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*Speaker: Honourable Perry Trimper, MHA*

Wednesday

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The House met at 10 a.m.

**MR. SPEAKER (Trimper):** Order, please!

Admit strangers.

**Orders of the Day**

**MR. SPEAKER:** The hon. the Government House Leader.

**MR. A. PARSONS:** Thank you, Mr. Speaker.

I'd like to call from the Order Paper, Motion 1, and I'd like to move, seconded by the Minister of Natural Resources, the following motion:

WHEREAS in accordance with section 39 of the *House of Assembly Accountability, Integrity and Administration Act*, the Commissioner for Legislative Standards has recommended to this hon. House that the Member for Terra Nova be reprimanded for violating Principles 2 and 11 of the Members' Code of Conduct;

THEREFORE BE IT RESOLVED that this House of Assembly concurs with the findings and recommendations of the Commissioner for Legislative Standards and asks that the Member for Terra Nova stand in his place in this House and apologize to this Assembly for his failure and violation as cited by the report of the Commissioner for Legislative Standards.

**MR. SPEAKER:** The hon. the Government House Leader.

**MR. A. PARSONS:** Thank you, Mr. Speaker.

I am standing here today to speak to a motion that we don't often see in this House, but we have seen it in the past. In doing so, I've drawn some wisdom actually from the words from a former Government House Leader, who, when I spoke on the other side, actually brought in a similar type motion, and I thought he did a very good job, after reading the remarks. I thought it was a very plain, human attempt at explaining the job that we all do here in this House and the expectations that we're held to.

In many cases, I will be referencing some of the words that he said because I look at it today and

I think that, basically, it worked for that situation and it will work for this situation that we're dealing with here today. I certainly won't be long. I know Members on the other side will also get an opportunity to speak to this resolution. Again, this is all in reference to a report that was filed by the Commissioner for Legislative Standards, Mr. Chaulk, on May 30, 2017 as it relates to the Member for Terra Nova.

I think that if anybody has not had an opportunity to review that report, they certainly can do so. My understanding is that it is available online. It is a public document, so people can read basically the genesis, the start, middle and end of this situation, which I guess today is actually the end of this situation.

I think also that, in doing so, this is a matter that has been dealt with very openly, very transparently. It was dealt with not just by Members of this House, but yesterday we were in this House dealing with a resolution as it related to an independent statutory office of this House. Well, the matter we're dealing with today comes from an independent statutory office of the House, that being the Commissioner for Legislative Standards.

Without rehashing everything, I think the report does a good job of laying out in great detail the situation that we're dealing with, which is the conduct of the Member for Terra Nova – who, I would note, and it is stated actually in the report, that the Member has been quite responsive and quite co-operative in dealing with this matter; was open to any discussion. I would also note it states very clearly in there that the Member has mitigated the situation by very openly apologizing publicly on a couple of occasions now.

Basically, what we're here for today is to talk about the fact that this motion is in the House and that there's a duty to this House from the Members of this House. I guess one of the things I'd like to say is that we all know that it's sort of a balance here that, as Members, we are all held to a very high standard, to a code. The fact is we are all human. We are human; we're not different than the people that we represent, that give us the luxury, the benefit, responsibility and the privilege of serving in this House.

So while knowing that we are the same as those we represent, that we are basically the representative of those people, at the same time once you take office, once you take this seat, it carries with it a responsibility that does place you in a different position than those that you represent. And it's a responsibility that we all take very seriously.

I would also note that I think that burden, that responsibility, may even be greater in the fact – again, I have nothing to back this up than just my own belief. Given that we have a province that's quite small, 500,000, the fact is we're a very close-knit province. So, in fact, the role is maybe more elevated than in other jurisdictions where there are so many more people. Really, we are a small province. When something hits one of us, it hits all of us.

People are well known in this province on every level. It doesn't matter if it's just politics, if it's the arts or if its sports, we are a small, close-knit community – 500,000 – but the fact is that we all do feel like family. I say that because when it comes to Members of this House, when we talk about that standard, the fact is that there's a higher visibility for Members of this House of Assembly.

The issue that we're talking about, there is a Code of Conduct that guides our actions as Members. It's quite clearly stated in the report filed by Mr. Chaulk that the Member for Terra Nova has violated those principles. The motion that we are dealing with here today says quite clearly: (a) there is a violation of Principles 2 and 11 and, therefore, the Member should be reprimanded.

What we are moving today, we're moving a resolution that this House concur with the findings of Mr. Chaulk, the Commissioner for Legislative Standards, and that the Member stand in the House and apologize to the Assembly for the violation as cited by the Commissioner.

What I can state is that all Members of government will be supporting this motion. Again, the Member has taken the opportunity, I think, very publicly and apologized for the actions. I'm hoping today that he will also take the opportunity to stand today and apologize to

this House and apologize to the individual in question.

I'm going to quote, or maybe paraphrase the former Government House Leader who, again, I had an opportunity to review the words. One of the things that he says here is that we all recognize the standards that we live by. We all recognize the fact that there is close scrutiny on our actions, on what we do. We all realize that we can very clearly make mistakes, but in being human, that's normal. We know we will make mistakes, but the big thing is to acknowledge those and to apologize, to put yourself – basically, to restore that faith. Doing that very publicly I think is the way to do that.

What I would also note, if you read the report, the Commissioner clearly states this is something that all Members should think about. This is something that could happen to any single Member at any single time. Basically, the report is very specific, but at the same time serves as a cautionary tale to us all, to take greater heed in how we exercise our judgment, especially as it relates to something that the House is quite familiar with.

When we talk about things like social media, when we talk about things like electronic communications, it is very easy for context to be lost and for a message that we thought we were conveying, to be lost in there. Either way, the main thing here, even when it is a mistake, is to acknowledge our actions, to take that responsibility.

Again, going back to the former Government House Leader, who at the time, the same as I do today, assumed the House would support the motion. He had hoped for three things. First, the Member would stand in place, do as the motion asks, and apologize and accept responsibility. I hoped for the same thing, Mr. Speaker. Secondly, all of us in this House, aside from the Member for Terra Nova, but all of us can look at the situation, to learn and to use this to guide us as we move forward as elected representatives of the people of this province. And finally, hopefully it serves as a recognition that even though we serve as politicians, there is a greater expectation that we are all very human. I think sometimes we need to get that message out that we are going to make mistakes. Certainly, I can

guarantee that I make them on a daily basis, but when you do, the job is to recognize that and to apologize, to make amends for what you have done.

In saying that, I think it is very important that we acknowledge the wrongdoing that was done. I think that is being done. I think the apology will hopefully speak to that.

I will conclude my remarks at this time, and I will sit and listen to the Members for the other side as we move forward in this resolution.

Thank you, Mr. Speaker.

**MR. SPEAKER:** The hon. the Leader of the Official Opposition.

**MR. P. DAVIS:** Thank you, Mr. Speaker, and thanks for the comments from the Government House Leader. A little bit later in my commentary, I will respond to a couple of the comments he made. I appreciate him standing here today and bringing forward this motion.

Mr. Speaker, as Members of the House of Assembly, we are governed by a Code of Conduct. The Code of Conduct is a document that codifies and lays out principles that ought to govern our actions as elected Members in this House of Assembly, not only while we're in the House of Assembly, but at all times.

As the Member opposite, the Government House Leader just mentioned, he used the words: We are all human. We are all human, very human. None of us are perfect, but we also have to abide by a standard that is acceptable to the people who we are elected to serve. We can't simply allow being human to be an excuse to keep us from respecting those standards of the offices we hold. In this particular case, it is this process that holds us to this standard.

The debate we're having today stems from an interaction between one of the Members of our House, the Member for Terra Nova, and one of the Member's own constituents. It didn't occur here in the House. I'm going to talk a little bit about the House a little bit later as well, but it happened outside the House. The Code of Conduct, as I mentioned, goes beyond the walls

of the House of Assembly, goes beyond the precinct of the House.

The constituent here also happens to be an elected official – an elected official in our province, the Mayor of St. Brendan's, Veronica Broomfield, a duly elected mayor, elected to represent her own constituents, with a responsibility to her own constituents, to people who elected her.

In a letter to the three party leaders here in this House that was dated January 2, 2017, Mayor Broomfield alleged that she had been mistreated by her own MHA, the Member for Terra Nova. In that letter she specifically stated, and I quote: I can say with all confidence that I have never been treated with such disregard and partisan intimidation. She alleged the Member for Terra Nova, rather than stand with the mayor to advocate for certain public services for his own constituents, instead reminded the mayor that she had not voted for him.

Mr. Speaker, this was also addressed by the Commissioner, the office of Commissioner for Legislative Standards, who independently reviewed this. The review was initiated on January 12 when I, as leader of our party, as the Opposition Leader, wrote the office of Commissioner for Legislative Standards and requested he review the matter that had been brought forward by Mayor Broomfield as a breach of the Code of Conduct by the Member, the same Code of Conduct that I referred to earlier.

Mr. Speaker, I did that because under current rules it is only a Member of the House who can ask for that to happen. So we have a citizen of the province who's an elected individual, officially elected to an official office in our province as mayor, who had brought this to the attention of all three party leaders, asked for assistance and direction and so on, and I felt it appropriate to send it on because that's the process we have. A Member of the House has to make that request to the Commissioner for Legislative Standards.

Mr. Speaker, the issue at hand went beyond just simply saying that the mayor had not voted for him, because he had also publicly denied and continued for some time to deny that he had

made the commentary. So it wasn't just a single lack of judgement at a momentary moment in time, because that can happen. It can happen, as the Government House Leader had said, where we are all human.

Sometimes here in the House under the heat of debate we say things that we regret saying as soon as it rolls off our lips. Sometimes we do it when we are standing in front of a camera or in front of a group of people or having a conversation one on one. But in this case, the denial occurred following that with some vigour.

The Code of Conduct of Members of the House of Assembly states, and I quote: "Members of this House of Assembly recognize that we are responsible to the people of Newfoundland and Labrador and will responsibly execute our official duties in order to promote the human, environmental and economic welfare of Newfoundland and Labrador."

The Code states: "Members of this House of Assembly respect the law and the institution of the Legislature and acknowledge our need to maintain the public trust placed in us by performing our duties with accessibility, accountability, courtesy, honesty and integrity."

Principle 2 of the Code of Conduct, and there are 12 principles actually laid out in the Code. Principle 2 states: "It is a fundamental objective of their holding public office that Members serve their fellow citizens with integrity in order to improve the economic and social conditions of the people of the province."

Principle 11 of the Code states: "Members should promote and support these principles by leadership and example."

Mr. Speaker, in his report following his review of the matter, dated May 30, 2017, regarding his investigation into the Member for Terra Nova, the Commissioner concluded that the Member violated these two principles, Principle 2 and Principle 11, of the Code of Conduct.

The Commissioner's decision was based not just on the exchange with the mayor, but also on the conversation between the Member for Terra Nova and VOXM *Backtalk* radio host, Pete Soucy, on December 13, 2016 where they

discussed the text message from the Member to the mayor.

This is what the Commissioner described as what he found. He said when one examines the conduct – and he named the Member, referring to the Member for Terra Nova. When one examines the conduct of the Member in its entirety, it is clear that he missed an opportunity to clarify the message exchanged between Mr. Soucy on VOXM *Backtalk*. Rather than taking the opportunity to be direct, forthright and to the point, his actions left the impression that the message had not been sent.

In his report, he actually has a transcript of some of that exchange. Mr. Soucy asked the MHA for Terra Nova: Did you ever remind the Mayor of St. Brendan's, Veronica Broomfield, that she did not vote for you? And the Member responded: No, I mean, the mayor and I have constant communication even when I was seeking election.

Mr. Soucy said: She said point blank that she asked you something and you reminded her that she did not vote for you. And the Member responded: No, I can tell you that we've had a tenuous relationship right from day one; you know, I've been in office a year.

A little bit later, Mr. Soucy said: But I wanted to know, and you're saying it never happened. She said, you know, she was told or reminded that she hadn't voted for you in the last election, whatever that would imply. And the Member said: Yeah.

So it went beyond just that exchange on a text message where the Member, no doubt, erred, human error, but went on to defend it and deny it beyond that.

While it's acknowledged that the Member acted appropriately in issuing an apology to his constituents and clarifying the matter on January 4, the distinct impression that remained following the VOXM interview was the text message had not been sent. That's the commentary from the Commissioner.

The question was asked directly to the MHA, and he could have responded in the affirmative and explained the entire context of the text

conversation as he did during submissions to the Commissioner. What the Commissioner is pointing out is that when he came into the Commissioner, he said: Well, here's my explanation of what happened. He had that opportunity to do that on public radio with Mr. Soucy, but didn't do so. However, by choosing to respond in the manner in which he did, he did cause unnecessary confusion and uncertainty, in another quote from the Commissioner.

The Commissioner referred to Principle 2. He said, "Principle 2 of the Code of Conduct states that it is a fundamental objective of their holding public office that Members serve their fellow citizens with integrity in order to improve the economic and social conditions of the people of the province. Acting with integrity requires individuals to be forthright, candid and honest in carrying out their role as a member of the House of Assembly with honour and dignity."

He went on to say, and referred to the MHA: acted honourably in issuing an apology to his constituents on January 4, 2017 – an apology on January 4, which actually was an apology issued to his constituents; "... this was only necessary as a result of the manner in which he had previously acted in sending the text message and then failing to be absolutely candid and direct when the issue arose during the radio broadcast."

The Commissioner also referenced in his conclusion, he said, and I quote: "It is my conclusion that the evidence establishes on a balance of probabilities that" – and he names the MHA – "failed to act with integrity during the VOXM radio interview by failing to clarify any misunderstanding regarding his sending of the text message despite having the opportunity to do so throughout the interview."

My point for bringing that up again, Mr. Speaker, is there were two issues here: one was the commentary to the mayor that she hadn't voted for him; secondly, denying that he had made those comments when he had the opportunity to clarify it on public radio.

The Commissioner continued on regarding Principle 11. He says, and again I quote: "Principle 11 of the Code of Conduct states that 'Members should promote and support these

principles by leadership and example.' Having found that ..." – he names the MHA – "violated Principle 2, in my opinion ..." – he names the MHA again – "also violated Principle 11, by failing to lead by example. In failing to appropriately address the text message exchange during the radio interview ..." – the MHA – "was acting less than forthright and candid and caused his integrity to be called into question. In doing so he failed to support the principles in the Code of Conduct by leadership and example."

The Commissioner in the end made the following recommendations. "In the particular circumstances of this case it is my recommendation that the member be reprimanded pursuant to s. 39(1)(a) of the House of Assembly Accountability, Integrity and Administration Act for violating Principles 2 and 11 of the Code of Conduct. In addition, while it is recognized that my jurisdiction to make recommendations is limited to the penalties enumerated in s.39, some consideration should be given by MHA ..." – and he names him – "to making a formal apology to the Mayor of St. Brendan's in the legislature." I believe the reason why that's there is because that has not been done, Mr. Speaker.

Mr. Speaker, with respect to the Commissioner's decision, we respect the Commissioner's decision and his recommended course of action, but just a couple of closing comments, if I may, because the reality is the actions of any Member in this House of Assembly reflects on us all. That's the reality.

People quite often do not draw partisan lines between who said what to whom and when and how, but how every one of us acts in this House, in this Legislature, or how we act in our own constituencies, or how we act throughout our province, anywhere in our province, be it in or outside of our own constituencies or for anywhere, reflects on each and every one of us, if it be in a formal setting, a social setting or otherwise. We should always be considerate of that.

Mr. Speaker, I fully agree that sometimes here in this House, and Question Period is an example of it, speaker after speaker, and yourself included, Mr. Speaker, have commented many, many times on decorum and conduct here in this

House. We know during Question Period it's very easy to get carried away when people start finger pointing, you did this and you did that. It does happen on both sides of the House, and it's not new to just this General Assembly. It has happened before.

We have to be cognizant as well of how cynical people quite often are. Looking at us in a cynical way means quite often, and it's described and defined as, well, they're only looking after themselves. They're only looking out for their own self-interest. I think in this case, that's what happened. After the exchange occurred, the MHA was looking after himself by saying no, it didn't happen; until the text messages were produced.

Just this week, Mr. Speaker, in this House we've had in two days of sitting – and we know when the sitting starts, generally speaking, they're more cordial and co-operative and so on. As time goes on and we sit here, sitting across the aisle from each other, things get a little more stressed and testy and so on, and that's the nature of the House of Assembly. That's the nature of where we are, but in our first and second day of sitting in our fall session here, we've had three different occurrences where comments were questioned by Members of the House, or conduct had been questioned by Members of the House of other Members. Three times in just two days commentary was being addressed or asked to be addressed. Again, my belief is that reflects upon us all.

Mr. Speaker, while the Commissioner is limited in his abilities, Members brought forward the recommendation consistent with what the Commissioner has decided. As I said, we respect the Commissioner's decision and his recommendation and course of action, but I believe it's worthy for us all to consider the impact on all of us over this matter.

Mr. Speaker, this is a year later since this incident actually occurred. In a full year, I've not heard the Member for Terra Nova issue an apology publicly or directly to the mayor of Saint Brendan's, even though the report has been issued since May and there have been lots of opportunity.

We saw here the Members of the House in the last couple of days – we saw an incident yesterday where a Member rose and very quickly realized the error and thanked for it to be pointed out. I know very sincerely, stood very quickly and apologized. Thanked for it to be pointed out, withdrew it and apologized very sincerely.

I think it speaks to how we should consider conducting ourselves. I appreciate what the Member did yesterday when that occurred. That was it. It was over and moved on, but here we are with this circumstance a year later.

Mr. Speaker, I just make those closing comments because we're going to be sitting here for the next several weeks. No doubt, the temperature is going to continue to increase and you'll have to remind Members again and deal with those types of activities, but I hope they're kept to a minimum by all Members, including myself. I'm guilty of it as well as anybody of sometimes getting caught in the heat of debate and so on.

On this very matter that is here before us today, we're here because of a recommendation by the Commissioner for Legislative Standards who has reviewed matters from about a year ago now that took place between a Member of the House of Assembly and a constituent. The Commissioner has made recommendations and we respect the Commissioner's recommendations and the course of action recommended by him.

Thank you, Mr. Speaker.

**MR. SPEAKER:** The hon. the Leader of the Third Party.

**MS. MICHAEL:** Thank very much, Mr. Speaker.

I don't know if I should say I'm pleased to stand and speak today, but I'm glad to have the opportunity to stand and speak to a serious motion that was put here on the floor today. That motion, of course – and I'll just repeat it again – has to do with a recommendation from the Commissioner for Legislative Standards regarding the conduct of the Member for Terra Nova.

The finding of the Commissioner is that two principles of the Code of Conduct of the Members of the House of Assembly have been violated. Both the Government House Leader and the Leader of the Official Opposition have gone through, in detail, about that; I'm not going to, once again, go through the whole series of events that occurred.

The main part of the report that has come from the Commissioner is the whole series of things that happened, both things that happened in the public media that we are used to, two things that happened in social media, et cetera. The events that led up to where we are today are all spelled out very clearly in the Commissioner's report. Anybody who has been listening to the last 10-15 minutes has heard that gone through.

I think it is really important that we have a process in our system that allows for an external review of our behaviour as a Member of the House of Assembly. So that what we're being asked to do here today is not to decide whether or not there was a violation – and I think that would be something that would be a difficult thing for Members of the House to do because we all would be in some kind of a conflict of interest. What we're being asked to do today is to accept a recommendation from the Commissioner for Legislative Standards.

I think those of us who have been here in the House for as long as I have – there is only one other who has been here longer than me. Whether you're new or if you've been around for a long time, I think we all know that the position for the Commissioner for Legislative Standards is a very serious one, and in my experience we have always had people in that position who are ethical, objective and who make ruling that are based on fact.

So what we are being asked to do here today is to accept the recommendation from the Commissioner. The recommendation is that the Member for Terra Nova stand in his place in this House and apologize to this Assembly for his failure and violation as cited by the report of the Commissioner for Legislative Standards. I would say I think that is the least that should happen.

Why stand here in this House? It has been pointed out that through social media, on his Facebook, the Member for Terra Nova publicly apologized. I would like to think that he did more than that on a personal level with Mayor Broomfield. Who knows?

But why here in this House? Because what we do, what I do, both in this House and outside this House, affects every other Member. It affects the perception of who we are as Members of the House of Assembly. It affects the perception of us as politicians. So yes, everybody in this House is owed an apology when one of us brings shame on all of us, because that's what happens.

I'm sure I'm not the only one who has had insults thrown at them because they are a politician. I have had that happen, and it's not very pleasant. I may have used it as an example once before when we had a ruling like this in the House. I have a feeling I did, but I'm going to do it again.

Standing in line in the supermarket one evening, a very tall man in front of me, all of a sudden he starts looking around and sniffing, sniffing, sniffing and looked down at me and said oh, I thought I smelled a politician. Now, we can laugh at that, but if that's the perception that people out there have of us as politicians, how are they going to take seriously what we do here in this House? I think that's what we have to be looking at as politicians; that's what we have to be looking at as Members.

We call it an hon. House. Well, then we have to look at what it means to be honourable. Yes, I think it is absolutely right that the Commissioner for Legislative Standards has said that the Member for Terra Nova has to apologize to this House. I hope that we all, especially the Member himself, will recognize how important that is.

It's not pleasant what we've been through, but we did not have to make the judgment. I'm so happy that it was the Commissioner that has made the ruling. It's the Commissioner that went through all of the details, all of the information that he has outlined in his report. It is the Commissioner who has determined, and very fairly, that two of the codes have been violated, but two others have not been violated.

I think that's an important point to point out. I think it also speaks to how well the Commissioner looked at the issues and how objectively he made his decision. He says: "However, it is recognized that MHA Holloway issued an apology on his Facebook page on January 4, 2017 in an effort to clarify the matter and to reassure the residents of St. Brendan's that they will get the representation they require and deserve.... In my opinion, such conduct is a mitigating factor against the recommendation of a severe or harsh penalty in the circumstances of this case."

He goes on: "I am not prepared to make a finding that MHA Holloway violated Principles 3 or 4 of the Code of Conduct. There is absolutely no evidence of political corruption or illegality."

So 2 and 11, yes, because there is absolutely no doubt in the Commissioner's mind, and certainly no doubt in my mind, that the Member did go against the principles of good conduct that we recognize here in this House.

I just ask of the Member that when he stands to apologize – because I would imagine he is going to do that – that he do it with the recognition of what he has done, not just to his own reputation with his constituents in his district, but what he has done for all of us by his behaviour because it does affect each and every one of us.

So, yes, I will be going along with the Commissioner's recommendation and I look forward to a resolution.

Thank you very much, Mr. Speaker.

**MR. SPEAKER:** Is the House ready for the question?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**MR. SPEAKER:** All those against, 'nay.'

The motion is carried.

The hon. the Member for Terra Nova.

**MR. HOLLOWAY:** Thank you, Mr. Speaker.

I certainly acknowledge the findings of the report of the Commissioner for Legislative Standards and I do stand in my place in this House and apologize to every Member of this House, and also to Mayor Broomfield. It was an error in judgement and it shall never happen again.

**MR. SPEAKER:** The hon. the Government House Leader.

**MR. A. PARSONS:** Mr. Speaker, I call from the Order Paper, Order 7, second reading of Bill 20.

**MR. SPEAKER:** The hon. the Minister of Service NL.

**MS. GAMBIN-WALSH:** Mr. Speaker, I move, seconded by the MHA for Stephenville – Port au Port, that Bill 20, An Act To Amend The Vital Statistics Act, 2009, be now read a second time.

**MR. SPEAKER:** It is moved and seconded that Bill 20 be now read a second time.

Motion, second reading of a bill, "An Act To Amend The Vital Statistics Act, 2009." (Bill 20)

**MR. SPEAKER:** The hon. the Minister of Service NL.

**MS. GAMBIN-WALSH:** I am pleased to stand today to speak to the amendment to Bill 20, An Act to Amend the Vital Statistics Act, 2009.

