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HANSARD

Speaker: Honourable Derek Bennett, MHA

Wednesday

April 5, 2023

The House met at 10 a.m.

SPEAKER (Bennett): Order, please!

Government Business

SPEAKER: The hon. Deputy Government House Leader.

L. DEMPSTER: Thank you, Speaker.

I call from the Order Paper, Motion 8, to move that notwithstanding Standing Order 8(3)(b), at the conclusion of proceedings on Wednesday, April 5, 2023, that this House do adjourn to Tuesday, April 25, 2023, seconded by the Minister of Education.

SPEAKER: Thank you.

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. Deputy Government House Leader.

L. DEMPSTER: Thank you, Speaker.

I call from the Order Paper, Motion 7, to move: WHEREAS the Commissioner for Legislative Standards issued a report further to an inquiry under subsection 42(2) of the *House of Assembly Act* entitled the *Tibbs Report* on September 14, 2022; and

WHEREAS the Speaker of the House of Assembly tabled the *Tibbs Report* in this House of October 12, 2022;

THEREFORE BE IT RESOLVED that this House concur in the report of the Commissioner for Legislative Standards entitled the *Tibbs Report*.

SPEAKER: The hon. Deputy Government House Leader.

L. DEMPSTER: Thank you, Speaker.

I don't have a lot to say on this motion that I have called, other than I just want to thank the Commissioner for doing the work on this report that was tabled back in October. As a government, and I believe as a House, that we accept the report as elected officials, the 40 of us that sit in this House that represent the area. There are certain rules and codes of conduct and different things that we have to follow so we certainly must abide by things. We accept the report and we thank the Commissioner.

Speaker, I did not give a seconder, that motion is seconded by the Minister of Education, I apologize for that.

With that, I'll take my seat.

SPEAKER: Thank you.

Seeing no other speakers, is it the pleasure of the House to accept the report?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

SPEAKER: All those against, 'nay.'

Motion carried.

The hon. the Deputy Government House Leader.

L. DEMPSTER: Thank you, Speaker.

I call from the Order Paper, Motion 1, the budgetary policy of the government.

SPEAKER: The hon. the Opposition House Leader.

B. PETTEN: Thank you, Mr. Speaker.

It's pleasure to get up and speak on this budget. I say this every time and I'll repeat it again, it's always a pleasure to get up and speak in this House of Assembly and when I stand in my place I'm standing for the people that I represent in the District of Conception Bay South. That's always a pleasure and it is always an honour and that bears repeating, too, because I think sometimes we go through the motions of this House of Assembly, the tos-and-fros and the debates and the disputes and the agreements and what have you, but I think we may sometimes lose the fact of what we're actually doing in here, what we're really here for and who put us here.

When I drive home a lot of evenings, and some evenings are not so pleasant as other evenings but I try to be as pleasant every evening when I leave but some days are draining, I always drive and I hit the crest of the hill going towards Manuels. Anyone who has every had the pleasure – and I know people in this Chamber that know what I'm talking about – when you see Conception Bay, it is a peace, a calming. It's always foggier in St. John's, colder in Mount Pearl and when you get to CBS the sun is actually shining the majority of times. I kid you not, if you lived there and you drove there; that is a true statement.

My wife is from St. John's so I have an affinity for St. John's as well, don't get me wrong. I'm a dual citizen, so to speak, but CBS is near and dear to my heart. But you can't dispute the beautiful weather up there. It's a place that I am very proud to represent. I have had the fortune to be there since 2015 and the people of CBS have shown me great support and I sure hope they continue to.

Part of the reason I think they continue to support me is sometimes – I was never a *Star Trek* fan but they said to boldly go where no man has gone before. Sometimes I take that to another level and I think people in this House can attest to that. But it is passion, Mr. Speaker. Sometimes you get

into a debate in the House and you leave and you question some of the comments that you make. Sometimes it's a phone call after and you might say you're trying to – it is not meant to be in a certain way but it is all – in this Legislature we see a lot of that.

It's something that I've given a lot of thought to and it is only the last couple of days that I am thinking a lot about it because we get in the House, and I listened to the radio coming in this morning. There's a good debate going on and there are a couple of people who lost their speaking privileges and you say, God, you know, to the person who is not really in here, I don't think they really appreciate what's really happening. They'll say, oh, there they go again.

