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HANSARD

*Speaker: Honourable Derek Bennett, MHA*

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The House met at 1:30 p.m.

**SPEAKER (Bennett):** Order, please!

Admit strangers.

In the public gallery today, I would like to welcome Lily Evans and Mark Butt who are recognized in a Member's statement this afternoon. They are joined by parents Jean Sexton-Butt and Joan Monks-Evans.

Welcome.

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

### Statements by Members

**SPEAKER:** Today we'll hear statements by the hon. Members for the Districts of Burin - Grand Bank, Exploits, Conception Bay South, Bonavista and Cape St. Francis.

The hon. the Member for Burin - Grand Bank.

**P. PIKE:** Speaker, the NLTA Teachers Change Lives campaign highlights the outstanding work of teachers and expresses the gratitude to our educators and reminds everyone of their profound importance to our children, our province and our future.

If you think little schools can't do big things, then you haven't met Principal JeanAnne Lambert and her teachers and students of Holy Name of Mary Academy in Lawn, a very prominent school in the District of Burin - Grand Bank. Ms. JeanAnne works tirelessly to create learning opportunities for students at her school. You can see her innate ability to change lives in an NLTA ad currently carried by local TV stations.

We also recognize Ms. Julia Grant-Pretty, another teacher at Holy Name of Mary Academy, who is extraordinarily talented in connecting with her students and educating in a creative and engaging manner. Ms. Julia was the recipient of the Prime Minister's Award for Teaching Excellence in

Science. Her students have competed in numerous competitions, both provincially, nationally and internationally.

Congratulations to the school community of Holy Name of Mary Academy in Lawn for building such a positive learning environment.

Thank you.

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

**SPEAKER:** The hon. the Member for Exploits.

**P. FORSEY:** Thank you, Speaker.

I would like to acknowledge the volunteer efforts of Mr. Bob Sheppard of Bishop's Falls. Bob has served in the Bishop's Falls Lions Club for 55 years. During this time, he has served as president, zone chairman, district chairman of SightFirst, secretary for 14 years, as well as a number of other committees.

Speaker, Bob is also currently president of the Brotherhood of Anglican Churchmen in St. Andrew's Church, serves on the vestry of the church and served as synod delegate for the diocese.

He also served as co-chair of the Bishop's Falls Development Corporation, was founding president of the Bishop's Falls Minor Hockey Association and a charter member of the Bishop's Falls Fire Department. Bob is an active member of the Lions Club and Brotherhood of the Anglican Churchmen.

Speaker, I would like for all Members of this House of Assembly to join me in recognizing Mr. Bob Sheppard for his many years of dedicated service to his community.

Thank you!

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

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

**B. PETTEN:** Thank you, Speaker.

Speaker, this past weekend I had the pleasure of attending the Special Olympics Winter Games held in Grand Falls-Windsor. The CBS Brightstars athlete Leah McDonald created the theme for the logo Rise Again. She chose this theme because the games were the first provincial Winter Games held since the pandemic and they were excited to bounce back, rise to the occasion and compete again.

Leah from CBS and Megan Martin from Mount Pearl designed the artwork for the games logo, which showcased a phoenix and a mountain pairing with the theme Rise Again.

Participating from CBS were 43 athletes and coaches of the CBS Brightstars. Seven athletes were awarded individual medals, seven snowshoeing athletes received 11 medals and 13 athletes in 5-pin bowling received 10 medals.

I would like to personally congratulate the CBS Brightstars on their fantastic performance. Watching the games was quite inspiring as the athletes showcased their skills, met new and old friends and made memories to last a lifetime.

Speaker, I ask all hon. Members to join me in congratulating the athletes, coaches and everyone involved in making the 2023 Special Olympics Winter Games a complete success.

Thank you

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

**SPEAKER:** The hon. the Member for Bonavista.

**C. PARDY:** Thank you, Speaker.

It is an honour to celebrate the athletic achievements of Mark Butt and Lily Evans in pairs skating at the recent Canada Games held in Prince Edward Island.

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

**C. PARDY:** Securing a bronze medal on the national stage is a tremendous achievement. Mark, the son of Michael and Jean Sexton-Butt, is from Bloomfield. He is a Grade 11 student at Heritage Collegiate in Lethbridge while Lily is from Pouch Cove. Her mom, Joan, was raised in King's Cove by Lily's grandparents Gary and Eveline Walsh-Monks who still reside there.

Mark does exceptionally well academically and travels three to four times a week from Bloomfield to St. John's to hone his skating skills with his skating partner Lily. The drive is 230 kilometres one way and while mom often drives, Mark tends to his school studies.

To maintain this travel regimen over the years is physically taxing; however, Mark never complains and continues to look forward to his next session. A genuine love of skating and dedication.

I ask the Members of the 50th House of Assembly to join me in celebrating the outstanding achievement of two exceptional athletes, Mark Butt of Bloomfield and Lily Evans of Pouch Cove.

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

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

**J. WALL:** Thank you, Speaker.

Today I take the opportunity to recognize and congratulate 17 outstanding athletes, coaches and staff from my district who competed in the 2023 Canada Winter Games, held in PEI on February 18 to March 5. Nearly 250 people from our province travelled to compete against the

best in the country and I would like to recognize my constituents and their particular sport.

Alex Ryan, Alexander Hollett, Emma Pittman, Noah Ryan and Ryan Crocker: karate. Alex Wells and Cassandra McGrath: wheelchair basketball. Jill Hood, Kyla Piercey, Rachel Dooley and Tyler Gosse: gymnastics.

Mike O'Brien and Steph Delaney: hockey. Riley Yetman and Tom Hann: boxing. David Hancock: mission staff. Lily Evans: figure skating.

Lily, a resident of Pouch Cove, and her figure skating partner Mark Butt, of Bloomfield, captured a bronze medal in pre-novice pairs, bringing great joy and pride to her hometown, to the district and to the province as a whole.

Speaker, I ask all hon. Members to join me in thanking these outstanding athletes, coaches and staff for proudly representing the beautiful District of Cape St. Francis at the 2023 Canada Winter Games and congratulate Lily Evans on her bronze medal. Lily, all your hard work has definitely paid off. Congratulations.

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

**SPEAKER:** Statements by Ministers.

### Statements by Ministers

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

**A. FUREY:** Thank you, Mr. Speaker.

I rise today to reflect on the life of a true Newfoundland and Labrador icon, Mr. Gordon Pinsent. One of the province's most prolific and beloved actors, he will forever be remembered for his work in a range of productions, such as *The Forest Rangers*, *The Red Green Show*, *The Rowdyman* and voicing my families personal favourite, Babar, a character beloved by many. His

performance in *Away From Her* is one that some say sealed his reputation in the industry as a national institution.

Spanning a career of over six decades, Mr. Pinsent won every major acting prize in the country. He received a Companion of the Order of Canada, a fellow of the Royal Society of Canada, the Governor General's Performing Arts Award, the Earle Grey Award for lifetime achievement in television and a star on Canada's Walk of Fame.

Following his passing, celebrities and industry heavyweights have called him a mentor in their lives and careers. But beyond acting, he also taught a generation of Newfoundlanders and Labradorians how to be an ambassador for this place we love – with kindness and a bright sense of humour.

He was labelled a trailblazer for many. In the words of one who followed in his footsteps, "many are following on a path that he cut through a great forest."

Please join me in remembering Gordon Pinsent, celebrating his legacy and taking pride that he was one of ours.

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

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

**D. BRAZIL:** Speaker, I thank the Premier for an advance copy of his statement.

On behalf of the Progressive Conservative's Official Opposition, I express our sincere sympathies to Mr. Pinsent's family and wide circle of friends.

Mr. Gordon Pinsent was truly a kind gentleman who adored this province as much as we adored him. Generations of Newfoundlanders and Labradorians will remember him, not only for his success on the stage, film and television industries, but

also for his humour and his ability to put anyone he met at ease.

I recall meeting Mr. Pinsent decades ago when I was a young man. His down-to-earth nature and ability to carry on a conversation about almost anything is something I still recall and admire to this day. Mr. Gordon Pinsent will be missed by us all.

Thank you, Speaker.

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

**J. DINN:** Thank you, Speaker.

I, too, thank the Premier for an advance copy of his statement.

My earliest memory of Gordon Pinsent was watching *The Rowdyman*. Last week I visited the Gordon Pinsent Centre in Grand Falls-Windsor. Banners hung from the ceiling there highlighting his notable roles. The centre houses a library, theatre and, this weekend past it was the athlete's village for the Special Olympics. The centre stands to commemorate an icon in our history and is a lasting legacy to his impact on the province he loved so much and the people he inspired.

Thank you.

**SPEAKER:** Further statements by ministers?

The hon. the Minister of Finance and President of Treasury Board.

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

**S. COADY:** Thank you, Speaker.

I am pleased to advise this hon. House that your government is continuing with the tax reduction on gasoline and diesel –

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

**S. COADY:** – of seven cents per litre until March 31, 2024 – a full year. This maintains a lower price at the pumps by 8.05 cents per litre, which includes the HST.

While the rise in the cost of living is due to challenges that are global in nature, we know Newfoundlanders and Labradorians feel it close to home. This tax reduction provides meaningful cost savings for the people and businesses of the province and is an initiative of budget 2023 at an estimated cost of \$63.4 million.

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

**S. COADY:** Newfoundland and Labrador has the second lowest inflation rate among all provinces, and this move ensures we maintain the second lowest gas tax among all provinces as well.

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

**S. COADY:** Speaker, this is just the latest investment in your government's more than half a billion dollars in targeted short- and long-term measures to help residents with the cost of living since March 2022. This includes one-time cost-of-living cheques, the elimination of the 15 per cent retail sales tax on home insurance, a home heating supplement program and many, many more initiatives.

Mr. Speaker, I look forward to delivering my fourth budget as Minister of Finance in this hon. House on March 23, 2023.

Thank you.

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

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

**D. BRAZIL:** Thank you, Speaker.

I thank the minister for an advance copy of her statement.

Speaker, our caucus, the Progressive Conservative Official Opposition, has been calling for the extension of the gas tax reduction until 2024.

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

**D. BRAZIL:** We are glad that the Liberals have finally taken our suggestion, but more needs to be done. The cost of living in this province is simply too high and the onus is on the Liberals to lower it and not increase it.

The Liberal's sugar tax has increased grocery bills. The Liberal carbon tax will increase home heating fuels on July 1. We've also suggested the Liberals work with local farmers and food producers to lower the cost of local food products.

So while this is the right action, I urge the Liberal government to get their budget right and include measures to effectively lower the cost of living for Newfoundlanders and Labradorians.

Thank you, Speaker.

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

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

**J. BROWN:** Thank you, Speaker.

I thank the minister for an advance copy of her statement.

These piecemeal announcements are superficial and dance around the edges of real problems. The most vulnerable are still being missed by this measure. Rather, we should also focus on making the basic needs of life more affordable. These measures should include removal of HST from residential electrical bills and also removal of the HST from home heating fuels. That would save a lot of people a lot of money.

Thank you.

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

**SPEAKER:** Are there any further statements by ministers?

Oral Questions.

### Oral Questions

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

**D. BRAZIL:** Thank you, Speaker.

The people of Newfoundland and Labrador want action on the health care crisis in our province that gets worse every day. One hundred and thirty-six thousand people are without a family doctor, 750 vacant nursing positions, hundreds of unstaffed long-term care beds, creating further backlogs in our hospitals, emergency rooms throughout our province closed often or closed for good and ambulances are parked without staff. I could go on.

Speaker, why does the health care crisis continue to get worse on the Premier's watch?

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

**A. FUREY:** Thank you, Mr. Speaker.

First of all, let me take the opportunity to welcome everybody back to the House, but especially to two colleagues who have been off on illness, so welcome back.

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

**A. FUREY:** Mr. Speaker, we recognize that health care is in a crisis in this province. It's in a crisis across the country. It's coming out of a pandemic. It's a HR crisis, whether it's a change in the way physicians want to practise or nurses want to practise. That's why we're committed to working with stakeholders to create ideas that will

reimagine the health care system for a sustainable health care system beyond the tenure of this government well into the future. That's why there's a 10-year Health Accord to reimagine the health care system for the future.

That said, Mr. Speaker, we realize that there are immediate pressures and that's why we've announced a suite of measures to try to incentivize doctors and nurses and I'll finish with – I'm sure the next one will be health-care related.

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

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

**D. BRAZIL:** I will remind the Premier that these measures have done very little to give people in Newfoundland and Labrador access to proper health care.

The Liberal government continues to talk about recruitment efforts, but the number of vacancies for all health care professionals continues to rise. Yet, the Liberals waited eight long years before even beginning to address health care human resource issues. It took almost a year for the contract they promised to finally be awarded. The people of our province need urgent action on health care.

Why does the Premier fail to deliver?

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

**A. FUREY:** Thank you, Mr. Speaker.

I was immediately seized with health care. In fact, I ran my leadership campaign on health care, Mr. Speaker.

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

**A. FUREY:** That's why different than some other jurisdictions across the country, Mr. Speaker, we were ahead of the curve in recognizing the crisis that was occurring.

Despite the challenges of the pandemic, we launched the Health Accord.

I'm happy to say that the Members opposite participated in that, as did many stakeholders across the province. We continue to work with stakeholders to find creative solutions to deal with the health care needs. Whether that's in recruiting nurses from India or creating same-day joint replacements here in the Health Sciences and St. Clare's or looking at doing joint replacements in Carbonear and St. Anthony, Mr. Speaker.

But we also recognize that we need to recruit and retain. That's why there are significant incentives, significant bonuses in place for nurses, paramedics, doctors and other health care professionals, Mr. Speaker.

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

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

**D. BRAZIL:** Thank you, Speaker.

Obviously, we're getting outmanoeuvred by other provinces and jurisdictions here when it comes to recruiting our health care professionals or retaining them here in Newfoundland and Labrador. This Liberal government's track record on health care is failure. While the health care crisis continues to cost lives, the Premier settled for the federal health care funding which he admits is not enough. Sister Elizabeth Davis said that the Health Accord will fail if it is not fully implemented.

I ask the Premier: Why are you allowing the Health Accord to fail?

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

**T. OSBORNE:** Mr. Speaker, we've initiated a number of initiatives through the Health Accord already. The collaborative care

teams, we have eight of those now either opened or almost opened. We have a number of others in this year's coming budget. We see things like the Heart Force One, the cardiac cath flights, the same-day joint replacement, the expansion of joint replacement to other areas within our province.

The Health Accord is working, Mr. Speaker. You can't make these changes immediately, but we are seeing the benefits of the changes we are putting in place.

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

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

**D. BRAZIL:** Thank you, Speaker.

I don't consider an eight-year crisis, immediately, interventions here. That's been the lack here. Proactive versus being reactive.

Speaker, earlier today, the Liberal government listened to our suggestion to delay the increase to the gas tax.

Now, I ask the Premier: Will you repel the sugar tax?

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

**A. FUREY:** Thank you, Mr. Speaker.

I'm glad to see that they're supporting the continuation of the gas tax relief, Mr. Speaker. We recognize, on this side of the House, the importance of the cost of living and how that impacts the day-to-day lives of Newfoundlanders and Labradorians. That's why we've been so aggressive in our approach to dealing with it more than most provinces, Mr. Speaker, and we will continue to be.

With respect to the sugar tax, as we have debated in this House many times, it's meant to be a disincentive for people to

make sure that they have an option to choose with respect to beverages and if you look at the evidence – not my evidence, Mr. Speaker, it's the British Medical Journal evidence. When they've done this in the UK, it actually does change behaviour while allowing the producers to actually sell more beverages. It's just that people pick different beverages.

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

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

**D. BRAZIL:** Speaker, and yes, we did debate it here but from this side of the House we talked about that would have been no benefit to anybody from a health perspective, only take money out of the people who are already on fixed incomes.

The Liberal's carbon tax will force the price of home heating oil to increase on July 1.

I ask the Premier: What will you do to offset the additional cost on Newfoundlanders and Labradorians?

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

**A. FUREY:** Thank you, Mr. Speaker.

I would say this that we have had a chance to debate the carbon tax here in the House and the Members opposite continue to conflate our position with the federal position. We have been very loud and very clear that this is not our tax; it is a federal tax. Mr. Speaker, it is one we have fought against but it is applied across the country. It is theirs to collect, theirs to administer, Mr. Speaker.

If I am given an opportunity, I guess I can finish –

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

**SPEAKER:** Order, please!



**A. FUREY:** So I would ask the Member opposite who asked about further measures with respect to cost of living to stay tuned in this upcoming budget, Mr. Speaker.

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

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

**D. BRAZIL:** Thank you, Speaker.

You've had eight years to do it, I would suspect – you've said you couldn't do things overnight; I doubt if this budget is going to solve the problems for Newfoundland and Labrador with the approach that you're using here.

Mr. Speaker, the cost of groceries in this province is way too high.

I ask the Premier: When will you work with the local farmers to reduce costs and ensure more affordable food is available in this province?

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

**S. COADY:** Thank you very much, Speaker.

I can say to the Member opposite that we are maintaining the second lowest gas tax in the country. That will help farmers. That will help those that are delivering produce to grocery stores. That is one of the reasons why we're continuing with that very, very low gas tax. Speaker, you can remember that was originally a roads tax. The money was going to go into roads. It is \$64 million.

I will say to the Member opposite, we have worked very, very hard to ensure a stronger agricultural sector in the province. As a matter of fact, we're meeting or exceeding the targets that we set in agricultural development and we're going to continue to work very, very hard to grow and develop the agricultural industry in this province.

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

**SPEAKER:** The hon. the Opposition House Leader.

**B. PETTEN:** Thank you, Speaker.

Our thoughts and prayers continue to be with the young man who is recovering after a violent incident outside a St. John's school. The school community of Prince of Wales Collegiate is reeling following the violent assault last Thursday.

Speaker, we've seen a short-term response, but what long-term measures are being taken to protect children in our schools?

**SPEAKER:** The hon. the Minister of Education.

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

**J. HAGGIE:** Thank you very much, Speaker.

While it is great to be back in the House, it is not so great for this first question about an appalling incident for which there can be no justification, no excuse or mitigation whatsoever.

