's mental health is not a niche issue. I think it's a public health issue. And you could argue that it is a public health crisis that should be addressed more fully.

It's something that affects us all, and we desperately need to challenge these outdated notions of masculinity, increase the access to mental health services and really foster a culture of openness and acceptance.

So I'm grateful to the member, once again, for bringing forward this bill. I hope that it will be the first step in breaking the silence, erasing the stigma and ensuring that every man feels seen, heard and supported towards true well-being.

Thank you, Honourable Speaker.

**Hon. Glen Simard (Minister of Sport, Culture, Heritage and Tourism):** So I just wanted to get up and talk about this important issue. The opportunity to be able to do so today is important.

I come from a family of six children; we have five boys, and I have a sister. And growing up on a farm with those five boys and all the men that worked in—on our dairy, and we would always be together, I've personally experienced some of the things that were mentioned here today—mentioned by the member from Riel about the manning up, you know, not being able to show your emotions. And I live that every day.

Also, as a teacher, talking about what—again, what the member from Riel was talking about. Seeing those instances happen day after day in schools where that type of behaviour was prevalent and being able to be role models and being able to speak with kids and tell them what it is that they need to be doing.

Also wanted to appreciate and thank the member for Dawson Trail (MLA Lagassé) about underlining the rural aspect of this. And in Brandon, we have a community leader, Jason Gobeil. Just want to shout-out the work that he's been doing with his Good-Hearted Warriors group. He is a big proponent of men's health. And with his leadership, Brandon has been able to have the type of activities where men can come together and talk about their mental issues.

Just underlining some of the issue—some of the events that he's been able to initiate with his Good-Hearted Warriors was the hundred drums movement, where men of all races and all backgrounds are able to come and learn traditional teachings and the importance of being able to talk to each other as brothers.

An example would be also the men's sweat lodge, where he and some of the members of the group will go out and look for grandfather rocks in preparation for the sweat lodge that they would put on. And by doing that and being able to be close to the land and being together as friends, they're able to talk to each other about these traditional teachings.

Just recently, I was able to have the opportunity and the honour to meet Sheldon Kennedy. Sheldon Kennedy, we all know, is a big proponent of improving the culture in hockey and really proud of what he was been able to introduce with the Respect Group. Also really happy to inform people of the House here that—

**The Speaker:** Order, please.

When this matter is again before the House, the honourable minister will have seven minutes remaining.

\* (11:00)

## RESOLUTIONS

### **Res. 17—Calling on the Provincial Government to Keep Hard Drugs Illegal**

**The Speaker:** The hour is now 11 o'clock and the time for private members' resolutions.

The resolution before us this morning is the resolution on—the resolution Calling on the Provincial Government to Keep Hard Drugs Illegal brought forward by the honourable member for Brandon West.

**Mr. Wayne Balcaen (Brandon West):** I move, seconded by the honourable member for Midland (Mrs. Stone),

*WHEREAS the Provincial Government of British Columbia was forced to take action to make illicit drug use illegal in all public spaces, including inside hospitals, on transit, and in parks, after a failed decriminalization policy; and*

*WHEREAS drug traffickers and organized crime in British Columbia were openly selling illicit substances in public spaces, including hospitals and clinics; and*

*WHEREAS public spaces where children and families are present must be kept safe and free from needle debris and drug paraphernalia; and*

*WHEREAS unchecked public drug consumption threatens public safety and the wellbeing of neighbourhoods and communities; and*

*WHEREAS healthcare professionals and patients should not be exposed to open illicit drug use in healthcare facilities; and*

*WHEREAS the Provincial Government must prioritize education, treatment pathways and recovery options for those struggling with addiction; and*

*WHEREAS the Federal Government recriminalized illicit drugs after British Columbia's failed decriminalization pilot project put the well-being and safety of communities at risk.*

THEREFORE BE IT RESOLVED that the Legislative Assembly of Manitoba urge the provincial government to not repeat the failed decriminalization policies of the NDP provincial government of British Columbia and keep hard drugs illegal in public spaces.

### **Motion presented.**

**Mr. Balcaen:** It gives me great pride to rise in the House on this very important resolution that is being brought forward. And I know that it will resonate with many in this Chamber, if not everybody in this Chamber: the impact that the hard drugs, and, albeit, all drugs, are having within our society.

There's not a time that I don't think about these issues based on a career that I spent enforcing these laws, but also the time that I have spent in areas in British Columbia since and before this legalization or decriminalization was brought forward. I've spent many hours in the downtown east-side of Vancouver and watching people destroy their lives by the use of hard drugs.