But as MHA, as ministers, as premiers, you're faced with some of the worst problematic situations out there. They only come to you when there is the point of no return. There is never usually good news. You get some people will pass along their gratitude and thank you and appreciate what you're doing; a lot will. A lot of others just assume that this is what you do. People want to meet with you; they're not meeting with you to talk about how wonderful life is. They're coming in to tell you they don't know where to turn. They're frustrated. They can't find this or they can't do this. Their elderly mother or father needs home care or they need a placement, they have dementia, they have health issues, education issues, transportation issues, accessibility issues trying to get health care.

You're dealing sometimes with child custody issues, support enforcement – I deal a lot with issues like that. Those are not fun issues. A lot of them are very sad. A lot of times you don't realize the effect that it has on you as an individual because sometimes you go home and you find yourself supposedly relaxing and your mind is off into other places thinking about those things and you're trying to process it. You're wondering was there something I could

have done better. Was there something I'm missing here?

I mean, 10 o'clock or 11 o'clock in the night there's no problem for something to pop in my mind and I email someone because it's fresh in my mind and I think I have the solution or I have a way around it. A lot of times you don't have a way. A lot of times you're struggling to find that answer.

So when we get into this Legislature and you get to debate and the heated debate, sometimes you get to that debate and passion comes out. That's why I say it's a job to make apologies when everyone is passionate. I've heard a lot of Members on the other side of the House, sometimes when they get the to and fro, they come back and they get their, I call it, juices flowing, everyone is into it, but that's something that never ever really fazed me because I appreciate where they're coming from.

The general public sometimes will question what we're doing, but I think that's the point that a lot of people miss. I don't see nothing wrong with a bit of banter. I think it's healthy. I think it's healthy debate and in our Legislature it's quite a common practice. I see in Ottawa. You watch the House of Commons, because this past week it's unbelievable. It's unbelievable, the Speaker stood up there and it's beyond – now, that's probably a bit too much the other way, yet it's our Parliament, it's our House of Commons, it's our federal – that's where the federal government operates out of.

So I think sometimes we have to find a balance, but I'll say it again, I think banter is good and it shows passion. It shows we're real, but most importantly, Mr. Speaker, it shows we care and I think that is the (inaudible) message here.

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: Speaker, there are a lot of things I can talk about and I probably will be

talking about as the morning goes on, but I guess the question that comes to mind is the other day during budget debate, the Minister of Finance and the Premier and Members opposite were offended when our leader said that we would not be supporting this budget. Then I hear people, so you're not supporting the \$500 home rebate or you're not supporting affordable housing or you're not supporting this or you're not supporting that.

Every budget has good things in it, every budget, this budget included. But it's not all about the good things, it's not all about the money you're going to pour into different areas or you're giving doctors extra funding here or a retention bonus there.

In isolation those things are fine. No, some are not fine. It's how you change the lives. Are you better off after budget day? Were we better off after budget day? Were the emergency rooms opened? Were seniors better off? We say you might be better off. I'm not talking about by the dollar. Is their cost of living or is their lifestyle better off?

My colleague for Bonavista, who, I would say eloquently, talked about Sandra in his district, and great admiration for his delivery and I admire it. Behind all that – and we had our little laugh – he was making a very important point. There are seniors that are getting \$609 a month, if I'm not mistaken, and that's the cost to fill up the oil barrel, that's all their money.

Two or three months ago, I think it was, I had a constituent of mine who reached out and they didn't know how they were going to fill their barrel, the minimum fill-up was \$500. They only had \$350. A father called, a father with a wife and two children, he was desperate. I reached out actually to the Minister of Industry as a courtesy to ask for any advice and we kind of shared our views that we're dealing with this problem on a day-to-day basis with all constituents throughout the province, this minimum fill. But beyond that minimum fill is a problem.

That's pretty well, for a lot of people, almost their monthly income. Those people need help.

If you accept something, this budget, for instance, if you're going to accept that because we like certain parts of it and ignore the glaring problems, are we any better off by doing that? I don't think we are.

Is the emergency room reopened in Whitbourne? No. We still have problems in Bonavista? Absolutely. Go over to the Health Sciences Centre or go to St. Clare's – two weeks ago at St. Clare's a family member of mine went in there, there were no seats to sit down. They didn't want any support people with them if they didn't have to. Seventeen rooms inside the emergency area were filled with patients. But they even had minor stuff taken inside because they had nowhere to put people. Everyone was at wit's end. That was just on the eve of the budget. I would hazard to guess you go over there today and you're going to find the same thing.