Mr. Speaker, before I speak to the amendment specifically, I would like to highlight the importance of bringing issues like this to the forefront. It provides an opportunity for many of us to learn about the struggles that the LGBTQ community continues to face on a daily basis and challenges each of us to think of ways we can contribute to the full acceptance of all persons in our society.

Here in Newfoundland and Labrador, throughout Canada and around the world, the LGBTQ community continues to face discrimination in many forms. This discrimination is directed at members of the community for many reasons, one of which is gender diversity.

Through these experiences of discrimination and violence, this global community has come to know adversity. While this adversity can sometimes feel overwhelming, the community has also gained remarkable strength and courage. Despite the unkind and sometimes violent experiences individuals are often subject to, the LGBTQ community's main message continues to be those of love and acceptance.

If we are to move forward as a society, it is important that we all recognize that tolerance alone is not enough. Everyone in our society deserves full acceptance regardless of sexual orientation, gender diversity, race, colour or religion. No one should ever have to worry about being judged or harassed because they identify somewhere on the gender spectrum other than exclusively male or female.

Mr. Speaker, our government believes in equality for everyone and we respect the diversity of all individuals. It is important that we remain progressive and continue to empower people with diverse sexual orientations, gender identities and gender expressions. That is why in September of this year we adopted the policy to allow for a change of sex designation on a birth certificate from female or male to non-binary.

While the change in policy permitted individuals to choose an X on their birth certificate, the requirement to submit a statement from a medical professional prior to a change in sex designation for those 16 years of age and older remained in place. I committed at that time to introduce legislation during this sitting of the House of Assembly to amend the *Vital Statistics Act* to have this requirement removed. Our government has honoured this commitment and today we have the opportunity to debate this amendment to the act.

Children aged 12 to 15 will still require a parent to apply on their behalf and consent of the child is also required, along with a letter from a health professional. For children under 12, a parent can apply, along with a notarized application and two notes from health professionals. The amendment only applies to those aged 16 and older.

Mr. Speaker, it is important to highlight the fact that information pertaining to the sex of

individuals will continue to be collected at birth. This will allow us to maintain vital data that is valuable for a population. Statistics Canada collects demographic information annually from provincial and territorial vital statistic agencies on all live births in Canada. This is collected through the birth registration process.

Birth information from the agencies is stored in the Canadian Vital Statistics birth database and includes such information as the date, the place of birth, the child's sex, the birth weight, the gestational age, the parent's ages, the marital status and the birth place, and whether the birth is a single or multiple birth.

There are important differences between the biology and the health of the male and female sex. As a result, sex – a biological characteristic – is a key variable that is used by Statistics Canada for a variety of purposes. For example, when producing statistical information, Statistics Canada routinely breaks down statistics based on sex. Gender, however, is not recorded in the birth database.

If a provincial or territorial Vital Statistics agency stopped the process of collecting infant sex data, it would prevent Statistics Canada from producing a range of key statistics and indicators based on sex, which are needed to inform public policies and programs and evidence-based decision making. The information gathered by Statistics Canada is used to generate population estimates and projections, confirm census data, and monitor any health inequalities which exist between the sexes and confirm data obtained from other sources.

We can clearly see how important this information is for decisions such as those around medication or treatments that may differ for each sex, how we are doing in terms of gender equity across the country, as well as informing government policies and programs.

Mr. Speaker, I would be remiss if I didn't speak to the tremendous effort of activist of Gemma Hickey.

**SOME HON. MEMBERS:** Hear, hear!

**MS. GAMBIN-WALSH:** Gemma brought this issue forward. Gemma filed an application in

Supreme Court in June 2017 which challenged the *Vital Statistics Act* under the *Canadian Human Rights Act* and the *Canadian Charter of Rights and Freedoms*.

As I said earlier, it is very important that we remain progressive as a government and continue to recognize individuals with diverse sexual orientations, gender identities and expressions. We are happy to address this matter through a change in policy. Today, we are further addressing the matter with this amendment by removing the requirement for a note from a medical professional for those 16 years of age and older.

Mr. Speaker, when this amendment to the legislation is made, the process for issuing gender-neutral birth certificates for those 16 and over will still require the applicant to fill out an application, have it notarized by a Notary Public and pay the \$35 fee, or \$30 if you do it online. However, as I stated earlier, the requirement for a note from a medical professional will be removed.

In October, Mr. Speaker, we also introduced new, more secure driver's licences for our province. Individuals who qualify for a gender-neutral birth certificate in our province can also avail of a gender-neutral driver's licence, one of the many improvements under our new driver's licence being rolled out this fall.

Mr. Speaker, as you can see, bringing this amendment forward is part of our government's continuing efforts to embrace and celebrate the diversity of all people in Newfoundland and Labrador. Newfoundland and Labrador will now join others to allow for the option of a gender-neutral birth certificate. Alberta, Yukon and Northwest Territories recently passed legislation to provide non-binary birth certificates. The Yukon does not require a supporting letter from a designated professional. This is a positive and progressive step forward, and we expect the other provinces and territories will move in this direction in the near future.

As I have stated previously in this hon. House, it is important that we constantly review and amend all legislation to ensure it is meeting the needs of the people of our province. I am

pleased that we are here today to debate this amendment to the *Vital Statistics Act*.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Cape St. Francis.

**MR. K. PARSONS:** Thank you very much, Mr. Speaker.

It's indeed a privilege to stand here today as a representative from the Opposition Party, and I have to congratulate the minister and I will congratulate government, because this is a proud day for all legislators in this House of Assembly.

**SOME HON. MEMBERS:** Hear, hear!

**MR. K. PARSONS:** It's people like Gemma Hickey that we need in our society. It's people that will speak for others and go the extra mile to make sure we're all treated fairly and equally. I'm sure that everybody in this House of Assembly will applaud Gemma's great advocacy for people with gender equality.

Mr. Speaker, I'm not going to reiterate most of the stuff the minister said and the procedure that was done. Gemma took this to the Supreme Court under the Charter of Rights and the Canadian human rights and fought it vigorously. The government listened, and I applaud the government for doing that.

On September 17, Service NL issued a release saying the provincial government would bring in legislation this fall, and they have, to change sexual designation on birth certificates from female or male to non-binary. That's so important. We all agree in this House that it's important.

Again, the *Vital Statistics Act* that we're at here today, I'm sure everybody in this House of Assembly will agree with what's being done here today. It's a great move. Just looking at the legislation itself, Bill 20, the *Vital Statistics Act*, will remove – and what it does is removes the medical professionals prior to a change of designation for persons 16 years and over.

Children at the age from 12 to 15 will still require parents to apply on their behalf and the consent of the child also; but, according to the department, information pertaining to sex of individuals will continue to be collected at birth and under the act.

Just to say that the Official Opposition supports this 100 per cent. Again, we want to thank Gemma Hickey for advocating.

Thank you very much.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Labrador West.

**MR. LETTO:** Thank you, Mr. Speaker.

Mr. Speaker, equality and respect for the diversity of all individuals are important values for the Government of Newfoundland and Labrador. That is why it is an honour to stand here in the House of Assembly today to speak to such an important piece of legislation.

I guess what I'm about to say has probably been said by the minister and the Member for Cape St. Francis, but I just want to add my voice to this very important piece of legislation because this is groundbreaking. We're leading the country in being proactive and being forward looking in what society is today and what it needs to be today.

Mr. Speaker, the amendments for the *Vital Statistics Act, 2009*, allow for a change of sex designation on a birth certificate from female or male to non-binary for those 16 years of age or older without a note from a medical professional. In terms of children 12 to 15, the changes to the act will still require a parent to apply on their behalf and consent of the child is also required.

Mr. Speaker, I, too, join the minister and the Member for Cape St. Francis in thanking activist Gemma Hickey for the work they have done to move this piece of legislation forward.

**SOME HON. MEMBERS:** Hear, hear!

**MR. LETTO:** I'm so proud, Mr. Speaker, I will speak from a personal note. One of the people who helped Gemma on their way to this is a relative of mine. I won't name names, but she knows who she is and Gemma knows who she is. I'm very proud here today to stand and to know that people are starting to see the real world, what society is today and, like I said, what it needs to be. To be with Gemma on their journey certainly makes me proud as a relative of that family member.

Our government recently introduced a new, more secure driver's licence for residents of our province. Individuals who qualify for a gender-neutral birth certificate may also avail of a gender-neutral driver's licence. As the previous members have said, in September 2017, the change in policy permitted individuals to choose an X on their birth certificate; however, the requirement to submit a statement from a medical professional prior to a change in sex designation for those 16 years of age and older remain in place.

Information pertaining to the sex of an individual will continue to be collected at birth after amendments to the act have been made, in an effort to maintain data that is valuable for our population.

Personal health service decisions and gender-aggregated data is important for informing government policy and programs such as that related to medications or treatments that differ for each sex. When appearances don't match images displayed on an identification card, people do endure insults and psychological trauma that could be easily averted if provided with an option that does not contradict who they are. You hear stories of people being harassed and even insulted after presenting IDs that do not meet the gender identified on that ID.

What this amendment does, Mr. Speaker, is remove some of the democratic red tape involved in this process allowing individuals to simply identify in the way they want to be identified. This is another positive step that we, as a government, are taking to ensure inclusion for everyone. Today, Mr. Speaker, being an inclusive society is something we should all thrive and aspire to accomplish.

**SOME HON. MEMBERS:** Hear, hear!

**MR. LETTO:** I am very proud to see our government showing leadership and I'm very proud of the minister for putting this forward, and certainly I know she does it with all sincerity. We, as a government – and I'm glad to see the Opposition as well – are 100 per cent behind her in this initiative.

**SOME HON. MEMBERS:** Hear, hear!

**MR. LETTO:** Identity is a very personal thing for individuals and it is important that they choose for themselves how they want to be identified. Not by somebody else, but by themselves. And I think, Mr. Speaker, this legislation that we are putting forward today achieves that goal.

The minister alluded to some of it, and I'll just be a couple of more minutes, but I just want to say that of all the provinces and territories which had a requirement for sex reassignment surgery and replaced it with a requirement for a supporting letter from a designated professional, Newfoundland and Labrador will be the first province in this country to eliminate the requirement for a supporting letter.

**SOME HON. MEMBERS:** Hear, hear!

**MR. LETTO:** And I am very proud of that, Mr. Speaker.

Now, three jurisdictions have recently passed legislation, and the minister alluded to that. Alberta passed Bill 29 in December 2016 to provide for non-binary birth certificates and maintained the requirement for a supporting letter from a health professional.

The Yukon passed Bill 5 in June 2017, which is not yet proclaimed, to provide for gender-neutral birth certificates. The Yukon does not have a requirement for a supporting letter from a designated professional, but that has not yet been proclaimed.

The Northwest Territories passed Bill 5 in November 2016, which is not yet proclaimed, to provide for gender-neutral birth certificates and requirements for a supporting letter from a

designated professional as outlined in the legislation.

So, Mr. Speaker, again we are a forward-looking government. We realize what is required in today's society and we are very proud as a government to be leading the way in such an important piece of legislation that gives people in our society who wish to do so to identify for themselves how they want to be identified.

Again, Mr. Speaker, I thank the minister, I thank the Opposition for their support and I certainly thank Gemma Hickey and all the people who have worked with them to make this possible. It is dedication and, I guess, compassion for people like that which make things like this happen and that we become certainly a much more inclusive society.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for St. John's Centre.

**MS. ROGERS:** Thank you very much, Mr. Speaker.

I'm very happy to stand and speak to this bill today. It's a time that we can all be very proud. As you know, within the LGBTQ community and the two-spirited community, we use the word "pride" as a way to designate the incredible work that we have all done together. I would also like to extend that to our House here today that we can all be proud of this legislation that is being presented before us.

There was a time when women were not considered persons. That didn't change just because legislators decided that should change; that changed because of the hard work of women all across the country who pushed, who lobbied, who advocated, who made speeches and who had rallies. It was hard work.

Then, within our own lifetime – those of us here in the House of Assembly, most of us within our own lifetime – there was a time when women were not protected in our Charter of Rights and Freedoms. We had to work so hard to get clause

29 included in our Charter that would protect women.

Human rights do not come easily. They are not given to us; they are hard won. Our human rights legislation is a living entity. Our *Human Rights Act* must be a living document that reflects the progress that we make as a society together. It is our responsibility here in this House to ensure that all legislation aligns with our *Human Rights Act*.

We often do not initiate this work. This work is often initiated by activists, by people who have a vested interest, by people who often make supreme personal sacrifice to move our legislative agenda forward. People who have bared their souls publicly, people who have bared their lives publicly, people who have put themselves up for ridicule, people who have lost jobs, people who have lost family members because of their commitment to justice and equality for all.

It is on this basis that legislation like this is presented to the House. I think that today we can celebrate the years of activism of those who were courageous to say this must change. What we do here today is not only important for those who step forward – and I would also like to commend Gemma Hickey for being passionate, compassionate, dogged in their determination to push us to do the right thing in this House because that's what it takes –

**SOME HON. MEMBERS:** Hear, hear!

**MS. ROGERS:** It is so often not us as legislators who are the leaders in making these kinds of changes. It is the activists who push us to do this. Then it's even more sweet when we can actually work together to make our legislation the best that it possibly can be for every person in Newfoundland and Labrador, where no one is left behind.

It is a good day here in our Legislature. There are a number of victories that have led us to this moment. Our *Human Rights Act* did not have protection for the LGBTQ community, and human rights activists put themselves on the line. Teachers who, at the time, because of the way our legislation was and particularly with our educational legislation, teachers who could be

fired because they were gay or lesbian put themselves on the line to push to have our *Human Rights Act* changed to include protection for lesbian and gay individuals, for lesbians and gays.

It didn't come easy. It took us years to get to that point. Then there was an issue of same-sex marriage, and I'm very proud of how quickly our province responded to that issue. Gemma Hickey was very much involved and very much a leader in pushing for equality in marriage here in our province. I became a marriage commissioner and this summer – and I remember it – after becoming a marriage commissioner, as soon as the law changed, the first couple that I married were two men: Wally, who had been waiting – he was in his 60s – for over 30 years to marry his partner. I remember how special that wedding was.

I never got married. I always said I wasn't the marrying kind; I was just the kind 'marrier.' But this summer, after a very brief courtship of 25 years, I married my partner, Peg Norman, in a huge community celebration.

**SOME HON. MEMBERS:** Hear, hear!

**MS. ROGERS:** It is just, it is fairness and it is equality.

I can remember how hard – for years and years and years – for over 30 years we fought and we worked for marriage equality. There was a threat that this would dismantle the tradition of marriage. I am sure that the many gays and lesbians who got married didn't cause the foundation of marriage to crumble. As a matter of fact, we simply have more people married. Perhaps that's a good thing.

There was a time when our *Human Rights Act* did not include protection for gender identity and gender expression as it related particularly for trans folks who are still the target of ridicule, still the target of violence. We worked hard. Activists all over the province and all over the country worked hard to include gender identity and gender expression in our human rights legislation.

That, too, is a good thing and we can be proud of that. We were one of the provinces who were

leaders in that area. I'm very proud of the work that we did here.

It was a private Member's motion that I introduced. Is that important? I believe it is because I am the first out politician elected to our House of Assembly.

**SOME HON. MEMBERS:** Hear, hear!

**MS. ROGERS:** Perhaps not the only member from the LGBTQ community, but the first out. I spoke, often publicly, about the fact that I am a proud and happy lesbian who has been an activist for LGBTQ and two-spirited folks.

Why is that important? It is important for our youth. It is important for those who have experienced ridicule, who have been rejected by their families, who have been rejected by their churches that preach love and acceptance, who are still rejected by their churches. It is important for those of us who are from that community to be able to stand up, to identify ourselves and to strongly advocate for the rights of all LGBTQ and two-spirited people. How important it is for our allies to also do that because there is still work to be done.

Then, Ky Rees, a young trans woman, took us to court as well for the right to change her birth certificate. She had to go through the court procedure and that's tough. She put herself out there publicly and on the line. Many trans folks go through the transitioning period and want to live simply as who they are and continue on in their private life, but Ky put herself forward publicly.

Thankfully, we changed that before it had to go to court. That's a good thing, but we sure had to be pushed. Then, to have the bill that is before us today, again because of the many non-binary folks who are saying: This is how I identify myself. They have pushed us and Gemma has pushed us to this point and it is a good thing.

The wonderful thing about this is, because of all the victories that have come before, the animosity is no longer there. Governments and political parties are more willing and more open to work with activists to do the right thing.

There is still more work to be done. There is a lot of work to be done in our educational system because there is very little about the accomplishments of folks from the LGBTQ and two-spirited community in any of our history books, in any of our literature. There may be contributors who are from that community, but they're not identified.

It's so important. It's so incredibly important. There's still bullying going on in our schools, but we can take pride in the work that is being done in our schools to do a safe and caring school policy. I've had the privilege of speaking at a number of gay-straight alliances in schools all over the province. How important that is for our young people.

There was a time when gays and lesbians were lobotomized. That's how society dealt with gays and lesbians. There are still countries where gays and lesbians can be executed or imprisoned, so we still have a lot of work to do to instill a spirit of pride in our young people.

This kind of legislation is so very important. Again, these protections do not come easily. Laws don't necessarily change hearts, but at least what they do is they give protection. That's what we are doing here.

There are many, many victories for the LGBTQ and two-spirited community, but those victories are also for all people of Newfoundland and Labrador. We all benefit to have a more inclusive community, to have legislation that is inclusive to all people in the province. It's a victory for all people in the province.

I, of course, and my colleague from St. John's East – Quidi Vidi will be voting in support of this legislation. We want to acknowledge, again, the hard work by activists throughout the ages, many who have put themselves on the line and many who have sacrificed in order to bring us to this point.

I am very happy, also, about some of the particular amendments, policies and regulations that will follow through on this. Gemma Hickey said so very clearly around choosing the designation on their birth certificate: I am 40 years old and I don't need a doctor to tell me who I am. I am sure that every person here in

this House of Assembly can understand what that means.

I would also like to point out it was announced yesterday that Danica Roem, a trans woman, just won an election and is elected to the Virginia legislature, and Virginia not necessarily known as very progressive.

**SOME HON. MEMBERS:** Hear, hear!

**MS. ROGERS:** New Zealand very proudly had the first trans politician elected and her name was Georgie. New Zealand was very proud of Georgie. She was Georgie girl. Perhaps one day we, too, will have the privilege of having a trans person sitting here in this House of Assembly and that we, too, will have a person who designates as non-binary here in this House of Assembly.

Again, thank you to my colleagues, the government, who has worked hard and with openness and with the true sense of protection of human rights on this legislation. Thank you for moving quickly on this; be proud. And I'd like to thank all those within the departments who are responsible for working on this bill, for the great work that is being done, and I am sure there'll be much celebrating today in the LGBTQ two-spirited community.

Thank you very much, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Fortune Bay – Cape La Hune.

**MS. PERRY:** Thank you so much, Mr. Speaker.

I have to say, I stand here in this hon. House today with great pride for the bill that we are about to bring forward, for the bill we are now debating certainly.

It was very heartwarming to listen to my colleague from St. John's Centre and to hear her stories of the significant strides that have been made by the LGBT community and how we need to be ever vigilant that there's still much more work to be done. Today is a significant step forward and one that I'm very proud to be a part of the House of Assembly and standing to

vote in support of as we go through the various stages of this bill.

Many people have referred to Gemma in their speeches as they got up to speak today. I was first selected back in 2007, so like my colleague from what used to be Signal Hill – Quidi Vidi –

**AN HON. MEMBER:** (Inaudible.)

**MS. PERRY:** – St. John's East has stated, I'm getting a bit long in the tooth probably in terms of my tenure here in the House of Assembly, but Gemma was one of the very first people I met when I came to St. John's in politics. They have always inspired me. They continue to inspire me today and they give me great courage. I think because of their leadership – Gemma is a real trailblazer – we as a Province of Newfoundland and Labrador are now leading – because of Gemma's leadership, we are now leading the way across the entire country.

My colleague from St. John's Centre said she hopes that one day we will see a person of transgender sitting here in the House, and I truly hope we see that in the very near future. In fact, I'd love to see Gemma Hickey run. I think they'd be a great asset to this House, and there are a lot of issues we have to take on.

My colleague also referred to bullying. That's a huge issue, I do believe, that we have yet to tackle, both here in this House of Assembly and throughout the province as a whole. I look forward to continuing to be trailblazers in these kinds of initiatives.

I'm going to talk a little bit now in terms of an overview of amendments that this Bill 20 will bring forward. Bill 20 amends the *Vital Statistics Act* to remove the requirement to submit a statement from a medical professional prior to a change in sex designation for those 16 years of age and older. Children aged 12 to 15 still require a parent to apply on their behalf, and consent of the child is also required.

According to the department, information pertaining to the sex of an individual will continue to be collected at birth after the amendments of the act have been made in an effort to maintain vital data that is valuable for our population. Personal health service decisions

and gender-aggregated data is important for informing government policy and programs such as those related to medications or treatments that differ for each sex.

That's basically an overview of the amendments we're going to see brought forward in Bill 20. Like I said when I stood up to speak, I am so very proud to be a part of the Legislature that is bringing this bill forward, the first of its kind in the country. I'm not going to speak very long to the bill except to say: Kudos! Bravo!

My colleague for St. John's Centre, I'll borrow her term for a second: Bravo to all of you. Congratulations to all of you. It's been a long, hard-fought battle. Keep up the great work.

We look forward to seeing more initiatives come forward that are trail-blazing. I'm very pleased to stand in support of this bill.

Thank you so much, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Terra Nova.

**MR. HOLLOWAY:** Thank you, Mr. Speaker.

I'm certainly pleased to stand here today and speak in favour of the amendments to the *Vital Statistics Act, 2009*, Bill 20. Mr. Speaker, our government is committed to recognizing individuals with diverse sexual orientation, gender identities and gender expressions. Non-binary birth certificates are an important part of our government's effort.

Mr. Speaker, equality and respect for diversity of all individuals are important values for the Government of Newfoundland and Labrador and for all residents in this province.

In specific terms, the amendments proposed today are twofold. In the first instance, it allows for the change of sex designation on a birth certificate from female or male to non-binary for those individuals who are 16 years of age and older without the requirement of a note from a medical professional. Secondly, the amendments proposed today also includes that in terms of children between the ages of 12 and 15 years,

there will be a requirement by a parent to apply on behalf of the child and to have the consent of the child for the designation change.

Mr. Speaker, our government is progressive in its thinking. Throughout our vision document, *The Way Forward*, we have committed to continuously engage with our stakeholders and to make the programs and services we provide to the people of this province to be reflective and innovative.

Like others in this hon. House today, I want to commend Gemma for being such a strong activist and a voice that allows us to do the kind of work that we do here in this House to make change that is progressive, that it's reflective of things that are going on in the communities in which we serve. Today's amendments are an example of our efforts, and it is a follow-up of a change in policy in September of this year which will now permit an individual to choose an X on their birth certificate.

Mr. Speaker, this is an important advancement in the right direction. We are too familiar with the impacts bullying and negative stereotypes can have on an individual. The Member for St. John's Centre referenced bullying that goes on in our schools. I'd like to speak a little bit to that. Far too often we hear of stories in our schools and in our communities where someone is being bullied or intimidated because the person thinks differently, acts differently or looks differently from others.

Recently, just last week, I attended the Canadian Council of Ministers of Environment in Vancouver. Mr. Speaker, we had a very productive two days of meetings where issues of climate change, clean growth, community resilience and collaboration with our indigenous communities were openly discussed.

At the end of those meetings, during the press conference as I stood next to the federal Minister of Environment, I envied as she confronted a reporter who had been bullying her in making personal remarks about her appearance. While I was unaware that this exchange was about to unfold, as I stood there and I listened, I was proud to show my support for an individual, a leader in our country for standing up for herself and standing up to those who use derogatory

remarks about someone's appearance as a form of intimidation.

Mr. Speaker, when appearances don't match the images displayed on an identification card, people do endure insults and psychological trauma that could be easily averted if we provided them with the option that does not contradict who they are.

The amendments to the *Vital Statistics Act, 2009* being proposed here today will likely reduce the prevalence of bullying involving insults leading to mental health issues for individuals who chose to have a change in sex designation on their birth certificate.