I've watched people that have died and brought back to life as a result of paramedics in the downtown east-side. I've seen these same effects in other major centres in British Columbia that I visited, both while I was a police officer and since I've been a civilian. These include Victoria; these include Surrey, Burnaby, Abbotsford, Chilliwack; just recently Prince George, to name a few.

It's important to note that since this decriminalization of hard drugs came onto the books in British Columbia, the death toll from the use of hard drugs—from the use of drugs—has steadily increased. There has been no dramatic decrease in the deaths, as was expected when this decriminalization was brought forward as a pilot project; and I must say, as a failed pilot project, because it certainly did fail.

*Mr. Tyler Blashko, Deputy Speaker, in the Chair*

I'm sure my colleagues across the aisle know that the government of British Columbia has recalled this decriminalization and has asked that criminalization be put back into place for these—drug use in the public spaces. And I think that's very important: No. 1, they realized that this was a failed policy, a policy that had detrimental effects on many individuals—the worst-case scenario, the death of many, many people. And that can be directly attributed—the increase—to this failed policy.

I think it's also important that we note that there may be some political angle to the reason that this decriminalization request was asked to be withdrawn, and that is because there is an election in BC—provincial election this year—and the people of BC, the members that their legislative Assembly and their MLAs support, were screaming for this to be reversed. It was important to every person in British Columbia: when they walk the streets, when they walk the schoolyards, when they walk the hospital grounds and inside of hospitals, and people were using hard drugs out in the open with no repercussion.

I watched a video last night as I was preparing to have this discussion, and it really, really resonated with me because they interviewed several people that were part of the drug subculture, people that traffic in the drugs, but also they interviewed several people that were addicted to these substances.

And what really resonated me was one gentleman, approximately 45 to 50 years old, said this government and this law gave us free rein to do drugs wherever and whenever we wanted. And, therefore, they could do it with impunity. And that made sure that the gates were opened for open use, and it—without sounding coy, it handcuffed the police and the public safety in order to do their job. They had no ability to do their jobs that they're paid to enforce which is making sure that safety is paramount in their community.

The leader of this NDP party has stated both support for decriminalization, and also in this House he has said recently when asked about this that no, he would not bring in legislation or ask for legislation here in Manitoba.

So this gives us the opportunity to all publicly state that we do not agree with a decriminalization policy within Manitoba. It's failed. There has been repeated requests from the British Columbia citizens, different coalitions, and even advocates for the use of drugs have said that this policy failed.

I personally have spoken with members of the law enforcement community that I have relationships with, including Chief Adam Palmer of the Vancouver police service. I've also spoken with Chief Del Manak of the Victoria police service over the years regarding the drug crisis in British Columbia, and I can say that that same drug crisis is across Canada. We have seen the slow creep of drug use all across Canada, and because of it, many, many people are suffering; and not just the people who are addicted to drugs, but all of the people that have to bear witness to these effects.

\* (11:10)

I would like you to think for a moment of a family: a few young children, the mother and father that are out for a walk within their own community, perhaps in Tuxedo, perhaps in Charleswood, perhaps in Brandon, and they come across somebody openly using drugs. What message does that send our children and our future within Manitoba?

Does it send the message that it's okay? Or should we be looking at pathways and off-ramps for people that have addictions rather than fuelling their addiction? Let's give them hope for recovery. Let's give them hope for resources and instead of allowing for hard drugs to infiltrate our communities, let's say: hard stop, that's a no.

So as ten minutes goes by very quickly, I just want to end this with saying actions speak louder than words. So I would like you, every member in this Chamber, to put your words into action and support this resolution and show Manitobans that we care about their health and their safety.

Thank you, Honourable Speaker.

### Questions

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

**MLA JD Devgan (McPhillips):** After seven and a half years of PC inaction, Manitobans elected our NDP government because we're taking addictions and the overdose crisis seriously. Manitobans finally have a government that is listening to families and those impacted and have first-hand experience with addictions.

Can the member opposite please tell us why they are continuing to politicize the addictions crisis instead of taking action for families and those who have lost loved ones?

**Mr. Wayne Balcaen (Brandon West):** I thank the member from McPhillips for this question. What I can say is, on this side of the House, we have always supported the pathways to recovery and not continuing with addictions. We have not made this into a political issue of addictions. I can say that our government had such initiatives as putting an \$8.7-million investment into 1,648 publicly funded addiction treatment spaces just last year. Our government has a commitment to the people of Manitoba—

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

**Mrs. Carrie Hiebert (Morden-Winkler):** Can you share with us some of your personal experiences as an enforcer when it comes to hard drugs and how that affects families?