Are we better off? No. Are there plans? I know a budget on Thursday is not going to fix the problem Friday. Are there long-term plans that are really going to address this stuff? I don't think so. It may offer some form of interim relief. But is that going to fix things? No. Is the new St. Clare's going to fix things? It would be nice to have a new hospital. I think we would all like to go in to a modern building, hospital, whatever it may be. You go into your districts in a new school, if you're fortunate enough to get one, it's nice, no doubt it, but does that fix your educational problems? Does that fix your health problems?

Infrastructure will only go so far. By the announcements you hear day in and day out, everything is an announcement. Everything is an announcement, everything is a news release, everything is an in-person announcement wherever and it all sounds good, but is that fixing your problems? No. It creates a façade that

you're out there; you're wondering really, the alternate universe effect hits you, what world we're in.

When my family member leaves St. Clare's after bearing through eight hours of torture, and they're lucky to get through in eight hours. It was only because their situation, they were pretty sick and then you flick on the news, or you turn on the radio and you hear the Premier telling everyone things are really good, we've never been better, things have turned the corner. We've made a massive improvement in the last two years. It's foundational, it's transformational. Everything is wonderful.

Then I look around and what's wonderful? What am I missing here? Then in the same breath, you flick the next station on the radio and there's someone on CBC radio talking about their near life and death experiences, waiting in the emergency room over at the Health Sciences Centre, waiting for life-saving treatment. A family member nearly died – some unfortunately have died, we've heard of that, most recently in Bonavista.

So I may seem facetious or being a bit too critical, but isn't that really what we're dealing with? So when I say the alternate universe, what are we dealing with? On one side, we're being led to believe that life has never been better; on the other side, life is not better. Life is pretty bad. So what's what? What do you believe anymore?

But these people who occupy these roles and the Premier of our province and we have ministers, they have very important roles. I got started with how important our role as MHAs are. We all have our role in our districts, but they're the executive of government, they run it. Like this year, we're into a \$10-billion budget. That's a lot of money that this government are entrusted by the people to spend wisely, but, ultimately, it's to look after Newfoundlanders and Labradorians. It's meant to look after every single man, woman, child in this province. That's the ultimate responsibility.

I don't know if anyone reads their Code of Conduct when you sign it, but you're supposed to do whatever you can to help the people in your district. That's written there.

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: Doesn't matter if you're Liberal or NDP or you're independent, your obligation is to help every single person in your district regardless of political affiliation, regardless, whatever the case is, that is your responsibility.

So when I look across the way and I read budget documents and I hear announcements, government has a responsibility to look after, not just Liberal districts, but every single district in this province whether you're PC, independent, or Liberals, not just Liberals.

There's a reason I'm saying this, because I feel you throw pittance around to this side of the House to kind of say well, we gave you something, because they have to have a speaking point, oh, yeah, I give this district this much or I give that district that much, but do the math and go and look – you don't have to do math, just drive around and look around, it's not hard to find.

Some of these collaborative care clinics were announced in a couple of Opposition districts no doubt. I've been lobbying for years now for improvement in health care in CBS and there last week the Premier, after the budget, went to Deer Lake and made an announcement proceeding with the collaborative care clinics for Deer Lake. That's fine. I think it's wonderful for the people in Deer Lake and it's wonderful for the MHA and the Premier to go out to his districts, I applaud, I have no issue with that. That's what he's supposed to do; he's supposed to make life better for people in his district, that's the Code of Conduct. But, as Premier, it's meant to be the 500,000-plus people in the province as well. But in separation and isolation I'm okay with that.

Deer Lake, it's proximity to Corner Brook, pretty close to CBS proximity to St. John's. Not a lot of difference. There's no public transit in Deer Lake to Corner Brook, nor is it from CBS to St. John's. Twenty-eight thousand people live in CBS, I'm not sure what the approximate population out in that area is when you look at the surrounding areas, I mean it might be close, I don't know it might be less, it might be more.

The point being, what makes those people in that part of the province any different than people in CBS? Shouldn't you look after the people of CBS as well as the people of Deer Lake? I'm not pitting one against the other, I think it's a good thing that Deer Lake got what they're looking for and I credit government for doing it. They needed to do it, but what happens with CBS? Are we lesser? Are the people in CBS lesser than anywhere else in the province?