I would echo the comments of the Member opposite, that on this side of the House our thoughts are with the young lad and his family. He has apparently been released from hospital and is continuing his recovery outside.

There is never any justification for this violence. There is an investigation by the RNC; two arrests have currently been made. But this was a targeted attack, which took place outside the school buildings. Our schools are safe.

Thank you, Mr. Speaker.

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

**SPEAKER:** The hon. the Opposition House Leader.

**B. PETTEN:** Thank you, Speaker.

Speaker, this attack occurred on the front step of the school in broad daylight. Parents have spoken out about escalating violence at the school.

Noting this is just the latest in a string of serious incidents, does the minister feel its Safe & Caring Schools Policy is doing enough to address the root causes of violence in our schools?

**SPEAKER:** The hon. the Minister of Education.

**J. HAGGIE:** Thank you very much, Speaker.

Once again, this is a unique and targeted episode, an attack. The Safe & Caring Schools Policy was written in 2018. It has been revised; it's a living document and is adjusted by individual schools as well as the school district in the light of events, for example, in Texas or in other schools across the country or across the province.

It was last reviewed with the RNC in 2022, and they felt that at the time this was meeting the needs of schools and the safety of students. There is a review with the RCMP and their jurisdiction under way and in the light of this, there will be a debrief depending on the findings of the RNC investigation.

Thank you.

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

**SPEAKER:** The hon. the Opposition House Leader.

**B. PETTEN:** Thank you, Speaker.

Speaker, the school system is dealing with the chronic teacher shortages and lack of

mental health supports. Teachers and other resources are constantly being redirected to other duties.

Does the minister feel the human resource crisis in our school system is contributing to this problem?

**SPEAKER:** The hon. the Minister of Education.

**J. HAGGIE:** Thank you very much, Speaker.

Recruitment and retention of teachers is, as in other fields, a challenge. We have put in place increased cohorts through Memorial University to increase the number of graduates. We are aware that a significant number of these individuals train here from outside the province and return home, and we are working with the NLTA on a co-created recruitment and retention strategy. Meetings are ongoing and there are developments with bonuses and retention efforts for remote and isolated schools, Mr. Speaker.

We're aware of the problem and we're working towards solutions.

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

**SPEAKER:** The hon. the Opposition House Leader.

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

I think the minister should communicate that with the Teachers' Association, because they're looking for answers and the silence is deafening.

Speaker, a storm of controversies erupted over the president of Memorial University of Newfoundland and Labrador's past comments on her Indigenous heritage.

Does government still have confidence in the president of Memorial University of Newfoundland and Labrador?

**SPEAKER:** The hon. the Minister of Education.

**J. HAGGIE:** Thank you, Speaker.

Just to address part of the preamble, I actually met with the president of the NLTA very recently. I think it was last Thursday; it could have been last Wednesday. So the dialogue continues.

With regard to the issue of indigeneity, this is a very complex one. It is not one for our department to step into. This is an issue between the Board of Regents who hold the president's contract and the president themselves.

My understanding is, as of today, the president is taking a leave of absence, and the Board of Regents has put in an Indigenous round table to seek input and discuss this issue. The issue lies with them and they will deal with it.

Thank you.

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

**SPEAKER:** The hon. the Opposition House Leader.

**B. PETTEN:** Thank you, Speaker.

It's incredible sometimes how things get pushed off to others in this government; we see it over and over.

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

**B. PETTEN:** No, they don't like to do anything they don't want to do. No.

**SPEAKER:** Order, please!

**AN HON. MEMBER:** It's called responsibility.

**B. PETTEN:** It's called responsibility, exactly.

Speaker, this is just the latest controversy at Memorial University of Newfoundland and Labrador. Tuition has spiked, the faculty has gone on strike and the "Ode to Newfoundland" is stripped from our convocation. Our historic university is making headlines for all the wrong reasons.

Premier, do you have full confidence in the leadership of Memorial University of Newfoundland and Labrador, or is that just another push off to someone else?

**SPEAKER:** The hon. the Minister of Education.

**J. HAGGIE:** Thank you very much, Speaker.

For clarity, Memorial has statutory autonomy baked into the *Memorial University Act*. We have discussed with both the Faculty Association and with MUN about changes to that act in terms of the governance requests that both Memorial and MUNFA have requested to increased faculty involvement in the governance of the university.

It is an autonomous body. It is not the role of government to interfere in academic freedom, nor is it the role of government to exercise political interference over their academics.

Thank you.

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

**SPEAKER:** Order, please!

Go to the next question.

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

**SPEAKER:** Order, please!

I don't want to hear any talking back and forth; it's hard to hear the question and the response.

The hon. the Member for Ferryland.

**L. O'DRISCOLL:** Thank you, Speaker.

The Southern Shore used to have three fully staffed ambulances. Today, residents have a good reason to question whether there is a single staffed ambulance available in the entire region day to day.

I ask the minister: When will he ensure the ambulance in Cape Broyle is staffed so it can respond to emergencies?

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

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

The operator that operates in the Ferryland-Cape Broyle area, Mr. Speaker, is living up to the contract that is in place. If an ambulance is called, an ambulance is en route. If there isn't one directly in the area for whatever reason – whether it's on call or whatever other reason – the closest available ambulance will be sent to the area.

As the Member knows, we've just announced, as well, a rapid response unit for that area, Mr. Speaker, which will be a fully equipped vehicle with an ACP with advanced life-saving skills that can attend to any individual while they're waiting on an ambulance.

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

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

**L. O'DRISCOLL:** Thank you, Speaker.

We're worried about the ambulance that's sitting in Cape Broyle that's not staffed. That's the one we're worried about.

Speaker, the minister's announcement last week has left the residents in the area more confused than ever.

I ask the minister: This mobile unit that's there will it be there 24-7?

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

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

Eastern Health is in the process of securing a vehicle. They will have it fully equipped, Mr. Speaker. The reality is we understand the geographic uniqueness of the area, the fact that it's a long stretch of highway. We are working to address the issues in the area, Mr. Speaker.

Eastern Health, the department, take these issues very seriously. In terms of the ACP, that will be put in place, Mr. Speaker, when the vehicle is put in place, we will ensure that the vehicle is staffed.

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

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

**L. O'DRISCOLL:** Speaker, the question is: Is it there 24-7?

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

**T. OSBORNE:** Mr. Speaker, I will get the answer on whether it's 24-7 or what the hours are for the Member opposite, but I do know that an ACP has been identified for that service and they are in the process of securing a vehicle.

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

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

**L. O'DRISCOLL:** It's clear that they don't know the area, that's for sure. They don't know my district and that's absolutely the problem.

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

**L. O'DRISCOLL:** Speaker, to call this mobile unit a band-aid is an insult to a band-aid. It's a downgrade of emergency service for the people throughout my district. This government has contracts in place for the provision of ambulance services.

I ask the minister: What are you doing to ensure a fully staffed ambulance is available in the District of Ferryland?

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

**T. OSBORNE:** Mr. Speaker, I'm not going to be as difficult on the operator as the Member opposite is. As I understand, the operator is living up to the contract that is in place.

The other aspect of this, Mr. Speaker, as the Member knows, all he needs to do is tune in to the news in Nova Scotia or Ontario or Alberta. There is a health professional shortage throughout North America. I do understand that the operator is working on recruitment, Mr. Speaker, but if the Member opposite knows of a PCP that we can put in place there today, we'll hire them today.

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

**SPEAKER:** The hon. the Member for Topsail - Paradise.

**P. DINN:** Thank you, Speaker, and, of course, we're all concerned about what's happening here in this province.

Mr. Speaker, the Health Accord is very clear on calling for action to provide appropriate quality and accessible care and protection for older persons in Newfoundland and Labrador. The minister earlier today stated that initiatives of the Health Accord have been initiated – many of them.

When can our seniors and their families expect this action, this recommendation, to be acted upon?

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

**T. OSBORNE:** Mr. Speaker, as the Member knows, we've put in place an expert committee to look at personal care homes, to look at long-term care homes, to ensure that the quality of life for residents of those homes has improved, to ensure that the work quality or the quality of life for our employees has improved and to look at systemic issues within these institutions.

That work is undergoing. It is taking place as we speak, Mr. Speaker. I look forward to the results of that report. That is part of the answer to the Health Accord. We are acting on the recommendations. It is a 10-year plan, but we are well ahead in terms of acting on the recommendations of the Health Accord.

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

**SPEAKER:** The hon. the Member for Topsail - Paradise.

**P. DINN:** Thank you, Speaker. I would argue that they're ahead on anything.

Speaker, there have been increasing reports of violence in long-term care across this province. Our seniors deserve protection and security. This government has had almost eight years to address staff shortages and issues in long-term care.

I ask the minister: When will the government finally ensure our seniors are safe?

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

**T. OSBORNE:** Mr. Speaker, these situations that happen in long-term care homes are unacceptable, I will admit that, but they're also complex. If you've got somebody with dementia or if you've got somebody with mental health issues, sometimes these situations can happen.

I don't think any measure will absolutely prevent something like that from happening, but we work to reduce and we work to address the issues. When they happen, we look to mitigate the issues and put policies in place to address those issues.

The expert committee that's put in place, Mr. Speaker, will examine these issues in detail. We expect the report back within six to eight months and it will be acted on.

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

**SPEAKER:** The hon. the Member for Topsail - Paradise.

**P. DINN:** Thank you, Speaker.

Any case of violence in long-term care is unacceptable. It involves real people and their families, and it's obvious that government isn't doing enough to protect our seniors. The minister may point to the review of long-term care, but this doesn't fix the immediate problem of seniors facing violence now.

I ask the minister: What measures will be implemented, after eight years, immediately before seniors face more violence?

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

**T. OSBORNE:** There are two separate and distinct issues at play here, Mr. Speaker. Some of the reports in the media from several months ago involved staff; the most recent report involved residents. As I said, that is complex. If you've got residents with dementia or with mental health issues, you can't always control what happens in terms of residents.

These issues will happen. Yes, they're unacceptable. Eastern Health, Western Health – the health authorities – put measures in place to mitigate these issues from happening, Mr. Speaker. It is a serious issue. Everybody within the health care

system takes these issues very seriously. For the Member to say otherwise is very unfortunate.

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

**SPEAKER:** The hon. the Member for Exploits.

**P. FORSEY:** Speaker, another attack on a senior in a government run long-term care facility was reported this morning in Botwood. The son has described the injuries as, quote: very, very extensive and that his mother, quote: received a severe beating under the care and control of the Central Health system.

I ask the minister: What specific steps are being taken to ensure safety of seniors in the Botwood long-term care unit?

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

**T. OSBORNE:** Mr. Speaker, our thoughts go out to the family and, certainly, to the individual that's been impacted.

Again, this involves residents within that facility and the answers that I provided to the Member previously, Mr. Speaker – these issues are taken very seriously. Central Health is dealing with the issue; they are putting in place mitigation measures.

We do look forward to the review by the expert committee on personal care and long-term care homes, which will further improve how we operate, how we provide services and quality of life for the residents.

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

**SPEAKER:** The hon. the Member for Exploits.

**P. FORSEY:** Speaker, security is one thing, but the lack of appropriately trained health

care staff is the main issue facing long-term care in our province.

I ask the minister: What additional staffing resources will be provided to the long-term care facility in Botwood?

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

**T. OSBORNE:** Mr. Speaker, it doesn't matter which province – or which city in which province – you look at across Canada, there is a shortage of health care professionals. We take the issue very seriously.

We have undertaken, not only nationally but internationally, recruitment initiatives. We've put in place incentives, Mr. Speaker. We've seen success from those incentives that we put in place. We are recruiting individuals as we are able to get them. We are competing in a globally challenging environment to do so.

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

**SPEAKER:** The hon. the Member for Harbour Main.

**H. CONWAY OTTENHEIMER:** Speaker, a resident of the long-term care home in Carbonear was left battered and bruised after another patient on the dementia ward attacked him. I've spoken with the gentleman's family who are deeply concerned about what happened.

Can the minister update this House on what specific measures are being taken to ensure the safety of all residents of the dementia ward in Carbonear?

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

**T. OSBORNE:** Mr. Speaker, as with the previous two individuals that asked questions, I will say that these issues are taken very seriously. Mitigation measures

are put in place when we hear of these issues.

An investigation is undertaken to find out how and why these issues took place, Mr. Speaker. We are undertaking improvements within our personal care homes and our long-term care homes, including an expert panel that will provide advice on how we can improve the quality of life for individuals as well as the quality of life for employees.

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

**SPEAKER:** The hon. the Member for Harbour Main.

**H. CONWAY OTTENHEIMER:** Speaker, of course we acknowledge that this is being taken seriously, it must be; seniors are facing violence in these homes. A security guard was placed on the ward but what is really needed is appropriately trained health care staff to help patients. Individuals with dementia require specialized care to appropriately serve their needs and help prevent future violent incidents.

Will the minister commit to hiring additional health care staff for the Carbonear long-term care home?

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

**T. OSBORNE:** Mr. Speaker, we are absolutely committed to hiring health care professionals in every discipline throughout this province. We have undertaken recruitment initiatives nationally and globally.

Every province in Canada is faced with a shortage of health care professionals, but if the Member knows of individuals we can hire today, I will hire them today.

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

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

**H. CONWAY OTTENHEIMER:** Mr. Speaker, I must say to –

**SPEAKER:** Order, please!

The hon. the Leader of the Third Party.

**J. DINN:** A new Member, Sir.

Thank you.

Speaker, the Newfoundland and Labrador Medical Association says 136,000 people now self-identify as not having a family doctor. The Minister of Health and Community Services says the number peaked at 48,000; quite a significant difference.

I ask the Premier: Whose facts should we believe? Whom should we trust, the Newfoundland and Labrador Medical Association or the minister?

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

**A. FUREY:** Thank you, Mr. Speaker.

I don't think it serves anyone well to debate the validity of the numbers or the variance between them. What is important is that if there is one Newfoundlander without access to primary care, then that's important to us on this side of the House.

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

**A. FUREY:** That's why we're working with the NLMA and other stakeholders to continue to evolve and develop the family-care teams, Mr. Speaker. As the Minister of Health alluded to earlier, stay tuned to the budget for more announcements on the family-care teams.

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

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

**J. DINN:** Thank you, Speaker.

I would assure you that the people who call into my office without a doctor would agree with that statement. So rather than debate numbers, let's look at getting doctors in place.

Speaker, the minister also says the province recruited 25 new doctors between September and January and that the numbers may not be as dire in the coming months.

I ask the Premier: How many boots are on the ground? How many doctors have signed a contract and will be practising in the next year?

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

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

The health authorities have recruited 25 physicians from September to the end of December as the Member has indicated. We've also recruited over 51 health professionals for the Come Home initiative. We've recruited 23 family physicians through the family physician start-up program. We've had a number of retired physicians through the incentive that we've put in place to attract retired physicians to come back to provide their services, Mr. Speaker.

So we are focused on recruitment. We continue to be focused on recruitment. What I can say to the Member is, stay tuned because we have other initiatives that we'll be announcing in short order, including blended capitation in which we worked very closely with the NLMA to put that in place.

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

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

**J. BROWN:** Thank you, Speaker.



All Labradorians should have fair and equal access to health care. However, MTAP discriminates against many of them in its current form, especially those that make multiple trips a year for serious conditions.

I ask the minister: Have any Labradorians been consulted for their review of the Medical Transportation Assistance Program?

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

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

MTAP is an important service to people in Newfoundland and Labrador and, in particular, to the people of Labrador. I know that the MTAP service, Mr. Speaker, is under review. Officials within the department are reviewing that to see what improvements can be made. We will continue to do that, and I can assure the Member that individuals and health authorities in the Labrador region will be consulted.

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

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

**J. BROWN:** Thank you, Speaker.

Residents of Labrador West have been very vocal about their disdain for MTAP in its current form. The cost to access health care across this province should be covered entirely by MCP, not by a patient's credit card. Labradorians are demanding fair and equal access to health care that does not have them paying out of their pockets.

I ask the minister: Will he himself go to Labrador and meet with Labradorians, himself, on the reforming of medical travel and the necessities and the consequences we face as Labradorians?

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

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

Myself and a Member of our caucus responsible for Labrador Affairs were both in Labrador earlier this month. We met with individuals. MTAP was one of the issues we've discussed, Mr. Speaker. We met with Indigenous groups. We met with the health authority. It is an important issue. It is on our radar. We will continue to work on MTAP.

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

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

**L. EVANS:** Thank you, Speaker.

I would like to thank the Minister of Health for meeting with me earlier to discuss the delays in medevac services to North Coast communities in my district that are totally dependent on air medevac services. However, I was surprised to learn that this province abides by the universal key performance indicators that state once a medevac is called, there's a required response time of within an hour for wheels up for the first call and 1.5 hours for the second call. People in my district tell me this is not what they witness for medevac call-outs.

Will the province commit to these minimum standards for my district?

Thank you.

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

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

Yes, I did meet with the Member. We are looking at the issues the Member raised. They are important to the area that she represents, Mr. Speaker.

Medevac is currently provided under contract with Air Borealis. I know that is an issue that we're discussing within the department. I will consult further with the Member opposite as we get closer to the renewal of that contract, which is on the horizon.

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

**SPEAKER:** The time for Question Period has expired.

Presenting Reports by Standing and Select Committees.

Tabling of Documents.

### Tabling of Documents

**SPEAKER:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you, Speaker.

In accordance with section 10 of the *Architects Act, 2008*, I'm tabling the 2022 annual report of the Architects Licensing Board of Newfoundland and Labrador.

**SPEAKER:** Further tabling of documents?

The hon. the Minister of Finance and President of Treasury Board.

**S. COADY:** Pursuant to section 26(5)(a) of the *Financial Administration Act*, I'm tabling 10 orders-in-council relating to funding pre-commitment for fiscal years 2023-24 to 2033-34.

Thank you.

**SPEAKER:** Are there any further tabling of documents?

Notices of Motion.

### Notices of Motion

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

**S. COADY:** Thank you very much, Speaker. I know everyone has lots of notices of motion.

Speaker, I give notice that I will on tomorrow move that the House resolve itself into a Committee of the Whole on Supply to consider a resolution for the granting of Supplementary Supply to His Majesty, Bill 25.