**Mr. Balcaen:** I would like to thank my colleague for that important question. What I can share with my colleague and with the House is that over my career I spent many years in our drug enforcement unit and our major crimes unit. And I have seen the devastating effect of the use of hard drugs, not only on individuals that have an addiction to them, but the victims of the violence that is perpetrated because of these addictions, because of the need to have funds, the robberies that take place, the assaultive behaviour, and how that directly impacted—

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

**MLA Devgan:** Honourable Deputy Speaker, experts have been sounding the alarm for years. The previous PC government ignored them.

In 2021, 432 Manitobans died from an overdose, nearly double what it was for two years prior. We're listening to the experts.

My question for the member opposite is: Why did his party take an ideological stance and continues to do so instead of saving people's lives?

**Mr. Balcaen:** Since this government has taken government, there has been an increase in the number of deaths that have been reported based on the stats of drug deaths in Manitoba. So I think that the members opposite and the NDP government should get on board with this resolution and get on board with the

fact that there is a very harmful side to a number of the hard drugs.

We spent a ton of time here in this Chamber in the last two weeks—

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

**Mrs. Lauren Stone (Midland):** Can the member for Brandon West (Mr. Balcaen), with all his experience in justice and law enforcement, please explain to this House these radical, failed NDP drug policies tied the hands of law enforcement officers in BC?

**Mr. Balcaen:** I would like to thank the member for Midland for that very important question.

Since this failed drug policy and experiment came into effect in British Columbia, I had the opportunity to speak with many, many colleagues in the law enforcement community. They felt—again, and I don't see this to be cliché, but they felt handcuffed by this law that was brought in because they effectively could not do the job that they're paid for and that is primarily, public safety.

They had citizens, they had workplaces, they had—

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

**Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care):** I'm just wondering if the member, having brought this forward, I believe—I'm assuming that he would have done his own research. There's a lot of data, there's a ton of studies out there that are readily available that speak on this particular issue, whether it's in Portugal, the United States, some in the UK, here in Canada as well.

I was wondering if he can reference any of the studies, data and research that he used to inform this bringing—being brought forward today.

**Mr. Balcaen:** I would like to thank the member from Union Station for that important question.

Of course, over my career I have read many of the studies that the member opposite has spoken about, but I think here, locally, and looking at our own country, it is a failed policy and a failed experiment that was quickly backtracked by the NDP government in British Columbia when they realized the errors of their way.

And I would hope that our NDP government here in Manitoba do not repeat that same failed error that caused—

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

**Mr. Grant Jackson (Spruce Woods):** As we know the extreme radical, left-wing NDP-Liberal coalition in Ottawa joined with their NDP colleagues in BC to experiment with the taxpayer-funded hard drugs situation, and it was an abject failure with BC NDP premier begging the federal government to reverse this decision.

Does the sponsoring MLA have any hope that this NDP government will learn from their radical BC cousins' mistakes or are we doomed to repeat them here in Manitoba?

**Mr. Balcaen:** I would like to thank the member for Spruce Woods for that excellent question regarding this failed policy.

\* (11:20)

I would like to make sure that all members on the opposite side realize the devastating effects that a bill such as this, such as the decriminalization of hard drugs, had on British Columbia. And I would hope that resonates and they would like to protect the safety and well-being of all Manitobans. They say they're a listening government; then listen to what has happened in British Columbia. Learn the lessons and know that it is a failed attempt—

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

**MLA Asagwara:** I just want to ask this question because the member referenced studies. He said he's read many studies that I mentioned and the jurisdictions they come from.

I will note that the member for Spruce Woods (Mr. Jackson) is part of a party that ran billboard campaigns that targeted the families of murdered women. And yet he uses language to describe this side of the House as radical. That is the person who ran under a party that targeted murder victims.

But if the member could reference the studies that he's read specifically, that'd be great. Thanks.

**Mr. Balcaen:** And after that diatribe I guess the question is what studies have I looked at. Well, I certainly read with great interest the study and what has been done in Portugal.

And what happened there, Honourable Deputy Speaker, is they provided pathways and off-roads and they provided not only those pathways, but they provided funding. They provided the support to go with that, which is not happening here. There's a lot of talk, but not a lot of action on what can be provided here in Manitoba.

Our government was supplying those pathways, was funding those pathways—

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

**Mrs. Hiebert:** I would just like to ask the question: What do you believe are the effects of legalizing hard drugs in a downtown neighbourhood that has an injection site, such as BC, in the—on the neighbourhood that it's in, yes?

**Mr. Balcaen:** I'd like to thank my colleague for that great question. The effects are clear. And again, I would ask members opposite to look at the many studies that are available out there regarding crime and crime around areas where, not only where hard drugs are legalized, but where the claimed safe injection sites are located. Take a look at the areas and talk to the residents in that neighbourhood. It's great to bring these ideology and these ideas forward, but nobody wants to support that in their backyard or in their—

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

And with that, the question period has come to an end.