Recently, I looked at a 2016 study on bullying in schools in the US. The report indicated that one out of every five students is bullied. Furthermore, 64 per cent of students who are bullied never report it. The report goes on to state that the most common reason for being bullied were looks, body shape and race.

In another 2013 study on bullying of those who identify, who are perceived as LGBTQ, 74 per cent were verbally bullied because of sexual orientation and 55.2 per cent were bullied because of their gender expression. Mr. Speaker, the issues of sex designation are not urban issues alone. These issues impact individuals in all communities across this province.

Recently, the parents of a young constituent of mine came into my office seeking assistance regarding the individual's struggles with gender transformation. These issues are further complicated by intellectual disability, socialization and coping. So while we are taking steps today to make significant strides, many of the things that go on in a young person's life are complicated. There are many challenges confronting our young people, Mr. Speaker. Today, it is our hope that by taking these bold steps, we are helping to lessen some of these challenges.

Our government has been supportive of the LGBTQ community in this province. In our schools we have partnered with Planned Parenthood Newfoundland and Labrador to offer things like Making Queerness Visible Workshops, Camp Eclipse leadership retreats,

Supportive Counselling and Peer Support programs.

In my own District of Terra Nova, Mr. Speaker, like many districts, provincial government departments are working with community-based organizations and advocates like Gemma to advance the vision, the mission and the mandate of the Violence Prevention Initiative.

I, too, before being elected into public office, was a member of the Violence Prevention Initiative in my community. So I know full well the positive strides and the impacts we can make by working together. The Violence Prevention Initiative, or VPI, envisions that women, children and youth, Aboriginal women, children and youth, persons with disabilities and others who are victims of violence because of race, ethnicity, sexual orientation or economic status will face less violence and live and work in communities where violence is considered unacceptable.

When we consider the mission of the VPI, we must measure our success by looking at: evidence of enhanced leadership, which through the debate we're having today is a testament to that; coordination of resources and programs that we offer to the people of this province; increase awareness in the community; greater accountability; and improve legislation like we are doing to the amendments to the *Vital Statistics Act, 2009*.

To this end, Mr. Speaker, we are removing some of the democratic red tape involved in the process of making an application to change a person's sex designation on a birth certificate. If the individual is over the age of 16, there will no longer be a requirement to have a note from a medical professional.

I said earlier that our government is progressive in its thinking. Since assuming office in November 2015, we have worked tirelessly to demonstrate leadership around identity and inclusion. In March of this year, working in tandem with all parties in this hon. House, our government released the report *Towards Recovery: A Vision for a Renewed Mental Health and Addictions System*. This report is the culmination of the work of the All-Party Committee on Mental Health and Addictions,

which contains 54 recommendations that support six primary areas of focus.

I mention these, Mr. Speaker, because it's another example of why we are standing here today in support of this legislation. It talks about access to services; policy and programing; community supports; quality of care; promotion, prevention and early intervention; and accountability and performance monitoring.

Today we're being accountable on all sides of this House. In releasing the report, the Minister of Health and Community Services said – and I'll paraphrase – *Towards Recovery* will guide us and it will begin to change the system to achieve a healthier population. I think with the amendments we're talking about today, we are moving again forward with helping to create a healthier population in this province.

As I conclude, Mr. Speaker, I wish to commend the Minister of Service NL for bringing forward these legislative changes. We are progressive as a government. We continue to invite others to hold our feet to the fire, to keep us informed, so that we can do the very good work that we do here.

Identity is a very personal thing for an individual and it is always important to provide mechanisms, including legislative and policy changes that provide options for choosing how an individual wishes to be identified.

Mr. Speaker, thank you for the opportunity to stand here today and to speak in favour of this very important legislation.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Stephenville – Port au Port.

**MR. FINN:** Thank you very much, Mr. Speaker.

It is certainly a pleasure to lend my voice to today's debate as we discuss amendments to the *Vital Statistics Act, 2009*, known as Bill 20. It is certainly great to see Gemma Hickey here today. I have not yet had the opportunity to meet you, Gemma; however, I know that they have been very vocal in the media, certainly someone I've

followed and watched, and very instrumental and a leader in addressing the issues of LGBTQ community.

How we got here today, Mr. Speaker, is a result of a bill that we passed in 2016. At that time then Bill 7 was An Act to Amend the Vital Statistics Act. Under then minister of Service NL, which was then the Member for Bay of Islands, we removed the requirement that a person undergo trans-sexual surgery in order to change their sex designation on the birth registration.

So we're here today to make a further amendment to that. While we were very proud to make that change at the time, we've then seen some positive changes, and thank you to Gemma for bringing them forward, and understanding that not all individuals should have to require medical documentation to make this change.

That's something that was going to hinder anyone's ability to make the specific change. It would certainly tie up resources, could be seen as discriminatory and, in fact, certainly was. So it's with great pleasure that we're able to stand here today to announce this very progressive change, and I believe as the Member for Labrador West alluded to, certainly being the first province in the country to eliminate that requirement. We're following suit here with other jurisdictions and provinces as well. The Member for Lab West certainly did mention that, but I think this is more than just a Canadian movement.

When we were looking at some of the research across other jurisdictions and understanding the good work of the folks in Alberta, the Yukon and the Northwest Territories, one thing that was also noted was some of the work that was done across the world. Australia was the leader on this, Mr. Speaker. They've had this opportunity for non-binary, to choose X as a sex designation, since 2003. Since January of 2003, Australia has provided this opportunity to their citizens.

In April of 2014, the Supreme Court of India also recognized this as a progressive step forward. This was also taken care of in Nepal in 2007, New Zealand in 2012 and further amendments in New Zealand in 2015. In 2017, in the United States, Oregon became the first

state to recognize and allow non-binary and marking of X as a gender marker on IDs and driver's licences.

With the United States having one state doing so, with some progressive work done in countries such as India, Australia and New Zealand, we see the movement here in Canada. Again, I'm very proud to see what the Legislature has done in Alberta, the Northwest Territories and the Yukon. It is with extreme pleasure that we can be a leader. So often we find ourselves catching up with other jurisdictions and making changes to various pieces of legislation. There are often times we are very proud to be a leader.

I believe, as the Member for Terra Nova alluded to, some of the great work that the Minister of Health has done with his team and staff on the mental health report *Towards Recovery*, that report has now solidified us as a leader in the field of mental health. So why can't we be the leader in other areas, Mr. Speaker? That's why it's extremely important that we take this step forward today.

I've had the great opportunity in my district – not in my district, rather, the district I'm so fortunate to represent. Some of the great work that's being done there with the Southwestern Coalition to End Violence, some of the initiatives they're doing in our school systems. The Community Youth Network in my region has been a strong leader in this field. The Bay St. George Status of Women has made some great work and inroads as well.

The Western Pride committee has continued to grow in my region as well, Mr. Speaker. It was a pleasure to stand with the folks from the Western Pride committee in the Town of Stephenville and raise their flag. Various jurisdictions, various towns have different weeks they'll choose to celebrate and acknowledge, and the Town of Stephenville, this just happened a few short weeks ago.

In rural areas, Mr. Speaker, sometimes the limelight is a lot less than in our urban centres and we often look for leadership from our LGBTQ2S community. When we have folks like Gemma who are so vocal and prominent in the media to bring this up, it's folks in rural areas

such as Stephenville – Port au Port that can look and turn on CBC News, we can turn on NTV News in the evening and we can see that there is a leader in this field and there is somebody who is willing to stand up for the rights of individuals, as identity is so very important.

Mr. Speaker, I won't belabour it much further, but I certainly wanted to add my voice to it. As I mentioned, I'm so proud that we can take this positive step forward and become the first province to remove the requirement for a medical documentation. Why would we have that extra red tape? Why would we require medical documentation? Individuals 16 years and older certainly know their identity. They certainly have challenges in transition and we need to remove these barriers. It is our right to do so; it is our job as legislators to do so.

In addition to the birth certificates, as the Minister of Service NL mentioned, also the opportunity with respect to our driver's licence. We are certainly seeing some positive changes there.

We are actually looking forward to some changes on the federal level as well. There has been some temporary changes brought in now with respect to passports and how passports will now have the opportunity to mark an X non-binary, and there are some further changes coming from the federal level as well.

So it is certainly our hope that when the federal government recognizes some changes, when you have two territories and the Province of Alberta and now the Province of Newfoundland and Labrador making changes, we'll certainly be proud as other jurisdictions across the country recognize our efforts, and recognize our efforts in recognizing our leaders, such as Gemma, and listening to folks in our community so we can make positive, real, tangible changes.

With that, Mr. Speaker, I look forward to supporting Bill 20 and I certainly look forward to further discussion on this subject.

Thank you very much.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Virginia Waters – Pleasantville.

**MR. B. DAVIS:** Mr. Speaker, I'm so excited to be standing here today. I just came from a Remembrance Day service in my district at one of my schools. It's quite fitting that I get the opportunity to speak on a bill that combats what started World War I, which was intolerance, bigotry and things like that. It's very important that we stand here as a government united with our colleagues, on both sides of the House, to support tolerance.

I'm pleased to stand here to speak about Bill 20 along with my other colleagues that have spoken in the House today. Since becoming parliamentary secretary to the Minister of Service NL, I've come to realize how important Service NL – and I'm sure Mr. Speaker will understand that as well – to the people of Newfoundland and Labrador.

One of the examples is our Vital Statistics department, which we're talking about here today. They're responsible for registering and certifying all births, deaths and marriages in our province. It also registers adoptions, legal name changes and certifies clergy and civil authorities for marriage ceremonies – all very important things.

The division of Service NL is what holds us accountable to the people. All life changes have to go through Service NL. We have to register someone that is born, someone that passes away or someone that is adopted. We know how important all these matters are throughout our lives and we now have the right to choose what gender, if any, we identify with.

It is so important to have the ability to be honest with your government, the ability to walk in and change your birth certificate to who you identify as and not feel as though you are living a lie. This is the first step in creating a safer, more inclusive society for all people in Newfoundland and Labrador.

Mr. Speaker, as the Minister of Service NL said earlier, no one should ever have to worry about being judged or harassed because they identify somewhere on a gender spectrum other than exclusively male or female. We are learning

more and more that gender can be and is usually fluid. Similarly, our LGBTQ youth shouldn't be experiencing suicide rates that are four times higher than those of their heterosexual peers.

Instead of being afraid of human diversity, we need to embrace it. As a government, we take a firm stance against all forms of discrimination and violence. This includes violence towards the LGBTQ persons.

Currently, three other jurisdictions – Alberta, Yukon and Northwest Territories – have passed legislation regarding gender-neutral birth certificates, with the majority of jurisdictions looking into these changes as we speak. Newfoundland and Labrador is proud to be at the forefront of equality for this legislation.

Of all the provinces and territories which removed the requirements for sex reassignment surgery for the change in designation on a birth certificate, Newfoundland and Labrador will be within the first five to make the necessary changes.

Outside of Canada, Newfoundland and Labrador is also a trailblazer, with Oregon – as the Member behind me from Stephenville – Port au Port mentioned – and the District of Columbia making non-binary available on driver's licences and identifications. California and New York are considering a similar change.

Non-binary birth certificates are also reflective of a close relationship our government shares with our federal government. Prime Minister Justin Trudeau has pledged to make government-issued documents more gender inclusive – and for that, we're all very happy – and to make our passports eligible for the X option for gender and a third gender option for social insurance numbers representing non-declared. We are so happy to make these changes in line with our federal counterparts and other countries such as Germany, India, Pakistan, Nepal, Australia, New Zealand and I hope many, many more to come.

The Violence Prevention Initiative also reflects the Government of Newfoundland and Labrador's ongoing commitment to addressing violence in our province. The initiative is a multi-departmental government community

partnership focused on addressing the problems of violence against those populations most at risk. Expressions of sexism, ageism, racism, homophobia, biphobia, transphobia and other biased attitudes reinforce violence.

When we stand like we are doing here today to amend the *Vital Statistics Act* to recognize diversity, it is our opportunity to highlight the gains that have been made. I join the Minister of Service NL and the whole government in applauding Gemma Hickey, their tireless efforts to allow for changes to sex designation on birth certificates from female or male to non-binary.

I'm quite happy because I met Gemma in university so many, many years ago. I don't want to say how many because I don't want to date myself, but they're a shining light for this province. They represent what can happen if you stand up for what you believe in.

Gemma Hickey founded the Pathways Foundation which, inspired by the tragedies that happened at the Mount Cashel orphanage, provided a service to the gaps in our service for men and women who have experienced abuse within religious institutions. In order to raise awareness, Gemma walked across the Newfoundland portion of Newfoundland and Labrador in the summer of 2015. I had the pleasure of being there at the old site of Mount Cashel where they ended their walk. It's so important that we move on additions like this. It's an amazing accomplishment. Gemma is to be commended for that.

Gemma no longer allows for the negative to get them down. They're also not bothered by any negative online comments, having once said: "Nothing can hurt me. I'll never be bullied into silence as long as there are youth suffering." No truer words can ever be spoken for sure. "It's taken me a long time to get where I am today, and I feel like I'm home." I'm glad you're home.

As for the first applicant for the non-binary birth certificate, they have taken steps that more people wouldn't be brave enough to take, such as aligning the provision of the act respecting changes to sex designation are discriminatory under the Canadian rights act as well as the *Canadian Charter of Rights and Freedoms*.

Taking steps like this are brave, trail-blazing steps that are needed to make real change.

Gemma is a wonderful example of the quote by Margaret Mead that says: "Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has."

So thank you, Gemma, for putting this change in the corner of the world. Equality and respect for diversity of all individuals are important values for the Government of Newfoundland and Labrador to have. While the changes in policy already permit gender-neutral birth certificates to be issued, amending the legislation to remove the requirement for a note from a medical professional from those 16 and older certainly reinforces the commitment to this matter.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Minister of Natural Resources.

**MS. COADY:** Thank you, Mr. Speaker.

For our listeners who may just be joining us, I'll remind them that we're dealing with a bill, An Act to Amend The Vital Statistics Act, 2009 and this will amend the *Vital Statistics Act, 2009* to remove the requirement to include a statement from a designated professional with an application for a change of sex designation for a person who has reached the age of 16 years.

It's a proud day, Mr. Speaker; it's a very, very proud day. It's a proud day for all Newfoundlanders and Labradorians, and especially for members of the LGBTQ, and I think a very, very proud day for Gemma Hickey. Gemma has been instrumental in making us aware of this issue, making the changes. I often remember a quote from John Kennedy, and he said: The rights of every person are diminished when the rights of one person are threatened.

Mr. Speaker, I have great pride today in my friend Gemma Hickey. I don't want to say this, Mr. Speaker, to be too personal at this moment, but I think that when I reflect back on the documentary that was aired on CBC, *Just Be*

*Gemma*, many of us – it's Nine Island Communications and if you haven't seen it, please look it up. It is an important documentary, I believe, because it really does focus you on the issue. When I heard the name, the title of the documentary, *Just Be Gemma*, it reminded me of something that I learned from Gemma Hickey's grandmother.

Now, she's no longer with us, and that's why I think it might be a bit emotional to say this in the House, but she's no longer with us. I remember at one point a note that I think Gemma shared publicly, and their grandmother wrote: Just be Gemma.

We want everyone – everyone – to remember, to value that advice because *Just Be Gemma* really speaks, I think, to what John Kennedy was speaking about in the early 1960s when, again, he said: The rights of every person are diminished when the rights of one person are threatened.

Mr. Speaker, today is a proud day for Newfoundland and Labrador. We join few of our colleagues and I mention a few of our colleagues in provinces across this country in ensuring the rights of all individuals. I recognize the department and the ministers, both present today, and our previous minister in bringing this recommendation forward.

I think it is a very, very proud day for Gemma Hickey. They are entitled to their rights; they are entitled to their respect.

**SOME HON. MEMBERS:** Hear, hear!

**MS. COADY:** They are entitled to their humanity, to their human rights and to be recognized as such. I am proud that Newfoundland and Labrador is so doing today. More work needs to be done, much more work needs to be done in this area, but I think that we're taking small steps.

I remember the debate and the discussions during the 2000s at the federal level when we talked about marriage between two individuals. I hearken back to the former prime minister of many, many years ago when he talked about the rights of individuals and the requirements of the

state not to be involved in certain aspects of people's lives.

Mr. Speaker, this is very, very important to our humanity, to our human rights. It reflects on same. I think Newfoundland and Labrador is doing the right thing.

The current amendment will eliminate the requirement to submit a statement from a designated professional for those 16 years of age and older. As Gemma Hickey has said in previous times, being of a certain age means you make your decisions. You don't need to go to a family doctor for them to identify your gender; you can identify that yourself.

I'm proud to stand here today because I think this is a very important point and one of a series. It is, again, reminding us of human rights. It is, again, reminding us of the importance of listening to all of us, not just some of us. It is again reminding us of the importance of a shared humanity and a shared goal of doing the best that we can with the life that we've been given, and making sure equality is for all of us, not just for some of us.

Mr. Speaker, when I think of Gemma Hickey I think of Gandhi. Gandhi said: Be the change you want to see in this world. Gemma set forth to make the changes that they wanted to see in this world and we're all the better for it – we are all the better for it.

**SOME HON. MEMBERS:** Hear, hear!

**MS. COADY:** I recognize them for that, I thank them for that and I encourage that in all of us. Be the change we want to see in this world. Take Gandhi's words, take Gemma Hickey's actions and apply it to all of us. We would have a better society, a better community and a better life if we all did that.

I thank and I recognize Gemma Hickey. I thank and I recognize all of those people who stand to ensure our human rights, who stand to ensure our equality, who stand to ensure that we share an equal value.

On that note, Mr. Speaker, I thank you for the opportunity to support this bill. I thank the House for recognizing the importance of this

change in legislation. I thank Newfoundland and Labrador for being a leader on the issue.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Leader of the Official Opposition.

**MR. P. DAVIS:** Thank you very much, Mr. Speaker.

I just want to take a couple of minutes to join other speakers here this morning. It is certainly one of these times in the House of Assembly where we all agree very much and very strongly in what this bill represents, what this change represents and what this change will create for Newfoundlanders and Labradorians.

The hon. minister, my colleague across the House, just talked about small steps. I fully agree with that. Effecting change, driving change and leading change can be one of the most challenging things to do, especially when done in the public when a person believes strongly, as Gemma Hickey has, in a need for change, a need for direction change when the masses of the population don't necessarily follow you.

I can only imagine how challenging that would be for any individual, in this case for Gemma Hickey. It's not just a movement or an initiative or a request; it's about Gemma Hickey's life and it's about Gemma Hickey standing up for what Gemma Hickey believes in.

I wanted to join others just briefly in this. I know a lot of the points have been made and some have been repeated. I certainly don't want to do all of that again, Mr. Speaker, but I want to personally extend my congratulations to Gemma and the work, perseverance that's been demonstrated over the years. It's been a long course and it's been a step-by-step progress. I can tell you, Mr. Speaker, that I also look forward to see what's next, because pushing and moving those traditional beliefs that some people hang on to is sometimes very slow coming.

I know it was referenced earlier here in debate about history being made yesterday in the United States. It's very relevant to this particular bill because it was not that long ago – someone will probably conclude, that will never happen. We'll never see that happen. It happened yesterday in the United States, and change is happening here in Newfoundland and Labrador.

I congratulate Members of the House. I thank them for commenting. I extend my congratulations to Gemma once again and thank Gemma for all that's taken place and the change that's been driven through a very difficult and challenging process. It arrived here at the House of Assembly today to pass this into law, and I can tell you I look forward to voting on it as well.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Mount Pearl – Southlands.

**MR. LANE:** Thank you, Mr. Speaker.

I'm not going to take too long or repeat everything that's been said, but just for the record, I will be supporting this bill. For me, at least – I'm sure others feel the same; I think everybody has said it in one way or another – it really comes down to equality for all of the citizens of our province, treating everybody with respect. That's really what this is about.

I don't think it's up to me or anybody else to tell somebody who they are, who they feel they are, who they know they are. I think it's their right to do that. I think it's their right to identify whichever way they want to identify. Really, that's what this bill is all about. It's just adding to other work that has been done and I'm sure more work that will be done in the future.

There will be those in our society who will applaud this move and I'm sure there will be some people in our society for personal beliefs, religious beliefs, whatever, who may not, but the beauty of living in a democracy is that we all have the right to live the way we want to live, to have our own beliefs and to express ourselves and our own beliefs. That's why we're so lucky

to live in a place that we do. This is just enforcing that concept of the right to choose, the right to be equal amongst all of our citizens. Certainly, for that reason, I support the bill 100 per cent.

I, too, want to congratulate Gemma Hickey who's been a real trailblazer when it comes to not just this issue, but other issues as well. Some of them have been mentioned earlier. They certainly have made an impact, made a difference in our province. They are certainly to be commended for that. As I said, they have been a driving force obviously behind this particular change today and I'm sure they are very proud of what they've accomplished. I know many people in our province, including everyone in this House of Assembly I'm sure, are very proud of what they have done and that's why we will all, I'm sure, be supporting this 100 per cent.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** If the hon. the Minister of Service NL speaks now she will close the debate.

The hon. the Minister of Service NL.

**SOME HON. MEMBERS:** Hear, hear!

**MS. GAMBIN-WALSH:** Mr. Speaker, it's a historic day in Newfoundland and Labrador, a day that effects positive change, and I am proud to be one of the politicians that contributed to this change.

I would like to thank the staff at Service NL for all their work, and once again, thank you Gemma Hickey for bringing this to our attention.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** Is the House ready for the question?

The motion is that Bill 20 be now read a second time.

Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**MR. SPEAKER:** All those against, 'nay.'

The motion is carried.

**SOME HON. MEMBERS:** Hear, hear!

**CLERK (Barnes):** A bill, An Act To Amend The Vital Statistics Act, 2009. (Bill 20)

**MR. SPEAKER:** This bill has now been read a second time. When shall this bill be referred to a Committee of the Whole House?

**MR. A. PARSONS:** Tomorrow.

**MR. SPEAKER:** Tomorrow.

On motion, a bill, "An Act To Amend The Vital Statistics Act, 2009," read a second time, ordered referred to a Committee of the Whole House on tomorrow. (Bill 20)

**MR. SPEAKER:** The hon. the Government House Leader.

**MR. A. PARSONS:** Thank you, Mr. Speaker.

Given the hour of the day I would suggest with leave that we recess until 2 p.m.

**MR. SPEAKER:** In accordance with provisional Standing Order 9(1)(b) the House is in recess until 2 o'clock.

### Recess

The House resumed at 2 p.m.

**MR. SPEAKER (Trimper):** Order, please!

Admit strangers.

Before we start, I would like to introduce our newest Page. This is Ms. Frankie Leonard from Happy Valley-Goose Bay.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** Also, as per some events that took place yesterday, I'd like to speak to a point of order that was raised by the Member for Mount Scio. Please bear with me.

I'd like to speak to this point of order that was raised yesterday by the Member for Mount Scio. The point of order was with respect to a petition that was presented on November 6, 2017 to this House by the Member for St. John's East – Quidi Vidi.

In raising the point of order, the Member for Mount Scio referred to a ruling by former Speaker Wiseman in June 2012 that a Member is not permitted to submit a petition in a piecemeal fashion. The issue at the time was that petitions certified by the Clerk's Office were being subdivided, after certification, before being presented in this House.

Speaker Wiseman went on to elaborate that the process would be followed requiring that all petitions be certified by the Clerk or Clerk Assistant prior to being presented in the House. Petitions presented in the House must be consistent with those certified.

The right of the citizen to petition Parliament for a redress of grievance is based on centuries-old tradition and established precedent. It is recognized and it is our experience that during a sitting, petitions of the same subject matter may be presented on different days, as it is understood that they may be received by Members piecemeal. It is appropriate that petitions be brought forward to the House when received, even if petitions on the same subject have been previously presented.

The petitions presented by the Member for St. John's East – Quidi Vidi were consistent with the certification requirements; therefore, with respect to the point of order raised by the Member for Mount Scio, I conclude that there is no point of order.