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

**S. COADY:** Thank you, Speaker.

I give notice that I will on tomorrow introduce a bill entitled, An Act to Amend the Revenue Administration Act No. 3, Bill 27.

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

**S. COADY:** Thank you, Speaker.

I give notice that I will on tomorrow move that the House resolve itself into a Committee of the Whole to consider a resolution relating to the advancing or guaranteeing of certain loans made under *The Loan and Guarantee Act, 1957*, Bill 28.

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

**S. COADY:** Thank you, Speaker.

I give notice that I will on tomorrow move that this House approve in general the budgetary policy of the government.

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

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

**S. COADY:** Thank you, Speaker.  
I give notice that I will on tomorrow move the House resolve itself into a Committee of the Whole on Supply to consider certain resolutions for the granting of Supply to His Majesty, Bill 26.

**SPEAKER:** Thank you.

The hon. the Minister of Health and Community Services.

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

I give notice that I will on tomorrow introduce a bill entitled, An Act to Amend the Patient Safety Act, Bill 31.

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

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

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

I give notice that I will on tomorrow introduce a bill entitled, An Act to Amend the Pharmaceutical Services Act, Bill 32.

**SPEAKER:** Thank you.

Further notices of motion?

The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you, Speaker.

I give notice that I will on tomorrow introduce a bill entitled, An Act to Amend the Architects Act, 2008.

**SPEAKER:** The hon. the Minister of Digital Government and Service NL.

**S. STOODLEY:** Thank you, Speaker.

I give notice that I will on tomorrow introduce a bill entitled, An Act Respecting the Regulation of Mortgage Brokerages and Mortgage Brokers in the Province, Bill 30.

Thank you.

**SPEAKER:** Thank you.

Further notices of motion?

The hon. the Government House Leader.

**J. HOGAN:** Thank you, Speaker.

I give notice that I will on tomorrow move, in accordance with Standing Order 11(1), that this House not adjourn at 5:30 p.m. on Tuesday, March 14, 2023.

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

**J. HOGAN:** Thank you, Speaker.

Notwithstanding Standing Order 9, this House shall not adjourn at 5 p.m. on Wednesday, March 15, 2023, but shall continue to sit for the conduct of government business and if not earlier adjourned, the Speaker shall adjourn the House at midnight.

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

**J. HOGAN:** Thank you, Speaker.

I give notice that I will on tomorrow move, in accordance with Standing Order 11(1), that this House not adjourn at 5:30 p.m. on Thursday, March 16, 2023.

**SPEAKER:** The hon. the Opposition House Leader.

**B. PETTEN:** Thank you, Speaker.

I want to confirm that the PMR on the Order Paper, which was read into the House in the last sitting, will be the PMR we'll be debating this Wednesday afternoon on Private Members' Day.

**SPEAKER:** Thank you.

Are there any further notices of motion?

Answers to Questions for which Notice has been Given.

Petitions.

### Petitions

**SPEAKER:** The hon. the Member for Bonavista.

**C. PARDY:** Thank you, Speaker.

Many seniors in our province struggle to make ends meet, especially in these inflationary times. The federal government has indexed their CPP and OAS, their Canadian Pension Plan and their Old Age Security, only to have the provincial government claw back a portion of this federal indexed amount.

We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to add an indexing provision to their provincial online calculator to avoid clawing back increases that seniors receive federally.

We just had some addresses here in the House, and the Minister of Finance and Treasury Board had stated that the rising cost of living is an issue for all of us in the House. It is for government; it is for all of us. It is, in particular, for seniors and those people trying to make ends meet in the District of Bonavista and in the province.

The Leader of our Official Opposition said the cost of living is too high. He is correct. We've been saying it for months. The Premier says stay tuned in the upcoming budget. I wonder if we will have an indexing of the provincial amount that we have on our calculation. So the federal government gives out and they say that our residents need more, the seniors. Our provincial calculator has not been indexed or changed since, I think, 2016. That's the last time when it was launched and it's still there.

Imagine, now accounting for any inflationary pressures that we would have on our system, we don't index. Needless to say, the residents of the District of Bonavista in the province will look at their cheques from the provincial government and find that they're getting a less amount each time. Because as the federal government pays more, our provincial government takes back a share of what they're paying. It would be nice to see an accounting as to where we are and what we have.

Another part of the calculation that they have is the fact that they treat couples and singles the same. That means whether there are two of you living in a household or whether one, you would be treated the same in the calculation.

Many seniors would say if there are two in a household whether you need hearing aids, whether you have a dental plan and you need dental work, the expenses associated is much higher than what it would be if they were a single adult. The only thing that that would tell me is that we have a very dated formula of which the government acknowledges that they are quite aware of the stressors out there, the cost of living, but still they have a very outdated calculator that do not take into account any indexing.

Thank you, Mr. Speaker.

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

**SPEAKER:** The hon. the Minister of Finance for a response.

**S. COADY:** Thank you very much, Speaker.

I listened intently to the Member opposite and his petition. I will say to the Member opposite, it's something that we could consider as part of budget and could consider as we move forward. I will indicate, however, that this is designed so that as your income goes up, you may not require the level of support, Income Supplement and the Seniors' Benefit.

So what he is basically saying is as income rises, people may not qualify for the programs such as the Income Supplement and the Seniors' Benefit, both of which we have increased in the last budget, Speaker. We have increased the allocation for both the Seniors' Benefit as well as the Income Supplement.

Thank you.

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

**T. WAKEHAM:** Thank you, Speaker.

These are the reasons for this petition:

The long-term care facility located in Stephenville Crossing was constructed in the 1970s. It was not designed for the levels of care it is currently providing. The facility is 45 years old, with substandard bathroom size for the lifts required, and the size of the rooms are not to today's specifications, very small and very cramped. The seniors in the Bay St. George area living there deserve better.

I'm sure my colleague across the way is quite familiar with the conditions of this long-term care facility. It's actually located in his riding. However, this facility, as I just said, unlike others that are currently in our province unoccupied – so we built new long-term care beds but we forgot to put in a plan about how to staff of them. As a result of that, we're seeing our acute-care beds now occupied by people who should be in long-term care.

This facility has the staff, but they need a facility. The staff in this particular facility are going above and beyond to try to provide care for these residents. As I stated, this facility was built in the '70s. It was not built for the type of care that is being provided there today.

As we move forward in a new budget year, I would hope that there would be an

announcement that a feasibility study will be carried out to look at the potential to build a new long-term care facility in the Bay St. George region which is desperately needed. There are over 100 residents there now and it's time that it got started, that the planning get started and the work get done.

Thank you.

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

**L. EVANS:** Thank you, Speaker.

We, the undersigned, are concerned citizens of Newfoundland and Labrador who urge our leaders to return affordable travel to the region of Northern Labrador. Unlike other communities in this province, our Northern Labrador communities are land-based but totally not connected to the provincial highway system.

Our Northern Labrador communities are totally isolated with no road access and marine transportation is limited to five months or less each summer.

With the provincial government cancellation of the Lewisporte freight boat to our communities, families are now struggling with increasing costs of basic needs including food insecurity. Our only means of transportation is by a limited marine or by an exorbitant costly air transportation.

Our marine transportation service is once-per-week ferry, running July to October. Our air transportation service is provided by a single monopoly, Air Borealis, and is weather dependent and cost prohibitive.

The cost of air travel for residents living in Northern Labrador is grossly disproportionate to the available income, thereby restricting transportation costs, cost of living and contributing to isolation.

So, Speaker, why should I introduce a petition talking about a subsidy? Because

our communities in Northern Labrador are totally isolated. I just found out, recently, that Quebec has introduced a regional air subsidy, with the intent of making travel within Quebec more accessible. That was last June and it's two parts.

The first part for people in Quebec living in remote regions, there's a subsidy of between 30 per cent to 60 per cent of the cost of their air travel, making travel more affordable, more accessible. This is a priority for Quebec. So I ask – we live right next to Quebec. We're rural. We're isolated. We're remote. So I don't understand why we can't actually have a subsidy for my communities who are not connected to the Trans-Canada Highway, Trans-Labrador Highway.

There's another component of the Quebec subsidy where there's a straight fee of \$500 that will get them into all the major centers, Montreal, Quebec and Saint-Hubert.

So, in actual fact, this subsidy would make travel within my communities more accessible but also would allow them access to the Trans-Labrador Highway which would allow them to actually travel to visit friends, to purchase affordable foods, to be able to get household incomes into their communities much easier and it would actually increase the quality of living for people in my remote regions.

Thank you, Speaker.

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

**J. BROWN:** Thank you, Speaker.

The reason for this petition:

WHEREAS 25 per cent of the people of Newfoundland and Labrador are currently without a family doctor; and

WHEREAS our province is short 750 nurses, with another 900 eligible for retirement in the next two years; and

WHEREAS the shortages have led to more emergency department closures and a lack of beds in hospitals; and

WHEREAS our aging population will require frequent and more complex medical care in the next decade; and

WHEREAS years of neglect and inaction by governments for decades have, ultimately, undermined the public health system;

THEREFORE we, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to commit to a timeline for opening publicly run collaborative team clinics across the province, where doctors and other health professionals can serve the public both timely and effectively.

So the nature of this petition is that we would like to find a way to get these health care professionals into these collaborative clinics. I don't have any in Labrador West right now. I don't have one, and I have people calling my office probably hourly. My specialist says I need to have a family doctor to follow up with me. My specialist says this and that. So a lot of these people in Labrador West who have specialists out here in St. John's and stuff are asking, well, you need to find a family doctor to follow up with you because of your condition or because of this or that.

Right now, we're seeing these collaborative care clinics, especially in my district – a few of them are here in the Metro area, but I got nothing in Labrador West right now. I've got a few very burnt out family physicians who, because of the shortness of health care professionals in Labrador West there right now, are spending the majority of their time looking after the emergency room. So they're actually unable to even attend to their actual patients in their family practices.

These doctors are on the verge of just walking away and saying shag it all because, right now, we don't have this kind of model that actually outlines, would actually – a place like Labrador West, this would be perfect for the people of Labrador West, a collaborative care clinic, where a lot of the needs and stuff can be addressed. But we see no timelines or nothing, especially for my region.

This petition here is asking – we want to see a timeline. We want to see some actual action and a collaborative care clinic for Labradorians. Like I said, just the same as my questions earlier today, you better have a pretty good credit card if you want to go out and get health care right now because, right now, you have to pay extensively to travel out to here. Right now, a round ticket is almost \$2,000 for one person from Labrador to go out and see a doctor – \$2,000.

This petition here, we want to see some timelines, and the people of Labrador West who signed this petition want to see some timelines on a collaborative care clinic and see when it will be offered in our region.

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

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

**L. O'DRISCOLL:** Thank you, Speaker.

The background to this petition is as follows:

WHEREAS the residents from Bay Bulls to St. Shott's do not have access to satisfactory ambulance services; and

WHEREAS the current ambulance provider is failing to provide adequate emergency response times to the residents in the Ferryland District; and

WHEREAS the residents of the Southern Shore are lacking access to quality

ambulance services and advanced care paramedics; and

WHEREAS the Trepassey region has only one ambulance, with notice of removal in the near future, and the Cape Broyle ambulance service has major staffing concerns, the region can be under red alert for multiple hours at a time;

Therefore, we petition the House of Assembly as follows: We, the undersigned, urge the Government of Newfoundland and Labrador to immediately address the ambulance issue in the Ferryland District by providing a more reliable ambulance service to the people of the Ferryland District and to find solutions to ensure the residents of the area have full coverage at all times with advanced care paramedics.

Speaker, I met yesterday with a group in Cape Broyle. We had council represented from, I'm going to say, Cape Broyle up as far as Trepassey, St. Shott's area, for the people that could make it, and really a geography lesson is what's needed here. Not for the people in my district, for the government in this province in this province.

We have people that are waiting for ambulances well over an hour, an hour and a half, and sometimes it reaches two hours. To sit there on the other side after calling an ambulance and to wait and the fear that people have when sitting in their home, or it could be on the ground outside – this has happened in the last month or so, and the emails that I get regarding this issue are incredible. Every time you meet an ambulance in the district you wonder if they're coming from St. John's, if they're coming down the shore or going up the shore, you don't know how long they've been waiting before they left. So it's a big issue.

We sit here, we started off – and I've had a petition since I came here on the ambulance in Trepassey. We had two ambulances in Trepassey. We lost one. It went to Cape

Broyle. Then they moved it to Cape Broyle. Now there's one down there now that's sitting in the yard, not been manned or not been resourced.

We need to have that resourced in the district. If you were in Ferryland, as an example – so people get confused because you're saying Ferryland, Ferryland District, Cape Broyle, Calvert, Renew. These are all separate communities. All different distances away from the ambulance. So with an ambulance call in Ferryland, you're 15 minutes away if you're ready to get going to go to Ferryland, if you get a call from Ferryland. You're 20 minutes away in Aquaforte; 25 maybe to Fermeuse; 30 to Renew. So people are waiting. Now, you add on that that ambulance is not being staffed and is coming from Holyrood or Mount Pearl. It's not acceptable to not have the ambulance coverage in the district.

This wouldn't be out there – they're sitting, waiting too long. It's incredible. It's incredible that they're there waiting that long. We'll have ample time to get on with this petition in the days coming to be able to express the disappointment in my district from the people on the ambulance service that we're getting.

Thank you.

**SPEAKER:** Orders of the Day.

### Orders of the Day

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

**J. HOGAN:** Thank you, Speaker.

Speaker, I call from the Order Paper, Motion 4.

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

**J. HOGAN:** Speaker, I move, seconded by the Deputy Government House Leader that

under Standing Order 11(1), this House not adjourn at 5:30 p.m. on Monday, March 13, 2023.

**SPEAKER:** Is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Motion carried.

The hon. the Government House Leader.

**J. HOGAN:** Speaker, I call from the Order Paper, Motion 2.

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

**J. HOGAN:** Speaker, I move, seconded by the Minister of DGSNL, for leave to introduce a bill entitled, An Act to Amend the Management of Information Act and the House of Assembly Accountability, Integrity and Administration Act, Bill 22, and I further move that the bill be now read a first time.

**SPEAKER:** It is moved and seconded that the Government House Leader have leave to introduce a bill and the said bill now be read a first time.

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

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Carried.

Motion, the hon. the Government House Leader to introduce a bill, "An Act to Amend the Management of Information Act and the



House of Assembly Accountability, Integrity and Administration Act," carried. (Bill 22)

**CLERK (Barnes):** A bill, An Act to Amend the Management of Information Act and the House of Assembly Accountability, Integrity and Administration Act. (Bill 22)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**J. HOGAN:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 22 read a first time, ordered read a second time on tomorrow.

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

**J. HOGAN:** Thank you, Speaker.

I call from the Order Paper, Motion 3.

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

**J. HOGAN:** Speaker, I move, seconded by the Deputy Government House Leader, for leave to introduce a bill entitled, An Act to Amend Various Acts of the Province Respecting the Alternate Witnessing of Documents by Lawyers, Bill 23.

I further move that the said bill be now read a first time.

**SPEAKER:** It is moved and seconded that the hon. Government House Leader shall have leave to introduce Bill 23, and that the said bill be now read a first time.

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

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Motion carried.

Motion, the hon. the Minister of Justice and Public Safety to introduce a bill, "An Act to Amend Various Acts of the Province Respecting the Alternate Witnessing of Documents by Lawyers," carried. (Bill 23)

**CLERK:** A bill, An Act to Amend Various Acts of the Province Respecting the Alternate Witnessing of Documents by Lawyers. (Bill 23)

**SPEAKER:** This bill has now been read a first time.

When shall the said bill be read a second time?

**J. HOGAN:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, Bill 23 read a first time, ordered read a second time on tomorrow.

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

**J. HOGAN:** Thank you, Speaker.

I call from the Order Paper, Motion 1.

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

**S. COADY:** Thank you, Speaker.

I wish to inform the House that I have received a message from Her Honour the Lieutenant Governor.

**SPEAKER:** All rise.

As Lieutenant Governor of the Province of Newfoundland and Labrador, I transmit a request to appropriate sums required for the

public service of the province for the year ending 31 March 2024, by way of Interim Supply, and in accordance with the provisions of sections 54 and 90 of the *Constitution Act, 1867*, I recommend this request to the House of Assembly.

Sgd.: \_\_\_\_\_  
Lieutenant Governor

Please be seated.

The hon. the Minister of Finance and President of Treasury Board.

**S. COADY:** Thank you, Speaker.

I move, seconded by the Government House Leader, that the message together with the bill be referred to the Committee of Supply.

**SPEAKER:** The motion is that the message together with the bill be referred to the Committee of Supply and that I do now leave the Chair.

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

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Motion carried.

On motion, that the House resolve itself into a Committee of the Whole, the Speaker left the Chair.

### **Committee of the Whole**

**CHAIR (Warr):** Order, please!

We are considering the related resolution and Bill 21, An Act Granting to His Majesty Certain Sums of Money for Defraying Certain Expenses of the Public Service for the Financial Year Ending March 31, 2024

and For Other Purposes Relating to the Public Service.

### **Resolution**

*"Be it resolved by the House of Assembly in Legislative Session convened, as follows:*

"That it is expedient to introduce a measure to provide for the granting to His Majesty for defraying certain expenses of the public service for the financial year ending March 31, 2024, the sum of \$2,974,162,700."

**CHAIR:** Shall the resolution carry?

The Chair recognizes the hon. Minister of Finance and President of Treasury Board.

**S. COADY:** Thank you, Chair, and I thank the hon. House.

Today, we have introduced an Interim Supply bill, how quickly a year passes that we're back here to introduce an Interim Supply bill. This is a quick turn of a year I'd say, Mr. Chair.

The Interim Supply bill is required to be passed in the House of Assembly to continue ongoing operations for the period from April 1, 2023, to June 30, 2023, while budget 2023 and the associated main Supply bill is being introduced, debated and approved by this Legislature.

Mr. Chair, I've also indicated to this Legislature that the budget for 2023-2024 will be brought to this House on Thursday, March 23.

The total allocation of this bill is \$2,974,162,700. This legislation will need to be passed by the House of Assembly and receive Royal Assent by the Lieutenant Governor by March 22, 2023, in order to meet payroll, income support and other expenditures effective April 1, 2023.