### Debate

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

**MLA David Pankratz (Waverley):** So I mean before I begin, I'll just say, unequivocally, our Premier (Mr. Kinew) has already stated we should keep hard drugs illegal, so, yes, we agree on that. But—and I will say also, as the MLA for Waverley, that I also believe that we should keep hard drugs illegal.

You know, as we've discussed the resolution that has been brought forward by the opposition, it's important to examine not only its language, but sort of the underlying intents here. And we have to recognize that this resolution, though framed in concern for public safety, is fundamentally a tool of distraction, a deliberate attempt to sort of divert attention from a glaring history of inaction on addiction and harm reduction by this previous government.



For seven and a half years, members opposite—many of them aren't here anymore, I suppose, but the members opposite were in power in this province and in that period the addiction crisis deepened with little to no effective response from their administration.

Today, they propose to maintain the illegality of hard drugs under the guise of safeguarding public spaces. Again, we agree. We should keep hard drugs illegal. So I'm not sure how many times we need to say that, but I want to keep chatting about what this actually means. So this is less about solving an issue at hand—this language—and more about obfuscating from their dismal record that saw hundreds of Manitobans suffer from their inaction.

So during their time in office, our communities and community partners advocated for solutions for action that went beyond the punitive and ventured into the preventative and the therapeutic. Yet, what was their response: resounding silence punctuated by occasional dismissals of progressive harm reduction strategies that could've saved lives.

And, you know, I believe it was 2022, then-minister of community wellness, Sarah Guillemard, claimed on her Twitter feed that she walked through Vancouver, East Hastings, she witnessed various supervised consumption sites including people using drugs on sidewalks in front of the Insite supervised consumption facility.

You know, this visit was meant to inform the PC government's approach to the addiction crisis. And BC officials later on revealed that she didn't actually attend any of the supervised consumption sites. She just walked around, they suppose, in Vancouver.

Or speaking with overdose prevention staff—they said they gave her the chance to visit, but she rejected the offer. According to the Free Press, further to that, a spokesperson for the PC government at the time claimed they didn't say that she visited which, again, directly conflicted with her posts on social media.

So, you know, governments that are actually serious about this addiction crisis are those that take the time to listen to professionals, from overdose prevention staff and from other governments to see what has worked and what hasn't. You can't just close your eyes and ignore the evidence and opinions of professionals in the field when they don't align with what you believe in at that moment. You know, and the members opposite clearly are not serious about having a real conversation on the addiction crisis.

I also need to point out, you know, further, how consistent this discussion has been for members opposite. You know, and again, in 2022, they told the media that they think there's a safe—there's a place for safe consumption sites as part of the larger strategy to combat addiction, and that's fantastic. We agree.

I think if they're used, and this is a quote from the then-minister, I think if they're used in conjunction with strong core services, there can be a place for supervised consumption sites, connecting those who are struggling with substance use with resources to help them to move away from the substances and more towards healing and healthy living. Again, great quote. I love that.

Later, in March 2023, then-minister Janice Morley-Lecomte hinted that the government has softened its opposition on safe consumption sites. The members opposite also introduced a bill that would allow supervised consumption sites to exist with provincial licences. But I should also mention that in introducing this bill, the PCs never actually consulted with important reduction and prevention service providers like Sunshine House, for example, who told the media that they felt side-swiped by the new legislation.

You know, later on in that year, though, after all of these nice quotes, the premier at the time, Heather Stefanson, doubled down on her government's rejection of safe consumption sites, citing concerns around crime. So they flip-flopped yet again.

So the now-opposition PCs are fear mongering and misinforming Manitobans.

You know, we have in the past and are now currently witnessing consistent contradictions between what is being said by then-PC-ministers, whose entire portfolios are to support the mental health and public safety of Manitobans and current opposition MLAs who tout themselves as experts on public safety.

And, you know what, their politicization of safe consumption sites specifically will have absolutely negative effects on Manitobans who are trying to turn their lives around and further harm those who have tragically lost loved ones to overdoses.

In contrast, our government and our hard-working Minister of Addictions, Homelessness and Mental Health and Housing has approached the challenge with a comprehensive evidence-based strategy and approach.

Sorry. I'm getting over a cold here, so—thank you.

You know, our commitment as a government is to take a compassionate approach that acknowledges the complexity of addiction, and we need more than just tough talk on crime. It really demands tough action on the social determinants of health, such as mental wellness, community safety and systemic support.