There's one big glaring problem with it there, the colour of your affiliation. It's easier to say no to a Tory district or an NDP district or an independent district, a lot easier. That's what I find sometimes with all of our politics that irritates me, because you can't punish the people for putting the person in the seat that they feel is the best person to speak up for them. Sometimes you have to be a Liberal to get elected here, you have to be a Tory to be elected there and in a couple districts you have to be NDP to get elected there, a couple. But my point being, you should not be punished for that because as politics moves on, people are voting for the individual as well.

They're voting for the person that they think will represent their rights and their interests best in this House of Assembly on the issues that are important to them. That's where politics are evolving to, but for some reason we still digress down into this – gutters not the word – you have to be the right political strip and it is easier to spend money in a Liberal district as opposed to spending it in a Tory district.

When you're dealing with health care, education and transportation, that's offensive. I think we all should be offended but I think the people of the province should be equally as offended. So it's fine to spend money, but are you spending it where it has the greatest impact or are you spending it where it has the greatest political impact? I hazard a guess and I'll go out on a limb but I may not be too far off, this is all political; this is not personal, most of this is political.

What makes one group any different to the other? There is more than a bona fide case for CBS to have a clinic; there is no doubt about it. Then you go to urgent care clinic and lo and behold, CBS is excluded. The mapping is excluding CBS. We're metro. CBS is a metro region; we're a part of metro St. John's when it suits you. We're not metro. We're not Mount Pearl. Even Paradise has more services than we got. Up in CBS, we're not metro. But when it suits you, we're metro.

So when there are programs, oh, yeah, you're all looked after. It is like an afterthought. I said to a minister opposite yesterday when I was over having this conversation because I find that I'm talking about it a lot and it frustrates me: we're not metro.

If that's the case, why is Deer Lake getting a collaborative care clinic, if you're using that mentality, when they're building a billion dollar hospital in Corner Brook? Sure drive to Corner Brook; that's what you're telling people in CBS. Drive out to St. John's; we're going to build a new St. Clare's. We have the collaborative care clinics; we got the urgent care centre. We're going to build that in Mount Pearl. We're not going that far out in CBS, you can drive in to come to that.

So what makes them lesser than anyone else in this province? That's what I find offensive and my pride of representing my district comes out loud and clear on stuff like that. That's where my passion kicks in because I find that stuff is beyond offensive

and it offends everyone in my district. I will make people in my district aware of the wrongs –

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: – this government is doing.

They'll know why I'm voting against this budget. That reason alone had me last Thursday – and I heard good things in the budget, but that reason alone had me voting against this budget. That was one reason alone there, what I just explained, that was my reason for voting against the budget because that's what I was put here for.

You're not supposed to be status quo, you're supposed to better your district, you're supposed to do what's right for the people of your district, do it to the best of your abilities. That's your obligation. That's your Code of Conduct. I'm not righteous, trust me, I'm not righteous. I'm probably more off the rails than anyone else. But I do take things seriously and I take those things very seriously. They're very important.

Mr. Speaker, my remaining minute I have a non-confidence amendment.

I move an amendment, seconded by the Member for Conception Bay East - Bell Island, that all the words after the word 'That' be deleted in the motion before the House, Motion 1, and the following words be substituted: 'this House faults the Liberal government for its failure to do enough to retain nurses and other health care professionals, its failure to reopen emergency rooms and eliminate backlogs with the urgency warranted, its failure to fully implement the Health Accord, its failure to lower the cost of living in this province for seniors and families, its failure to invest properly in students from early childhood to K-12 to post-secondary, and its failure to deliver a solid economic plan.'"

Thank you very much, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: This House will stand recessed to give us an opportunity to review the proposed amendment.

Recess

SPEAKER: Are the House Leaders ready?

AN HON. MEMBER: Yes.

SPEAKER: Order, please!

Upon review of the proposed amendment by the Member for Conception Bay South, we find that the amendment is in order.

The hon. the Member for Conception Bay South.

B. PETTEN: Thank you, Mr. Speaker.

It's always that concern, is it in order or is it not in order? If it wasn't in order I had nine seconds to get someone else to their feet.

The Minister of Environment, he wants to get up again. He hasn't gotten up yet. The government opposite, I'm encouraging, I hope they get up sometime throughout the budget debate to express their support for their budget.

AN HON. MEMBER: (Inaudible.)

B. PETTEN: Do you see what happens when people talk to me, they get me in another frame of mind. I wasn't even going to say this, but I've been here for a lot of budgets, since 2015, and I always questioned why – I say if I'm on that side of the House, one of these days I might be, you never know.