However, I want to refer to *Hansard* and the opening comments by the Member when she indicated that: "I'm very pleased to stand today and present the petition that has been provided me by members of the deaf and hard of hearing community and by the Churchill family. The

petitions, Mr. Speaker, have been signed by thousands of people."

Standing Order 92 indicates that "Every Member offering a petition to the House shall confine himself or herself to the statement of the parties from whom it comes, the number of signatures attached to it and the material allegations it contains."

Consequently, a Member's remarks regarding the number of signatories must be consistent with the number of signatures on the petition being tabled at the time or, if the petition being tabled is of the same subject matter tabled previously, the cumulative signatures presented to date.

The Speaker has had an opportunity to review *Hansard* and to look at the petition in question. Clearly, the petition that is entered has fewer names than the thousands referenced in *Hansard*. In this case, the introductory remarks of the Member for St. John's East – Quidi Vidi that "the petitions, Mr. Speaker, have been signed by thousands of people" are inconsistent with the number of signatories of the individual petitions of that subject matter certified to date by the Clerk's Office.

I remind Members that whether it is in reference to petitions or reference to anything else in this House in debate, Members in this House have an obligation to make statements that are accurate and factually correct. Members of the House generally accept the comments by other hon. Members as being statements of fact and seldom challenge their accuracy unless there is, obviously, some clear documentation that suggests to the contrary.

Therefore, I ask that the Member for St. John's East – Quidi Vidi withdraw that statement.

The hon. the Member for St. John's East – Quidi Vidi.

**MS. MICHAEL:** I will withdraw the statement, but may I just put one point of clarification that explains? But I will – I'm not questioning, I just want to make a clarification.

**AN HON. MEMBER:** Not in order.

**MS. MICHAEL:** I'll leave it to the Speaker to decide what's in order.

**MR. SPEAKER:** Proceed with your point of order.

**MS. MICHAEL:** Thank you.

The papers, the ones that I presented – physically presented – were ones that I had received prior to that day. They're the ones I got signed and they're the ones I presented. At the same time this petition is ongoing, and at 1 o'clock that day I had received over 2,000. They have not yet been sent in, because they got received too late for me to put them in here in the House on that same day.

I will withdraw my statement.

**MR. SPEAKER:** I can speak to that point.

The fact of the matter is that what is presented in the House are the facts, and whether you – when you are making your comments, you need to reference exactly what is presented. That's all we are aware of and that's what we're dealing with.

Your statement suggested there were thousands of signatories. The petition suggested otherwise; therefore, I would ask you to withdraw your remark.

The hon. the Member for St. John's East – Quidi Vidi.

**MS. MICHAEL:** I have withdrawn that statement, Mr. Speaker.

**MR. SPEAKER:** Thank you.

#### **Statements by Members**

**MR. SPEAKER:** For Members' statements today, we will hear statements from the hon. Members for the Districts of Exploits, Torngat Mountains, Stephenville – Port au Port, Baie Verte – Green Bay, Terra Nova and Ferryland.

The hon. the Member for Exploits.

**SOME HON. MEMBERS:** Hear, hear!

**MR. DEAN:** Thank you, Mr. Speaker.

I rise today in this hon. House to congratulate the Abundant Life Pentecostal Tabernacle of Leading Tickles on their celebration this year of 50 years of good works in the community and surrounding area.

I had the pleasure of celebrating this significant milestone with the congregation on June 3 of this year. The assembly featured an evening of song, prayer and great food, with representation from the town leadership, as well as friends from far and near.

Pentecostalism has long been a pillar of community support and fellowship in our province. They have been exemplary in bringing the teachings of Christ to our people and in providing earthly and spiritual help and hope to all God's children.

I ask all hon. Members to join with me in congratulating the Abundant Life Pentecostal Tabernacle for 50 years of faithful service to the community.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Torngat Mountains.

**MR. EDMUNDS:** Mr. Speaker, I rise today, on National Aboriginal Veterans Day, to pay tribute to those indigenous soldiers who have proudly fought and died for our freedom.

Although people of Aboriginal ancestry from Newfoundland and Labrador fought and sometimes died during the First World War, their histories remain largely unknown. Few documents and little research exist to describe their wartime experiences. And recruiting was difficult in communities such as Nain to Rigolet, as news was slow to reach these areas and many residents did not know that their country had gone to war.

Historians estimate, however, that at least 15 men of Inuit descent joined the Royal Newfoundland Regiment. Most served as infantry units and drew upon their hunting, trapping and other traditional skills to become expert snipers and scouts.

Lance Corporal John Shiwak is well-known for his shooting skills during the First World War. Soldiers like Fred Freida and Douglas White were active during the Second World War. I would also like to honour my friend, Henry Gear from Postville, who participated in the United Nations conflicts in Sarajevo.

Today, there are approximately 2,300 Aboriginal members currently serving in the Canadian Armed Forces.

I thank all our soldiers who have served and continue to serve our country.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Stephenville – Port au Port.

**MR. FINN:** Thank you, Mr. Speaker.

I stand to pay tribute to the late Danny McCann of Port au Port West who passed away two months ago today at the age of 65. Although confined to a wheelchair since the age of 19, nothing prevented Danny from living an extraordinary life of dedication to his community, his church, his wife Mary and his family.

Danny was an entrepreneur who owned and operated a small business for 21 years. Further, he worked for 33 years as the town clerk with the Town of Port au Port West-Agauthuna-Felix Cove. Outside of his professional career, Danny was a dedicated community volunteer for which no cause was unworthy of his assistance. As the founder of the renowned Gravels Walking Trail and Development Group, Danny raised money for the restoration of Our Lady of Mercy Church for countless years.

He took great pride in hosting and organizing the annual Grand Ole Opry, the annual Christmas concert as well as the annual Port au Port Agricultural Fall Fair.

While he never sought accolades, he and his wife Mary were truly humbled when they received the Canada 150 Sesquicentennial Pin from MP Hutchings this past summer.

I ask all Members to join me in recognizing and remembering Mr. Danny McCann.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Baie Verte – Green Bay.

**MR. WARR:** Thank you, Mr. Speaker.

If you only watched Herb Pike during a Remembrance Day ceremony, you will witness the wave of emotion a veteran experiences.

Mr. Speaker, I rise in this week of remembrance to honour Mr. Herb Pike of Springdale, a 94-year-old Second World War veteran. Although he had enlisted intending to be gunner, Mr. Pike ended up getting his stripes as a sergeant and, as a result of a shortage, had become a flyer with the Royal Air Force 102 bomber squad. He would later climb the rank of warrant officer. Herb was known as a keen and hard-working officer of superior ability.

He has been revered as the first pilot taking out Adolf Hitler's ammunition stockpile. He clearly remembers how at 3:30 a.m. on June 6, 1944 on the beaches of Normandy, he was ordered to fly over an area where it was discovered the Germans had taken over an old automobile storage factory. After returning, it was determined that the bombing mission was successful.

Today, Herb resides at the Valley Vista Senior Citizen's Home in Springdale.

I ask all hon. Members to join me in recognizing a true Newfoundland and Labrador hero and a friend to all.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Terra Nova.

**MR. HOLLOWAY:** Mr. Speaker, I rise in this hon. House to acknowledge the outstanding accomplishments of a young lady from my district.

Melissa Smith, originally from Elliot's Cove, completed high school at Random Island Academy and attended the College of the North Atlantic in St. John's and Happy Valley-Goose Bay.

In 2007, after learning about Canada's war efforts abroad, Melissa joined the military where she trained as a field medic. In 2010, Melissa was deployed for a seven-month tour in Afghanistan with the 3rd Battalion of The Royal Canadian Regiment.

She was released from active duty in 2015 after being diagnosed with post-traumatic stress disorder. Melissa says: Anything is possible with the right attitude.

She applied to participate in the 2017 Invictus Games, an international adaptive multi-sport event, created by Prince Harry in support of wounded or sick armed services personnel.

Last month, Melissa competed in Toronto and won a silver medal in the recurve bow novice category. Melissa also placed 11th in the women's mid-weight powerlifting division. Melissa says her long-term goal is to be on Canada's Olympic team.

I ask all hon. Members to join me in congratulating Melissa Smith for her service, her courage and her determination.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Ferryland.

**SOME HON. MEMBERS:** Hear, hear!

**MR. HUTCHINGS:** Thank you, Mr. Speaker.

Mr. Speaker, I rise today to recognize the 150th anniversary of Captain William Jackman and his heroic efforts of October 9, 1867.

Captain Jackman anchored in Spotted Island harbour in Labrador. With a storm raging, he saw a small fishing schooner being battered along the reef, about 600 feet from shore. He battled the rough sea to swim to the boat and made 27 trips to the shore and back, each time with a man or woman on his back. The last

person he rescued was a dying woman he refused to leave to a watery grave.

In 1868, the British Royal Humane Society awarded Captain Jackman a silver medal for his heroic efforts. Captain Jackman's heroism was honoured by the Minister of Tourism, Culture and Recreation in October 2010 under the Provincial Historic Commemorations Program.

The Captain William Jackman story is an event that is both a provincial and national historic event, deserving national attention, commemorative recognition and should be honoured as such an event.

Mr. Speaker, I ask all Members of this House to join me in honouring and remembering Captain William Jackman of Renewals for his acts of bravery and heroism on October 9, 1867.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** Statements by Ministers.

#### Statements by Ministers

**MR. SPEAKER:** The hon. the Minister of Education and Early Childhood Development.

**MR. KIRBY:** Mr. Speaker, from November 1 to 4, I had the privilege to lead the Canadian delegation at the Education Commission of the UNESCO World Conference on Education for Sustainable Development in Paris, where hundreds of delegates from countries all over the world participated.

UNESCO is responsible for coordinating international co-operation in education, science, culture and communication. It strengthens the ties between nations and societies, and mobilizes the wider public so that each child and citizen has access to quality education.

Newfoundland and Labrador has a long history of engagement with the Council of Ministers of Education, Canada, and I was happy to represent the council as head of our Canadian delegation. I had the unique opportunity to present at a luncheon, alongside representatives from the Republic of Korea, to a large international group

that included 41 Education Ministers from around the world.

The conference focused on our shared commitments towards ensuring every person in our world has access to inclusive and equitable quality education and lifelong learning. We discussed the importance of multilateralism and nation-to-nation co-operation in our changing global environment as well as opportunities for internationalization.

Mr. Speaker, I attended and presented during the plenary debates of the Education Commission, and I also held bilateral discussions with delegations from a number of countries, including China, the Republic of Korea, Finland and Norway. I was pleased to represent Canada's Education Ministers at special events hosted by ambassadors from India, Japan and Nigeria.

It was an opportunity for our government to be recognized as leaders in education on an international scale. Consistent with our commitment in *The Way Forward* to increase revenue to the province through international education, it was also an excellent opportunity to have discussions with officials from other countries regarding the establishment of Newfoundland and Labrador-administered schools abroad and licensing the use of our K-12 education curriculum to other jurisdictions around the world.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Thank you, Mr. Speaker.

I thank the minister for the advance copy of his statement. The quality of education provided to our children and youth is a key indicator of how developed and progressive we are as a society. The UNESCO World Conference on education is vitally important at this point in time where facets of education models are causing major concerns.

Now, the Liberal minister just stated in this House that his trip to Paris was an opportunity for the Liberal government to be recognized as leaders in education on an international scale. This is what he actually said. The same Liberal minister who tried to close down half of the libraries in the province, the same Liberal government that made Newfoundland and Labrador the only province to tax books, the same Liberal minister who had a total lack of respect for school volunteers and told teachers to scrounge for supplies, the same minister who has done nothing for inclusive education.

This was the minister representing the province at an international education conference. The irony is astounding, Mr. Speaker. At best, I hope the minister was able to become educated on the issues facing students, parents and teachers. At worst, I hope he was an example to the entire delegation of what not to do as an Education Minister.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Leader of the Third Party.

**MS. MICHAEL:** Thank you very much, Mr. Speaker.

I thank the minister for the advance copy of his statement. I guess I say congratulations to him, being the lead of the Canadian delegation.

I remind the minister, Canada has signed the UN Convention on the Rights of Persons with Disabilities, which fully protects the right of children with disabilities to a full quality education. Therefore, I am more than surprised – I'm shocked – to hear the minister speak of this province being recognized as world leaders in education, when despite so much proof to the contrary, he refuses to recognize the needs of deaf and hard of hearing students in this province.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** Further statements by ministers?

The hon. the Minister of Tourism, Culture, Industry and Innovation.

**MR. MITCHELMORE:** Mr. Speaker, I was pleased to join Premier Ball today to have formally launched the province's new Business Innovation Agenda.

The Business Innovation Agenda reflects input from the drivers of the provincial economy: innovative firms, industry leaders, academic institutions and members of the broader research community. The goal of this new Business Innovation Agenda is to expand the pool and capacity of Newfoundland and Labrador's innovation and growth-focused businesses.

There will be four priority areas of focus: product development and commercialization, productivity, growth and internationalization, and workforce skills and talent.

Mr. Speaker, through the engagement process, industry across our province identified a need for more guidance, as well as a one-stop point of entry for financial and non-financial supports.

I am pleased to say in response to this, the provincial government created InnovateNL, a single window for a more efficient delivery of provincial innovation programs and services. Members of the Newfoundland and Labrador Innovation Council will work with the provincial government and its partners on the implementation of the Business Innovation Agenda.

Mr. Speaker, I look forward to embarking on this new path towards innovation in Newfoundland and Labrador.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay South.

**MR. PETTEN:** Thank you, Mr. Speaker.

I want to thank the minister for an advance copy of his statement.

Mr. Speaker, we agree that a concrete and detailed plan for innovation is needed for our province; but, sadly, this Liberal innovation agenda lacks in substance and details. While we agree that this province must stimulate diversification, innovation and exports, the document released today has no details, no milestones and no concrete actions. As we've come to expect from this Liberal government, the agenda is full of broad feel-good statements and short on measurable targets.

Mr. Speaker, we discovered yesterday in Question Period the minister isn't fully aware of the consequence of shutting down the Research & Development Corporation. He still doesn't know how many projects are impacted.

Mr. Speaker, our economy is in desperate need. We need action, and we need action now. We can only hope that these promises will be backed up with action.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for St. John's Centre.

**MS. ROGERS:** Thank you, Mr. Speaker.

I, too, thank the minister for an advance copy of his statement. I thank all those fantastic companies and individuals who are involved in moving this forward, especially the Innovation Council chaired by Mark Dobbin. We know it is the creativity, expertise and courage of our people that will help create a more sustainable future for the province.

I ask the minister: What about social enterprise? Where does that fit in his plan? It remains to be seen whether InnovateNL will actually be a more efficient delivery of provincial innovation programs. Will it? Let's hope so.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** Further statements by ministers?

The hon. the Minister of Fisheries and Land Resources.

**MR. BYRNE:** Thank you, Mr. Speaker.

Here's something I'm sure we can all rally behind.

Mr. Speaker, it is indeed an honour to rise today and inform this House about important and historic changes to the provincial *Wild Life Act* and its regulations that provide more Newfoundlanders and Labradorians with the opportunity to share in our outdoor heritage and in the experience and benefits of hunting.

These changes, which support inclusion, improve access and encourage participation in hunting, were implemented after extensive consultation with provincial hunting and trapping organizations and participants and advocates in the Program for Hunters and Anglers with a Disability.

Mr. Speaker, the minimum hunting age has been lowered from 16 to 12 for small game –

**SOME HON. MEMBERS:** Hear, hear!

**MR. BYRNE:** – and from 18 to 16 for big game, which align our age requirements with other jurisdictions in North America. In recognition of the priority we place on hunter safety and public safety, a youth must complete the firearms training, be tested in its completion and is only permitted to hunt under the direct supervision of a qualified adult.

These amendments, Mr. Speaker, are providing opportunities to mentor young hunters and trappers, giving them the essential skills and knowledge to foster a hunting culture where safe firearm use is the top priority. Mr. Speaker, safety must always be paramount. Proper, responsible and effective firearms training among our youth results in safe firearms practices that continues for a lifetime.

Improvements to the Program for Hunters and Anglers with a Disability now permit a designated hunter to remain within 800 metres

or line of sight, whichever is greater, of the hunter with a disability. In addition, persons with disabilities now have priority access to big game as a result of changes to the Problem Moose Policy.

Mr. Speaker, government has also taken action to enhance the hunting experience for all hunters in the province by establishing earlier application dates for the 2018-19 big game draw, and we'll continue that in the future.

I'm very confident these transformative changes will be extremely well received, as they have been already, by hunters throughout Newfoundland and Labrador and help us to achieve our goal of encouraging greater participation in cultural and recreational activities that we can pass along to our children and to our grandchildren.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Cape St. Francis.

**MR. K. PARSONS:** Thank you very much, Mr. Speaker.

I want to thank the minister for the advance copy of his statement. Mr. Speaker, these changes will indeed provide the opportunity for more residents of our province to participate in the hunting experience. I, myself, enjoy moose hunting. I am not very successful sometimes, but I do enjoy it – a chance that it gives me to enjoy the beautiful outdoors we have here in Newfoundland and Labrador. I hope these changes will give others the same opportunity that we have to enjoy this experience.

Mr. Speaker, as always, safety must come first and foremost, and I hope there will be increased education and training to go along with these changes to ensure the well-being of all individuals.

Thank you very much.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Leader of the Third Party.

**MS. MICHAEL:** Thank you very much, Mr. Speaker.

I thank the minister for the advance copy of his statement. I'm pleased to see the improvements to the Program for Hunters and Anglers with a Disability. They are important for persons with disabilities who want to pursue these activities, and I'm pleased to hear the minister talk about the safety measures that have been put in place.

But regarding the lowering of the minimum hunting age, I'm sure the minister is aware of public concerns which have been raised. So I ask him: What is in place to ensure that children as young as 12 are adequately supervised when carrying firearms when hunting small game? How do we know they are going to have adults with them?

Thank you, Mr. Speaker.

**MR. SPEAKER:** Further statements by ministers?

Oral Questions.

### Oral Questions

**MR. SPEAKER:** The hon. the Leader of the Official Opposition.

**MR. P. DAVIS:** Thank you, Mr. Speaker.

Mr. Speaker, this week there are questions surrounding the integrity of transmission structures related to the Muskrat Falls Project. So in an attempt to clear them up, I ask the minister if she can confirm that there are no defects on power lines, guidewires, towers or any associated aspects of those structures related to the transmission assets of the Muskrat Falls Project.

**MR. SPEAKER:** The hon. the Minister of Natural Resources.

**MS. COADY:** Thank you, Mr. Speaker, for the opportunity to speak to this.

I have spoken to Nalcor about this very issue. I've been assured that the engineer of record, as well as the independent inspection agency, they have done their inspections. They have done

their work. There is a report, not quite in its final form yet, but I understand a final report is coming.

I understand that there are no structural integrity issues. I understand that there are no safety issues. I understand that there are no cost implications nor schedule implications, and that they've been through all the data of the field inspections and it is as I've just indicated.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Leader of the Official Opposition.

**MR. P. DAVIS:** Thank you, Mr. Speaker.

I appreciate the answer from the minister. I just have some questions related to that.

I ask the Minister of Natural Resources: Is she trusting her discussions, because she said she's spoken to Nalcor – is it strictly trusting the discussions or have you read the inspection reports or reports from Nalcor yourself?

**MR. SPEAKER:** The hon. the Minister of Natural Resources.

**MS. COADY:** Thank you, Mr. Speaker.

As I've just indicated, the report is not yet in its final form, so I have not had the opportunity to review it because it's not in its final form. I understand that the engineer responsible for this project, the engineer of record, Quanta, has been through this. I understand that the inspection agency, the independent inspection agency, has been through this work. They've reviewed all the field data and there are no structural integrity issues. Mr. Speaker, I can only say again that they have advised there are no structural integrity issues.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Leader of the Official Opposition.

**MR. P. DAVIS:** Thank you, Mr. Speaker.

My understanding is, while there may not be structural integrity issues or safety concerns, there have been numerous defects that have been identified. As a matter of fact, it's been indicated that there have been hundreds.

I ask the minister: Can you confirm or deny if there have been hundreds of defects identified through this inspection process?

**MR. SPEAKER:** The hon. the Minister of Natural Resources.

**MS. COADY:** Thank you, Mr. Speaker.

When I did question about this very issue, I have been advised in a normal process that there are some deficiencies that are being worked through, but none that have any impact on the structural integrity, no impact on safety. So in a normal circumstance, the inspection agency, as well as the engineer responsible, does the walk-on. Mr. Speaker, they have found deficiencies, but they are not of structural integrity. They have no cost implications, no timeline implications. There are no safety implications.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Leader of the Official Opposition.

**MR. P. DAVIS:** Thank you, Mr. Speaker.

I'd ask the minister: Can you confirm or deny if some of those deficiencies relate to welding?

There have been suggestions that the deficiencies could amount into the hundreds; 400 was one number that I heard.

Can you confirm or deny if that is the magnitude of the deficiencies? Do any of those deficiencies deal with welding?

**MR. SPEAKER:** The hon. the Minister of Natural Resources.

**MS. COADY:** Thank you, Mr. Speaker.

I cannot speak to the absolute number of the deficiencies. I did not ask about the absolute

number of deficiencies. Again, the report is not in its final form, so I have not seen the report at this point.

I have been advised that there are no structural impacts here. The engineer of record has no major concerns; the inspection agency has no major concerns. The deficiencies are being dealt with. There are no major impacts, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Leader of the Official Opposition.

**MR. P. DAVIS:** Thank you, Mr. Speaker.

Again, I thank the minister for her answer today.

She mentioned the final inspection reports have been completed.

I ask the minister: Once received, will she make those inspection reports public?

**MR. SPEAKER:** The hon. the Minister of Natural Resources.

**MS. COADY:** Yes, Mr. Speaker, they will be made public when they're in their final form. They absolutely will be.

I will refer the Member opposite to Nalcor's website. They do have information on the website in response to this issue that talks about the welds. They do indicate that the welding work has been validated and verified and that things are in order, Mr. Speaker.

Again, I will repeat, there are no structural integrity issues, no cost implications, no safety implications and no schedule implications on this project.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay South.

**MR. PETTEN:** Thank you, Mr. Speaker.

Mr. Speaker, in response to the AG's outlook for the province, the Minister of Finance said one way they would address the provincial deficit was through immigration.

I ask the minister: Will your government meet their own immigration promises they made in *The Way Forward* document?

**MR. SPEAKER:** The hon. the Minister of Advanced Education, Skills and Labour.

**MR. HAWKINS:** Thank you, Mr. Speaker.

Thank you for the question. Of course, immigration for us as a province, and for us as a country, is very important. As we know, we looked at some of the aging demographics and looking at the workforce in the province, certainly it's an area that we have concentrated on as a government, and we are very excited about the initiatives we are taking.

As a matter of fact, we have an immigration action plan in place where we have identified 39 actions over the next period of time. As a matter of fact, 26 of them will be implemented this year. So we are effectively looking at opportunities whereby we can have immigrants coming to this province because we think it's very, very important to have that, to make sure there is a skilled labour force and that we have workers in place for that. We will continue to work on that.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay South.

**MR. PETTEN:** Thank you, Mr. Speaker.

According to documents that we uncovered from an access to information request, do you know how many times the current and former minister had correspondence regarding immigration targets? Zero – not once.

Mr. Speaker, I ask the minister: Why are the provincial nominee applications for immigrants 50 per cent less now than they were in 2015?

**MR. SPEAKER:** The hon. the Minister of Advanced Education, Skills and Labour.

**MR. HAWKINS:** I can assure the Member opposite, Mr. Speaker, that we are actively engaged with our federal partners. As a matter of fact, I've had several conversations with Minister Hussen and we will continue to do that.

As a matter of fact, I would like to remind the Member opposite that although he wasn't part of that particular government at the time, there was some federal funding available that they failed to even sign as we have with the infrastructure as well. As a matter of fact, it was July of 2016 that my predecessor, the minister sitting here, signed in July 2016, funding that would provide an impetus for us to have immigrants within this province to add to our workforce, Mr. Speaker.

**MR. SPEAKER:** Order, please!

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay South.