\* (11:30)

To this end, our government has allocated substantial funding towards creating and sustaining harm reduction initiatives. This includes investment in this budget of \$3.9 million to establish supervised consumption sites, expand addiction treatment beds and support the broader framework of harm reduction services.

These sites are critical. And again, not as a panacea or a silver bullet, but as part of a broader integrative approach to public health that respects the dignity of every Manitoban.

Supervised consumption sites serve as safe havens where individuals can access health services in a controlled environment, reducing the risk of toxic drug poisoning and overdose deaths and connecting them to the essential social and health services, including addiction treatment, a very important part of this. This is multifaceted, as many physicians will tell you. And again, the rhetoric coming from the other side is disappointing. This is—we need long-term, strong strategies that are based on evidence.

You know, something I've also heard from a number of small businesses in Waverley is that more and more folks are using public spaces as consumption spaces. And supervised consumption sites can actually contribute to public safety and community well-being. And we're working with some of those small businesses.

And I should also, actually, point out that I really appreciate the member from Seine River bringing forward some legislation for small businesses and the support for them. Unfortunately, members opposite talked it out. They didn't want to pass that important bill that would support small businesses. We're going to continue to do that important work here on this side of the House.

You know, our budget for this year reflects an unprecedented commitment to tackling the roots of this crisis. With a \$20-million increase in funding for policing and public safety initiatives, we're not only reinforcing our stance on crime but also addressing its causes head on.

We've introduced funding for mental health professionals and expanded resources for community-led initiatives that offer a non-criminal approach to crisis situations. And the language of this resolution proposed today by the opposition is painfully reductive. Again, we agree, we do not need illegal—or these hard drugs to be legalized.

But again, this aims to polarize public opinion, the wording in this resolution. And legislative action on an issue that, above all, requires unity and informs strategy. It's really not a time for political theatricality. It's a time for informed, compassionate leadership.

You know, I don't have a ton of time here, as other members have said. The—these ten minutes go by very quickly, but as a firefighter and paramedic, I really—I had the incredible pleasure to deal with so many folks that were going through really difficult times in their lives.

One story that sticks with me, specifically, and I think it's important to quickly mention because it humanizes this—the people who are affected by this problem—was a young woman who had a great upbringing. She loved fishing with her family out in the country. She had two brothers. She had a mom and dad who loved her. A lot of things went wrong for their family. She lost some people in her life and she ended up on the street. She ended up using drugs and, in the end, I ended up being there a number of times when she overdosed and eventually passed away. It was an incredibly difficult.

If these resources that we are working on, that our hard-working minister are working on, were there, I believe that outcome would be different, and that's why I'm standing on this side of this House with this team, and I look forward to the great work we're going to do going forward.

Thank you.

### Introduction of Guests

**The Deputy Speaker:** Before we continue on with debate, I'll just direct all honourable members to the public gallery, where we have folks from Treherne Elementary. We have 14 grade 3 and 4 students under the direction of Karen Creed, who are guests of the honourable member from Agassiz.

\* \* \*

**Mrs. Carrie Hiebert (Morden-Winkler):** I just want to share a few minutes specifically on this topic of the resolution that we're bringing forward about—that we

don't want to have an opportunity to—for any government to make the decision to make hard drugs legal in our province. Because that would be devastating for our province and for our young people.

And it is an important thing to talk about. It's an important to bring forward and make a note of that, that this is something that we need to address and bring forward for our communities, our children, our families and our province.

So on this side of the House, we believe that public spaces where children and families are present must be kept safe and free from needle debris and drug paraphernalia. We believe that health-care professionals and patients should not be exposed to open illicit drugs used in health-care facilities.

We also strongly believe that the provincial government must prioritize education, treatment pathways and recovery options for those struggling with addiction. That is why our former government expanded treatment spaces in the province. We did a lot of groundbreaking treatment for people who are in addictions and I'm proud to say that.

We came up with strategies. We went through—we did—we consulted. We did—came up with the different strategies to go by. We set up 7 RAAM clinics for treatment. One of those was an Indigenous-led RAAM clinic. It's very important to have everybody taken care of in the way that they need to be taken care of. Yes, so anyway, that is very important to us and to me specifically.

And I will say that having—when you're told that you don't have any basis for what we talk about or what we say—I was honoured and able to attend the Canadian recovery capital conference for addictions and mental health in Calgary.

And I did not see one single person from our NDP side here that was in attendance. And that disappointed me because I think we should all be on the same page when it comes to supporting addictions and supporting people in our province that are struggling with different addictions and mental health.

And hard drugs is a huge part of what happens to our families. It's hard, it's huge. We need more education. We need to get into the schools. We need to do more education so that those kids, when they have that person coming up to them with those hard drugs that they know that is not good, don't do it, say no. We need more education. That's where it starts.