The Interim Supply bill represents approximately 37 per cent of the 2022-2023

budgeted current and capital account gross expenditures. It's based on allocations approved during *Budget 2022*, which was unanimously approved by the House of Assembly in June 2022.

Government operations include payroll, income support and other expenditure obligations such as the calling and awarding of tenders, as well as annual contractual obligations that must be encumbered pursuant to the *Financial Administration Act*. The Interim Supply bill will have no incremental impact on government's financial position in 2023-2024 beyond what is budgeted in this coming budget of 2023.

As I mentioned, the total allocation for the Interim Supply, April 1 to June 30, is \$2,974,162,700. Again, that accounts for approximately 37 per cent of the original budget figures of '22-'23. It's calculated on funding for six pay periods and expenditures anticipated to be paid or due during the first three months of a fiscal year. This is a normal activity of this House of Assembly to provide a three-month Supply bill to ensure that we are able to move through the budget process effectively while still maintaining the operations of government.

Of course, it's not as simple as dividing the dollar figure by the number of months. Departments make adjustments after the original calculation to account for items that are required in the first quarter. Spending requirements vary and are based on what part of the year we are working with and for the type of expenditure. For example, a department enters into a contract to spend funding they must encumber or set aside the total value of that contract, so they would need the total amount included in Interim Supply in order to encumber it.

Interim Supply is required to provide funding for the additional three months so that normal operations can occur while budget 2023 is robustly debated in the House of Assembly.

The majority of the funding for the Department of Transportation and Infrastructure comes upfront in the year because they need funding available to enter into infrastructure contracts. Other departments need to encumber funds to allow for contractual commitments.

In this three-month period, the highest amounts can be attributed to Health and Community Services. It's always the highest level of expenditure, that's not unusual. Transportation and Infrastructure is the highest percentage of budget required in Interim Supply so that they can enter into contracts for large-scale infrastructure projects and for the roads work that they need to do. Education, of course, is the second highest level of expenditure next to Health.

It should be noted that Interim Supply does not have any incremental impacts on the province's financial position. That is very important to realize. This is not in addition to. It has no incremental impacts on the financial position in 2023-24, beyond what will be included in budget 2023. It is simply an advance on funding for the upcoming budget. It allows government to continue normal day-to-day operations while the new budget is being debated in the House. When budget 2023 is approved, the amount allocated through Interim Supply will be deducted from the amount required through the main Supply bill.

So three-month Interim Supply bill is very, very standard. We've had Interim Supply bills all throughout history from – I'm only going to go back to three-month Supply bills from 2010 to 2018, then we had another one after the election of 2019. There were additional ones that were required during the COVID period, but we also then went back to regular last year with another three-month Supply bill in 2022.

The number of days required to debate the previous budgets, just for the interest of the House, *Budget 2022* was released on April

7, so we're a little earlier this year, Chair, and I think that is a positive thing, and it was passed on May 19; '21 was released on May 31, again this was during the COVID period, and was passed on June 23; and 2020 was released on September 30 and passed on November 5.

I'm just giving you these days so you can get an indication of how much time passes between the time a budget is released, spoken, when the Minister of Finance stands in the House to introduce the budget, and when it is finally passed. It does take some time, great scrutiny. I certainly appreciate in particular the use of Estimates, when Members of this House can comb through every expenditure and provide comment and requirements back to this House.

The administration of Interim Supply: the officials in the Department of Finance and Treasury Board spend a significant amount of time keying the numbers of the approved bill in order to ensure that payments are made on time. Such payments include payroll, for example; income support; any general invoices and in order, as I said earlier, to make those payment obligations on April 1, this bill has to be passed no later than March 22.

So what can we use Interim Supply for? On a technical level, it allows for the financial administration of ongoing operations during the interim period until budget 2023 is introduced, debated and approved by the Legislature.

I think, Chair, that really does conclude my remarks today. I want to thank our very important and dedicated public service. This will ensure the Interim Supply keeps our dedicated public service, who deliver all the government services, paid and working and we certainly all want that and supporting their families and contributing to our local economies. It continues to allow the operations of government. It continues to allow us to have income supports. It

continues to allow us to continue the operations of government.

I think it's very important to understand here, again, it's not incremental. This will all form part of the budget process, so scrutiny, accountability and transparency will occur. I think that's very, very important.

As I conclude my remarks, I will say we've had a very important year in the province, a very challenging year from the cost-of-living perspective, a challenging year in ensuing that we provide a robust health care system, but it's also been a year where this province has made good progress in assisting the people of the province. In '22-'23, we provided almost \$500 million, a half a billion dollars, to support the people of the province in cost of living. We've spent billions of dollars in providing a strong health care system. Work continues in both these areas and we'll have more to say in budget 2023 that is coming up on March 23.

I thank this House for their deliberation, their review of the Interim Supply, their support in making sure that we can continue the operations of government as we debate the budget.

Thank you.

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

**CHAIR:** The hon. the Member for Stephenville - Port au Port.

**T. WAKEHAM:** Thank you, Chair.

It's a pleasure again to stand in this House of Assembly representing the District of Stephenville - Port au Port. One of the interesting comments that the minister made in her preamble there, her speech, was that this Interim Supply is based on 37 per cent of last year's budget.

I'm wondering what percentage is it of this year's budget. Is it 37 per cent or is it something lower than that? Is there an

indication here that there will be more money spent this year than was spent in last year's budget? So I was just wondering about that and I'm sure the minister will have an opportunity to answer that question later on.

Today we've spent a lot of time talking about health care and, obviously, the health care expenditure is a significant portion of any budget and will continue to be a significant portion of any budget. We've heard lots of statements around what's happening or excuses, I should say, about it's across the country, it's a universal problem and I've heard lots of words being used around reimagining a health care system and imagining having a doctor. Imagine, having not to pay a nurse practitioner.

I also heard the minister use the word "unfortunate," and I would argue that it's unfortunate that people in our province do not have a family physician. It is unfortunate that people in our province have to pay to see a nurse practitioner in my district and in others. It's also unfortunate that people are sitting in acute-care beds waiting to be transferred to long-term care. All of us and people involved in health know that your health will deteriorate as you sit in that acute-care bed waiting to be transferred to long-term care. That is unfortunate.

It is unfortunate that people have to wait five and six and seven weeks in an acute-care bed waiting to have a dye test done. It is also unfortunate that people have to wait over two years to see some medical specialists in this province of ours.

Going back to the whole point about the idea that this is a problem across the country when it comes to staffing and otherwise, I would like to focus the rest of my attention on the issues that were raised by my colleagues today when it comes to ambulance services because we have the ability here in our own province to deal with that.

As a matter of fact when the government was elected, on the minister of Health's desk in 2015, was a report called the Fitch report which outlined exactly the challenges with the current ambulance system and the recommendations to fix it. That was 2015. I am standing here, in 2023, still talking about recommendations to fix an ambulance system in this province so that people, like in the District of Trepassey, do not have to wait hours for an ambulance to show up.

Those are things that are within government's control and government has failed in its responsibility to enact the recommendations that had been sitting on their desk since 2015.

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

**T. WAKEHAM:** That's just not good enough.

We heard reference today to the Health Accord. Let me read you from the Health Accord – your Health Accord – that was praised not only by the Premier but also by the Minister of Health. The Health Accord says: "Design one provincial, modern, integrated air and road ambulance system with a central medical dispatch. The system must have triage capacity and must utilize dynamic deployment to function as a mobile health system. The system must be linked with virtual emergency care and advanced care paramedicine to enable patients to begin receiving emergency care in their homes or wherever they initially experience the emergency while facilitating rapid access to a hospital emergency service, provide community paramedicine, and access appropriate non-emergency transportation."

Your own Health Accord has laid out a strategy in addition to what the Fitch report has done. But it is unfortunate that if you get in an ambulance in Bonavista, you can't go to the hospital because it's closed. It's unfortunate if you get in an ambulance in the Whitbourne-Placentia area. It's

unfortunate because you can't stop at the Whitbourne Newhook clinic because it's closed. If you're down on the Burin Peninsula the next two weeks and you get in an ambulance, you can't stop at St. Lawrence. It's unfortunate because it's closed. This is the state of our health care system.

One of my colleagues again today on this side of the House brought up about the medical transportation system and how important that is, especially to the people of Labrador. At this stage in our careers, at this stage here in the House of Assembly in 2023 one would think that we would have an updated, strategic air ambulance program. I will say to you right now that under no circumstance should people of this province have to be making choices about whether or not they go to a medical appointment because they're not sure if they can afford it or not. That should not be the standard that we hold ourselves to.

Whether you live in the District of Windsor Lake or the District of Torngat Mountains, if you have to travel for a medical appointment, you should not worry about whether you can afford to get there. So I would urge the government, in its budget you are going to introduce next week, that you will have a plan that will allow for 100 per cent reimbursement for people who have to travel for medical transportation.

Yes, insurance companies can cover off their share, but after that the province really needs to be there for the people because, ultimately, that's what we're all about. When we sit down and make decisions as a government, you have to ask yourself that question: How will this help or improve the lives of the people of Newfoundland and Labrador? Fundamental to that is the cost of medical transportation and the need to be able to say: Don't worry about how you're going to get there; we're going to cover it for you.

I know my colleagues in the House of Assembly here from Labrador would hear lots of discussion about this particular issue. My colleagues on the Northern Peninsula would have lots of discussion about this particular issue. It is something that we can all agree on that there needs to be more done. We need to have a fully funded medical transportation assistance program so that people do not have to worry about whether they can afford to get there.

That is a fundamental principle of health care delivery in this province. We all understand we can't have a tertiary care centre in every community. We get that. We understand that, but what we can have is a robust transportation system, which is what the Health Accord calls for, both air and road, so nobody – nobody – gets left behind. Unfortunately, that is what is happening right now, people are making decisions about whether or not they travel for their medical appointment because they're not sure how or if they can afford to get there.

It's not just my district, I am sure that it happens in every single district in this province, especially those outside the Avalon Peninsula. You are getting those calls. You are getting those requests. We have an opportunity to set it right.

This is not something we have to blame on a universal shortage. This is not something that's not within our control. The ability to fund people for medical transportation rests squarely on the shoulders of government to actually implement it. Nothing to say because it's a problem across the country, none of those excuses. This is one particular area where government has control and you're not competing with health professionals in other jurisdictions.

You have the ability to fund the Medical Transportation Assistance Program 100 per cent and it needs to be done, it ought to be done. If we can turn around and, hopefully, in the budget, when we get to the budget as

part of this total budget package that we're going to hear next week, we will see that announcement made. When that announcement is made we will be here to congratulate you for making it, just like we congratulate you for taking our recommendation to keep the gas tax off for the next 12 months.

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

**T. WAKEHAM:** We thank you for listening. The people of Newfoundland and Labrador thanks you for listening because that's a good move. That will help people in this province. That will keep the cost of goods and services lower. That's exactly what was needed. That's exactly why we were arguing so strongly for it and that's exactly why we're very proud that you've actually listened to us and we're glad that we made those recommendations.

So, again, you have all of the studies you need. You have the Fitch report since 2015. You've got your own Health Accord. There is no reason for us to be standing or sitting in this House of Assembly today talking about a problem with road or air ambulance – none. This should have been done. It could have been done. But instead, work is continue to deflect – deflect, deflect, deflect.

In the meantime, who are the people that are suffering? It's people like the Member for Ferryland in his district. There are people in Bonavista. There are people all over this province who are suffering because of a lack of road ambulance and a lack of air ambulance services.

It's not good enough. The people of Newfoundland and Labrador deserve better. They deserve their government to be there for them and medical transportation is of the utmost importance. There are too many people in this province who are being left behind, too many people in this province who can't afford to pay for that cost.

All of you that are sitting here in this House of Assembly today have had many of those people come to your offices and tell you their stories. I just hope that included in this year's budget, when we talk about health care and we talk about access to health care, that this is one area where you cannot say it is a Canadian issue or it is a world issue.

This is a Newfoundland and Labrador issue and it needs to be addressed right now in this budget so that the people of Newfoundland and Labrador can actually say I don't have to worry about paying to get somewhere because the government will look after me if I have no other way of paying my costs.

For all those people out there that have to travel for health reasons, the last thing you should have to worry about is whether or not you can afford to get there. So whether you live five miles or 500 miles from the tertiary care centre, those of us on this side of the House believe you should not have to worry about how you're going to get there, the government has to be there for you.

Thank you, Chair.

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

**CHAIR:** The Chair recognizes the hon. the Member for Labrador West.

**J. BROWN:** Thank you, Chair.

I want to speak to this Interim Supply, partially to reiterate the cost of things, but also the cost of delivery of health care. The cost incurred by residents of Labrador and extensively rural Newfoundland as well because they are just as impacted as many Labradorians are when it comes to access to health care.

Before I came up here, and almost everyday, I speak to someone with an MTAP claim or an MTAP claim that has been sent back to them because something

wasn't filled out right or the doctor's signature wasn't correctly in the box or something silly like that. The amount of hoops that Labradorians and anyone who fills an MTAP claim have to jump through to get back a portion of what they actually spent to access health care.

At the end of the day, is this really universal health care that we have in this province if there are so many people running up their Visa to actually access the health care that they're required to? It boggles my mind that when you get this letter from Eastern Health saying: Sir/Madam, please attend your appointment with your specialist X in St. John's in two weeks' time. Then you have families here who, most times, when you're travelling to a specialist, you have to have an escort with you so you have to come up with over \$4,000 in two weeks to actually attend a medical appointment that you were referred to, hopefully by your family doctor, if you have one, to attend your medical appointment for continued care – especially people with very concerning medical conditions.

The ones that I see the most, that talk about having to travel so frequently, spending between either \$4,000 or \$2,000 every month to go down and see their oncologist in St. John's, it's amazing how much they pay out of their own pocket to access health care.

I know the 50 per cent prepay will cover up to a certain portion of the ticket before you to go. You have to have that application in 10 days in advance of your appointment and, most times, you don't even hear back by then and you already have to be out in St. John's for your appointment. Most cases now, most people only find out a week before their specialist appointment saying they have to be out there.

I spoke to a man who actually had a specialist appointment for a special diagnostic test that he had to come into St. John's for. He flew in and went back to

Labrador and never heard back for his results. When he called about his results, they told him they made a mistake with the test and had to come back out again, on his own dime, to get the test redone again. So this individual is out \$4,000 for one medical test.

We talk about it's health care and we talk about the amount of money we spend on health care, but we don't talk about how much we are asking residents of the province themselves to spend on health care. Like I said, we talk about this, that we're in this inflationary crisis in this country and that people are having to tighten their belts. Well, people are trying to tighten their belts, but they're also being gouged for costs of transportation, especially flights that, for us, it's not just a luxury. We're not going down South on a great trip; we spend a lot of money in Labrador on flights for basic necessities and basic services.

When it comes to actually the medical side of it, this is where I question do we really have universal health care in this province or is it some for thee but not for all. Because I hear it every single day, that people say oh, Jordan, me and my child had to go the Health Sciences Centre or the Janeway and we spent \$4,000 on flights. We spent \$2,000 for to stay because my son had to go out for these diagnostic tests and all this so we grouped all the specialists' appointments into one week so that we can get them all done in one shot. Then they turn around and say, oh, but they called back and I have to go back in two weeks' time now and I have to have a procedure done, he said, and I just don't have the money.

You don't know how many people I hear tell me, oh, I called up the food bank and see if they had any money left in the travel fund or I called up the Salvation Army and see if they have any money left so I can go out and get my surgery done that I've been waiting for months and months and months to do.



It's pretty rough now that the charities are looking after medical travel in this province because people just can't afford \$4,000 on airline tickets to travel from Labrador City to St. John's – in our own province – \$4,000 for two tickets so a patient escort can go out. It's unreal even to think about right now that this is where we're to as a province.

Not everyone has the luxury of driving, not a lot of people have the luxury to take that much time off to do it. That's another thing. It's just not as simple of hopping on a plane and go out and get an appointment done and hop back. Most residents my way when they're spending this money, they group multiple specialists' appointments together if they can. If they need an MRI or something like that, they try to convince all the specialists to try to group it into one package to go out.

Then you have to feel for those who have to make multiple claims because if they try to use MTAP for their first claim, their second claim, you know, there's a penalty and every other claim after that there's a penalty on how much money they get back to the point where they get back \$100 and they're still on the hook for that.

So in this day and age, this is where we're to, that we're actually forcing people to spend or put money on credit to get the surgery they need or get the treatment they need. That's where we're to for Labradorians right now. That's what we're expecting of Labradorians.

I'm hearing it and wondering, where (inaudible) this budget, but also there's other provinces doing better things when it comes to medical travel. Just three kilometres from my house, just across the border in Quebec, if I was a Quebec resident and I had to go out and see my specialist (inaudible), I get a voucher from my family doctor to go down to the counter at the Wabush Airport, back across another border, to Wabush Airport to get a voucher to get on a plane to get me to Quebec City

or Montreal to see my specialist. Nothing comes out the patient's pocket and that's only just three kilometres across the border from me, and the majority of the time they use our hospital for their services.

So you've just got to wonder, like, scratch my head and go, why are we doing this? Why aren't we doing something better? This is not a new problem; this has been a problem for decades. It's just getting worse and worse and worse as we see the complete rising cost and, in my opinion, gouging of Labradorians for airfare because that's what it is. It's gouging. You know, \$2,000 for a round trip in our own province, and that's what I can't believe.

Now we're expecting people who are seeking medical help to pay that. That's where, once again, I say I question if we actually have universal health care in this province, because it's clearly that Labradorians pay out of their own pocket to receive any medical services that are not offered in Labrador. I understand we can't have a cardiologist on every corner, but at the same time, that cardiologist should be equally accessible to a Labradorian as it is to anybody else in this province.

With that, thank you, Chair.

**CHAIR:** The Chair is recognizing the hon. the Member for Lake Melville.

**P. TRIMPER:** Thank you very much, Chair.

It's a great honour to be back. I find this room just fascinating anyway. I say it's a room that inspires and can intimidate, especially if you're not ready and you're not knowing what you're going to speak about. But it is a great opportunity to speak a little bit today and I'd like to talk a little bit about what's going on in my district, some challenges and some progress.