**MR. PETTEN:** Thank you, Mr. Speaker.

I remind the minister, the numbers don't lie; and ATIPP will show you zero correspondence.

**SOME HON. MEMBERS:** Hear, hear!

**MR. PETTEN:** Mr. Speaker, can the minister provide to this House a breakdown of the \$800,000 spent by the Liberals to improve and fast-track immigration in Newfoundland?

**MR. SPEAKER:** The hon. the Minister of Advanced Education, Skills and Labour.

**MR. HAWKINS:** I'm sure glad the Member opposite brought that up because, Mr. Speaker, the \$800,000 that he is talking about would never have happened if the previous administration had been there. Because this minister, there were two years that they did not even sign the agreement. Then all of a sudden the minister that preceded me signed the agreement in July of 2016.

As a matter of fact, Mr. Speaker, we are actively looking at immigration. It is important for us

within this province. We have added two extra people, staffing, to address these. While some of the numbers in isolation that he's using might seem to be impressive, he needs to look at the fact that over the next year and two years we are looking at aggressively having immigration as important as we move forward to 2022 where we will have 1,700 per year.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay South.

**MR. PETTEN:** Thank you, Mr. Speaker.

I guess we live in hope and die in despair.

**SOME HON. MEMBERS:** Hear, hear!

**MR. PETTEN:** More money hasn't resulted in better numbers, I remind the minister.

The minister promised the Liberals would use \$800,000 to shorten wait times. In two years, only half the number of immigrants even applies to come to Newfoundland compared to two years ago. The wait time for express entry has gone from two days to almost six weeks under the Liberals.

Why is this program such a failure, Minister?

**MR. SPEAKER:** The hon. the Minister of Advanced Education, Skills and Labour.

**MR. HAWKINS:** Thank you, Mr. Speaker.

I would like to remind the Member opposite as well that in addition to the provincial nominee program where we have a thousand people who are allocated to this province, because obviously we work closely with the federal government, we are also looking at the Atlantic immigration program where we have an extra 442 people that would be addressing.

Now, Mr. Speaker, while I understand the minister is talking about some of the lag time that is there, that is a concern we have and that is why we actually looked at extra staff to expedite the application process. We are also looking

more at a design, at online computer applications, which will speed up the process as well.

So, Mr. Speaker, we're not just sitting back and taking the easy – we're looking at immigration as being very important to this province. We will continue to do that, and we will have results.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay South.

**MR. PETTEN:** Thank you, Mr. Speaker.

Obviously, two years and we still have no results, so I guess we'll stay tuned.

I remind the minister that it was the actions taken by your Liberal government that plunged Newfoundland and Labrador into a recession and smothered the economy.

How can the Minister of Finance state that immigration will be the solution to the province's problems when Newfoundland has the lowest number of immigrants in all of Atlantic Canada?

**MR. SPEAKER:** The hon. the Minister of Advanced Education, Skills and Labour.

**MR. HAWKINS:** Tell the Member opposite, Mr. Speaker, to stay tuned, because we are actually being aggressive with our immigration policy, with our action plans. He should look at *The Way Forward*. As I said, we have identified within that plan 39 different actions that we are going to be actively engaged in over the next period of time; 26 of them will be implemented this year as part of our action plan.

Mr. Speaker, while we look at the economy and look at within the province, we also have to be careful and understand the fact that there's an aging demographic, and that's why we are getting aggressive with our immigration plan. We are looking at that.

The other point, Mr. Speaker, the Member opposite should realize that part of the plan is it

is federal regulations and we also have to abide by those regulations to have skilled labour.

**MR. SPEAKER:** Order, please!

The Member's time has expired.

**MR. HAWKINS:** Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Cape St. Francis.

**MR. K. PARSONS:** Thank you very much, Mr. Speaker.

I ask the minister: How much did it cost to move the Crown Lands office to Corner Brook?

**MR. SPEAKER:** The hon. the Minister of Fisheries and Land Resources.

**MR. BYRNE:** Thank you, Mr. Speaker.

The cost of moving personnel was approximately \$200,000, which was all funded from within existing departmental budgets. In fact, we saved a significant, larger pot of money as a result of reducing our leased space. For example, in Corner Brook alone we've been able to reduce our leased space by \$26,000 annually. In fact, across the entire province the Department of Fisheries and Land Resources were able to save on an annual basis \$200,000 by reducing our footprint, reducing our lease requirements.

The consolidation of the Crown Lands offices, the headquarters in Corner Brook, really, really suits well with our emphasis on agriculture, on protected spaces and areas and as well on our forestry activities. This was the right move and it did not cost very much money.

**MR. SPEAKER:** Order, please!

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Cape St. Francis.

**MR. K. PARSONS:** Mr. Speaker, definitely an interesting answer when I ask him the next couple of questions.

Minister, you're keeping a regional Crown Lands office in Corner Brook as well as the Crown Lands headquarters, and we've been told there's a third office being leased. Can the minister confirm this?

**MR. SPEAKER:** The hon. the Minister of Fisheries and Land Resources.

**MR. BYRNE:** Mr. Speaker, there are leases that are in the Riverside Drive area; there are leases in the Fortis Tower. There was a lease at the Millbrook Mall, within the department, but we abandoned that lease. We were able to consolidate staff into our existing spaces.

We have reduced the total square footage in Corner Brook by 3,000 square feet. We have saved \$26,000. Is there another question?

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Cape St. Francis.

**MR. K. PARSONS:** Mr. Speaker, there are lots of other questions; just ask the general public and ask the 30 employees that worked here in the office. They have lots of questions, I remind the minister.

Minister, the *Lands Act* requires the Lands Branch to maintain a registry of documents. The current public registry is located in a fireproof vault in the government-owned Howley Building.

What's your plan for the Howley Building?

**MR. SPEAKER:** The hon. the Minister of Transportation and Works.

**MR. CROCKER:** Thank you very much, Mr. Speaker.

With regard to the Howley Building and any other government-owned properties here in the city, we always look for opportunities to find leases that are expiring in any region of the

province and move them into government-owned space.

I think it's AES that have moved into the Howley Building. As other leases expire in the city, we will be taking advantage of the government-owned space.

Thank you, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Thank you, Mr. Speaker.

Can the minister explain how, even with your regressive cuts to services, health care costs have continued to explode?

**MR. SPEAKER:** The hon. the Minister of Health and Community Services.

**MR. HAGGIE:** Thank you very much for the question, Mr. Speaker.

I'm not quite sure what explosion the Member opposite refers to. If you look at the last three years, our expenditure in health was \$2.9 billion, \$2.9 billion and \$3 billion.

**MR. SPEAKER:** The hon. the Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Well, again, you mustn't be listening to the Auditor General or to the media: a 3.9 per cent increase, that's with cutting things like diabetic strips, drugs that are accessible for people, dentures. That, to me, equates to less service, more money being spent. Maybe you need to do the math later on.

Will the minister now agree that the ill-informed cuts that the Liberal government has made to vital health care services since coming to power in 2015 have not had the intended impact on cost savings or quality of health care?

**MR. SPEAKER:** The hon. the Minister of Health and Community Services.

**MR. HAGGIE:** Thank you very much, Mr. Speaker.

Over the last 12 years of the previous mandate, health care costs in this province went through the roof. Over that period of time, there was no corresponding increase in outcomes for the patients in this province. We have kept costs static from the public purse and, over that period, we have seen no deterioration in outcomes, contrary to the assertions of the Member opposite. Indeed, we are getting data that shows our outcomes are actually improving, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Thank you, Mr. Speaker.

I look forward to seeing that data.

I also ask the minister: Can you explain to this House how we compare in the additional cost to health care in other provinces in Atlantic Canada? Are we in line with the outcomes when it comes to providing the proper services for health care in Newfoundland and Labrador?

**MR. SPEAKER:** The hon. Minister of Health and Community Services.

**MR. HAGGIE:** Mr. Speaker, we are unfortunately one of the most expensive provinces per capital in health care in this country. The challenge there is to deal with that by not throwing more money at the problem, but by extracting better value from the dollars that we do spend. That has been the focus of every action that this government has taken under *The Way Forward*, under the mental health implementation plan.

The gentleman opposite points out that we are in the midst of Atlantic Canada as far as outcomes are concerned. We lag in some; we lead in others.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Well, I can guarantee you we're dramatically higher in the amount of money that

we spent in the last two years, with less outcomes than the other sister provinces in Atlantic Canada. So obviously that says something about *The Way Forward* plan that is not working for the people of Newfoundland and Labrador.

I ask the minister: With the new health agreement with the federal government, what will be the percentage for Newfoundland and Labrador?

**MR. SPEAKER:** The hon. Minister of Health and Community Services.

**MR. HAGGIE:** Mr. Speaker, the demographic arrangement about allocation of funds under the Health Accord was dealt with in a different process by the previous Conservative government at the federal level. It was an arbitrary dictate that simply decided on a per capita formula.

We, in our negotiations with the federal minister of Health – with whom I could talk without any difficulty and had no difficulty with access – have had a demographic adjustment in our figures. That will yield an extra \$14 million to this province, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Mr. Speaker, my understanding is the present minister had been working with the federal government and his counterparts to negotiate a new deal. As part of that deal, according to the recent media stories, the provincial government said that Newfoundland and Labrador is guaranteed to see its share of the Canada Health Transfer growth of 3.5 per cent in the first two years of a 10-year pact.

So 3.5 per cent over two years is a far cry from the 3.9 per cent additional money we're spending every year. How are you going to make up that shortfall to provide services to the people of Newfoundland and Labrador who need proper health care?

**MR. SPEAKER:** The hon. Minister of Health and Community Services.

**MR. HAGGIE:** Thank you very much, Mr. Speaker.

The Member opposite unfortunately is conflating two percentages. One is actually derived from a negotiated agreement which we have signed. The other is based on a financial model that is actually a projection and not a documented set of numbers.

Our health care expenditure in this province over the last three years has remained essentially static at \$3 billion. Over that period, inflation in this province has run anywhere between 2 and 3 per cent. We have bent the cost curve, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Thank you, Mr. Speaker.

With all of that we're still falling behind in our quality of health care and we're spending more money than anybody else in Atlantic Canada and the rest of the country.

Minister, in a recently released email concerning the Mobile school extension to school trustees, you stated your patience with this is running thin.

Minister, exactly who are you growing impatient with: the affected children, the concerned parents or the volunteer school trustees?

**MR. SPEAKER:** The hon. the Minister of Education and Early Childhood Development.

**MR. KIRBY:** Thank you, Mr. Speaker.

The line of questioning from this Member would certainly try anybody's patience, I would say, Mr. Speaker, because it makes so little sense so often.

Mr. Speaker, the school in question is having an extension added to it, a number of additional rooms to accommodate the growing student population. The previous administration failed to act to ensure there was sufficient capacity in the Mobile-Witless Bay school system. We are now

acting to resolve that and maybe we will hear from the Minister of Transportation and Works. The second tender is out there and will likely be awarded before Christmas.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Minister, the question was that you stated your patience is running thin. Imagine how the hundreds of overcrowded students and parents are concerned in the Southern Shore area.

Premier, do you really think comments like this are becoming of a Minister of the Crown?

**MR. SPEAKER:** The hon. the Premier.

**PREMIER BALL:** Thank you, Mr. Speaker.

Well, I finally get a chance to actually stand and answer some questions.

I have to be honest with you, Mr. Speaker, it's absolutely bizarre. Make no wonder there had to be a wharf built for the ferry in Conception Bay East to go to Bell Island – make no wonder.

They were talking about assumptions a few minutes ago when it came to health care. They made lots of assumptions. Number one was the price of oil would never go below \$100 a barrel for 50 years. What did we get back for that? We got back a Muskrat Falls Project which makes it very difficult to make the kinds of infrastructure investments that the Members opposite are talking about

Mr. Speaker, we're getting the tale of two cities over here. We've seen it all week. Just a few days ago the Leader of the Opposition was saying cut health care, cut education; a few seconds ago they're talking about spend more money on education, spend more money on health care.

Who is the real leader over there, Mr. Speaker?

**MR. SPEAKER:** Order, please!

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Thank you, Mr. Speaker.

I have to agree with the Premier on one point: it is bizarre. It's very bizarre that a Minister of the Crown would write an email basically saying his patience is running thin with volunteers and people who want to improve the education system in Newfoundland and Labrador.

Premier, you gave the minister a mandate letter. Will you ask him to live up to that letter which was based on improving education for people, including those in the Mobile area and Mobile high school?

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Premier.

**PREMIER BALL:** Mr. Speaker, the minister is doing the job that he's been asked to do. Unfortunately, what we're seeing as a province right now, we've had to make the decisions that we've had to make. There's been a lot of work that went into what wasn't an election campaign promise.

Keep in mind the Member that represented that district for many, many years decided, with the leader of the current Opposition – made a decision at the last minute. He spent years in the Cabinet and couldn't deliver the very project that he's asking for here today. What is going on with this Opposition?

Mr. Speaker, the Member is doing the job that he's been asked to do. He's making the best value based on the evidence that he has available to him. I have confidence in this minister to work with the people in this province to provide the best affordable education to all Newfoundlanders and Labradorians.

**MR. SPEAKER:** Order, please!

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay East – Bell Island.

Quick question, no preamble, please.

**MR. BRAZIL:** What I understand is here you only get proper education if you happen to be on the government side –

**MR. SPEAKER:** Question, please.

**MR. BRAZIL:** – and you happen to be a minister. That’s how you make your decisions. Not acceptable.

**MR. SPEAKER:** The hon. the Minister of Education and Early Childhood Development.

Quick answer, please.

**MR. KIRBY:** Mr. Speaker, when that previous administration fired all of the school trustees in this province and appointed the sons and daughters and brothers and sisters of the PC Party of Newfoundland and Labrador to run the school system, we objected. We returned the school trustee system to a system of democratic governance that people deserve and we won’t make any apologies for that.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Leader of the Third Party.

**MS. MICHAEL:** Thank you very much, Mr. Speaker.

Today, the Registered Nurses’ Union stated that nurse staffing has not kept up with our aging population and high chronic disease rates. Research is now linking inadequate nurse staffing levels to more falls, more infections and longer hospital stays, all of which increase health care costs.

I ask the Minister of Health and Community Services: Will he do as the nurses ask and conduct a review of nurse staffing in this province?

**MR. SPEAKER:** The hon. Minister of Health and Community Services.

**MR. HAGGIE:** Thank you very much, Mr. Speaker.

This province is blessed with an excellent RN workforce. We actually have more of them per capita than any other jurisdiction in the country.

We sat down as recently as two weeks ago with the RNU to talk about a workforce resource management system between the two of us that would look at acuity on the floor and staffing to those levels. I’d be happy to report back as progress is made with those discussions.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. Leader of the Third Party.

**MS. MICHAEL:** Thank you very much, Mr. Speaker.

The RNU spoke out yesterday and I think they’re looking for more than what they’re getting. Mr. Speaker, our public health care system will be seriously challenged in the near future because of our financial system and government’s ill-thought-out ways of dealing with it, such as their P3 approach.

The Newfoundland and Labrador Medical Association has proposed a review of our public health care delivery in order to continue to provide quality patient-based care.

I ask the minister: Why has his government not even bothered to sit down with the NLMA to discuss their proposal?

**MR. SPEAKER:** The hon. Minister of Health and Community Services.

**MR. HAGGIE:** Thank you very much, Mr. Speaker.

This is a timely question given the PMR to follow this afternoon. I would like to correct a little bit of misinformation there. We have sat down with the NLMA on frequent occasions. Among other topics, the topic of a review has come up. We value their view from the physician perspective. We’ll continue to work with them, as we do with the RNU, to deal with their issues to improve the system, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. Member for St. John's Centre.

**MS. ROGERS:** Thank you, Mr. Speaker.

We all know our health care system has challenges. We also all know it can and must be better. Because of the enormity and urgency of the complex problems facing us, it is essential that we work together to develop the solutions we need to evolve and improve our public health care system so it is the best it can be for us, our children and our grandchildren.

Mr. Speaker, I ask the Premier: Will he strike a select parliamentary committee that will use the strengths and expertise of all parties and facilitate co-operation and collaboration to enable us all to work effectively together to strengthen and protect our public health care system? The people of the province deserve nothing less.

Thank you, Mr. Speaker.

**MR. SPEAKER:** The hon. Minister of Health and Community Services.

**MR. HAGGIE:** Thank you very much for the question, Mr. Speaker.

It might at first glance seem that would not be an unreasonable suggestion; however, everybody in the field of health care and the public has seen this problem analyzed every which way to Sunday. It's the time to stop analyzing and start acting, and we've done that.

**SOME HON. MEMBERS:** Hear, hear!

**MR. HAGGIE:** We have our primary health care initiative. We have the mental health implementation plan. We have our home support review. We have our personal care support program and committee. We're revising our standards in long-term care. We have the eHealth initiative. We have shared services coming out. We have payroll and a whole variety of initiatives.

We know what to do; now's the time to do it.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for St. John's Centre.

**MS. ROGERS:** Thank you very much, Mr. Speaker.

The minister is right, there has been study after study after study and that has been going on too long.

I ask the minister: What possible reason could he give for not using every measure possible to this House to address this growing challenge? Again, the people of the province deserve nothing less.

**MR. SPEAKER:** The hon. the Minister of Health and Community Services for a quick response, please.

**MR. HAGGIE:** I would suggest that the response we have is entirely just that. We do not need any more analysis. The problems are clearly defined, the solutions are clearly defined, and we are moving ahead with those solutions, Mr. Speaker. That's the answer to that question.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The time for Oral Questions has ended.

Presenting Reports by Standing and Select Committees.

Tabling of Documents.

### **Tabling of Documents**

**MR. SPEAKER:** The hon. the Minister of Tourism, Culture, Industry and Innovation.

**MR. MITCHELMORE:** Mr. Speaker, I'm pleased to table a list of all the approved RDC contracted projects by fiscal year. This includes projects where the contract and the agreed upon statement of work have been signed by both parties and includes all projects up to date, including those that were approved after the creation of InnovateNL.

Thank you.

**MR. SPEAKER:** Further tabling of documents?

Notices of Motion.

**Notices of Motion**

**MR. SPEAKER:** The hon. the Minister of Finance and President of Treasury Board.

**MR. OSBORNE:** Thank you, Mr. Speaker.

I give notice that I will ask leave to introduce a bill entitled, An Act To Amend The Members Of The House Of Assembly Retiring Allowances Act And The Portability Of Pensions Act. (Bill 21)

Further, I give notice that I will ask leave to introduce a bill entitled, An Act To Amend The Liquor Corporation Act. (Bill 23)

**MR. SPEAKER:** Further notices of motion?

The hon. the Minister of Tourism, Culture, Industry and Innovation.

**MR. MITCHELMORE:** Mr. Speaker, I give notice that I will ask leave to introduce a bill entitled, Status of the Artist Act. (Bill 22)

**MR. SPEAKER:** Answers to Questions for which Notice has been Given.

Petitions.

**Orders of the Day**

**Private Members' Day**

**MR. SPEAKER:** As it is Wednesday afternoon, the procedures governed by Standing Order 63, the speaker calling the private Member's motion as announced at an earlier sitting of the House, please proceed.

The hon. the Member for St. John's East – Quidi Vidi.

**MS. MICHAEL:** Thank you very much, Mr. Speaker.

I'm happy this afternoon to make the following motion:

WHEREAS the province's serious financial situation has caused government to predict a

decline in program expenses of 0.85 per cent per annum or \$376 million over the next six years, which could result in tens of millions of dollars cut from health care each year; and

WHEREAS people are worried their health care system won't be there for them when they need it; and

WHEREAS this level of cost reduction should not proceed without a comprehensive health sector review, and a plan that will avoid arbitrary, harmful cuts in services; and

WHEREAS the Newfoundland and Labrador Medical Association has called for an independent, expert review of the province's public health care facilities and services based on wide consultation in the health sector; and

WHEREAS the NLMA says the review should be tasked with telling government how to reconfigure the health care system to be smarter, less costly, high quality and focused on patient care and prevention; and

WHEREAS the people of the province expect the House of Assembly to work together on this issue;

THEREFORE BE IT RESOLVED that government undertake an independent, external review of health care, to be conducted by an eminent expert recognized in the field of health care delivery, with the goal of maintaining quality health care into the future.

And this motion is seconded by the Member for St. John's Centre.

Mr. Speaker, we have a serious situation in this province and I think we all know it. First of all, we are blessed in this country and in this province to have a public health care system, a system that has been based on taking care of patients, a system that has been based on having excellent workers, medical professionals and workers within our system, workers who are unionized, workers who are trained, who are educated and who care for people.

We have a system in this country which people look to and wish they had. We know we have a long way to go. There are others who also have

that system and who do it better than we do in Canada. We have to look at that and we have to move forward.

What's happening in this province, Mr. Speaker, which is very, very disturbing is that, yes, we do have a situation where our fiscal situation is in dire straits. We know that, but we have a government that, without any sense of analysis – we just heard the Minister of Health say he doesn't need to do any more analysis. Well, I'm afraid they need to do a lot of analysis because they haven't shown us that they're doing analysis.

All they're doing is cutting, cutting and cutting. The concern that we have is the cuts relate to both services, as well as to workers. What we have is what the Nurses' Union has been pointing out. We have a system where, because we do not have adequate staffing in the way that our staffing is needed, patients are ending up being longer in hospital than they need to be.

One of the areas – and I know the minister knows about this and I keep getting stories brought to me about it – people getting infections in hospital. Those infections are very often tied to the fact that there's inadequate staffing in terms of numbers. Not inadequate in terms of the quality of the workers, but inadequate in terms of the numbers and patients not having adequate care, getting infections and ending up being in hospital sometimes days, sometimes weeks and I've even heard of sometimes months, because of the infections. We can't have a government that, because of the fiscal reality, is just going to continue cutting without looking at what really needs to happen.

I know we have a bad situation; I know what the Auditor General has said. That's what concerns me because this government just does knee-jerk reactions to the terrible straits that we are in. The Auditor General has warned that since 43 per cent of program expense dollars go to health care, a 5.1 per cent decline over six years, a decline in expenditure over six years, could really be significant for health care.

Health care gets almost half of the program spending. If this government thinks only about cutting, if this government thinks only about trying to get rid of workers, if this government

doesn't do an analysis of how health care can be done better than we're doing it with our workers who are there and a patient-based model of health care, then if we don't have that, we're going to be in terrible straits in five or six years' time.

This is why I'm so concerned. We can go on talking about all the stats with regard to how bad the fiscal situation is, but the bottom line is we just can't have a government that's doing slash and burn to our health care system. If we're going to keep our public health care system, which this government is now already starting to attack by putting in a P3 hospital in Corner Brook – if we're going to start attacking our public health care system, then we're going to end up in a sorry state. So that's why we brought this motion to the floor.

I want to talk about the kind of review that we want. We're not talking about review, paying consultants like EY to come in with the mandate to find ways to cut. That's not what we're talking about. We're talking about a review that looks at our public health care system and says: How can we make it better; how can we make it more patient-oriented; how can we make sure that the money we're spending is getting the best possible result for the patients and for our workers? That's what this review is about.

We're not talking about hiring a company out there and say, yeah, you go do it. You go do it and see what you come up with. No, we're talking about a process that would include having somebody or somebodies who are eminent people in the health care system in this country, who understand our public health care system, who know how to work with people, who know how to work with medical professionals.

Whether it's doctors, nurses, the staff who work in hospitals, all of whom are involved in delivering our health care system; a person who knows how to sit and bring people together and say let's solve our problem, not let's cut, but how do we make sure that the money that we are spending is really giving the care that we need? This is what we have to do.

The NLMA, the Medical Association, last year carried on some consultations. In October last

year, they had a full-day session down at the Convention Centre. I know I was at it. Others here in the House were at it. My colleague was at it. That day was very interesting. The thing I found most interesting was that they brought models from other parts of the world of how this kind of review can be done.

The model that really got all of our imaginations, I think, was a model that was done in Tasmania, in Australia. I think it's very significant and it was very relevant to have the people from Tasmania here telling us about what they did, because Australia has states in the way that we have provinces. Tasmania is a state of Australia, so you have a state government and you have a federal government; so a very similar situation as to ours.