We need to continue to work with treatment. I was able to take in two full days of conferences and listen to different treatment options because if you ask any mother, family member, brother, sister, husband or wife, would you rather—what would you rather choose? Treatment and recovery or an injection site where you can—they can go and take that—those drugs? They will always tell you that they want their loved one to go into treatment and recovery. There's no question about that. And those are things that we need to focus on.

We need to have wraparound services for those who need it and are looking for it. We need to continually increase beds for treatment in hospitals. We need to increase treatment in our smaller communities in rural Manitoba. We need to increase treatment in the North.

And a big part of what people need when it comes to drug addictions and recovery—they need to know that there is someone waiting for them that loves them. They need a purpose and a goal, like a job, something that gives them meaning. And they need a place to live and a home. We need to focus on all of those things. We cannot just be focusing on one area. We need to actually help everybody with whatever it is they need in treatment.

I just wanted to bring that up that I've had the opportunity to tour Siloam Mission. I've had the opportunity to go to Teen Challenge which has an amazing program that they're starting up here in Winnipeg, which I will say has gotten zero support from the current government.

And they are wanting to do all the work and all the treatment and plan everything and it's just such an amazing organization, so I would encourage the NDP to go over there to check it out because it's a great opportunity.

I've had the opportunity to go to the Salvation Army and tour there and participate in the Christmas meal that they provide for people who are dealing with addictions and homelessness. I've been on the front lines. I've watched, I've seen, I have a son who has had a business in Portage la Prairie who had an experience with somebody having an overdose just down the road from his business.

\* (11:40)

And an injection site does not help that person in the alley in Portage la Prairie. It won't help him. He is far, far removed. He's not—there's no access to it. That is why we need the treatment. We need to have

wraparound services everywhere available for everyone in our province. It's so important.

There's so many factors—social factors that influence if—BC, for example, the fact that they legalized the hard drugs and now they're asking, please take that back. They cannot cope. It did not work. And we need to learn from that. Let's please learn from mistakes of others, rather than making them ourselves and then having to change it again. Let's look at others that have done these things and have experienced it already.

Recently, I know that the dialogue, it's changing. We're witnessing across the country, the disastrous, horrifying and sad symptoms of policy decisions taken that do not prioritize public safety, public health, but instead the 'iodology' based on approach or the—is the decision—in decision making, sorry.

We as Legislature—leaders have a responsibility to make sure that we are legislating and making decisions that are actually going to help our constituents and our people in our province rather than being forced to do things or taking and doing things that we believe are right. But it's actually not right.

We need to not be using our power to make decisions for everyone because it's something that we personally have gone through or something that we are dealing with in our family or in our home, but we need to look at the big picture and do all of the things we need to do for those in addiction.

We need to look no further than British Columbia to see the trend of what's happening there. In January 2023, the pilot program was announced that allowed the drug users in the province to carry up to 2.5 grams of drugs for personal use without facing criminal charges. Health Canada provided an exemption for this policy under the Controlled Drugs and Substances Act, allowing for drug use in some public spaces.

So we're talking about public spaces. We're talking about places where kids play. We're talking about schools; we're talking about hospitals. It is no longer just the people who are enforcing the laws that are dealing with people with drugs and addictions.

We have nurses; we have high school teachers; we have people who work at the Tim Hortons—everybody is involved in this—at this point. Do we want to put those people at risk and should we be putting that responsibility on these regular people who are going to work every day?

This is not acceptable. We need to keep safety No. 1. We need to work hard at bringing forward the

different policies, such as initiative that we did—an \$8.7-million investment in addiction treatment spaces that we did last year.

We need to continue to work on these different policies that we've continued. I would love to see the current government continue on the pathway that we did, that we made huge strides in recovery and huge strides in investment in addictions and homelessness. We need to continue to put people first. We need to continue to work on wraparound services, and we need to continue to add treatment beds for those who need it.

So this is very important. And yes, so thank you very much for listening to me today. I just want to really enforce that treatment and recovery is the way to go. We need to continue to focus on that as a province.

Thank you.

**MLA Billie Cross (Seine River):** I'm pleased to be able to stand up and put a few words on the record.

I've been listening quite intently to the debate so far this morning and making some notes. And I'm going to be honest; I don't like everything that I've heard. I don't like the language that's been used. I don't like the blame being put on drug users. I just don't like the deficit mindset being presented in this room right now.

I want to remind everybody in this place, we're talking about human beings who are sick, human beings who have an addiction, who deserve respect and dessert—deserve to live a full life. And it's up to us as government officials to make good choices so that they can live that full life.