AN HON. MEMBER: Oh you will be.

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: Not my words.

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: I guess we'll just have to wait. Stay tuned. Stay tuned.

AN HON. MEMBER: Change is in the air.

B. PETTEN: Change is in the air, stay tuned.

I'm digressing. But do you know what? I've been in this House for a nice while now and my colleague, our leader, myself and him have been through a lot of wars together over the last decade or so. We've had a lot of good times, but you know we were in this House in 2016 debating that budget of 2016, the infamous budget, austerity budget of 2016. We were sitting here. There was seven of us going around the clock for four days. It was a pretty incredible experience but we did it, we managed to do it.

I remember the Member for Mount Pearl North was here –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

The hon. the Opposition House Leader.

B. PETTEN: The Member for Mount Pearl North, at the time, was here and me and my colleague, our leader, the MHA for Conception Bay East - Bell Island, it was 3 in the morning and we were hungry. We had no way – it was only seven of us. The other crowd were gone home. We were a pretty sparse crew. So he put out on Twitter, to the Twitter world, because he was pretty big on social media, that we were hungry. Within an hour there were pizzas and coffee delivered to the desk on the corner, the security desk – true story. We got a message it was delivered to us, but the same night the Minister of Finance delivered us leftover pizza they had in their caucus room.

S. COADY: (Inaudible.)

B. PETTEN: Exactly, and I give you credit, they delivered the pizza, but the one thing that stood out to me, we were here and they were sitting opposite, you were doing shifts. They were taking turns, we had less opportunity, but no one would stand up. We'd stand up turn after turn after turn, stand up and speak to the budget. Why won't you speak to your budget? Why won't you speak to your budget? I understood why they wouldn't speak to the budget, Mr. Speaker, I understood, I really did. Because there wasn't a lot to stand up and speak to.

So I like to refer to it as – there are two terms on this one. The budgets have improved over the last couple of years. They're still not where they need to be, but from your side times are good, so I refer to that as they implemented LOP. It's the Liberal outreach program.

You're not allowed to use props, and I know that. You know I know that. But there's a prop here, I'm not going to lift it. This circulated in a district throughout and I know, Mr. Speaker –

SPEAKER: No props.

B. PETTEN: But I had to just to prove I had it here. This circulated in my colleague's district over the last week and I was after calling it before it happened. There are pictures on social media with red coats and this –

SPEAKER: No props.

B. PETTEN: No props. This is actually a prop. I seen this circulating. It was brought to my attention and I said now, unless I have a crystal ball, I foreseen this. I don't see a lot of things but I said this was going to happen. Lo and behold it happened. There were ministers rising on streets throughout the province, throughout the city spreading the news, going to the doors. They had good news.

But there is part two to this, Mr. Speaker, and we'll see what their comment is to part two.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

It's hard to hear the Member speak.

The hon. the Member for Conception Bay South.

B. PETTEN: I'm going to turn back the clock so anyone listening to me speak, I tie it all together believe it or not, if you really want to follow me.

In 2016, there was no LOP. You would drive the Parkway and there used to be resign signs on all the lights. There would be pictures of the premier of the day – resign. I thought it was pretty harsh. It was bad. There were protests on the steps. There was extra security around this building. It wasn't a great time to be in this Legislature, it was pretty frightening for all of us.

There was no LOP. It wasn't a lot of uptake to this program, but I discovered in recent weeks, and I did a bit of research, it was the LIHP. It was a very low uptake so it was discontinued after a year or so because part B of the budget never even came that following fall. It was the Liberal in hiding program.

Now, that's a fact. I didn't see any Liberals with red jackets on and props knocking on any doors in this province. There were no streets of St. John's or in CBS or throughout the province – well, you'll never see them in CBS, thank God, promoting that budget. Not the one.

D. BRAZIL: They weren't on Bell Island.

B. PETTEN: And there was none on Bell Island, my colleagues says. Yeah, that's right; there was none on Bell Island.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

B. PETTEN: Thank you, Mr. Speaker.

Maybe that's when we had health care that was actually working for the people. Maybe some of that deficit was fixing the schools that were dilapidated in 2003 when the former administration took over and every school in the province or every second school was full of mould and mildew. That's what they hung their hat on. So they pride themselves on criticizing where you spend your money.

Speaker, I got lots of notes; I don't know if I'll get the chance to read them. I got piles of notes.

AN HON. MEMBER: (Inaudible.)