We're not comparing a province to a country. We are –

**SOME HON. MEMBERS:** Oh, oh!

**MS. MICHAEL:** Mr. Speaker, I have to say I have a hearing problem.

**MR. SPEAKER (Warr):** Order, please!

**MS. MICHAEL:** Thank you.

I don't know how often I have to say in this House that I have a hearing problem. I wear hearing aids and interference like that is really difficult.

Thank you, really and truly.

I'm talking about Tasmania and how comparing ourselves to Tasmania is not like comparing ourselves to another country. I don't want to compare, for example, Newfoundland and Labrador to Denmark or to Switzerland because that would be a province and a country.

What I want to do is to talk about what they did in Tasmania. It was a model for reviewing and reorganizing facilities and services. Not to cut money, but to reorganize facilities and services in a patient-based way.

The Australian island state, because it is an island – it's very interesting how much we're like Tasmania. They have a population of

500,000 people. We have just over 500,000. They have suffered from and they were suffering desperately from fiscal policies and poor population health. The similarity was striking last year when I heard the presentation.

The model they use focused on a review and reorganization of their health care delivery of a public health care system – not getting rid of the public health care system. It was led by health professionals consulting with other health professionals and the community. The government was totally behind it.

It wasn't a process that was led by an accounting firm; it was a process led by professionals. The model included a role delineation framework. What that means: It described the capacity of any facility to provide different services and the minimum volumes to ensure safety, quality and efficiency.

I think what's really important is that in the work that was done in Tasmania, they made big changes to their system based on primary health care, based on patient care, without cutting jobs. That wasn't the goal. Cutting jobs was not the goal; it was how to make sure that those who were working in the system had everything they needed to make sure their public health care system was quality care.

In the review they did, each clinical service is described in terms of complexity, as well as the support services, staffing and other requirements needed at each site. This is the thing: the site – this happened in Manitoba, too. What happened was that, yes, you have your hospitals for the acute care needs, they have to happen, but the primary health care in community-based clinics, community-based health care, is the basis of their public system.

For example, take the flu shot. If we had community health clinics with a full team of all the needs that the community needs in primary health care, then we wouldn't have the mess that we had this year with regard to the flu shots, and it's still going on. We would have permanent community-based primary care where you would have doctors working side by side with nurse practitioners, working side by side with all the other levels of health care, with psychologists, with psychiatrists, with

physiotherapy all in your community health-based centre as part of the public health care system.

This is what they moved towards in Tasmania. What they found was that they created a system that really worked for people and worked for the workers as well. Obviously, in that system – and we have it to a small degree in this province. We have some places where we do have community-based care and it's working well. If people can get care on a daily basis, if they can get care that's needed, they understand if something comes up for something very serious and they have to move out to another place.

For example, you're on the Northern Peninsula, but you may have to go Corner Brook for particular care. The same way, you're in Central and you may have to come into St. John's for particular care. People don't find that a difficult thing if they actually have a primary health care team structure in their community because they understand that you can't have everywhere in the community, everywhere in this province, we can't have all of the specialized care. People should be able to have a centre in their communities, within a reasonable distance, where they can get the daily kind of health care that they need.

Now, the same thing was done in Manitoba under the NDP government. The person there who worked on it was Dr. Peachey. Dr. Peachey also spoke last year at the event we went to that the NLMA had and it was absolutely excellent.

There, in Manitoba, they were able to have the doctors, the registered nurses' union and all those involved in the health care system work together. They moved towards a community-based primary health care system.

Unfortunately, the government that's there now is starting to undo what was done under Dr. Peachey. Guess what they're doing? They're ordering their own review by consultants and the process is secret.

**MR. SPEAKER:** Order, please!

I remind the hon. Member her speaking time has expired.

**MS. MICHAEL:** Thank you very much, Mr. Speaker.

**MR. SPEAKER:** The hon. the Minister of Health and Community Services.

**MR. HAGGIE:** Mr. Speaker, thank you very much.

I rise to speak against this resolution from the get-go, upfront, so everybody knows where I'm coming from. This is, however, not an arbitrary decision. Now is the time to act, not analyze anymore. I'm going to use my time to explain the logic behind that because it is based on reason, logic and evidence, not simply a whim or a point-scoring exercise.

Over the last several years, the department has consulted widely on a whole variety of priority areas, including primary care, mental health and addictions, long-term care and community supports. We, in the department, have used the proposals from the Newfoundland and Labrador Medical Association and their forum, which they held last fall, as a guide to plan our health facilities and health services across the province.

We've undertaken several external reviews in priority areas. We've had three reports at the provincial level on road ambulances and one specific in addition to the Avalon area. We've looked at home support, we looked at sharing of services and we've acted on these.

We are reforming the delivery of health care services based on these consultations. We've also shared our experiences and learnings across Canada. We're not unique. We're not unique in our need to achieve sustainability and to manage the impacts of aging and an increase in chronic disease.

We don't believe another review is necessary because the time, really, for studies is over and the time for action is now. These studies go back 15 years. No one's done anything with them, until now. We have a vision, we have a plan and we're moving on it. It is not simply a strategy of strategies.

The vision is one that's been adopted around the world and it's called the Triple Aim. It's three elements; it's a three-legged stool. Each leg is

better care for Newfoundlanders and Labradorians, better value for those health services through continuous improvement and, ultimately, better health for the population of this province.

We have a plan. The department's strategic plan, which fits under the umbrella of *The Way Forward* – it's on our website; it's there for everyone to see – supports this vision. It highlights areas of improving community supports, enhancing primary care, reform of mental health and addictions, better use of eHealth technology and modernizing and streamlining service delivery.

On that plan we are acting. We've already announced a long-term care facility for Corner Brook on the West Coast. We have a new model out for eHealth in the province. We have shared services starting up across the province, and there's more to come.

This is all tied together; it's not ad hoc, knee-jerk reactions, as we've seen from previous administrations. Our system is expensive and it's currently based on hospitals, facilities, which are the highest cost of health care and they're best suited to treating sick people when they're sick.

Too often people will be better cared for at home, if the supports were there, or in a long-term care facility if there was a bed available, not the most expensive location, which is a hospital bed. We don't need yet another study to tell us that and to tell it's not the right model for care for that patient, or that it's too expensive, or that it's tying up the bed for somebody else. I would suggest these are probably self-evident to even a man in the street with a passing interest in health care.

We need to get down to the business of putting our house in order. Too often people are using emergency rooms to get basic, primary health care, to get their driver's licence medicals that they should be able to get from a multidisciplinary team in the community. We don't need a study to tell us that emergency rooms are for emergencies, not for continuing care for people who really could be managed in the community. We know that the key to improved health services and improved population health is through prevention and

access to appropriate services at the right time in the right place.

One of our key themes running through all of our service delivery models is that of enhanced community and primary care. This, then, will reduce the inappropriate use of hospitals and acute care. Throughout the consultations we've held, and we have held many, residents and stakeholders have demonstrated a willingness to explore alternate service delivery models and move away from the idea that if you have a health problem, you have to see a doctor and it has to be at a hospital.

When we do have the communities engaged and asked them what they've required, members of the public consistently come back and say they want to focus on basic everyday services available as near to home as possible. That's not to say that acute care isn't important. We still have to preserve access to acute care for those who really need it, but at the same time we move service delivery to focus more on providing more effective and lower cost interdisciplinary community services.

André Picard in *The Globe and Mail*, two day ago, said the fix for acute care is in the community, and he wrote a wonderful editorial – and I would recommend it to the Members opposite for the edification – about specifics, primary health care.

Mr. Speaker, primary health care is at the forefront of our health care transformation and it's a shift from acute to community and it's a shift to prevention. It's based on interdisciplinary teams central to primary care, with each provider working to their full scope of practice. That's key. So they each, then, are available to provide the right care to the individual at the right time.

In keeping with *The Way Forward* commitment, we are introducing primary health care teams. There's one already, there's one coming in Burin and there's one coming in Corner Brook before the end of the year.

**SOME HON. MEMBERS:** Hear, hear!

**MR. HAGGIE:** And there are more in the pipeline.

We are looking at mental health and addictions. We did have a very comprehensive review and we produced a 54-point plan. Work has already begun on those. Indeed, the day of the announcement, five of those had already been completely or partially met. Again, that system needs to focus on community, a strong emphasis on promotion, resilience and prevention, as well as the treatment recovery and peer support which we deliver through an integrated model, not in a silo.

I'm going to share some examples of the mental health and addictions changes to illustrate my argument. In changing the delivery, we're moving again towards an interdisciplinary approach. Part of that is a revision of the old plans for replacing the Waterford. We're going to align those with what we heard in that review.

Basically, we're not going to replace the Waterford with another equivalent large-sized institution. The one we're going to replace it with is going to be appropriately sized for care of individuals who require acute in-patient services. On the flip side of that, we're going to look at expanding services for individuals in the communities.

We've begun to establish mental health clinics throughout all the regions of the province at a primary care level. We've implemented the Memphis Model for mobile crisis intervention teams. So those teams include a mental health care worker and a Memphis Model-trained plainclothes police officer working and travelling together in an unmarked vehicle.

The stigma of enforcement and judiciary for mental health patients' needs to be removed. It has begun already. In actual fact, Chief Joe and I were talking about it. It started two weeks ago with training the trainer, who will then come back and train north of 40 officers across the province. Is it enough? Probably not, but it's a start. This problem didn't come overnight and the solutions will not come overnight either. There is no Harry Potter wand for this one either.

We're expanding e-mental health services. We've started a pilot project with Therapist Assisted Online. We're the first province to do

this in Atlantic Canada. It's been proven to work elsewhere.

We've already started harmonizing mental health and addictions programs across the four regional health authorities into a provincial model. This means that approaches to care will be consistent across all regions of the province focusing on evidence-based preventative approaches that are more effective in improving outcomes and have the added benefit, as we referenced in Question Period, of lowering the cost but keeping the quality; better value for the dollar.

Departments across governments are involved in working groups to look at supporting the other areas of implementation. There's Education, there's Children, Seniors and Social Development and there's Corrections. This will all tie in to moving the system to where it needs to be. We don't need another study on that.

I'll move on to long-term care and community supports. We know very clearly, and we heard very clearly, that seniors and individuals with disabilities have a far better quality of life when they're supported in their own homes for as long as possible. Our goal is to reserve the more costly placement long-term care facility beds for those who can't manage safely in that environment. The philosophy is home first, not institution first.

We have a committee with stakeholders, including advocacy groups for seniors and persons with disabilities as well as service providers, that is advising on these changes and guiding how they are rolling out. That, too, has begun. We don't need another review to tell us where to go with that.

The committee is working on clinical assessment processes, including an integrated approach to care planning. The challenge here is to improve the coordination of care through a multidisciplinary approach and it's already rolling out across the RHAs. Once that's done successfully, we'll see better planning for individuals. They will be much more involved in their own care in a place that works for them and suits them.

In keeping with *The Way Forward*, we've started a review of the financial assessment processes that determine eligibility for the publicly funded plans. We're hopeful that we'll come up with those recommendations in the coming months.

We're also working with the RHAs and the home support agency association to deliver on service-level agreements for home support – not a funding model, a service level arrangement focused on quality and outcomes. The first time that's ever been done. We don't need another review to tell us that's what we need to do. We had one as recently as two years ago.

Emphasizing community care, we know we need more long-term care beds. We've sorted out Western region; we're sorting out Central. The EHR; we have announced already plans to consolidate the EHR across all RHAs with NLCHI. We are actually a national leader in the development of the EHR. We are leading others.

Who's going to review that and tell us where to go next in a way that's going to make sense and value for money? We have multiple sources of information in the EHR in a way no other jurisdiction has – lab, X-ray, pharmacy – all a one-stop shop. That data provides for better care and that data provides for better management decisions.

The Centre for Health Information is a national leader and will continue to do that. We've looked at supply chain. We've already put in place a mechanism whereby the province's institutional supplies can be bought through one single central mechanism. Currently, that is housed in Central Health.

In conclusion, Mr. Speaker – I notice the time is running out – we do recognize in the department and in government that our health system is an ongoing evolution. It requires continued engagement with the public, community leaders, health care professionals and a whole range of stakeholders.

We value the work that the Medical Association has done and the view they provide in representing the perspective of physicians working in the health care system and their advocacy role. We also need to recognize that

change will not happen overnight. We didn't get where we are in one day. We won't fix it in a day.

We have to shift our focus away from institutions into the communities and break down those silos. We've started that. Work is underway reforming the major policy changes under advice from reviews we've already had. We've been given a clear mandate by the people of this province.

We have a vision, we have a plan and we have action already. We do not need to paralyze this process by going back and reanalyzing stuff that's been done before. The problem has been, since Romanow, no one has had the intestinal fortitude or the application to actually do what was necessary, even though it stared them in the face. That changed in December of 2015, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay East – Bell Island.

**MR. BRAZIL:** Thank you, Mr. Speaker.

It's an honour to stand today as we debate and discuss the private Member's resolution. I'll just explain for people who may be listening in or watching, what a private Member's resolution is.

Particularly, one of the parties, at any given time, selects an issue that's pertinent to them from a party point of view or a provincial point of view or a district point of view of significance. In this case, what's been put forward by the Third Party is very significant to all of us. It's about health care, it's about the quality of health care and it's about providing the best service for health care in our province at an affordable rate, or using the money that we have so that we can get better services provided for people here.

I won't go through the whole legal process of presenting this, but I will talk about the last sentence in it, the intent here of this debate, and what's being proposed by the Third Party: "THEREFORE BE IT RESOLVED that Government undertake an independent, external review of health care, to be conducted by an

eminent expert recognized in the field of health care delivery, with the goal of maintaining quality health care into the future.”

Mr. Speaker, I listened to the Minister of Health and I wholeheartedly agreed of all the things that are being done in our health care system, all of the positive things that are there, the quality of people that we have in it; but I disagreed on two key points: one, that we don't need an external review to look at exactly how we better manage what we're doing, because we're not doing a good job. That's reality – we're not doing a good job. That's the focus of what the debate will be around today.

We're not doing the job that people deserve and we're not spending the money, which is a substantial amount of money – almost a third of our full budget, maybe more in some cases – to really benefit people when it comes to health care. So there are a multitude of things.

He talked about preventative health; I agree 100 per cent. He talked about acute care, primary care, all key components that we've talked about. There are some great examples of how that's working wonderfully, but it's not working consistently across the province. It's not ensuring that everybody would have proper access to health care. There are major cracks in the system. There are people falling through those cracks. There's the economy of scale of the return on investment.

I know it's questionable, Newfoundland and Labrador – like a lot of people, I have travelled extensively in this province in a former life and get to understand the geography here. I understand the various cultures and different parts of it, and I understand the health needs and the situations.

So to do that we sometimes – and maybe too often than not – work in isolation; we talk about things we know best about. I can talk about health care on Bell Island because there's a hospital there and I see every day the challenges that people have, but that may not be relevant to what happens in Twillingate or L'Anse au Loup, or what happens in Nain or what happens in St. John's.

We need to have a better focus on what we're doing. We sometimes work in silos, so proposing that we bring in somebody – we're not talking a big inquiry; we're not talking massive, millions of dollars to do any of these things. We're talking spending \$3 billion to bring in somebody who can connect the dots, but connect the dots with the people themselves who are going to be able to help deliver those services.

In most cases, that's health professionals, but in a lot of cases it can be service organizations that can also support those. It can be a different approach to how we do things, better uses of technology. From my understanding in listening to the Leader of the Third Party, we're talking about let's open it up. Let's be a little more creative; let's think outside of the box.

Unfortunately – and that's no discredit to what we do here, but people were so consumed by our own responsibilities that sometimes we're too busy dealing with those that we can't see what we do here can connect over there, can connect over there, can eventually provide a much better service at a more much cost-effective process.

The premise right across the board, to me, makes sense. It is not only in health care. I'd do it in education. I'd do it in road development. I'd do it in recreation. We do it in child care. Whatever the program and service would be would make sense, we would do it, very much so.

As the Minister of Education talked about, we do it in ABE also. We do it in ABE, not a problem, because every service that people need should be delivered in a way that is accessible by the masses and is most cost-effective to those taxpayers who pay who may not have to avail of that service, but that service should be there to be availed of.

Unfortunately, not everybody gets the same return on government services but, on the fortunate side, because they don't need them. Some people need more education supports; some need more health care supports. In some communities, some people need more infrastructure supports, but that's why our investments should be there so at the time of when you do need them everybody has an equal

access to proper services. In this case, it's health care.

Very much perhaps the number one – not perhaps, I know it is. It's the number one service that people understand that they need; understand that if they don't need it now, they're going to need it in the future; and understand that somebody else in their family is going to need it very immediately. What would you want? You'd want the best type of quality health care you could get.

A lot of that is relevant to being preventative. A lot of it is relevant to how we educate around our own environment, our own health care, how we take care of ourselves and that. We need to do that in a coordinated effort. A simple way to do a coordinated effort is bring in somebody who has that expertise, who's done it somewhere else.

Too often I get up – and we had debate today and it was very easy for the ministers to say, well, it's done in this jurisdiction and we do this. It seems to be convenient when it fits your argument, but it's not convenient when somebody else brings up something that we can look at it from a different perspective – and maybe we need to slow down a second, not in providing our services, but in changing the world if it's not going to change it for the better, and it becomes that simple.

I hoped and thought that the private Members' resolutions were about let's look at what's in the best interest of Newfoundlanders and Labradorians, and that means from the service we're trying to provide but it also means for how cost-effective we can do it.

The minister talked about preventative services, and I agreed, and preventative investments and all that, and it made sense to me. But I did have to chuckle at one point because as I started to think in my mind, going back two years ago and even last year, the 300 taxes and cuts to programs and services – people don't realize it – a lot of them were relevant to health care.

It may not have been direct money pulled right out of health care, but when you take money away from Boys and Girls Clubs, for healthy living, recreation and social development, that

has an impact on their physical well-being, their mental well-being. When you take program money out of schools and you don't have enough ability there for teachers to be better engaged, that opens up more opportunities for bullying in schools. When we talk about mental health issues in schools and not having proper counselling, that has an effect –

**SOME HON. MEMBERS:** Oh, oh!

**MR. SPEAKER:** Order, please!

**MR. BRAZIL:** – on our whole health care system.

So when you start talking about, in a generic sense, that we're doing wonderful things, we're doing a lot of things – and a lot of them are good, don't get me wrong and they're being done by great, qualified people, extremely committed people, but – I can honestly tell you this – by a lot of very, very frustrated people who are offering these services, because there's not the proper coordinated effort in how we're doing things. Sometimes just throwing money at something doesn't solve an issue. Sometimes you put too much resources in one side and not enough in the other and because there's too much there, the coordinated effort doesn't happen. One can't keep up with the demand on another service.

So having a coordinated effort, to me, would be the simplest thing in the world, particularly when we're not talking about some extreme thing. If we were talking Royal Commissions and we were talking about all these bigger cost-effective, long-term encompassing time frames, fair enough; I'd have to question whether or not that's in the best interest of Newfoundlanders and Labradorians, particularly trying to expedite the quality of health care we have here.

But there's been a fair bit of work done in other jurisdictions. Because we're going back to it now, it's being used when it's convenient. I want to go back to it. I started to do some research on it as a critic and I know the Leader of the Third Party has done extensive research to understand that there's ability out here to better coordinate what we're doing, to expedite it. These are not long-term things; these are about

facilitating the process, because that's what is important here.

I think \$3 billion in health care is a great investment; it's a substantial investment. Getting the best use of that is very important. Making sure what the priorities are, making sure the coordination is done and that we use alternative approaches to things. That's what this private Member's resolution is all about. It's about giving the stakeholders out there – and we have a multitude of them, from the Newfoundland and Labrador Medical Association to the Pharmacists' Association, to the Association of Registered Nurses to the Home Care Association. All these people have a stake in this.

And what do they want to do? They want to ensure the quality of health care is second to none. But also that if there is a change – and there is a change, the demographics change, age-wise certain ailments increase – that there's an ability to move our financial investment to another level to ensure that people don't get lost or fall through the cracks in those programs.

So why we'd be adverse to that, I'm bewildered at that. I don't understand why we wouldn't do it. I know the argument will come: Oh, we're spending more money and that. We're spending \$3 billion-plus a year on health care. The quality of health care we get, don't get me wrong, is great for those who get it. The problem is the wait times in a lot of cases, the travel situations that people have to face. The fact that we sometimes have outdated equipment, that becomes a challenge. Sometimes we're not better using things because of isolation and the impacts that it would have on people.

There's got to be a better way to do it. When we're, unfortunately, spending more money and getting fewer outcomes, then obviously any new approaches, any new changes, any new dialogue can only be an improvement. That, to me, would make sense in any process we use, but particularly in health care, because I will tell you right now, there are very few people who won't weigh in and let them know what their experiences are. Most are not just screaming for the sake of screaming; they're letting people know here's my situation, here is how, from my

experience, I could suggest this could be better handled.

I see that from the hospital on Bell Island when people have to travel to St. John's for dialysis. I'm still bewildered – and this is the conversation I will have with the Minister of Health. It should have been addressed in the past, don't get me wrong. This is not passing the buck because myself and the Minister of Health will have this conversation about dialysis.

We're spending, I would suspect and I'm getting the numbers crunched now, \$100,000 more. That's for people to travel to St. John's to do dialysis when we could have one unit, one bed, one chair. We already have existing nurses over there; we may need a half-time position. So we offer better quality of health care, because I can tell you right now, those people who get on that boat and wait three and four hours – sometimes get home, sometimes don't, go in and do their dialysis for three hours, then wait three or four more hours coming back – they're not as productive as they want to be. That has an impact on them. It has an impact on their health care also and their quality of life. It's about dignity also.

I'll go back to my accounting background. From an economy of scale, the numbers will speak for themselves, but we haven't had that conversation about how do we do it, how do we provide it. A number of years ago we provided the dialysis services on the island of Fogo, a marvelous investment. I can't, to this day, even imagine people from Fogo, even a longer trip, having to leave to go in to the nearest unit, Gander somewhere, to get dialysis. That astonishes me. The fact that it went that long, to me, whoever was involved there really wasn't thinking straight and really didn't have an understanding of the impact it has.

Fortunately enough, I get to see that. I would never want to live it, but I do understand and sympathize, have empathy and feel we owe people who are going through that the best approach we can use to minimize the impact it has on them, and give them a sense of inclusion again, a sense of dignity, a sense of quality of life. They have a long-term alignment. They have a life-threatening alignment, and we're

minimizing the approach we could use to make sure the impact is beneficial.

That's what frustrates me here. That's why I'm a bit frustrated at the minister that he would say he wouldn't even entertain – and he says all the data has been collected. No doubt, some of the programs you've implemented as a government are great ones and they're based on data that's been collected from those in the field who tell you how it works from experiences, from pilot projects, fully believe this can work, fully believe that what the minister is implementing are in the best interests of Newfoundlanders and Labradorians. Unfortunately, that's a very small proportion of some of the demands we have, some of the challenges we have, but, particularly, the total needs we have.

We have a multitude of agencies here, a multitude of professionals who could have that ability to give their expertise in one coordinated effort. One individual who could sit down, who has that expertise, who wouldn't take two hours to draw out a 10-minute overview of what would be the best approaches of it, because they already have that.

If David Brazil had to go in and ask somebody about a particular alignment, it might take me three hours to even figure what it is; but somebody else doing it who has that expertise would be able to do it much quicker, more efficient and would understand exactly how that would fit on the bigger stream of improving our health care system. So I think we need to go back and really look at what it is we're proposing here.

This is not political. The one thing I like about this – and we've all presented political ones, no matter what side of the House you've been on. Some have been political for the sake of being political, but in this case, I see this as being what it was set up to be: a better way to have proper dialogue without it being dragged out from a time frame point of view, without it being too financially encompassing or burdening on the already stretched budget we have, but at the same time giving all those agencies – I look at the minister, the minister would know. Every day he has been bombarded by various agencies who are looking for this, that and the other thing, and rightfully so, but on a coordinated effort that

dialogue could be there so people would understand what they're asking for fits well with this organization or fits well with this organization.