I don't know that at any time we've talked about making hard drugs legal in this province. And so I do definitely respect the member from Brandon West and his career and expertise in law enforcement. My son-in-law's a Winnipeg police officer who spent time in the guns and gangs unit who will be returning to that unit. And on speaking with him, he doesn't blame the drug users. He blames the drug traffickers.

And so I really wish that this resolution this morning would have called on the provincial government to keep hard drugs out of our province. That's what you would expect from a former law enforcement officer instead of putting the blame on drug users. So let's, you know—[interjection] That is a shame and it's disappointing.

Now I understand that as a law enforcement officer, you see people at their worst most of the time. And that definitely would take a toll on you in your career. You're not called out to a home for a birthday party. You're not called out to a business because someone came in and, you know, gave them a good review. You're called to deal with people in their worst moments of their life. And for drug users, sometimes that's multiple times over and over.

Language being used by the members on the opposite side is completely divisive. I bring this up every time I stand up and speak. The members on the opposite side really would benefit from education around anti-racist, anti-oppressive language because members continue—to other people. They continue to use racist tropes and it's disgusting already.

They represent a large group of Manitobans in this province and they're doing such a disservice to them. Students listen to the things they say. People hear the words that you use and they are repeated in homes and then kids repeat those comments. As a teacher, a long-time teacher, I've heard these things.

Members opposite can smirk, they can, you know, pretend that it's okay the way they've behaved. I'm still waiting for them to stand up, take accountability for their behaviour last summer and apologize to Manitobans that they've hurt. But they don't think they need to.

Today is just one more example of how they attack Manitobans.

Now they don't like the idea of a supervised consumption site. I would beg to—I would love for them to actually talk to the mothers, fathers, husbands, wives, the family members who are left behind from someone who died because of a toxic drug poisoning overdose. I guarantee those folks would have appreciated that their family member didn't consume toxic drugs and died.

Just because you take drugs doesn't mean you deserve to die. You deserve to get health care and treatment. You deserve to live and have an opportunity to get healthy. Members opposite don't care about that. All they care about is penalizing people. I don't know why they want the prison system more full than it is.

It's time to take a new approach in Manitoba and we're doing that. We're putting people first. We're meeting them where they're at. We're supporting them the best way that they can.

I have a three-and-a-half-year-old grandson and when I ask him what he wants to be when he grows up, he talks about I would—I'd like to be a policeman or I'd like to be a fireman. Not once has he said I'd love to be drug addict. Nobody wishes to be in these circumstances, yet it happens to people and it happens to people from all walks of life.

I really would love for the members opposite to start thinking about the language they use, the impact they have on citizens. Yes, we're in a political arena. We are opposed on many issues. But there are some issues we need to come together as human beings and start doing the right thing.

You know, nobody is saying, let's hand out more drugs so more people can get addicted. Let's start finding ways to keep people safe, getting them the treatment that they need so they can get healthy and live the best life possible.

Members opposite are talking and heckling. This is their resolution. Just because they don't like the truth that doesn't mean that they get to heckle and you know scream out things that are inappropriate.

This matters. People matter. And I want Manitobans to know that you can count on an NDP government to take care of you and do the very best to make sure that everybody in your life is healthy and safe.

\* (11:50)

**Mrs. Lauren Stone (Midland):** First, I would like to say that perhaps the member from Seine River should do their own research because just three years ago, their very own premier sent a public message to Justin Trudeau saying it is time to decriminalize personal supply.

Our team here, on this side of the House, stood against this message and committed to never decriminalizing hard drugs from public places. It has been clear that NDP drug policies do not work in this country. The BC premier, Premier Eby, has had to walk back on his radical, failed, some would call it wacko, drug plan and requests Prime Minister Trudeau to recriminalize hard drugs in public spaces.

Needles on playgrounds, drug use in public parks, drug use in maternity wards at hospitals—these are the results of the radical NDP drug policy that the—BC implemented. We now have former NDP minister Olivia Chow in Toronto requesting the exact same thing of Trudeau. We also have Montreal requesting decriminalization.

This NDP government here in Manitoba is on the same failed path of their NDP friends. This NDP is hiding their drug plan and their drug policy from Manitobans. We all know they want decriminalization. They said it three years ago.

They requested it three years ago, and they were critical, Deputy Honourable Speaker, they were critical of our PC government for refusing this request.

We all know, and Manitobans know, that this NDP government is hiding their drug plan from Manitobans. The only time that this Premier (Mr. Kinew) has stood against this is when it came in the media and he realized he had to save face with Manitobans. But they have every intention of following in BC's failed footsteps to allow safe supply and the use of hard drugs in public places.

As I mentioned, playgrounds are not safe; parks are not safe; our streets are not safe. Businesses are shutting down in the Premier's own constituency as a result of public drug use and increase of crime.