The work of a representative at a municipal, provincial, Indigenous government level is never finished. But we do like to try to make

progress. I always say that we need to make sure that we take ourselves out of the four-year mandate that so many of us are trapped in. We need to, as I've said before in this House, think seven generations out. Some of these things we cannot get done in a year in a budget, in four years, maybe even a couple of mandates. But if we all have the same vision, we can make progress.

I did want to start though, and just in recognition, last week was International Women's Day.

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

**P. TRIMPER:** I know I'm very proud of so many strong women that are around me and I wanted to take a few minutes of my time just to talk about four before I get into my other remarks. So I will go quite quickly, but first of all, many of this House will remember last year on the Moose Hide Campaign, we were blessed virtually with the wise words from Dr. Jean Crane, and I'm very pleased to tell you I was with her yesterday. We celebrated her 94th birthday yesterday in Happy Valley-Goose Bay.

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

**P. TRIMPER:** What a remarkable friend this is to have.

I now want to go to the other side of the age spectrum and introduce this House to – and I'm very proud to mention her name – Liudmyla Panasyk. This is the young lady – she just turned 11 yesterday. Her and her family settled in Happy Valley-Goose Bay in December. She's from the Ternopil region of Western Ukraine. Her and her family, like the 2,100 Ukrainians in this province, have been through a lot. I'm very proud of the progress that Liudmyla and her family are making. It is a challenge for them every day, but that young 10-year-old, now 11-year-old girl, I tell you inspires everyone around her. It's her third school, her third language and three countries in one year that she's been

a young child and the resilience of her and others like her is just amazing. It was her birthday, too, yesterday.

And while we we're sitting her, I was with Her Honour Lieutenant Governor Judy Foote and one other lady I'm going to mention, Loretta Diamond, who's a very good friend, it was her birthday. So Loretta, I want to make a mention of you, but also wanted to – and this is a name very familiar to everybody in this House, Yvonne Jones. Her birthday I believe is the 15th, so today is the 12th, 13th, so Wednesday will be Yvonne's birthday. I'm very proud to tell you all that I spent the weekend, much of the weekend with Yvonne. She's doing well. The inner strength of that lady is quite amazing. She's now engaged, as most of you know, in her second battle with cancer.

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

**P. TRIMPER:** On behalf of the Legislature, I want us all to send out positive vibes to pile on top of that amazing strength of that woman. We were there together last night at the opening ceremony of the Labrador Winter Games and what a rousing speech she gave. So lots of fight in that woman and a real inspiration for all of us.

I wanted to talk a little bit about some – I'm just going to kind of balance – because as my colleagues have just been saying, I think if there was a H in Crown lands, I would lump it into the three Hs. I think of what most of us deal with. To me, it is health care, highways and H-rownd lands is kind of how I say it because I find those three tend to dominate a lot of the challenges that I have to deal with.

On health care, I did want to say that, yeah, we're feeling it in Labrador, getting people to where those services are offered is a big challenge. However, the recent move now – and I think we've had three charter planes take folks on cardiac cath care, pick them up in the morning and they're delivered to

St. John's. It's an assembly line and they're back home the same day.

I can tell you it is very exciting, a very interesting and exciting new development for all us in Labrador. I think sort of the further we are from St. John's the more we can appreciate that ready access and how it overcame and over jumped the challenge of finding available beds in St. John's at the Health Sciences Centre, when we just need those quick procedures, under safe and experienced eyes and arms to be done and then get them back home that same day. Anyway, I'm finding it brilliant and the reception has been tremendous.

Last week, I was invited to a very symbolic ceremony. I'm proud to say I've been kicking around Labrador since the '80s and I well recall the challenges of reaching everyone in Labrador who's from there, growing up there, in terms of what do you want to do with your life and what kind of career opportunities. Well, I have to send a shout-out to Memorial University and the Labrador School of Arctic and Subarctic Studies because last week we marked, a bunch of community leaders, the very first time we have had a teaching facility of Memorial University teaching nursing in Labrador at our Labrador Health Centre.

I look to my colleague across the way and he knows how important that was. I say to you, Sir, it was an honour to be there with 10 other people. Some were from Newfoundland, which I thought was just magnificent, but all of them were there ready to commit to Labrador, to the Northern parts, the more rural parts of our province. What a proud classroom. There were about 10 or 11 of them. We lined up and we feted them. It was a real good celebration. We're growing our own.

I think it's great that we're also looking abroad, but also to see this initiative right in our backyard. So much of the challenge in Labrador is the –

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

**P. TRIMPER:** – cultural challenges of folks leaving from the North Coast or from any part of the rural parts of our province to go to Memorial University and learn such a magnificent career as nursing. But to be able to do it in your region, that is going to sell volumes. I can already see the excitement as we look to who is going to be enrolling in the second year. This is the first year. They're just through their first half year. Lots of optimism there.

I want to talk a little bit about Mud Lake. As you know, I have spoken quite extensively about Mud Lake and what's going on, but I'm very pleased to say that, working with my colleague here, the Minister of Municipal Affairs and Intergovernmental Affairs, the progress that is happening. Several folks have decided that they will accept the financial assistance being offered by the provincial government to move them out of harm's way.

They've been somewhat trapped there and we just went through amazing climate change reality check just last week with our Cain's Quest cancelled. We went from minus 40s to above zero and a hundred millimetres of rain in a shocking period of time. It's these kinds of changes in our environment that have a lot of us jittery. I tell you in Labrador we're seeing it first hand.

The folks in Mud Lake have been working closely with my office and with folks here in St. John's. I have to thank Jacob Kimball and all of his team for all of their support in being available day and night.

Just the other day we were in Ottawa. I look to the Minister Responsible for Labrador Affairs and the Minister of Justice and Public Safety. We met with several federal ministers talking about the need for enhanced search and rescue and the importance of 5 Wing Goose Bay. I can tell you that while I feel – and, I think, I'm very proud to say, that we have fulfilled, at a

provincial level, so many of the recommendations that we were responsible for, the main priority now rests with the federal government and, again, with Yvonne Jones and her colleagues, Gudie Hutchings and many others.

A very successful, very emotional, very powerful meetings with those federal ministers making the point about here we are in this Northern region and if you look to see the fast-action response infrastructure and teams that are available and how little of that is in that massive geography that we call Labrador, there is surely a need for attention. It has cost lives. But I'm proud to see the reception we had in Ottawa. I'm hoping that we're going to see a very positive reaction soon.

I'm running out of time, unfortunately. I do want to talk a little bit about the ongoing effort, because I know so many folks in Happy Valley-Goose Bay, it's a hub community. With it comes opportunities and with it comes challenges. We do have many, many people who are suffering from addictions and mental health. We are meeting challenges.

I'm pleased to say that there is an action team. There's an acute response team that's been overseeing various aspects of how we respond, how we keep both the public safe now and how we can provide a long-term solution for so many that are just crying out for help. I spoke to some folks that I know, some former employees even on the weekend, and we need to find compassion, we need to find a solution based on lessons learned elsewhere. I'm proud to say that we're going to get there.

A shout out to Todd Winters and the Labrador Winter Games. What an opening ceremony last night.

Thank you very much, Mr. Chair.

**CHAIR:** The Chair is recognizing the Member for Humber - Bay of Islands.

**E. JOYCE:** Thank you, Mr. Chair.

I'm going to stand and have a few words today on this Interim Supply. The biggest issue bar none is health care. Bar none, absolutely, and every time you hear this idea that oh, well, it's all across Canada, it's not our fault. Five years to plan this, six years to be told everything is great; everything is good.

One of the biggest issues on the West Coast that I'm getting daily calls on is for the dye test in St. John's, as they call it. They called it a dye test. I'm just going to read a note, Mr. Chair, I just got this morning. I won't read his name, but I just told him that I'm going to read it out in the House of Assembly: Hey Eddie, I've been sitting here in Western Memorial Regional Hospital for 17 days now waiting to go to St. John's for a dye test. According to the doctors, there are at least a half dozen of us sitting here for sometime longer waiting to go. Apparently, it is the Premier who has to give the final okay on flying us in on a commercial flight. Do us a favour; please bring this up in the House of Assembly. We would just like to get it looked at and save the government some money by not tying up a bed in the hospital any longer.

I just got that this morning. There are numerous people waiting to come into St. John's. We heard the big splash about the fly-in, fly-out for the test; where is it? They are being told on the floor, you can go in commercially but government won't pay for it. But there is a fly-in, fly-out and no one knows anything about it.

The anxiety of the people waiting to get in to for the dye – there are two beds for Western Newfoundland. Don Bradshaw did a story a few weeks ago on this. There are two beds for Western Newfoundland and you wait your turn in Western Newfoundland. I know they have meetings and they take it the most serious but there are two beds for Western Newfoundland and if anybody who

wants to have that confirmed, just call Western Health to confirm it.

There is a backlog for that test of people waiting – I know at least 12 – in Corner Brook in their hospital beds waiting just to go in and get the dye test. The stress of it and then the complications of that is that when people who have to go into emergency can't get a bed because they're used up right now for people waiting to go in to get that test done. That is the effect that we're having. What can be done? That is the question that we're all bringing. We heard a lot of solutions but every time you hear a press release and a solution, it doesn't end up with the results.

I made a few calls just two days ago on another person trying to get in. Just on the status, what's the status? Any time frame, just give them some sense of hope. I know a person who is there 42 days – 42 days. There is something wrong with the system.

So when I hear the minister standing up here and say, well, it is all across Canada. I just want to give him an example. It was last year. There were two nurses graduated down in Burin Peninsula. There were openings at the hospital in Grand Bank. I sent in their résumés personally, with a cover letter, and they dropped it off. Do you know what they were told? Nope, we're not hiring right now. Eastern Health not hiring. That was on a Thursday they got their notice. Friday they called up Halifax. Sunday they were on a plane. Monday they started in Halifax. I sent it in personally. I sent it in with a cover letter that these people applied, want to stay in Newfoundland, just graduated from nursing in St. John's, and could not get hired. There's something wrong. There's something fundamentally wrong.

I hear all the things and say, oh well, it's all across Canada. We can't do anything about that. Well, we can. What happened to this fly-in, fly-out for the dye tests for people in

Western Newfoundland? What happened to it? Where is it? What isn't it being done?

I say to the minister go over in Corner Brook, the minister from Corner Brook is there, go up and ask those people, ask them where is that. Ask them why they can't get in. Where's this fly-in, fly-out? I can tell you it's a lot of stress on a lot of people. Then when you go to emerg, you can't get a bed.

Another issue that I'll bring up – and I'll have lots more time to speak about it later – is the nurse practitioners. I say to the Member for Bonavista, I congratulate all the mayors and the towns for standing up down there. I notice that last week – and give them all credit, they deserve it, all kudos, that there are going to be two doctors, two nurse practitioners put in the centre in Bonavista. That's what's put in the media.

**AN HON. MEMBER:** Collaborative care.

**E. JOYCE:** Collaborative care in Bonavista, two nurse practitioners.

In Corner Brook there are nurse practitioners willing to set up in an office – the government will set them up in an office; they'll go work as a doctor, giving prescriptions if someone needs a prescription or if they need some referral, blood tests or something, willing to set up. But they won't even get them set up in Western Newfoundland with the shortage of doctors. Now, seniors – I have many calls – have to pay \$60, \$65 just to go in and say here are my yearly prescriptions, will you fill that out? Oh, not a problem, here you go, gone – \$65.

Here we are talking about a doctor shortage in the province and we all know nurse practitioners can do their job. We can set them up. There are lots of government offices in Western Newfoundland that can be used in the Corner Brook area especially that I know of. And if you can't find a place, I say to the Minister of Health, I'll even help

you find a place. You could set up nurse practitioners who can take the stress off the emergency department in Corner Brook and can help a lot of seniors and don't have to pay that money. But, for some reason, we won't do it.

I've seen in the news article again – kudos to the mayor of the town and to the MHA from Bonavista – that there are two going to be put in down in Bonavista, yet they won't do it in Western Newfoundland. Will not set up; won't do it. There's something fundamentally wrong with that. Fundamentally, if you knew someone was sick, which one of us wouldn't run to them? Which one of us in this House of Assembly, if someone was sick outside that House, wouldn't run to them? Not one person. Every one of us would be at the door trying to help.

Here's an opportunity to help people without a family doctor and we won't do it. Is it because then you're going to say, oh well, we've got to admit there's a shortage of family doctors? Have got to admit, oh, nurse practitioners can do the job? We don't even know, yet we won't do it. While there are a lot of seniors and a lot of people who aren't seniors have got to go in and pay their money and they call, sorry about that, we're bringing it up. It can be done. Government won't do it. And you're trying to work with government to get it done.

Those are two issues that I'm bringing up here. I'll have lots more time and I'll let that person know that I did bring it up. Nurse practitioners, I told people, the first opportunity, I'll bring it up.

The third one – and people hear about me talk about it – are the cataracts. There are times when you got Liberal views, you wonder, where did we go wrong? Where did the Liberal Party go wrong? The good news is, Mr. Chair, the 800 people who were on the wait-list are going to be starting April 1 to get done. That's the good news. The bad news is now the wait-list is going to start

picking up again. The next 800 or more can't get done until April 1, 2024. That's the bad news.

So now the wait-list is going to start going down for the people on wait-list two, but now they take that out and they got to start a new wait-list two and April 1, 2024, that's when they can start. They can't do it. Amazing – it's simply amazing.

The minister can walk in with a stroke of a pen and do 3,000 for St. John's. I'm not saying the people aren't in here that need it. Please don't think that I'm saying this is Corner Brook versus St. John's. Not a bit. But when the minister puts out his press release, he forgets to add there are already four specialists working at the Health Sciences in St. John's; none in Corner Brook – none. There's no intake officer who got a confirmed wait-list for St. John's. I am not saying there's not. No one knows because there was never an intake officer.

He could walk in, stroke of the pen, here are 1,500 for you and here are 1,500 for you. Oh, by the way, you've got a wait-list of 1,000; here's only 300 we might give you now. There's no one at the Western Memorial – and the minister is well aware and I presented documentation to the former minister and to this minister. You're talking about Stephenville. Stephenville couldn't even operate and do cataract surgeries. Couldn't even do it. All they kept saying, they can do it out that way.

So, Mr. Chair, I'm going to sit down now and I say to the government look at the dye test, look at the nurse practitioners and get the cataracts, for God sake, help out the seniors, the stuff you can do which is in your control but you just won't do it for some reason.

Thank you, Mr. Chair.

**CHAIR:** Order, please!

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

**CHAIR:** The Chair is recognizing the hon. the Member for Topsail - Paradise.

**P. DINN:** Thank you, Chair.

I can't proceed here until I at least say how proud I was last night at Brad Gushue, Mark Nichols, Geoff Walker –

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

**P. DINN:** – and E. J. Harnden. What a proud moment last night to watch that. It's unbelievable to be the lone skip at the top, who's after winning five briers. So we'll be watching as he goes for the worlds.

It's no surprise to me that the Minister of Finance did a wonderful job at explaining the Interim Supply bill and what it's intended to do. I, too, acknowledge the staff behind the budget and the work that's done here because it's not a small undertaking. So thank you to those behind the scenes.

As we know, it's making sure payroll is met, making sure income support payments are made, making sure the operations of government and their obligations continue. A number of people have alluded to it already today, the huge importance of health care. The minister herself acknowledged that there's a huge amount of money that goes towards health care and providing the services to residents of this province, especially those who are most in need.

Throughout Question Period today, there were a lot of questions around long-term care. Some real, real people issues that were brought forward. There are real people behind some of these statistics and stories that we hear.

To hear that seniors are not safe in long-term care, where safety, you would think, would be the utmost concern, it's really – I don't even know the word for it, but it should never be that you entrust the care of one of your seniors to an institution and you hear

the stories that you have heard. I look at this and I say, you know, we talk about the amount of money that's being spent on Interim Supply and being spent on the budget, and again, that's a number. Because, at the end of the day, it's how efficient and effective those dollars are being spent.

When you hear the stories we've heard in the news in the last couple of weeks and just as recent as yesterday, we really need to do something in health care, and we all know that. It took us a while for us to convince government that we were in a crisis, but here we are. A little taken back – I mean, you have the Health Accord. We know there's a dollar figure attached to the Health Accord.

In Question Period today, I noted that the Health Accord is very clear in calling for action to provide appropriate quality and accessible care and protection for older persons in Newfoundland and Labrador. I don't know what price you put on that. When you see the photos we've seen of an elderly gentleman there last week, how badly beaten, and we hear of someone's mother going through something similar, you can't put a price on that.

When we raised in the House today – I think the Minister of Health used the term, and actually the Premier used the term. When we ask these very important questions and when we ask what is being done now, and we ask those questions knowing that these issues have been around for a while and should have been addressed and the answer is stay tuned – stay tuned.

You've got elderly couples separated, you've got elderly couples experience violence and you've got elderly people going through dementia. These people – and they are people with real families behind them – they don't have the luxury of time on their side. So to say stay tuned, that's unacceptable. That's unacceptable when someone's loved one has been

beaten in an area where they should be secure and safe. What government needs to do is to look at that very seriously and see why that has happened and what are some immediate solutions.

We talk about the implementation of the Health Accord. I asked about that today. We're told that oh, there are a lot of initiatives that have been initiated. But some of the real key important ones we still see fluttering in the wind.

The Seniors' Advocate, they came out with a report back in 2019, *Long May Your Big Jib Draw: Setting Sail*. That spoke to issues around long-term care. That asked for a significant review of long-term care and home care. That's four years ago and these issues were here before that.

Last year, the Seniors' Advocate asked for a review – last year. Where are we now? People have suffered, families have suffered and elderly people have died alone without their loved one next to their side. Now we have a six- to eight-month review. I think I read oh, because we have a lot of information already readily available, but we're going to do another six- to eight-month review.

I'm sorry, that doesn't cut it. That doesn't cut it for the families that need help and assistance now. We all know the demographics here, we all know that the wave of baby boomers was coming. We knew that 20, 30 years ago. That's simple demographics, simple statistics. Now that wave is cresting and we don't know what to do. Government has sat on their hands for eight years. Eight years now, we're into their eighth year. There've been reports and the like done for that.