I could guarantee you the pharmacists' association would come in and say: You know what? We can help alleviate some of the stressors on the GPs, or some of the stressors that nurses have to face in school systems.

Mr. Speaker, I appreciate the opportunity to speak to this and I will be supporting this.

Thank you, Mr. Speaker.

**MR. SPEAKER:** The hon. the Member for Virginia Waters – Pleasantville.

**SOME HON. MEMBERS:** Hear, hear!

**MR. B. DAVIS:** Thank you, Mr. Speaker.

I'm very honoured to stand as the former parliamentary secretary for the Minister of Health and Community Services. It's a tough act to follow. He so eloquently speaks in that English accent; it's tough to follow that accent.

I'm very surprised at a couple of statements by the hon. Members across the way. The hon. Member for St. John's East – Quidi Vidi mentioned a knee-jerk reaction. I would say that's so far from the truth it's unreal, a knee-jerk reaction. We cannot increase reviews and services like this if we're not going to be willing to do the actions that are required now when we already have the information that we require. It's very important. There's no knee-jerk reaction here. We've looked at the information, we've studied it and we're moving forward.

I'm just going to take a few minutes and go through some of the things we are doing that I think are novel and important that the general public understands. Our health care system impacts all of us, as we all know, every Member here, our families and indeed every Newfoundlander and Labradorian.

Health care is arguably the most vital service that a provincial government delivers. We have over 20,000 people employed in this sector working tirelessly each and every day for their

fellow residents, and we've talked about it. Members across the way and Members on our side of the House have talked about the percentage of the provincial Treasury that is focused on health care. Approximately 40 per cent of the provincial budget goes to this agency. It's very important that we provide that service. Obviously, from a financial perspective it's very important because it takes up 40 per cent of our budget.

The Canadian Institute for Health Information indicates that the major drivers in our health care is compensation for health care providers, provincial drug expenditures, increase in the use of public health services and the emergence of new drugs and diagnostic tools. Everyone wants the best of the best, which is important, and we want to try to strive to get that.

The Member for Conception Bay East – Bell Island, I agree with some of the things he said about we want to get the best out of our health care investment. Of course we do. We want to get the best outcomes for our residents.

Mr. Speaker, it's funny that the Member for Conception Bay East – Bell Island is asking for us to do a fulsome review on the health care system when there have been many done at a cost of \$3 billion to the provincial Treasury each and every year but was unwilling to do that same fulsome review of Muskrat Falls when the project was \$12.7 billion. It's disheartening to hear when he's over here talking about that; it sort of smacks of hypocrisy.

It is our government's responsibility to offer residents quality health care and prepare the health and community services system to respond to the needs of future generations; yet, we have to stay within our own fiscal framework and the limitations we have.

We are in full agreement that we need to address how we spend the money for health care, and we're doing that. The Minister of Health and Community Services already alluded to many of those reports that we're working on now.

Newfoundland and Labrador has the highest per capita health care costs of any province in Canada, with the highest spending on hospitals and institutions. We need to bring our spending

in line with comparable provinces or territories. That's an important piece, and I can't agree more with some of the statements that the Health Minister mentioned on that.

What I don't agree with is that we need another review. We're reviewed to death in this department already. We have review on review on review of every process that we put in place. It's very, very important, those reviews had to happen and now it's time for action.

Our government has a vision to provide more effective and efficient services in the priority areas, while maintaining and reducing costs. We have engaged consultants in clinical priority areas and have engaged our residents and our health care providers, and we will continue to do so. We need to move on this, though, now.

The Triple Aim reference by Minister Haggie is a health reform concept that has three key components: improving population health; enhanced provider and patient experiences for our health care; and creating better value for health care expenditures. Everyone in this House would agree with all three of those aims.

Given the challenges facing the health care sector in Newfoundland and Labrador, the Triple Aim framework is being used as a guide to guide the reform already underway in this province, and we don't want to delay that process that's already underway. We're not willing to start another costly and redundant review.

In addition, *The Way Forward* commits to health-in-all-policies approach. Everyone in this House would agree with that, which is being established. This will ensure that health considerations are taken into account in all policies and in all decisions across our government.

I'd ask the hon. Member for Conception Bay East – Bell Island: How many reviews, when he was on this side of the House in government, did they do in health care in this way? None. The answer is none.

This approach has been shown to improve health care outcomes in other jurisdictions, and it's our intention it will lead to reduced health care costs in the long run.

A complete review of the health care system is not only a waste of money, given the substantial consultations and research that has already been done, but it will stall the significant health reform planning that are under way and will delay the improvements to our system, which is not the approach that we want to take.

As the Minister of Health and Community Services indicated, there are significant initiatives underway right now in health care to achieve these objectives, initiatives that have been carefully planned based on a host of factors, including consultation and the best available evidence.

I want to speak about some of the successes we've already witnessed in the result of the transformation that has taken place within our health care. A key pillar in our health care reform is shifting focus from treatment to prevention. Our residents have among the highest rates of circulatory disease, cancer and diabetes in the country. Mr. Speaker, residents rank high on the risk factors for smoking, obesity, alcohol consumption and inactivity, and eat fewer fruits and vegetables than the Canadian average.

Aging is associated with the increase in chronic conditions that require ongoing treatment and management. We have the most rapidly aging population in Canada. These are the facts. We also know the investment in health promotion and disease prevention can and do work.

Recent efforts to increase childhood activity, decrease smoking rates and increase the number of breastfeeding mothers have had a positive impact on the community. Furthermore, effective and accessible primary health care in the community has been proven to keep individuals healthy while reducing the need for acute care services and more costly intervention, such as emergency room visits, surgeries and hospitalization. This stuff works.

We are living in an era where our biggest health care challenge is how can we prevent and appropriately manage chronic diseases and other conditions as our population ages. Our health care system is not designed to meet the challenges, based on the bulk of the effort it is treating for the illness rather than preventing it.

That is why we are taking a primary health care focus throughout all of our priority areas.

To reiterate, primary health care is typically a person's first point of contact with the health care system. It includes a range of community-based services aimed at improving health, such as visits from a family doctor, community health nurse, physiotherapists and pharmacists, just to name a few.

As the minister had mentioned earlier, we are implementing primary health care teams to several locations around our province, which is a commitment me made in *The Way Forward*. As an example, in Bonavista collaborative teams have been established to address key issues identified by the community, such as chronic obstructive pulmonary disorder, diabetes and the opioid crisis. This site also has access to electronic medical records.

Mr. Speaker, another way we are improving primary health care is establishing nurse practitioners in communities that do not have reasonable access to a family physician for day-to-day care in or near their home communities. One of these communities is St. George's, and I'm sure the Member can attest to the success of this area. It was featured recently on a CBC story after residents realized the positive impact that a nurse practitioner has had on their community.

These are all positive initiatives, Mr. Speaker. As a result of these initiatives, now patients in their communities have somewhere to take their children when they have an ear infection, and individuals of chronic diseases have a stable health care provider that can monitor their condition and know their medical history.

To complement the improvements we are making in community access, we introduced the Chronic Disease Action Plan in June of 2017 – just this past June – which contains a series of concrete initiatives focused on prevention, self-management and treatment. All of these patients are not using emergency rooms for their day-to-day health care needs, thereby freeing up time in emergency rooms for the patients they were designed for: those facing medical emergencies.

This is evidence on how we are working to improve clinical efficiencies by expanding and maximizing the scope of practice of our health care professionals, particularly those working with primary health care, such as pharmacists, paramedics and nurse practitioners. We want all of our health care professionals working to the full scope of their practice.

We also recognize the geographic realities that exist within our province, and we are working on the development of new technologies to help improve access to health care services for all regions of our province, particularly rural and remote communities. Telehealth is one example where patients can video conference with their health care provider from a distance, reducing travel. As of April 17, 2017, Telehealth was accessible in 63 communities and 98 sites. So expansion of that is key for us. We want to expand that and keep it going.

Remote Patient Monitoring pilots are also allowing Eastern Health to track the vital statistics of patients with COPD and congestive heart failure through technology, thereby reducing their need to travel while decreasing and avoiding emergency room visits and admissions. Since it began in November 2015, hundreds of patients have availed of this service and the feedback from these patients has all been positive.

The HealthLine is also particularly beneficial in rural communities for seniors and those with disabilities as it provides 24-7 access to health care systems regardless of weather, transportation or proximity to a clinic. We are further expanding the HealthLine services by implementing a telephone-based dietician service on a pilot basis. Registered dieticians will provide callers with evidence-based nutrition and diet related information and support.

Mr. Speaker, these are ways we are making the health care system modern, smart and responsive. The approach of increasing community-based services to support people effectively and through more affordable health care can have a profound impact on seniors and individuals with disabilities. Supporting these individuals to live independently and safely in

their own homes can delay and avoid admissions to long-term care facilities.

Mr. Speaker, this is clear evidence of the Triple Aim approach in action that the minister spoke about and the minister is trying to implement.

The department is building capacity and community support systems throughout home-first initiatives to provide appropriate levels of care based on individual needs. Regional health authorities are already putting home-first philosophies in practice with at least 150 clients having been offered community-based services instead of placement in a long-term care facility.

Mr. Speaker, you can see that the changes our government is making are already beginning to have a real impact and positive impact on the lives of individuals and families in our province. Is it perfect? No, far from it, but we're working as best we can to move the system as quick as we can to the best system we possibly can. This is just the tip of the iceberg.

As we roll out the implementation of these initiatives, such as Mental Health and Addictions Action Plan and the Home Support Program Review, and continue to fulfill our commitments under *The Way Forward*, residents will continue to see improvements while the system as a whole will benefit from the increased efficiencies.

Mr. Speaker, I believe we have made it abundantly clear to the people, they do not need to worry about their health care system; it will be there for them. The health care system is more responsive than ever, utilizing evidence-based solutions and modern technology to provide equitable and appropriate services.

In conclusion, a review will not only stall the progress that is being made in our health system, the time for studies is over. We have a vision, we have a plan and it's now time for taking that action.

Thank you.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for St. John's Centre.

**MS. ROGERS:** Thank you very much, Mr. Speaker.

I'm very happy to stand and speak to this private Member's motion. How lucky are we. How incredibly, incredibly lucky are we to have our public health care system, a system that's based on equality for all people, a system that is based on equal access to health care. It doesn't always happen.

When we look at the challenges that are faced in our province right now in our health care system, not everybody does have that equal access. Some of it is dependent on geography, some of it is dependent on a number of other issues, but basically, how very, very lucky are we to have our public health care system and how very, very lucky are we to have a public health care system throughout our country. It is the envy of many.

I went door to door the other night, knocking on one door and a man, in his early thirties, with some young children. He said what we need is a private health care system. He said our health care system is not working, it's a waste of money and we need private health care. That's what we need. He said I've got insurance. I thought, yeah, and if he were to contract a persistent disease, if he were, for instance, to have a really serious cancer, unable to work and lose his job, how lucky would he be, I'm not so sure.

But we are lucky to have this incredible health care system. We know at this time in our province with the changing demographics that there are increasing demands on that health care system, which results in increasing challenges to our health care system because of our changing demographics. But none of those are insurmountable.

It was very interesting to hear the Minister of Health stand today and talk about we don't want to work in silos. He talked about some of the initiatives in Question Period. When I proposed that we look at a select parliamentary committee on health, which is best practices in most provinces across the country, he said we have the mental health implementation plan; we have our home support review; we have our personal care support program and committee; we're

revising our standards in long-term care; we have the eHealth initiative; we have shared services coming out; we have payroll and a whole variety of initiatives.

Do you know what, Mr. Speaker? He's probably right that he has this and he has that, and somebody has this and somebody is doing that. But that's the challenge that we have to overcome. It's not enough, (a), to tinker around the edges of our health care system, nor is it enough to deal with this particular issue and that particular issue. They are all so incredibly interdependent, and we know that.

As a matter of fact, without taking a review and looking at our health care system in its entirety, including the social determinants of health, then we continue to work in silos. It's exactly what the Minister of Health is saying he doesn't want to do. But without a clear overview that looks at our health care system, that looks at what's happening, what are the demographics down the road, how can we improve our health care system? How can we close some of the gaps that people fall through?

The other thing about how lucky are we to have such a strong public health care system, how lucky are we to have the dedicated health care workers that we have. Whether they be allied health professionals, people working in dietary, psychologists, people working in maintenance, our lab workers, our home care workers, our nursing staff, our medical staff, how lucky are we to have people who are trained, who are experienced, who are dedicated and committed. How very lucky are we.

I've had, at different times in my life, significant health challenges. I've had breast cancer and I've had to be involved in the health care system. I have experienced the expertise and the compassionate care that many of us have experienced or people in our family and our loved ones.

I remember when the current Minister of Health was appointed as the Minister of Health. His background is that he's been a surgeon and served the people of Newfoundland and Labrador for many, many years. I thought, how lucky are we to have a doctor in that position, because it's somebody who has the field

experience, somebody who has been embedded and working within that health care system. How lucky are we to have that.

However, when we look at some of the decisions that have been made while he has been Minister of Health, it's a little bit concerning. He talked again – or some of his colleagues on the other side, on government side – about some of the programs that they have reviewed, some of the work that they're moving towards. They're looking at a home first, their philosophy of home first, of keeping people in their homes, particularly seniors, as long as it is safe and appropriate. Yet, the same government has cut home care hours to a significant number of people, seniors, people with disabilities and they cut not only some of the regular home care hours, but the housekeeping home care hours. That makes it very difficult for people to be able to live independently and safely in their home.

This is also the Minister of Health who cut the Adult Dental Program. I know that many of us here in this House have seen the effects of that, the detrimental effects on many people, particularly our seniors, because again we have the highest percentage of seniors in the country in receipt of OAS and GIS.

I had a woman who came to my office this week. Her dentures are broken. They keep getting repaired, but every time she tries to use them they break. They will not be replaced. The Adult Dental Program has been cancelled. So the minister has talked a number of times about how people can appeal. The appeal sometimes takes months and then, oftentimes, they are still turned down because it is very clear and rigid what will or will not be paid for.

So we have seniors without dentures. We have seniors who can't get the appropriate hours of home care. We know that some of the cuts were done simply by an audit of files, where seniors were asked: Can you raise your hands and wash your hair? If so, well, then you don't need anybody to help you with any of that kind of home care. We know that in fact our home care system can be better; we know that we need a publicly administered, supervised home care system. We do not have that.

We know – and the minister has talked about the whole primary health care initiative – it's an integrated primary health care model. And how great is that; we have been waiting for that for years. I attended a health care summit, the Premier's health summit, from the previous administration two years ago, or two-and-a-half years ago, and sat at a table with nurses who have been nursing since the '70s and they said we heard this before. We've had this kind of consultation before and nothing has been done.

I understand and I can appreciate the Minister of Health's impatience to get to action, but again I would like to say that I believe he is also working in silos. We do need a comprehensive look at our health care system and how we can close some of those gaps, how we can look at the interconnectedness because, again, our health care is very, very interconnected.

The interesting thing as well is how lucky are we to have former surgeon as our Minister of Health, yet our doctors, through the Newfoundland and Labrador Medical Association, are saying they are not being heard, that their opinions are not being heard. Their ideas are not being considered.

How unfortunate. One would think that if we had a former surgeon in that role as the Minister of Health that he would be attuned to hearing his colleagues who, again, are working in the front lines. We're also hearing from nurses. We are not being heard, they are telling us. For years, they have been raising red flags about the issue of understaffing of nurses throughout our health care system, but they are continuing to say they are not being heard.

We know what happens in this province when there isn't an overall examination and then plan to address a number of our social programs. Without that comprehensive plan that considers the interconnectedness, we're not going to get as good a health care system as we possibly can – again, because of the interconnectedness. I believe that to not do so leaves us in a situation of dealing with silos.

I do believe that this minister and I do believe that this government wants to make evidence-based decision making. I do believe that they want to make our health care system the best

that it possibly can be for the people of the province, for our children and for our grandchildren, and also, so importantly, a health care system that respects and uses the expertise and the skills of our health care workers. We have to ensure that we are getting the best that we can from the expertise that we have, from the money that we have, from the best practices in terms of health care, and I believe that we can.

I believe that can be done best if we really look at what is the interdependence, how does the interdependence of our health care system work, how do we ensure that we are protecting our public health care system, because there are so many challenges on our health care system right now.

It's kind of interesting, the minister has talked about the changes and the advancements we're seeing in mental health and addictions, but that came about because of an All-Party Committee on Mental Health and Addictions. That didn't just come out of the blue. That committee was committed to looking at the rights of patients, the rights of workers, what are the goals and obligations of our health care system, and we must do that in our overall health care system.

Again, why I proposed to the minister and the Premier to look at striking a select parliamentary committee on health care, it takes the politics out of it. It brings all of our expertise to the table to look at how do we design the health care system that best suits and serves the people of our province, particularly when we look at some of the challenges we face because of our geography and because of our demographics.

I believe, Mr. Speaker, that we can do that. I believe this is not about stalling or stopping the minister from doing some of the work that he says they have started, but without a comprehensive analysis and a comprehensive plan that includes the input of all of our workers, that includes the input of patients, that includes the input of our communities, that we will continue to work in silos, which is one of the problems we are facing on a daily basis in our health care system.

We must hear from our allied health professionals. We must hear from our doctors. We must hear from our nurses who have been

pushing, pushing, pushing government in the areas of expanding their scope of practices in the area of staffing.

It's very interesting, when we did the All-Party Committee on Mental Health and Addictions we heard from workers that traditionally are not heard from. It is time that we hear from every segment of our health care system in order to build the best possible health care system, public health care system that we can in Newfoundland and Labrador for all people, where nobody is left behind.

Thank you very much, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER (Reid):** The hon. the Member for Stephenville – Port au Port.

**MR. FINN:** Thank you, Mr. Speaker.

It's certainly a great pleasure to rise and speak today to the private Member's resolution that we're debating. For those just joining us, the private Member's resolution was brought in by the Members of the NDP. In short, the resolution is essentially stating that the "Government undertake an independent, external review of health care, to be conducted by an eminent expert recognized in the field of health care delivery, with the goal of maintaining quality health care into the future." Essentially, calling for an overall review of our health care system and seeking an eminent expert to do so.

I'm very pleased and honoured to have the Minister of Health and Community Services, the Member for Gander, as a fellow colleague. I would certainly classify him as an eminent expert in the field of health care. I believe the team around the minister in the Department of Health and Community Services, and also the good work of some-20,000 civil servants who work in health care in this province, certainly do a tremendous job day in and day out.

Mr. Speaker, in introducing the motion, the Member for St. John's East – Quidi Vidi said: We need to do analysis. We don't need an EY report. We need to make sure that the money we are spending gets the best value. We need eminent people who work in the health care

system to get involved. I would say to that: The Minister of Health and Community Services has been on the record for quite some time now stating that we need to get better value for the dollars we spend. In fact, he just reiterated that this afternoon in Question Period.

I also feel fairly confident – quite confident, for that matter – that we certainly do have some eminent people working in our health care system. It was just this week that we recognized Dr. David Allison, the chief medical officer for the Province of Newfoundland and Labrador. He received an Excellence award for his work in the public service sector. We certainly have a tremendous amount of eminent and prominent individuals working in our health care system. I do not believe, despite the notion from the Members of the NDP, that we need to find someone else to come in and tell us what we are doing.

Government's focus on better health care, better care and better value, will allow us to simultaneously improve the level of care provided, while creating a more efficient health care system and a better control of expenditures to help us in achieving the health care system of our future.

The Minister of Health and Community Services alluded to a few things. I'm going to touch on three things specifically, Mr. Speaker. The minister alluded to the primary health care teams in our province, the primary health care team in Burin and the soon-to-be one in – the one in Corner Brook and Burin. He touched on the All-Party Committee on Mental Health and Addictions, of which I was very fortunate to be asked to be a Member of that committee.

The Member for St. John's Centre was a Member of that committee. I'm sure she would agree that the level of consultation we heard in developing the All-Party Committee on Mental Health care plan was absolutely astonishing. It was just quite the success. It's been touted right now as a model all across the country. We also had Members from the PC Party who also sat on that committee. That is certainly a positive step we've made forward in addressing some of the needs in our health care system.

The minister went on to talk about the Memphis Model, some of the things in having individuals in plain clothes; police officers deliver mental health services, another example. He went on further to talk about our initiatives in long-term care. We just had the announcement of a long-term care centre in Corner Brook. The minister has been on the record saying that Central Health will soon follow.

The minister also said we didn't get here overnight; and, Mr. Speaker, nothing could be further from the truth. The health care system as it stands today, spending some 40 per cent of the finances of the province, did not arrive here overnight. We will not get out of that overnight and will not be able to reduce expenditures and provide the same quality of care overnight, but we are making some great strides.

The Member for Virginia Waters – Pleasantville alluded to the fact that in our *Way Forward* document we have a health-and-all-policies approach. We're shifting from treatment to prevention, and there's been a dramatic shift from treatment to prevention.

We talked about the Opioid Action Plan; we talked about nurse practitioners. Mr. Speaker, in your own district of St. George's – Humber, we've seen great success in the neighbouring community of Stephenville and St. George's of the great work and what nurse practitioners can do. What I do know is the recruitment initiatives from Western Health, and Dr. Dennis Rashleigh and his team in particular, some of the initiatives they've been embarking on to recruit nurse practitioners is truly remarkable and I'm certain we'll continue to see some success.

The Member for Virginia Waters – Pleasantville talked some of the geographic challenges, talked about initiatives around telehealth and the telehealth line. He talked about a telehealth line with dietitians. It's certainly a number of initiatives we're moving forward on.

I want to talk a bit about some of the things that weren't touched on. One in particular is the supply chain, Mr. Speaker. In *The Way Forward*, we committed to implement a government-wide shared services model for back office function. The past summer, the minister announced the implementation of a

shared services model for the supply chain management. The supply chain is the function that ensures that the product users have the right products at the right time in the right place. It includes sourcing and the procurement of items such as office and various medical supplies.

Right now, each regional health authority has a department that is responsible for the delivery of supply chain services and the managing of spending on supplies. This approach, as you can imagine, results in some duplication, a lack of coordination and for combining any purchasing volumes at all. So our new model, the intention is to facilitate a provincial coordination of capital purchases that will allow for combining of volumes and bulk purchasing.

This will also better position us to collaborate with other areas in the Atlantic partners for national purchases, as well. This, we believe, will result in better pricing on medical equipment and other equipment purchases as well. We already anticipate that 10 per cent will be realized in annual capital purchases, just by simply looking at a shared approach through our supply chain.

This work has already started. It has begun in Central Health, and there has been a governance committee struck there to start this work. We're looking forward to the continued work there and certainly a strong step forward in a way that we can (a) reduce expenditures and (b) still provide the same quality of care.

eHealth and the importance of eHealth – improving our eHealth solutions is another action. It's another action that was alluded to by both the minister as well as the Member for Virginia Waters – Pleasantville. These information tools are absolutely paramount. In today's society, we need to utilize technology in the best way we possibly can.

One example of how that's working right now is the tool that the pharmacy network is using, that ensures there's a record of all medications that have been prescribed to individuals in the province that can be accessed by all clinicians in the province. Meditech is just another example, and this is used by provincial hospitals to collect and store personal health information.

Currently, our eHealth is managed separately by the Newfoundland and Labrador Centre for Health Information and the four regional health authorities. This approach, we've realized, presents a number of challenges including a lack of standardization of data collection and overall duplication of resources and cost among all the organizations. Again, here we see an opportunity for a shared-services model for the delivery of eHealth, a key component of our eHealth strategy.

The shared services model will look at and leverage all IT – human and technical – resources to build a stronger IT support function. Once it's fully implemented, we will see cost savings through economies of scale. Again, you can imagine right now with the Newfoundland and Labrador Centre for Health Information and the four regional health authorities, we need to coordinate better, and this one area they focus on.

They also believe it will achieve more standardized data that can provide better quality information for health care providers. It will provide a single budget for eHealth which will allow for better resource planning. You can imagine four health authorities having each their own resource planning here and trying to budget. So from a provincial perspective, this will certainly lend itself to some efficiencies. It will also allow the pooling of expertise under a shared mandate for more effective eHealth programs; therefore, better patient care.