Radical NDP drug policies do not work, Honourable Speaker, and Manitobans will see what this NDP government is truly hiding from them.

**Hon. Uzoma Asagwara (Minister of Health, Seniors and Long-Term Care):** Honourable Speaker, I worked on the front lines as a nurse for many years. I worked on the front lines of health care doing work around what we call CODI, so co-occurring disorders initiatives; that is, providing support to individuals and families who are struggling with substance use and mental health issues. Statistically, those things can be over-connected; you can see them happening at the same time.

And so I take very seriously conversations in this House or anywhere, quite frankly, when we're talking about addictions, problematic substance use, mental health challenges, struggles, et cetera.

On the other side of the House, the opposition—I don't think that they take any of that as seriously as they claim. They bring forward a resolution that, on this side of the House, we've been very clear, we actually support. We're not interested at all in making changes legally or legislatively that would result in hard drugs, in their words, being handed out like candy. I think they've said things like that, very nonsensical comments made by members opposite.

But I do want to talk about something that when you talk about addictions, you have to also talk about

the challenges that people have that drive them, in some cases, to using substances. Adverse childhood experiences, or ACEs, is something that's used to articulate why folks may end up using substances.

But there's also this word that people who struggle with substances, people who struggle with challenges broadly know, unfortunately, all too well and that is shame. Shame is something that people shouldn't experience; people shouldn't be shamed for the challenges that they navigate.

People shouldn't be shamed for struggling with addictions, but for seven and a half years in Manitoba, Manitobans were led by a PC government that came out, time and time again and shamed the citizens of this province.

Members opposite participated in a vile campaign that is condemned nationally and internationally, a campaign that was rooted in harm and a campaign that was meant to shame—shame—already targeted and harmed people.

It strikes me as undeniably despicable that members on that side of the House stand up and pretend to champion or care about demographics of people that they have actively, for seven and a half—now going on eight years, worked to shame in our province.

They actively work to create conditions that deny people access to basic health care, deny people access to harm reduction services, deny people access to shelter, deny people access to mental health care, deny people access to dignity.

What does it mean when you deny people access to dignity? What does it mean when you have a former premier in Brian Pallister, who described people struggling with addictions, specifically meth, as violent criminals that made people around them unsafe?

What does it mean when you have a former premier that throws reports on the ground, compiled by experts in our own communities, to address addictions? What does it mean when you have members opposite who take pictures of vulnerable people who are struggling with addictions and post them on social media, to do what? Shame them.

That type of approach for seven and a half years, while at the same time turning their backs on people who are unhoused; deliberately targeting with vile rhetoric that we saw peak during the 2023 campaign, folks who have been targeted for generations; cutting the services and resources and discounting the voices

of the very people we count on to save lives on the front lines of health care in our communities; all of that leads up to something.

In the case of Manitoba, it led up to Manitobans making a choice: choosing to elect a government that believes in a compassionate approach to care; a government that believes in putting people and their families first; a government that understands that shaming and blaming people is exactly what contributes to addictions being an issue in our communities in the first place.

Members opposite can stand up and talk about this resolution—something that we actually all agree on—in a way that doesn't shame Manitobans. They chose not to do that today because they can't hide from what is in their nature as a party right now, and that is divisive rhetoric; that is hateful rhetoric; that is perpetuating harms against those that they don't believe are worth protecting.

On this side of the House, we are going to continue to work with the very experts that members opposite ignored for seven and a half years to make sure people can access the services and supports they deserve. We are going to listen to folks who are struggling with addictions and find ways to meet them where they're at.

We understand that harm reduction saves lives, and harm reduction is health care. And we're going to treat it as such, something that Manitobans didn't see

from the previous failed PC government for seven and a half years—two terms.

We have an incredible Minister of Housing, Addictions and Homelessness (Ms. Smith), who, within her first few weeks of being the minister, set out a plan to make sure that people who are living in bus shacks had access to dignified housing options.

In the first few weeks of her being in that role—that is the kind of leadership that we should have seen in Manitoba for two terms of government before that point.

But members opposite lean into something that hurts people, and that is they believe that shaming and blaming and denying people basic dignity as a form of punishing addictions is the way to go.

On this side of the House, we will always take an approach that puts people first. And on this side of the House, we are always going to ensure that Manitobans have access—

**The Deputy Speaker:** Order.

When this matter is again before the House, the honourable minister will have three minutes remaining.

The hour being 12 p.m., the House is recessed and stands recessed until 1:30 p.m.

**LEGISLATIVE ASSEMBLY OF MANITOBA**

**Thursday, May 23, 2024**

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