Again, we have to reach out and do something; government has to do something immediately to help address the issues around long-term care. If you switch that to the other side of the pendulum, in my district one of the huge issues I'm dealing

with, because I have so many schools in my district, we're also dealing with it on the other end, is child care. We're dealing with it on the other end when it comes to child care.

How many families are contacting me who cannot either afford, cannot locate or cannot find child care? A number of these people are professionals and a number of them are health care professionals. Do you know what they're looking at doing? Some of them are probably not going to go back to work.

Now, I don't blame them because your children are number one. But in the situation we are in with health care and daycare, if you could offer it or come up with it, you know, say you have \$10-a-day daycare, it's useless unless you have a seat or place to put your child and know that your child is being looked after and you can go on to work and you can contribute to our economy. Again, if you're a health care worker you can ensure that those people on your watch are being looked after. If some of these are long-term care providers, then they're going to ensure that instances that are happening or have happened in our long-term care facilities will not happen.

But at the end of the day, what we're seeing here today, I know what Interim Supply is for, it has to continue to keep government rolling along, but at the end of the day, let's not get caught up in amounts and dollar figures. Let's make sure that the amount of money that's here, there's a portion going to address the real issues in an effective manner and come up with real results so that nobody has to have the anxiety of not knowing whether their senior, their loved one, their grandparent is being looked after.

**CHAIR:** Thank you.

The Chair is recognizing the Member Ferryland.

**L. O'DRISCOLL:** Thank you, Chair.



It's certainly a pleasure to get up and speak in the House of Assembly again to represent the District of Ferryland; it's certainly an honour. I'll probably start off where I finished off on my petition earlier today, just to explain the ambulance issue for people that probably don't understand and may be watching.

The geography of the area is the issue that we're dealing with. With an ambulance stationed in Cape Broyle right now not being resourced and people making calls, it's just not acceptable that that ambulance not be staffed. It's an hour or an hour and a half away and since this issue came up just after Christmas and we've been dealing with it and trying to deal with it, the emails that we got in the last couple of weeks, that I got, are horrifying to read. With kids watching what's going on, they're watching for an hour and a half waiting for an ambulance to come.

As an example, you make a call, if it were Saturday past when we had a bit of weather, or Friday, it was 15 centimetres of snow. So the ambulance is not there, they make a call, it's got to come from Holyrood or Mount Pearl. So it's coming from Holyrood. Witless Bay Line might not be accessible. So that means, if that's the ambulance that they're sending, it's got to drive out to go through CBS, come out the Trans-Canada, come up the Southern Shore to get to Cape Broyle.

Now, I left on Sunday morning and drove to Cape Broyle. It was 34 kilometres and it took me 30 minutes to drive just to go to a meeting. So that's just me at a regular pace, not driving over the speed limit and the conditions were good. So if you get conditions like there were Friday, and it wasn't that bad, but it was bad enough that if the ambulance couldn't get across, even though on our roads, they were snow covered and it was gone pretty quick, on the Witless Bay Line, they had people on the Witless Bay Line cleaning it because it was drifting across and just to make sure they

had people in there because on the main road it was okay.

But in the country – you could speak about Trepassey as well – when you get up on those areas and it's drifting across the road, there are snowdrifts in there and they're coming out and filling up the road. They had, I'm going to say, steady service in there the week and from the Department of Transportation in cleaning it, making sure that it's accessible for the people to use. Now whether they decide to go that way or not, then that's up to them, but it's just not acceptable.

I'm going to say two storms ago, which was probably a month ago, we had an incident where I live in Bay Bulls. Probably two minutes down the hill from where I live, a young fellow fell down and broke a couple of ribs and punctured his lung. We had to wait for an ambulance to come from St. John's. That was acceptable. Conditions were bad, there was no one upset about it. It took an hour. It was really stormy, like, a big storm going on.

The ambulance came and I had said to him when he come out, I said it's pretty slippery here where the incident happened. I happened to fall down when we were going there during that incident while he was lying on the ground. I got up; I was okay. The ambulance driver got out, hauled in the driveway, then he backed her down the driveway again and backed her up so that when he left he'd be able to leave head on instead of trying to back down. He did that while the other paramedic was taking care of him. But when the ambulance attendant got out to go around the ambulance, he went down as well.

So, you know, they're in different conditions and they do a great job. When they got there, they did a great job. There were no calls about the ambulance service that day because it was expected; it was an hour with the snow delay. It's normally a half-hour run but the conditions weren't there.

But now you take that and move it just a half-hour to Cape Broyle. It's 34 kilometres, just a half-hour away and that's only the start of where the ambulance – so you've got Brigus, that's probably two or three kilometres short of Cape Broyle and you've got La Manche, that's the same thing, La Manche Park in that area. That's where the ambulance service is, from there up, okay?

So then you take that and move it to Calvert, move it to Ferryland, move it to St. Shott's and looking at the kilometres – and this is the distance from St. John's.

Then in this meeting yesterday, this lady had this done and it was great. You know, we look down the distance from St. John's, the distance from Holyrood and the distance from Mount Pearl for the ambulance to drive. So when you're looking at Cape Broyle, from St. John's it's 65 kilometres. So you know if you're driving 65 kilometres, a minimum hour, minimum, if you left on time. Calvert is 73 kilometres, so you can add another five to seven minutes from Cape Broyle for that for sure. If that ambulance was sitting in Cape Broyle, give it 10 or 15 minutes and that's acceptable, but an hour and a half is not acceptable.

Ferryland, 78 kilometres from St. John's. Go up to Aquaforte, it's 83 kilometres. Port Kirwan is 95. Fermeuse is 91. Renews is 97. Cappahayden is 104 kilometres from town, from St. John's. If it's ready to go on time, it's going to take an hour and a half at a minimum. Portugal Cove South is 136, so that's across the barrens, with no cellphone coverage.

That's 136 kilometres to Portugal Cove – and I'll finish this and I'll get back to the rapid response. Biscay Bay is 142. Trepassey is 149. St. Shott's is 165. If you say them faster, it's like it don't happen. It happens. It's 165 kilometres and Trepassey 149.

So if an ambulance gets called out of there today, which they're gone two hours to St.

John's – and I've said this over and over and we haven't done anything about it. It's an issue. As the Member for Stephenville - Port au Port said, we got a Fitch report since 2015. We've done nothing about it other than lose services, is what we lost in our district. That's all that has happened in the District of Ferryland is lose service. That's exactly what has happened. It's 149 kilometres. So when that ambulance leaves Trepassey today, it's two hours to get to St. John's. It's an hour and forty-five minutes for me to go to Trepassey from Bay Bulls, so it's more than two hours to go to St. John's.

They're out waiting to dispatch and they have two hours back. So they're in a red alert when it's gone. They had two. They took one a year a half ago and never replaced it because of the number of calls. Now, that's not about the number of calls. The issue with that is it's not the number of calls; it's the geography of the area. It's where they're to. So now imagine if something happened to your loved one or my loved one or anybody else's and they're sitting there in a house, or lying on a floor, waiting two hours after the ambulance is gone. Now, a rapid response team would certainly help there; there's no question.

They're going in, they're going to triage that person, but they're waiting for the next ambulance. An advanced care paramedic is what they're saying is going to be there, no doubt about it. So this rapid response unit is going to be going from La Manche to Trepassey and that's where it's supposed to be situated. It's a roving vehicle. It's not stationed anywhere.

So I leave Bay Bulls today, I get to Tors Cove, no cellphone coverage. From Tors Cove to Brigus, after I get to Brigus I get up to Cape Broyle, I lose cellphone coverage at the top of Cape Broyle hill. You lose it going into Calvert. After you get outside of Calvert, there's cellphone coverage in Aquaforte. When you get to Cappahayden, then the cellphone coverage is gone from there until

probably three-quarters of the way across the barrens of Portugal Cove South. So a rapid response team is certainly a good idea, and it probably should be there along with an ambulance. Never mind losing an ambulance or the ambulance not being staffed, it should be there along with the ambulance.

So now you've got to deal with cellphone coverage in the district. That rapid response team – and I know they're certainly trying, I give them that, but that's only a band-aid. We don't need a bandage. You had no calls from the district with the ambulance coverage that we had if it was being staffed. So the government is responsible for these contracts to these ambulance owners, and they should be enforcing them. So if you got them, why have it there – and my point last week when I made it, why have them there when there's no one going to respond? They're sitting there with a false sense of security, thinking that there's an ambulance in the area because it's sitting in the yard covered in snow.

So it's a big, big issue for the district and it's a big concern. These people didn't get together on a Sunday afternoon at 2 because it was something to do. It's a big concern in the district and we need them. I've got to bring it to government, it's my job to do that and we're going to fight for it. Something should happen to make that happen. It's not acceptable to make a phone call with an ambulance sitting in the area and then they're going to tell us, well, the contract has been honoured, there's no ambulance from La Manche to Cappahayden and right to Trepassey maybe, if the ambulance is gone out of Trepassey. That's not acceptable this day and age.

So to say that that's acceptable – and I know you're not saying it's acceptable, but we have to fix the problem. We're here passing another budget. Stay tuned. I'm staying tuned now 3½ years. I think we're watching the same station the last eight

years. Nothing has changed. I think it's all snowy on the channel you're at.

**AN HON. MEMBER:** All static.

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

**L. O'DRISCOLL:** Nothing only static is right; nothing fixed. It's disappointing to have to get up here and speak about an ambulance in your district when it should happen automatically. That should happen automatically. Sure, we've got a new minister now. We had the previous minister. Take him out and there's no one questions it. Just let it happen. But it shouldn't happen. It's not acceptable for the people of my district to not have ambulance coverage and being an hour, an hour and a half way, it's totally unacceptable.

Thank you, Chair.

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

**CHAIR:** The Chair is recognizing the Member for Torngat Mountains.

**L. EVANS:** Thank you.

Just going to say a few words on the Interim Supply. Earlier I asked a question in the House regarding medevac transportation and I just want to talk a little bit about how government spends its money, especially when we're looking at health care. Earlier the Member for Stephenville - Port au Port said regarding to medical transportation, you shouldn't have to worry if you can afford to get there.

That was talking about actually getting there for your medical appointment, for your treatment, for any kind of health care needs that you need. You shouldn't have to worry about whether you can afford to get there travelling. Not only to get there but to travel back, the huge costs. This burden that is basically put on the backs of patients trying to access health care is really preventing them from getting adequate health care. I

talk a lot about adequate and timely access to health care.

In my district, it is even compounded because a lot of times it is not about the cost; it is about physically being able to get to your appointment. On the North Coast we really, really have transportation issues. The transportation issues are impacting people's physical and mental health. First, it is impacting people's physical health because a lot of times they can't actually get out to their medical appointment.

This may be a diagnosis of a serious health issue that they are experiencing that could actually create a lot of problems to the point where in actual fact it could cut their life short. If they have some sort of illness that if it is not addressed quickly then they could actually cause them to have a terminal illness such as cancer. We have a lot of issues with diabetes.

So why is that important for me to talk about during Interim Supply? Because we really need to have major changes for the delivery of health care on the North Coast of Labrador. For our Inuit and our Innu communities of Northern Labrador, we really need to have restructuring there. We have no roads; we're totally isolated so we rely on aircraft for patient travel; we rely on aircraft for medevac.

There are huge issues where we don't have medevac service in a timely fashion, so that is a ridiculous thing to say. Medevac is when you have an emergency situation and you need to be immediately transported to the delivery of health care that could save your life. That could actually prevent major implications to your overall health.

So why am I talking about that? Because on the North Coast weather is a big problem. So how do you solve the problem with weather? We can't change weather, but we can change the way people travel during inclement weather. We need larger airstrips. We need technology that allows planes to

land when the weather is not good for airline traffic. So, for me, it's a huge problem. There are many people I know that actually have been seriously impacted by this.

Another problem that I'd like to speak about right now, and it's very, very urgent, is just regular patient travel. I'm not talking about medevacs. When patients actually are trying to get out to their doctor's appointment. This could actually be chemotherapy. It could be surgery. It could be an MRI. It could be a mammogram. It could be surgery for life-changing treatment. So patients trying to get out to their doctor's appointment, their specialist appointment, to their medical appointment, a lot of times they're delayed.

Now, I talked about weather, but also when the weather clears a lot of times it's really difficult to get all the patients out.

Our populations on the North Coast are expanding. We're one of the few regions that has increasing population, yet we're facing a lot of barriers for patient care. So what ends up happening is patients get bumped. I've talked about this many times in the House of Assembly. So how do patients get bumped? In actual fact, I got a report from Nain where a chemo patient got bumped twice, twice in a row trying to get out to her appointment. This is very problematic for people because we're supposed to be in a province where we have timely access to medical care.

Another problem we have is when patients finally get out to their doctor's appointment, to their specialist's appointment or to their diagnosis, to their treatment, to their surgery, a lot of times they're prevented from coming home. We all talk about weather. Sometimes we have bad weather where they're prevented from travelling home, but when the weather clears, a patient could be there – the weather is flyable, yet they're burdened with the additional delays of three to five days after the weather clears still trying to get home.

Why does that impact people? Because they're losing pay if they're on leave. They're using up all of their sick days. A lot of times they don't have the sick days that they can take advantage of so they lose, actually, income. That's a big problem. But also there could be single parents out there in Goose Bay waiting to get home. Who is going to look after their children? A lot of times they pay for babysitters or their family members have other priorities. This causes a lot of stress on families.

But also a lot of times people have to travel out at as an escort to help an elderly person or a person who has special needs or a person who may actually have some physical challenges because of their health situation. In actual fact, I've had calls from people who've been escorting patients out for treatment and they've told me: Lela, I really want to help them, I love them, but I don't have the time from work, I don't have the ability to incur these financial costs by escorting my uncle out or my aunt out or my cousin out.

In actual fact, we had a woman pass away recently. She had a medical emergency and I found out later that she could've gone out earlier for treatment but, in actual fact, she had trouble finding an escort. Why did she have trouble finding an escort? Because travelling on the North Coast for patient travel is such a hardship. The reason why it's a hardship is medical travel is the lowest priority for transportation.

When we see the weather clear, we see passenger flights going, we see freight planes going, we see charters going. We may see one schedevac for patient travel and then people are waiting; waiting all day, waiting for the next day, waiting for the next day. We see people trying to get into certain communities where every community may finally have their patients be able to arrive home, but that one community is excluded.

For us it's really difficult because this impacts our mental health, our physical

health. It impacts families. It impacts communities. The biggest problem for me is when we look at where is my district? It's in Northern Labrador, the furthest district from the House of Assembly. We're out of sight, out of mind. It's an Innu community, Inuit communities, Indigenous communities.

People talk about a lot of colonial policies that have been implemented since we joined Confederation that have harmed these communities: forced resettlement, residential schools. We see a lot of actual infrastructure and service needs that have huge gaps. When you talk to people in the province, their interpretation of that is that we didn't actually look after our infrastructure. We didn't actually look after our services, but, at the end of the day, when I'm talking to people, I say we never ever got the services that other districts got. We never got the infrastructure other districts got.

What's happening right now is in this global pandemic that we've experienced and coming out of the pandemic –

**CHAIR (Trimper):** Excuse me.

The Member's time has expired.

Thank you.

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

**CHAIR:** The Chair calls the Member for Grand Falls-Windsor - Buchans.

**C. TIBBS:** Thank you very much, Mr. Chair.

Again, it's a pleasure to speak on behalf of my community and the constituents which reside in Grand Falls-Windsor - Buchans. It's a beautiful district, I'm very proud to represent it. I was especially proud after this weekend when we hosted the Special Olympic Winter Games for the second time in four years. It was a pleasure to be there four years ago. It was a pleasure to see it again this year. We had several MHAs and

ministers arrive to join us in the festivities this past weekend. I want to thank all of you for coming out. I hope you enjoyed your time in Grand Falls-Windsor.

The athletes were something to see, I can tell you that. They were very excited as usual. They put on a great display of athleticism and, of course, how you play the game and the relationships that they formed over the past week, they'll have memories for life.

But a lot goes into such a display as we had this weekend, a lot of volunteers, a lot of coaches. The parents of the athletes who know themselves it's a year-long process to ensure these athletes are ready to be the best that they can be. We were only too happy and fortunate to have them in Grand Falls-Windsor this weekend.

I want to thank Todd Mercer, especially, from Grand Falls-Windsor, the Grand Falls-Windsor council and mayor for being there, stepping up and ensuring that these athletes, over 350 athletes this weekend housed themselves in Grand Falls-Windsor and put on a great display.

I want to thank everybody for coming out to that.

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

**C. TIBBS:** So far today it seems as though we have a running theme here with health care. It affects everybody's district including mine. I'd like to touch on it as well.

It's a very difficult time right now to get sick in Newfoundland and Labrador. It's not a reflection on the people that take care of the sick. It's a reflection of the program itself, the efforts that are put in themselves of how far we've come, how far we have to go when it comes to health care in Newfoundland and Labrador and how hard it's broken because, make no mistake, it has been fractured. It's going to take everybody to pull on the same rope here to

try to get the sick in Newfoundland and Labrador a better way to function, a better way to get better.

Unfortunately, we don't see it just yet, but I want to focus right now on the health care professionals that take this on every single day and they take it on as short-handed as they may be. The resources, sometimes, aren't there, but I would ask the Minister of Health – and this is a legitimate question; I'd like to know – what process is in place to catch these health care professionals, whether they're doctors, nurses, physiotherapists, to catch them before they leave the province?

If their resignation is tendered to the health care authority, do we approach those health care professionals and find out if they are leaving, why they are leaving? What it would take to keep them here? It'd be great to try to keep them here but to know for the next person, the next doctor. If the Minister of Health does stand today at some point or tomorrow – I am sure he will at some point – I'd like for him to touch on that just to see what's there because if there's nothing there, we should have something there so we can learn not to lose the health care professionals that we are currently losing.

I always hear the same thing in Grand Falls-Windsor - Buchans District and I've heard it, actually, from across the province and that is health care professionals feel as though they do not have the ability to speak up if they have something to say. They feel handcuffed. You've got to remember that they're citizens as well. They see their older folks, they see their families, they see their loved ones, their friends go through this broken health care system that we have and they truly care about it. It's not just a job to them where they collect a paycheque and, at the end of the day, they go home with their families.