We also anticipate a greater focus on personal health solutions such as remote patient monitoring, as previously mentioned, which can keep people out of the hospital and closer to home. This revised eHealth model will be managed by the Newfoundland and Labrador Centre for Health Information to centralize this function and reduce duplication. In short, we believe we'll have a more flexible, innovative health system providing for better care for people at better value.

Another area, Mr. Speaker, where we see an opportunity is through our laboratory and diagnostic imaging. One action in our plan is to make changes to the delivery of laboratory and diagnostic imaging services to achieve greater efficiency. Currently, laboratory costs in

Newfoundland and Labrador are higher than the national average and the rates of diagnostic imaging are among some of the highest in Canada.

The number of sites delivering laboratory and diagnostic imaging no longer reflects our demographics, our population health needs and our changes in technology. The four regional health authorities are responsible for independently planning and delivering our lab and diagnostic imaging services. There are currently 38 laboratories in the province and diagnostic imaging is offered at 40 different sites. We know this model has resulted in a fragmented system with duplication of services, some competition for resources and limited uptake of new technology.

We're looking at other jurisdictions and how we can do better. Several other provinces, including Alberta, British Columbia, Manitoba and Nova Scotia have all implemented provincial models of oversight and service planning for laboratory medicine and diagnostic imaging services – again, a key lesson we can learn from other areas. The system we have is currently outdated and we believe once reformed we'll have a more efficient and effective delivery of the system.

The Department of Health and Community Services plans to transition the current regional service delivery model of the laboratory and diagnostic imaging to a sustainable, efficient and cost-effective provincial service delivery model. Mr. Speaker, those are just three initiatives that I touched on. Again, we know there is much more opportunity and much more efficiencies.

The minister has been on the record stating the best we can do for health care in the province is to find better value for the dollars we spend. With our population and the aging demographics, the challenges in our health care system are known to us, they're known to the Department of Health and Community Services and they are known to many people all across this province.

One of the challenges, Mr. Speaker – and as alluded to in the eHealth initiative – is our sheer geography. The Member for St. John's East – Quidi Vidi referred to an NLMA conference that was held here and Tasmania, the folks from

Tasmania were in, the State of Australia. Tasmania is much similar to Newfoundland and Labrador, an island of some 519,000 people, very similar to our population. We have some 520-odd thousand people. They have some great initiatives they've proposed.

I know that the minister and his staff had some great meetings with the delegation that was here from Tasmania and, again, learning from other areas. A slight difference though in some regards: Newfoundland and Labrador is about five times the size geographically than the island of Tasmania, but again, certainly an area where we believe we can learn.

Mr. Speaker, in closing, I wish to say that we are aware of the issues and challenges in our health care system. Under the guidance of the Minister of Health and Community Services, a former physician I may add, who dedicated many years of service through Labrador, through Southern Labrador, through the Northern Peninsula, and through Central Health as well, he's seen first-hand the challenges.

I know how appreciative the staff is to have him as a resource. I've been fortunate enough, as I mentioned previously, with the All-Party Committee on Mental Health, to sit in on various meetings with the minister and his staff. I can tell you that the staff certainly admires his dedication to improving health care outcomes in this province, and I can tell you also that he's a stickler for details. You will note that in his speeches and when he answers questions in Question Period, there are not many numbers you're going to get by the minister.

We heard just today, in Question Period as well, around the health care costs, he quickly pointed out that our health care costs have remained static over the last three years, with \$2.9 billion, \$2.9 billion and \$3 billion. So our costs have remained relatively static, despite, as he noted earlier, the rise in inflation.

With that, Mr. Speaker, I respectfully submit we are making great strides with the health care system of Newfoundland and Labrador. It is certainly a strong priority of this government. I believe there are many more initiatives we will hear from the Minister of Health and Community Services. I do not believe right now

is the time to call for any more review to stall any good work that is currently ongoing.

Thank you very much, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for Conception Bay South.

**MR. PETTEN:** Thank you very much, Mr. Speaker.

It's a pleasure to get up and speak on this private Member's motion. It's a very important issue. Our health care and our cost of our health care is the biggest budgetary item we have at present, and it's an issue that is top of mind each and every day to most people that you talk to. You go to a coffee shop and talk to anyone around, health care comes up. You open the newspaper or turn on the radio, it's a huge issue. As the saying goes: You don't have anything if you don't have your health.

Mr. Speaker, without reading the clauses of the private Member's motion, I'd just like to make some comments on each clause as I start. The first WHEREAS clause reflects the Auditor General's report which stated on page 28: Program expenses are forecast to decline by \$376 million over a six-year period from 2017-18 to 2022-23, a decline of 5.1 per cent or an average of 0.85 per cent per year.

The second WHEREAS clause is true: "people are worried that their health care system won't be there when they need it." This is particularly true as young people leave for a lack of opportunity and the population ages. With too few wage earners to balance the province's demographic profile, it all stems from the lack of an economic plan and the consequences for all of us.

The third WHEREAS clause is fundamental: cost reductions cannot happen without a plan and the plan cannot be developed without comprehensive information.

The fourth WHEREAS clause is something we've all heard. The province's Medical Association issued a news statement on January 17 of this year saying: There is a significant need to

review all health facilities and services in order to facilitate meaningful health system reform. Their statement reflected the views and expressed at a provincial forum the NLMA hosted October 19, 2016 in collaboration with the Leslie Harris Centre and the Centre for Applied Health Research of Memorial University. The recommendation is actually that the review be held by an independent office that has freedom to engage patients and the public.

The fifth WHEREAS reflects the message of the NLMA proposal, it stated: "Rebuilding NL Health is not about bricks and mortar. The emphasis is on reconfiguring of existing resources with an infusion of technology to deliver smarter, less costly, high quality and stable health care that is focused on staying healthy outside hospital walls.

"Rebuilding NL Health must start with a review of the province's facilities and services. The review should deliver: 1. A Role Delineation Framework; 2. A Clinical Services Plan; and 3. A Health Human Resource Plan."

The sixth WHEREAS clause calls on MHAs to work together; we have proven that we can indeed accomplish significant gains when we work co-operatively across party lines. We proved it with respect to the mental health and addictions, which is an aspect of health care and was just mentioned by my colleague across the way.

The resolve clause is very straightforward, "that Government undertake an independent, external review of health care, to be conducted by an eminent expert recognized in the field of health care delivery, with the goal of maintaining quality health care into the future." It was the NLMA that emphasized the term "eminent expert," as well as the need for independence.

Let's remember, Mr. Speaker, where this proposal came from. The Medical Association's proposal flows from an overview of views and opinions expressed by more than 130 health system stakeholders who attended this forum that the NLMA hosted with the Leslie Harris Centre and Centre for Applied Health Research at Memorial University on October 19, 2016.

They said: “a. The review should include tertiary, secondary and primary clinical services, and the facilities associated with delivering these services.

“b. It is recognized that primary medical/clinical care is one component of a broader primary health care team service, and government is developing a new approach to primary health care teams in the province. While the team model may vary from region to region, the delineation of the required or core primary care services in each region can still be defined in a review of facilities and services, setting a standard for capacity and service level. The particular way that such services are blended into a team model with additional primary health services would not be part of this review.

“c. Other components of the broader health system, such as long term care, population health and public health can benefit from the same methodology suggested for this review, or could be reviewed as a second stage.”

They said: “The review process should be guided by the following principles: i. Placing patients first and ensuring clear and affordable pathways to needed care; ii. Ensuring the quality and safety of care through agreed standards and minimum service volumes; iii. Strengthening the ability to plan health services on a province-wide basis; iv. Providing evidence-based health services that are not wasteful of resources; and v. Building partnerships with community service providers.”

As the Medical Association noted “Case studies from Canada and Tasmania were selected to provide participants with concrete examples of health facilities and service reviews that have been conducted in other jurisdictions.”

The case study from Tasmania was particularly interesting. “Tasmania is an island with about 500,000 people on the periphery of a large country. It exists within a federal system where jurisdiction over health care is largely the responsibility of the state.

“In recent years, Tasmania has suffered from fiscal problems, poor population health status, and poor health system performance in

comparison to the rest of Australia.” That sounds a little familiar, I think, Mr. Speaker.

Dr. Kelly Shaw, specialist medical advisor, safety and quality, Department of Health and Human Services in Tasmania provided an overview of their framework called *One State, One Health System*. The important thing is that the forum participants were focused on finding workable solutions, approaches that lead to better ways of approaching challenges we face.

In January 2015, our premier of the day, Premier Davis, gathered over 300 health care professionals, stakeholder groups and residents to discuss important topics related to the delivery of primary health care in Newfoundland and Labrador at the Premier’s Summit on Health Care.

One of the most significant things to come out of this exercise was the realization that people with expertise have solutions to offer. They simply need those in authority to listen and to channel their observations in ways that will bring the right kinds of changes. The Medical Association’s forum in October 2016 was a similar undertaking and it resulted in similar conclusions. We need those with expertise to lead the process of securing and sustaining our health care system.

The Medical Association’s proposal would lead to recommendations within a very reasonable period of time. Their expected time frame for recommendations was one year. Their summary report covered such issues as evaluation and monitoring, technology, decision-making processes, public engagement and responsibility, system integration, transportation infrastructure, remuneration, pilot projects and upstream solutions.

They covered such themes as redundancy and duplication of services, population and community needs, primary health care, telehealth, medical transportation systems, evaluation metrics, patient safety, human resource planning and interdisciplinary care, public-private partnerships, generalists and leveraging existing resources.

They talked about the values that need to be reflected in this review, evidence inclusiveness,

transparency, independence, timeliness, expertise, skill-set communications and consistency. We also need to find ways to co-operate with other jurisdictions in the country, which are also facing cost pressures and could possibly co-operate with us in achieving efficiencies or teaching us best practices.

The worst thing we can do is bury our heads in the sand or tread water without changing anything. The cost pressures are increasing. The challenge is growing more serious each year. We need solutions now and pretending you are the smartest person in the room is not a solution. We need to be humble enough to realize that all of us can learn from others about how to do things better. It's all about ensuring people have the care they need, when they need it and as close to home as they can get it, and in a way that is as affordable and sustainable as we can make it.

Mr. Speaker, we speak sometimes – in health they say there are some horror stories and stuff, but government likes to tell us everything is good and in good hands when it comes to peoples' health care. The political spin is not acceptable, Mr. Speaker. We need to cut out the endless blame game we're hearing from the other side. We need to cut out the endless desk thumping and backslapping from Members on the other side who pretend everything is fine.

We need to all acknowledge everything is not fine. The way to do this is to expose examples of things that are not fine. It's our role in Opposition to expose those things, and I think on a day-to-day basis we do our best to do that. There are glaring examples of this in the news every day of the week. Examples are dialysis, issues with dialysis, lack of dialysis care, dialysis patients struggling to get to their dialysis appointments, not in the right locations, nurse practitioner services, diabetic strips. Mr. Speaker, we've talked about that endlessly in the House, the lack of diabetic strips, putting a number on the amount of diabetic strips people can get.

Dental health cuts – you need to go back and check the answer. I spent endless time on my feet here about a resident in my hon. colleague's – the Leader of the Opposition – in his District of Topsail – Paradise. A lady that fought so

hard, publicly, for her dental implants, stood on the front steps of this building and protested those cuts. All she really wanted, she couldn't afford to get done what needed to be done. I met with her and my colleague also met with her. We know her well. She lives in CBS. It's a really sad story. Finally, through a GoFundMe and some other assistance, the department did offer some assistance after a while.

These are people struggling all the while we're saying we're cutting costs or going to do it better and all the while health costs go up. You can't say you're doing things better when obviously something is missing in this full equation. We need to do things better. Sure, we need to do things at a better cost, but we still got to provide delivery, still got to provide a service to people.

As my colleague from Conception Bay East – Bell Island pointed out, we have to start thinking outside the box. To say we have the expert, the minister being the expert in the field – I have no doubt, I have a lot of respect for the minister. I was a Member of the all-party committee and I have a deep amount of respect for him, but for me I think we'd go blindly in to the forest to say he has all the answers. I think collectively 40 of us in the House struggle with all the answers.

This is the idea behind the Third Party's private Member's motion, is to bring it out there to have an eminent expert review everything. Everyone comes out, all these people come out and talk about our health care system and it's a day-to-day conversation. Why is it so costly? Why do we have these wait times? Why is it so hard to get this? Why can't I get my dental implants? Why am I only getting so many diabetic strips? Why are they cutting this drug? Why is this drug not covered? We all deal with it on a day-to-day basis. We hear it as MHAs. We hear it in our districts.

As recently as this morning, Mr. Speaker, I was driving in here this morning, sitting in the house, and I got a call from a lady in my district who has been diagnosed with inoperable cancer. She's not doing well. She called me, her cancer drugs for pain medication, she was sent home. It's not covered under the Newfoundland Prescription Drug Program. She is up there counting her pills, worried about how she's going to man her every four hours to get pain

medication and wondering what to do. That's pretty heart wrenching.

I understand government cannot be everything to everyone. I understand you have to control your costs, but there are real sad stories out there. When I say there are horror stories, there are a lot of sad stories. There are a lot of people struggling in this province, Mr. Speaker. You have to control costs, we all understand that. We have to find a better way. We all say that.

You can't do the same thing over and over again, as the saying has been said many times, and expect a different result. If you're doing the same thing over and over again we know what that definition is. I will not say it, but we're not getting any different results.

We need to think better. We need to think outside the box. That's been said here, but to just dismiss this private Member's motion as being, we don't need to do this, this is a waste of time, or we have the expertise here. We don't need that. We don't need someone to come in and review our health care costs. Why then are successive governments, administrations year over year over year, successive Ministers of Education, successive experts always saying: Why are our health care costs so high? Why is it so high per capita? Why is it the highest in the country? Why is it still increasing? Obviously, we have not found the answers.

I'll sum up this way: Why not? We've said why and what for, for years and years and years, so I'm going to finish off by saying – first of all, we do support the Third Party's private Member's motion and we will be supporting it. I'll finish off with this statement for the governing party: Why not?

Thank you very much, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** The hon. the Member for St. John's East – Quidi Vidi.

**MS. MICHAEL:** Thank you very much, Mr. Speaker.

I'm very pleased to stand now and bring to conclusion our debate today on the private

Member's motion that we brought forward, which basically is a motion asking for us to really sit down and plan. That's what it's about. The review is not a review just to do a review. It's to come up with an actual plan, a plan that will move us into the future with our health care system.

Before going in to some of my final comments, I do want to recognize that we did have a good discussion here today in this debate. I thank very much all of my colleagues who took part, the Minister of Health and Community Services, the Member for Conception Bay East – Bell Island, the Member for Virginia Waters – Pleasantville, my colleague for St. John's Centre, the Member for Stephenville – Port au Port and the Member for Conception Bay South.

I particularly thank the Members of the Official Opposition for supporting the resolution. I think they understand what it's about and that's why they're supporting it. I think the government understands what it's about and that's why they're not supporting it. Because it's about going in a different direction than this government is showing us they want to go. This is about not getting rid of our health care system the way it is, not privatizing services, not going into P3 arrangements with the building of hospitals, not cutting services to vulnerable people.

I found it very amusing, to tell you the truth, in a bizarre way, when the Minister of Health talked about how important it is to get away from facilities and become more community, home based. I notice my colleague for St. John's Centre pointed this out, but I think it needs to be pointed out again. At the same time that they come out making these statements – and the minister makes these statements – what has happened since this year's *Budget 2017*? Home care services have been cut; people have had home care services cut, shorter hours, and not getting help with doing their housekeeping, for example, which is an essential part of being able to stay in your home.

The minister says one thing and then turns around and totally changes it. The government says that we are in a fiscal mess, and we all know that we are, and they say that they want to save money. Then, what do they do? They put a

plan in place to build a hospital in Corner Brook on the P3 model. They say that they make decisions that are evidence based. Well, they've been presented over and over again with the evidence with regard to the P3 model. Evidence shows that they are more costly. Evidence shows – it is well documented – that there are quality problems that develop because you have services that become based slowly – not maybe right away, but based slowly – on the profit model.

Private businesses get into P3s as an investment. They make money. So if they're making money, what's happening with the services inside of those facilities? And the same way when it comes to the workers, the government says: Oh no, the unionized workers will continue inside of that facility.

Well, something else that's been proven is that slowly all of that erodes under the P3 model. So you get situations – we have the evidence of – where every few years all of a sudden there are more cuts, there are more cuts. So what are we talking about here? We're talking about a costly model.

Our discussion today is not about P3. Our discussion today is stopping anything like that. Our discussion today is making sure that we have our public health care system that is taking care of people, that is good for our patients, that is good for the communities, that is good for our workers.

Government knows what we're talking about. We're talking about an open and transparent process. An open process where everybody who's involved in the health care system together, sit together and work together, plan together, about how we move forward while maintaining our services, maintaining the work opportunities for our health professionals and those who support the whole health care system and maintaining our communities and taking care of our people. That's what it's all about, and an open and transparent process.

That's not what they're about. The minister stands and mouths off all the things that are happening. I say: Well, where are they happening? What's the big deal? For example,

he talks about primary health care and how important it is. We've had two set up this year.

At this rate, two a year, is that really what a real plan for a primary health care based system is about? No, it means sitting down and putting a full plan out. Everybody knows what that plan is and then you certainly don't do it at two a year. You say: We have to invest upfront in these teams as soon as possible because that will save money in the acute care system.

So you have to have a long-term plan. This government does not have that and they do not want to support anything that would result in an open, transparent process leading to that because they want to keep control, because they know what they want and going the route of privatizing services is certainly on their minds, and we know that. That's what concerns us.

They do not have an overall plan for delivering services and using facilities. What's going to happen as the pressure gets worse? Government will start closing facilities. It will start getting rid of jobs. They will cut services and lay off staff. That's what's going to happen. They've already done it since they've been in government and they will continue doing it. That's the thing that's very upsetting.

We have to stop the knee-jerk downsizing. We have to put a stop to it. We have to put an end to it. We want to sit and, yes, use an evidence-based plan, but real evidence. Not evidence that they make up out of the blue and say: Oh yeah, this is the way it is. We don't know that's the way it is because the proof is not there that's the way it is. It's very, very disturbing.

The way government goes on, they expect people don't know the difference. The thing is we have a good system in many ways and we have wonderful workers, but they're stressed out. We know that. We know the staffing problems for RNs, for example, is very, very serious. We know that we have, in terms of the delivery of services – and I think my colleague for Conception Bay East – Bell Island made this comment – wait times that are way too long. We know that we have insufficient and inadequate help when it comes to travel.

We know that we can't have everything everywhere in the province and so there has to be some travel. But if we don't have a good system in place that helps people with their travel, then that's very, very problematic. We do have facilities that are outmoded, outdated, that need to be brought up. People – especially the wait times, it becomes a very serious issue.

When we have surgeries or operating rooms, for example, that can't operate because you don't have the staff that you need in that operating room and people get short notices – maybe even on the day they're supposed to have surgery that they can't have the surgery – we have problems. We are constantly having people come to us being unhappy.

It's interesting – and I think my colleague for St. John's Centre pointed this out and I can speak to it as well. When you are diagnosed and you're in the system – we get wonderful care, there's absolutely no doubt about that. We get wonderful care, but the wait times can mean somebody waiting for what's deemed as an elective surgery, like a hip replacement, for years – literally years. We are so far behind, literally years.

Well, it may be elective in the sense that the person is not going to die, but in terms of quality of life, having a hip replacement or a knee replacement for example, that, to me, is very, very important. People's quality of life, being in pain all the time – which some people are as they wait, or being on painkillers in order to stop the pain while they wait – is just not acceptable.

This government and the minister just do not seem to be taking these things seriously; the issue of the stress that's in the system, the issue of stress on the nurses and stress on everybody. It's just unbearable for some people. We keep hearing the stories, we keep being told what's wrong and they keep pretending it's not there. So I don't know that the evidence is what they base themselves on, that everything is fantastic, that there are no problems. There are problems, so why not broaden the base of how to solve those problems.

The workers are out there. They know. They know what needs to happen. They know how the system should work. Sit down and work with

them. Get everybody together; make our system work for everybody. That's what this is all about. That's why it's so disturbing that government shows that whatever they say about being open and transparent, et cetera, they're not any of those things. They've just set themselves up in an arrogant way to totally control the whole process, no matter what that process is. That's very, very disturbing.

I am pleased that I think my colleagues in the Official Opposition know what it is we're talking about. They do know what it is we want to do and that makes me feel good because they understand. I don't think they're talking about privatizing our health care system. I'm sure they're not. From what they said today, I think it's definite that they're not.

We have to find a better way. We have to find a better way to deal with our reality. Our reality is we are 500,000 people spread out over an immense piece of land, two pieces of land – immense. We have to find a way to take care of people and to stop saying – because it's driving me insane – the amount of money that's spent on health care. We have to spend money on health care. We have to do that; therefore, we have to work together to find a way to do that in our context and make it work.

I know that the groups are out there with the ideas. I know the Nurses' Union has ideas. I know the NLMA has ideas. I know that NAPE and CUPE have ideas. We have the organizations of the various specialists who are out there, even when I think of something like midwifery. Here we are with people in this province who are midwives and yet they still can't practice. They've got to be part of, you know – and it's not a public system. So we have midwives, we have regulations in place, but they're not under our health care system so they're privatized.

This is what this government doesn't get. If we have a full public health care system, then our home care has to come under our system, not be out there privatized. If we have a full home care system, then our midwives have to be under that system. All of our health systems need to be under our public health care system. That is the reality. It shouldn't be: oh, I have better health care because I have a private plan. That

shouldn't be the way things are. It shouldn't be: I have better health care because I have money and I can pay for services that somebody else can't pay for.

This is where we are in this province and we have to get ourselves out of it. We have to make our public health care system work for everybody – and I mean everybody. We can do it. As I said, the ideas are there, the people are there with the ideas. Let's get everybody together to make sure we can do that. This government is refusing to do that. They won't even sit one to one and deal with the issues, let alone bring everybody around the table and really go at it together.

So, you know, it's very disappointing. They don't want to do it. I'm very happy that the Official Opposition, with us, believes we do have to sit together and work this stuff through, for the good of our people, for the good of our communities and for the good of our workers.

Thank you very much, Mr. Speaker.

**SOME HON. MEMBERS:** Hear, hear!

**MR. SPEAKER:** Is it the pleasure of the House to adopt the motion?

All those in favour?

**SOME HON. MEMBERS:** Aye.

**MR. SPEAKER:** All those against?

**SOME HON. MEMBERS:** Nay.

**MR. SPEAKER:** Division?

Division has been called.

Call in the Members.

### Division

**MR. SPEAKER:** Is it the pleasure of the House to adopt the motion?

All those in favour of the motion, please rise.

**CLERK:** Mr. Paul Davis, Mr. Hutchings, Mr. Brazil, Mr. Kevin Parsons, Mr. Petten, Ms. Michael, Ms. Rogers, Mr. Lane.

**MR. SPEAKER:** Those against the motion, please rise.

**CLERK:** Mr. Andrew Parsons, Ms. Coady, Mr. Joyce, Mr. Byrne, Mr. Hawkins, Mr. Crocker, Mr. Osborne, Mr. Kirby, Mr. Mitchelmore, Mr. Warr, Mr. Bernard Davis, Ms. Gambin-Walsh, Mr. Edmunds, Mr. Letto, Mr. Browne, Mr. Bragg, Ms. Haley, Ms. Cathy Bennett, Mr. Finn, Mr. Reid, Ms. Parsley, Mr. King, Mr. Dean, Ms. Pam Parsons, Mr. Holloway.

Mr. Speaker, the ayes: eight; the nays: 25.

**MR. SPEAKER:** I declare the motion defeated.

Order, please!

I remind all Members of the Management Commission there's a meeting that's going to begin immediately after. It starts now at 5:15 p.m., but the in camera will be in my boardroom.

It being Wednesday, in accordance with Standing Order 9, this House does now adjourn until tomorrow at 1:30 in the afternoon.