A lot of these health care professionals truly want what's best for the whole Province of Newfoundland and Labrador just as the rest

of us do. They have some insights, and believe it or not they have something to say. So I would love to see some sort of an outlet where they have the freedom to bring any discussion or any recommendations from the people that are actually on the ground to us here in the House of Assembly or the government. It's a path forward, I think, that can be found.

But if these health care professionals have the fortitude to come forward and to give us some suggestions, to give us some help – because, you know, they might see something on the ground, in the corridors, in with the patients, inside the rooms, that we don't see, that ministers don't see, that managers don't see. I truly believe that health care professionals in Newfoundland and Labrador, if they have something to say, I'm willing to listen and I hope everybody out here is willing to listen to them as well. I think that it can only help our broken health care system moving forward.

We all want the same thing, so I suggest we all get in line and start listening to the people on the ground that care about those patients most. I have so many of them in Grand Falls-Windsor - Buchans District that it is not even funny. I am so appreciative of the friends and family that I have that are on the ground, that put up with what they have to put up with and they still put it on the line every single day, so thank you very much to all those out there.

Same thing with long-term care. We're hearing about these horrible incidents of people getting hurt in long-term care. Is anybody going to the floors and asking what they need so this does not happen again? Listen, I know that the financial straps are there but there needs to be a way so that this does not happen again. But that might not come from a manager; that may not come from a bureaucrat inside West Block over here or East Block here. I'm not saying they're not committed to their job, because they are, but it actually might come from a person on the ground. I can't stress that

enough how we have to start listening to those people and those people most.

We have Marathon Gold currently up in the Buchans region, Millertown region. They're doing phenomenal work, lots of hiring going on and lots of spinoffs happening. But I am perplexed with one thing, and that is the road. My first two years here in the House of Assembly, we did both the east and west side of Grand Falls-Windsor. It was fantastic to see. This past year, we got some great bridges done again. Once again, fantastic to see. But I'm just wondering is there a calculation built into the roads program where if there is a huge project, such as Marathon Gold is undertaking, the government are going to see large revenues from that and it is fantastic news to hear for the province, but I truly think there needs to be a calculation formulated where some of that money goes directly back to the roads that the heavy equipment are using.

I know Marathon Gold are making numerous trips up there every single day and bigger equipment are now being moved in there and it is tearing up the roads. Again, this is nothing to do with Marathon Gold. Obviously, we are very lucky to have them; we are very fortunate to have them. But I think it is government's responsibility to take a look at the roads program each year and say, okay, there is a huge project up in Millertown. We want to ensure that some of the money from general revenue that comes in our roads program is going to go towards that town. We still have a public to serve up there. The people are using these roads; they are becoming more and more dangerous each day as they are getting torn up.

I just urge the minister to please, if there is not a calculation in there yet, I think that one needs to be. Whether it be Springdale or anywhere else across this province, or up in Labrador. I think that money needs to go back into the community, back into the roads program specifically, specifically for any big projects that are taken on like that.

The public that are up there, they're happy that Marathon Gold are there as well. But, of course, they still need to use the roads that are being used by these heavy equipment. So I would urge the government to do that as well.

Last thing I'll just take a quick poke at here is the sugar tax. It's a tax that it's hard to find anybody to agree with it. There are many studies out there to say it doesn't work, but to put a sugar tax on the same people that are being charged \$8 for a head of lettuce, it seems kind of senseless to me. You know, we want people in Newfoundland and Labrador to eat healthier. It's damn near impossible. It is. With the price of groceries today, it is absolutely impossible for you to go out and buy your family a big salad or healthier food to eat when the options are such-and-such food in the middle aisles that are so much cheaper.

Something there is broken as well. So I would urge government, maybe some more plans for agriculture. I have two constituents up in Badger who just had their agricultural leases taken away from them. We're going to keep working on that to get that back for them because they're still growing potatoes and stuff up there. But I would urge Newfoundlanders and Labradorians, please start growing more of your own food if you can.

Thank you, Chair.

**CHAIR:** The hon. the Minister for Immigration, Population Growth and Skills.

**G. BYRNE:** Well, thank you very, very much, Mr. Chair, for the opportunity to speak in the opening session of this session of the House. I'm sure we'll have a very productive, very collegial, very co-operative spring session as we raise the interests of the people of Newfoundland and Labrador and how our government is going to rise to the challenge that is before us.

One of the challenges that seems to be clear on the floor of the House this afternoon is our health care and our health care professionals. Well, Mr. Chair, I am delighted to report to the House something that I've been speaking of quite some time, which is led by our Premier, led by our caucus, led by our Cabinet, led by this side of the House, which is ensuring that we have the tools and the skills to be able to meet the labour force of the future and, of course, the health care professions being the centre to that.

When we think of health care professionals, these are a group of people who acquire these skills, not in the course of a 12-month training program, not in the course of a three-year training program; these are often people who acquire these skills after literally over a decade. Speaking specifically of our specialists and our general practitioners.

Also, other health care professionals take many, many years of school, whether they be graduating with a bachelor's level and then going on to a professional program. It is not uncommon, there's no mystery to the fact that someone who wants to enter into the health care profession often takes literally four to 8 years as a minimum to be able to complete the program and become a practitioner. With that said, it goes without saying, Mr. Chair, that advance planning is often required.

We didn't see that planning in the beginning of the 21st century. We didn't see that until quite recently. Much of the deficit that we now face really could only have been answered if decades ago there was advance planning. You cannot create a speciality physician, who takes 11 years to graduate, in response to a labour shortage, which really has been quite acute and exacerbated within the post-pandemic era.

That's one of the reasons why, Mr. Chair, we have to require, at this point in time, on advancing the schools that we have available to us, getting more recruits, but



also attracting new talent, whether it be Canadians, Newfoundlanders and Labradorians training in health care professions abroad, repatriating them back to the province upon graduation, making sure our graduates of today come back to the province.

This government has spent tens of millions of our dollars, tens of millions of our collective money to be able to rise to the challenge of a shortage in health care professionals. That will continue. This is a priority for us. We will do whatever it takes, whatever is required to be able to meet this challenge, because this is a core expectation and need of our province.

It is expensive and we recognize that funds have to be directed and dedicated to this effort. That's why unprecedented amounts of money – unprecedented amounts of money – is being budgeted for not only health care professional retention, keeping the talent that we have, but also recruiting it. This is where immigration, Mr. Chair, can come in.

We have specialized efforts now to recruit nurses and other health care professionals from comparable jurisdictions, training jurisdictions such as Southern India. India, of course, is a commonwealth country. Many of its training programs are very complementary to Newfoundland and Labrador and Canadian standards. That is really important because as we try to attract international talent, particularly in those professions, Mr. Chair, that are licensed, that are prohibited from practice – you have to have a licence. You are not allowed to work as a health care professional in certain faculties and professions unless you have a licence granted to you to practice by the health care professional, registrar or college, the licensing body.

This is not a government body. This is a professional body, which this Legislature granted the authority to a professional committee, a professional body, to be able

to licence the professions that they would govern. The licensing occurs from everything from nurses and nurse practitioners to physicians, doctors and dentists. So this is an important point. It is essential to be able to attract people who can be licensed in Newfoundland and Labrador.

Now, some, Mr. Chair, will say, well, if someone is a practising dentist in India, why can't they immediately come practice in Newfoundland and Labrador? Well, we would like them to be able to practice in Newfoundland and Labrador, but we want to have assurance that their practice will be safe, will be professional and to a standard which ensures that safety and that professional practice.

So it does require time. But with that said, Mr. Chair, we have found a way. This government has found a way to streamline that process to a very, very rapid response. We're doing it not only with our nurses but also with our physicians. We're making sure that we obtain the highest calibre of professionalism, while we accept the fact that on the converse, on the converse if we allow individuals to receive a licence who may not otherwise be worthy of that licence, that Newfoundland and Labrador licence, because of the expectation of expediency, then we put the public at risk. We will not do that.

So I really want to emphasize, Mr. Chair, that while we understand and are acting on the necessity of not only attracting, retaining our own talent, training our own talent, making sure that our own talent is ready for the task of today and the future, but we also recognize we need to attract new talent to our province to be able to meet the needs. That talent will be of the best calibre, the best quality. It will be trained. They will be proficient in the practice of the health care profession, of the practice of medicine and other health care professions in English and they will be able to pass those examinations in the working language of their patient.

They will be able to be trained. They will have the top quality education that is expected and required of them. In the process, Mr. Chair, we will be able to meet the needs of our health care professions.

Now, this situation did not evolve in 12 months, 24 months or 36 months or even for that matter, in the last five years or more. This situation evolved over a period of decades. So while we say that we kind of appreciate that, kind of understand it, for a very long time people have been – the population of the province has been eroding. Our demographic challenge has been evolving over decades.

Mr. Chair, what is abundantly clear to each and every one of us, our challenge of demographics and our ageing population, which has been absolutely clear to us all since the 1970s, is a major component of the current problems we face. It's one of the reasons why, in the last six quarters, Mr. Chair, I have been able to say and say with confidence because of information given to me by Statistics Canada, our national demographic statistical agency, that the population of Newfoundland and Labrador has grown for the first time since the '70s over successive quarters by 9,100 people.

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

**G. BYRNE:** Who do you think are our current, some of our major health care providers? They are newcomers to our province. Where do you think that growth has come from, that 9,100 people that are now resident of our province? Many of them are health care providers.

So we'll continue to expand on this opportunity. This cannot be resolved in a matter of days, weeks, months or years, but we are acting on it with haste and we will see this challenge to be successful.

I thank you very, very much, Mr. Chair.

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

**CHAIR:** Thank you.

The Chair now recognizes the Member for St. John's Centre.

**J. DINN:** Thank you, Chair.

It's hard to believe it's almost four years since I ran for office. Certainly, as a former teacher, I saw first-hand what it looks like when our important systems are failing, of the effects of poverty and the lack of basic needs that students bring to the classroom with them and how it impacts their learning, their health, their well-being, their mental health and the opportunities that are available to them.

In the last few months since we last met, we last sat, I've had in my office alone, and I know both the Member for Torngat Mountains and for Labrador West have received numerous calls from people who are unable to access a doctor. I can think of one case where the person had no family doctor. His job was on the line as a result of that. He had to have a family doctor for another organization to certify him to be capable, suitable, safe and healthy. He couldn't get that done.

I've spoken to a number of doctors who are leaving in frustration. One of the things that they've said is that, you know, we've never been asked why we're leaving. There has never been an exit interview as to why or what do we need to keep you here.

Homelessness is definitely reaching crisis proportions. While our population may be growing, the fact is that the number of people who are relying on emergency shelters has grown from 71 in 2020 to, when we had our major cold snap a few weeks ago, 280 people relying on shelters. Actually, one of the big debates about whether to remove bus shelters in the centre of the city had to do with they actually provide shelter for people who may be without a place to sleep.

Long-term care – people who are fighting just to get the resources to keep their loved ones in their own homes, yet the remuneration that's paid to them is totally inadequate. Because it comes down to then the choice between home supports, which will be cheaper in the long run, or placing them into long-term care. Yet, in long-term care, that's a problem. I don't know how many people – well, actually I do. I can think of, since we last met, three people at least whose loved ones were placed in long-term care facilities an hour and a half away from their homes here in St. John's. Vulnerable people who are suffering from dementia. The family went on daily visits to their long-term care facility or to their home and now they're denied that opportunity. But the amount of energy that went into getting them moved in is unacceptable.

Now, where I'm going with this, is that government leaders like to comfort us by saying that Newfoundland is in a similar boat and facing similar challenges as other jurisdictions. I will say that's cold comfort to those who have no home, who don't have a doctor, who can't afford to pay for their drugs, who can't afford to put food on the table or heat their homes.

I have to say this, Chair, when it comes to policy, it comes down to, I would say, decades of following the same failed budget-based, efficiency-seeking fiscal policies that have landed us in this situation. I can tell when I was president of the NLTA, speaking to my counterparts here and across other provinces, you could pick up on the same policies, the same approaches were being practised by other provinces, the same cost-cutting approach. So is it any wonder then that we're in the same boat? We shouldn't be surprised by that.

I guess the one thing that I will say here, as to how we approach – and I'll have more to say to this as we go in debate. Very much what's driving the budget in many provinces, in many jurisdictions, is certainly that market-based economy. That's based

on the ability to pay. It works for goods such as new tires, seating on an aircraft – if you can afford to pay, you get upfront, you get the nice meal and you get the wider seats and more legroom. You might even, if you have enough money to pay a scalper, get that ticket. It works. The market commodity works in that situation. Or you can buy that luxury yacht. Really, it's inequality and inequality at that stage, as long as it's not affecting public goods, we might accept.

But should we start looking at that commodity-based, market-based approach when it comes to public goods? Because what it comes down to is funding the values of public goods that we consider valuable for all people. Should we apply that same approach to health? Should our access to a doctor be based on the level of care or the ability to pay, whether here or a trip abroad?

Should a person's dental care be based on the medical need, or should we base on whether you can afford to pay for a health plan? Should communities be forced into a situation where they're looking at putting a premium on paying extra to attract doctors to the community? Is that where we're going with it? In many cases, when we're looking at the budget coming up, I think it's got to be very much focused on what those values are.

Now, Chair, my concern – I'll end with this. I've got a few other points here to make, but I'll save them for later. We hear tell of the balanced budget legislation and I put balanced budget legislation in the same box as right-to-work legislation that we see in the United States, which is basically the right to work for nothing or for less. My fear is that as we head down this path, here is a scenario we'll have in the future, within a year: We would love to attract more doctors but we are bound by legislation. We have no more room to manoeuvre. We would like to increase the public housing supply but we are bound by legislation; we're constrained by that.

We would like to offer our health care workers the money that they deserve, but we restricted it to 1 per cent each year because we are bound by legislation. It will become an excuse.

I'm not saying to spend wildly, but I am saying that the comparison is often made between a household budget and a government budget. They are two different things. Because in the end, as we move forward, it comes to down to what are our priorities. Because an investment in education is an investment in a productive person, a person who's healthy, a person who goes on to give back as much as they can to the community. An investment in our income support is an investment in our health care system.

You can tell where I'm going. The focus has to be on the public good for the benefit of all people in this province.

Thank you.

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

**CHAIR:** The hon. the Member for Exploits.

**P. FORSEY:** Thank you, Mr. Chair.

It's certainly an honour again to get up here and represent the District of Exploits and to talk about this bill and the current situation we're in.

Chair, as everyone else has mentioned, health care, no doubt, is on the top of the list in my district in Central Newfoundland. We're hearing basically the same sorts of situations as a lot of people, medical issues. With regard to the emergency room services in Central Newfoundland, lots of times we're hearing closures, diversions for emergency situations. Everybody congregating either at the James Paton Memorial Hospital in Central East. In Central West, everyone congregates at the regional health care centre in Grand Falls-Windsor. That's coming from all the little

emergency rooms in Harbour Breton, emergency rooms in Lewisporte, Baie Verte and Springdale.

It causes a lot of stress on the system. Of course, we need doctors, we need nurses to get this operational. But this has been happening for a long time. Not only that, people are going to the emergency rooms just to get a prescription filled because they called the 811 lines and they can't get through to the 811 lines. When they do, lots of times they're told to go to see the doctor and they send them off to the emergency unit. That's where they have to go to get a prescription filled.

Then with regard to the MTAP if they have to come to St. John's again to get operations done, procedures done, they get in to St. John's, lots of times they get in there and they're told that there are no beds. They send them back home, same day. It's disturbing when you've got seniors sometimes coming in and wanting to get their surgery done, procedures done, to stay for a night and go back home. But having to go back the same day and then the cost of that transportation, cost the hotel, I guess, if they're stranded for that night and without getting the procedure done; appointments changed to another date; to have the same thing happen to them again in probably a month, two months' time. So the medical transportation certainly has to be taken care of on that end of her.

Also in the district I am hearing of the long-term part of the health care is the long-term care situation. I know that's been touched on as well and I'm hearing it as well. You know, the long-term care has got units. I'm hearing there are still beds in Central Newfoundland in the James Paton area and in Grand Falls-Windsor. Those beds are still not fully occupied, leaving the hospital rooms with acute-care beds that's tied up with nobody – they can't get into the long-term care and that's disturbing that people can't get their operations done because they've got no beds.

We need to get those beds open. It's only a couple of years ago – I don't know if it was that long – the minister and the Premier came out, cut the ribbon on the long-term care unit and going to have it fully up, fully staffed, up and running – everything full within the year. It's still not done.

**AN HON. MEMBER:** Cut the ribbon twice.

**P. FORSEY:** Yes, they cut one in Gander and one in Grand Falls-Windsor. So, you know, they cut the ribbon and we're going to have this fully staffed. You know, you knew the difference. You knew the difference on this and that's the long-term care.

We need LPNs. It's mostly LPNs that's not being filled in the long-term care, and that's something that can be done. We need more openings in our schools for LPNs. We can put those through the LPNs in our province. If we've got immigration coming in of 9,000 people, we can get them into our schools. It doesn't take eight years to train them, not LPNs. Eight years ago, as the minister mentioned, is a decade. You know, it doesn't take a decade to train the LPNs and we can get those into the system.

So a decade for this to happen is a decade now before you're just starting to look at it. The former minister, he was with the NLMA back eight years ago. He knew it then. So if it took a decade to train those individuals, by two years' time next year, we should have lots of professionals to go into it, but unfortunately that's not the case. That's another part of the issue.

Cost of living is another big issue I'm hearing in the district. That comes to the high cost of buying milk, produce, healthy foods that the parents are trying to feed their children. They are trying to get children the healthy foods, milk especially in the morning going to school, and they just can't afford to do it anymore with the high cost of living.

I know that we're pushing the sugar tax to get them to rethink their drink, but they can't rethink their drink. They can't choose milk over a sugar tax. So that's what they're forced to do, paying a tax because they need to buy milk for their children. That sugar tax needs to go right off the cuff. That does not need to be there. It's not helping low-income families right now. It's not helping a lot of families.

Again with the seniors, with regard to trying to buy oil for their fuel tanks, I'm getting calls all the time. I don't know how I'm going to afford to put fuel in the tank this month. It's costing them over \$1,800 to fill up their tanks; it's ridiculous. So the cost of living certainly needs to come down and we need to look at ways of doing that. Probably another way of doing that is food self-sufficiency. Maybe we can find ways of growing more foods. I know that the minister has touted with regard to food self-sufficiency, we're up to 20 per cent and we're trying to get this done and we have to get produce done.

But the unfortunate fact, with the Crown lands situation, in order to increase our food self-sufficiency, we need to get the Crown lands fixed. Because without Crown land, a farmer can't start. He has not got the basic ingredient that he needs to start a farm, and that's land. So without fixing Crown lands, our food self-sufficiency is going nowhere at a fast pace.

We need to get that looked after. There are lots of things that need to be done. I know there was a review in 2015 of Crown lands. It wasn't adopted. That's eight years ago, another decade almost. It wasn't adopted. I heard the Member for Stephenville - Port au Port on the 2015 Fitch report on the ambulances, that the Member for Ferryland continuously beats at that matter of the ambulances down in Ferryland. So that's two 2015 reports that were never adopted and never looked at. Now you're talking a decade into this, eight years. It's there in front of you, so you have to look at it.

With regard to roads in the district, well, the roads plan came out a couple of weeks ago, three weeks ago. I'm very disappointed in the roadwork that was coming for the Exploits District. If we're trying to boost tourism in our district, we certainly need roadwork done in our district. We certainly do. We need it down through the low-lying areas on routes – not the Trans-Canada Highway, not the less than 80 kilometres, but the 60 and 70 kilometres that needs to get down to the tourism areas, basically, down in the rugged coast areas that needs to drag those people –that's all they have left. If we're going to get people down in those districts, we certainly need some attention done on the roads.

Chair, I'll have lots of chances to get up. Those are just some of the issues that I've been hearing throughout the district since Christmas, but there are lots of more that we can touch on and I'm sure we'll get another chance to touch on it again in the future.

Thank you, Chair.

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

**CHAIR:** The hon. the Member for Humber - Bay of Islands.

**E. JOYCE:** Thank you.

I'm going to have another few words, Mr. Chair, on this Interim Supply bill. I just have a few thank yous from the few people out in Western Newfoundland who are in the hospital waiting to get in for the dye test here that at least you're bringing it up.

I know the Member for St. George's - Humber is well aware of some people on the list also, because I know their office was called. I don't know about the Member for Corner Brook, but I know the Member for St. George's - Humber was definitely contacted. He's well aware of the issue. It is something we have to deal with somehow. We can't have people out in the hospitals

waiting, taking up beds, for 20, 30, 40 days. We just can't have it. So what can be done is – where is this fly-in and fly-out?

I'm going to bring something up, just off the topic from the notes that I made here, is the sugar tax. I did a bit of research on it. I know the Minister of Finance brought it up on numerous occasions about the studies that were done on the sugar tax. Do you know the study that was done on the sugar tax? It was an intern study in 2016 done in Mexico. That's the stats. That's facts. I got it. The Canadian Diabetes Association, I got it.

I'm just saying that's what they're relying on. I'm not saying it's a bad thing if you're going to do it, but we have to put the information out there. This is the point that you're saying, is that if there's information that's going to be put out there, let's put the facts out so we can have a debate upfront.

If you look at the Canadian Diabetes Association, if you look at the list of what we can do in Newfoundland and Labrador for reducing diabetes, the list is about 12 recommendations. Twelve recommendations there of what we can do. It goes right on down through it. So when I was doing a bit of research on diabetes and the sugar tax, that's what came up. I think Denmark was the other place that got it included and one state in the US, one or two states.

So when you hear about all these studies that are coming out – and I know the one that you used about the Canadian Diabetes Association. That's what they're referring to, was something in Mexico in 2016, if I go on memory. It was a four- or six-intern review on it from Mexico. I'll get that for the minister. I'll definitely get that. I got that over in the office over there if you want it.

I just wanted to bring that up. To be fair to the Opposition, when we went outside here with the minister and we discussed the sugar tax, it was supposed to go for education programs, like give it to the Heart

and Stroke to give them \$1 million so they can promote it. That was the intent, that was the action and the deal was there's no existing government programs, but it was taken and put in general revenue, the whole intent was lost and we were out there – I brokered a deal with the Member for Mount Pearl - Southlands on it and it did not come up that they're going in the general program.

So the sugar tax, when it's brought in here – people are very upset over the sugar tax, I guarantee you that. The thing with it is when you do it and you make a commitment, we should live up to the commitment, not to put it in general revenue, use it. Use it properly to do what it's intended to: to help with diabetes, help with obesity in the Province of Newfoundland and Labrador through education.

If you want to look at any form of education, how it works, look at tobacco, the education with tobacco over a number of years, how that evolved over a number of years. It started out years ago, don't talk so foolish, and look where we're at today. Even now it's still high; I think it's 19 per cent in the province still smoke. I think it's 19 per cent that I read two days ago. So we have to put the facts out.

We heard about the cost of living, the cost-of-living cheque – and I think one of the bills that is going to come in, they are going to need an extra \$20 million because, from my understanding, is that they used the 2021 income tax instead of the '22 because they wanted to get it out through the door. Just to give you an example, I know three, probably four people who got \$500; they're millionaires. They have companies and they take home \$60,000, \$70,000 a year; they're millionaires. And there are people struggling, \$18,000, \$19,000 a year and they get \$500 and the millionaires get \$500. That is how rushed it was.

I have a note here from a senior who asked me to bring this up again. This is a senior,

not even in my district, actually. He is in the Corner Brook District actually. He moved to the Corner Brook District. While you're in St. John's, bug them about any new program to help seniors now that winter is drawing to a close, something to offset winter expenses.

That was the intent of the \$500, but when you take it and you give it to people who really didn't need it and you find the people who really need it are the seniors. People always talk about the seniors. As we know, a lot of the seniors in the Province of Newfoundland and Labrador today are older, they have their own home and they want to stay in their home. The problem – and this I say to the minister – is what happens when one of those spouses passes away? Before they had two incomes to keep the house going; now they have one. That is the biggest issue that when you talk to the seniors who have to move out of their house is that one of their spouses passed away, either male or female, passed away and with one income they cannot afford to stay in their house. That is the biggest issue.

So I don't know if the budget is already complete on this \$500 rebate and on the gas tax and other things, but is there some way that you can use some kind of a lower scale to help people, mainly seniors. I see it when they have to move out of their own house because they just can't keep their house going. They want to live in their own house. Every one of us know seniors who want to stay in their own house. So that is another thing that I was asked to bring up.

I'll bring up briefly, too, about the roads. I saw an announcement about the road programs last week. I am assuming and I'll ask the minister this – he can respond – is there any other funding out for roads? I'm going to ask you that on a serious note is there some money for pavement and other things in other areas? I don't want to say anything if there is some more funding available. I don't want to be critical.

Everything that's done there needs to be done, there's no doubt.

But some of the comments that I get in our area – I won't get into it now, so I'm going to ask the minister on that now about if there is some more money for pavement, mainly, and not a lot. I'll give you an example. Behind the Lohnes Complex over on Georgetown Road, when people from the South Shore, which is one-third of the district in Curling, which is two-thirds of the whole district, they come up on what they call the Lewin Parkway, which is Route 450 when it comes off the highway it goes right on out to Lark Harbour. There is about a half kilometre of road and the ruts are very bad. People are saying, well, we have to get this done, because everybody who comes up from the South Shore and the Curling area go that way, Route 450, so they can go to Corner Brook or they go towards the hospital when they get up.

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

**E. JOYCE:** Okay, I'll send that to the minister.

That's one of the biggest concerns there is the ruts are in the road and the road is extensively used now that it leads into the highway. I told people I will bring that up to the minister and it might be half a kilometre and it's up a hill. When it's raining, it funnels on down and people try to come up. The only thing that saves it a bit is it's a 50-kilometre zone. If it was a 100-kilometre zone people would be off the road, but it's a 50-kilometre zone and the ruts are coming down. I'll write the minister on that and talk about that.

On another note, Mr. Chair, I'm just going to bring up again about the cataracts. I know the Minister of Health and Community Services is well aware of the situation. I ask the minister – and he can answer if he wants to – did you ever go out and sit down with Western Health and look at the wait-list, too? Did you? Here's an opportunity,

because you stand up and say, well, there's no wait-list. Well, there is, Minister. There is.

The Department of Health and Community Services put in \$250,000 for the intake worker. Why don't you go out and sit down with Western Health? Get this problem resolved. If you could do it with the stroke of a pen for certain people in St. John's – I'm not saying there's no need for it in St. John's, but there's no intake officer which will verify the information. In Western Newfoundland, the information is already verified.

I see my time is closing (inaudible) –

**CHAIR:** The Member's time is expired.

Thank you.

I now call on the Member for Terra Nova.

**L. PARROTT:** Thank you, Mr. Chair.

It is always an honour to stand in the House and talk. Interim Supply is such an important issue, and we all know that. I mean Interim Supply is what looks after the people who run government while we're trying to pass a budget. I have no issue supporting this bill and the fine men and women who work for the government.

I just wanted to take a moment and talk about the ER closures throughout the province. I mean you look to Whitbourne or Bonavista, St. Lawrence, Burin, all of these places and then I challenge you to go to hospitals like Gander, Clarenville or areas that are affected. I'm being told this morning there are 32 cots in the halls of the Gander hospital. It's all because these other ERs are closed. Everyone who goes to these ERs doesn't necessarily have to go there.

So I'll go back to something we talked about earlier with a Rapid Response Unit, going down around Trepassey area and whatnot. The first thing that ACP is going to do when they come across an accident, an incident,



an individual or someone who gets a call, is triage them. If you're a firefighter, the first thing you do when you come up on a situation is triage them. If you're a first-aid, the first thing you do is triage them. But if you go the hospital in Bonavista where there's a nurse in behind a locked door, and you're in distress and you knock on that door, they're telling you to go home and call an ambulance. There is absolutely no reason other than government's fear and failure of liabilities that those doors should be locked.

As long as there's someone on staff in behind the door of an ER, those doors should be open, those people can be triaged and they can be sent on.

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

**L. PARROTT:** I spent eight years with search and rescue. We had SAR techs that would go to the Coast of Labrador, out of a fishing vessel and when they were lowered down on to a vessel, or they landed into one of these communities and there was a distressful time, they communicated via technology, either phone or computer, and they looked after those patients. Those guys weren't doctors. Those girls weren't doctors. They were trained people who could respond to an emergency and utilize the tools they had in front of them and communicate with others.

Now we sat here not too long ago, when the previous Health minister bragged and boasted about the virtual ER in Bonavista. Bragged and boasted about it; it was the solution. Now the doors are locked. Think about that. Somebody goes to an ER and they don't ask where they're from. If you're in Bonavista they don't say are you from King's Cove or are you from across the street in Bonavista. They say go home and call an ambulance. They don't know if that individual has to drive 15 minutes, 30 minutes, 40 minutes, in order to call an ambulance. It makes no sense.

As long as we have a nurse or a doctor, or someone behind those doors, that can triage – perhaps it's as simple as an Advil. Perhaps it's as simple as telling them to go home and wait it out. But government is afraid to take responsibility, so those doors are locked.

Now think about the repercussions that it has on the other hospitals. You think about the category A hospitals that are receiving these patients. You think about the people that are diverted from Burin or Grand Bank or Botwood or anywhere because they can't get treatment. They're going to other hospitals and blocking them up and not all of those people need treatment in an emergency room. They absolutely do not.

Then you think about what's happening with our long-term care facilities. There are so many people in these long-term care facilities that are waiting to get in. People who are category 3 who don't have long left. They're in the halls of our hospitals. What kind of dignity is that? This is what we're doing.

We don't have solutions. The 9,000 people that the minister talked about coming in here from an immigration standpoint – listen, it's okay to brag and boast about our population growing. We all know we need immigration. It's critical to how we move forward, but we can't stand at one breath and say that all of our problems are created by COVID, which was a disaster, and then brag about immigration and not take into consideration why we're getting those immigrants. We're not taking into consideration the luck involved with it. We're actually boasting that we're doing it right. We're not doing it right. These people are coming here because they're leaving war-torn countries and refugee camps and they've got nowhere else to go. It's why they're coming here. The reality of it is we need to look at how to keep those people here, certainly, if they're professional and they can work in our health care system.

The whole idea of our ERs being closed is a huge problem right now. If you talk to anybody who knocks on one of these doors, they will tell you. If someone were to come out and talk to them, assess them, a primary assessment which are things that can be done, they'd be much happier for certain. The whole idea of going home and calling an ambulance, shameful – absolutely shameful. There is no reason for these doors to be closed. As long as there's a staff member in behind those doors, as long as we have the ability to do it virtually – we do it virtually on the Coast of Labrador all the time – all the time. We have LPNs and we have nurses up there, no doctors. How do you think they care for people? Yet, here we are sending people away. It makes zero, zero, zero sense.

The next thing I want to touch on is MTAP. The Member from Labrador made an interesting comment about the charter flights coming out from Heart Force One, which is great. I have no problem with that. But I'll say this, if you're a heart patient and you're waiting to go to the Health Sciences to get an angiogram or whatever you may need, how is that happening when we have cancer patients who can't travel? If you look around this province and you think about what we do for our patients, it shouldn't cost you one penny more to be sick anywhere outside the metro area than it does inside the metro area.

So if you start thinking about MTAP and the ability – so we've got a charter flight going into Goose Bay or Labrador West bringing patients out – and it's needed; I'm not disputing that. But it highlights the necessity for people who require other care to get the same level of treatment. It's very simple.

If you live somewhere and you need to get cancer patients – as a matter of fact, in my previous life when I was involved with charities, I was very involved with the H. Bliss Murphy Cancer Care Foundation's family assistance fund and we funded people for travel and other necessities that

they needed. There are people in St. John's who can't afford to get on the Metrobus and go for treatment. Now think about living outside of St. John's.

Think about living in Grand Falls or Port aux Basques or Stephenville or St. Anthony somewhere and being told that your only treatment is in St. John's. Now, these are people that can't afford to heat their house; they are people who can't afford to eat. How are they going to afford to either get on a plane or get in a vehicle and drive across the Island?

That's assuming that those individuals have the ability to do that by themselves. A lot of them don't. Some of them need an escort; most of them can't get an escort. I've got a patient who reached out to me a couple of weeks ago in Clarenville who needs knee surgery. In Clarenville, Eastern Health, guess where they were told they had to go for surgery? St. Anthony. Not at all what that program was designed for. That program was designed to treat patients in Labrador-Grenfell, Western Health, in order to eliminate the backlog in those two areas.

So now we have patients from Eastern Health being told that they have to go to St. Anthony for treatment. It makes zero sense whatsoever, and I'd be curious to understand the statistics involved with a doctor: how long they're away from care in St. John's, how long it takes to travel, how long it takes to come back, how long it takes to set up. Obviously they're losing days. They don't just teleport there. It's not *Star Trek* and they don't land there.

Now I'm not suggesting for a second that we shouldn't be treating patients in St. Anthony or Goose Bay, or Clarenville or Carbonear, but what I am saying is that if it is set up for a certain way, if that was designed to treat patients in Western Health and Labrador-Grenfell, then that should be the focus. It is not the focus. My guess is that they don't have the backlog they're saying.

Doctors and MCP: I have a doctor in my district who just discharged 12 dementia patients because he can't get paid by MCP. Think about that: 12 dementia patients in a lockdown facility and a doctor going to that facility to treat the patients and could not get paid because of the MCP auditing system and he discharged those 12 patients. A simple fix by government. It's a very, very simple fix.

We talk about violence in these homes. Just think about what happens to a dementia patient when you uproot them from where they are supposed to be. You take a dementia patient from the room that he's in that he knows, that he understands, and now you take him out of there and you put him on an ambulance and bring him to an ER and you tell me that that doesn't disrupt or upset him. Then send him back to that facility. Think about what that does. When there's a doctor who was willing to go to the facility, see him, renew medications, treat whatever had to be done, but he dropped all 12 patients. Government was aware of it. He dropped all 12 patients because he had troubles with MCP. Unacceptable.

It is simple fixes, overlooked by government and it is the types of things we ought to be looking at in this upcoming budget. We need to find a way to look after people who deserve level of care. Every single community in this province suffers when it comes to health care – every single one. You cannot go to a community where you will not hear someone complain about their ability to see a family doctor, their ability to get in to see a specialist, or receive the treatment that they need. If we're going to do better, we need to do better for everyone, not just the metro region.

Thank you, Mr. Chair.

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

**CHAIR:** The hon. the Government House Leader.

**J. HOGAN:** Thank you, Chair.

I move that the Committee rise, report progress and ask leave to sit again.

**CHAIR:** The motion is that the Committee rise, report progress and ask leave to sit again.

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

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

**CHAIR:** All those against, 'nay.'

Carried.

On motion, that the Committee rise, report progress and ask leave to sit again, the Speaker returned to the Chair.

**SPEAKER (Bennett):** Order, please!

The hon. the Member for Lake Melville and Deputy Chair of the Committee of Supply.

**P. TRIMPER:** Thank you, Speaker.

The Committee of Supply have considered the matters to them referred and directed me to report progress and ask leave to sit again.

**SPEAKER:** The Chair of the Committee of Supply reports that the Committee have considered the matters to them referred and directed him to report progress and ask leave to sit again.

When shall the report be received?

**J. HOGAN:** Now.

**SPEAKER:** Now.

When shall the Committee have leave to sit again?

**J. HOGAN:** Tomorrow.

**SPEAKER:** Tomorrow.

On motion, report received and adopted.  
Committee ordered to sit again on  
tomorrow.

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

**J. HOGAN:** Thank you, Speaker.

I move, seconded by the Deputy House  
Leader, that the House do now adjourn.

**SPEAKER:** Is it the pleasure of the House  
to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Motion carried.

This House do stand adjourned until 1:30  
o'clock tomorrow.

On motion, the House at its rising adjourned  
until tomorrow, Tuesday, at 1:30 p.m.