B. PETTEN: You don't want to read this stuff. You're never going to be able to read this stuff. Here it is; we spent like drunken sailors –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

I know it is all in good humour and everything else, but it is very difficult to hear the speaker.

The hon. the Member for Conception Bay South.

B. PETTEN: Thank you, Speaker.

All the Members opposite will get lots of opportunity to speak to the budget, and I encourage it. I asked the Government House Leader would he put up a couple of speakers because I say this, with total honesty, I enjoy the banter. Whoever wants to hear it, I like the banter; I have no issue with it. I know the Minister of Energy sometimes, he'd get ready to roll, when he was Government House Leader, and I liked

it. Believe it or not, people thought it bothered me. Actually, I think it is a healthy debate. I like it.

Sometimes you stand there and you feel it is a form of, you know, just attack, attack, attack, because we have a message to deliver. We have a role to play. This is what we do. It is what we need to do. It is what you call a healthy democracy.

Opposition is needed in this province. Can you imagine without this Opposition where we'd be as a province? Can you only imagine if government – any government, now – were not held in check? And as Members opposite were on this side and they did a great job in doing exactly their role, it is a role. It is a responsibility that I take seriously and all my colleagues take seriously and we'll continue to take seriously until that day when, stay tuned, we'll be over there.

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: And then there will be a group on this side doing the exact same thing we're doing. So when we stand in the House and we question government – again, I heard a clip on the radio this morning. Because I get more information from listening to stuff, listening to conversation than I ever would in reading because that's who I am. But trust me, I don't miss many points.

I hear this morning, and the Minister of Finance – and I have a lot of respect for the Minister of Finance, I really do. We have our debates, but I do fully respect her. But she was offended by the questions from my colleagues. That's where I question. I don't understand why would you be. What they're saying, they're not being personal, they're speaking for their people in their districts. My colleague for Bonavista, who I spoke earlier about too, he gets up and he's very personal. He's after listing off pretty well every resident of Bonavista. They are in *Hansard*. His stories are accurate.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

B. PETTEN: But I say to the Minister of Fisheries, Forestry and Agriculture, when I sit down I'd love for you to get up for 20 minutes. I say to the Minister of Environment and Climate Change, you take your 20 minutes. I say to everyone opposite, I'd love to hear you get up for 20 minutes. I am looking forward to it. Just trust me, I enjoy the banter.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

I enjoy the banter to some degree too, but when it comes to a level you can't hear the Member speak, I ask both sides to bring the level down a little tiny bit. As much as the Member speaking enjoys it, it's hard to hear.

The hon. the Member for Conception Bay South.

B. PETTEN: Thank you, Mr. Speaker.

You know, respectfully, my group here are being pretty respectful. They like to listen to me, see. I don't know why. But if you talked to my wife, she would not agree. Fortunately, these people listen to me. They don't always follow what I say but they listen.

The point I'm trying to make is you have to believe in what you're standing up for. If you're standing up for something, you have to truly believe in it. If government opposite believes in this budget, believes what's in this budget and they want to stand in their place and support it and they take offence to some comments and questions across the way – and we hear it. There are some good things. Again I'll say, there are some good things in the budget, no problem. But stand up and talk about it. Be proud of what you're standing for. Be proud of what you do.

I've always believed you should stand for something. I've always said that. It doesn't matter if it's the most popular thing in the world or in the room, but stand for what you believe in. I would never – and I say this, and I again, there's a time I may be over there and I know it's going to be hard to keep the shackles on me, because I'm not the type that can be easily contained. But if I'm told by whoever's in charge of the day if we're over there and say you're not allowed to speak on this and we don't want you to get up on this, it's probably better for me to go home. Take the fine every day for not being in the House. It's no good to be sitting there because I wouldn't be able to follow the rules. Because even if it's not so good, I think you owe it to the people who put you here to stand in your place and say what you really feel. I know you're not voting against government. It's a monetary policy, I know that. You're not bringing down your government. But there's nothing wrong with the Members opposite to stand in their respective places and speak for the people they represent. That's what they're here for. That's what you're here for. Ministers are not appointed to run specific departments solely. You're still an MHA. You're still put there by the people. The Premier put you in that Cabinet position, the people put you in that MHA role and they're the people you should be speaking for.

I'll tie it back to a comment I said earlier, because everything has a connection with me. Your Code of Conduct says you're supposed to help every person in your district, no matter what political stripe. So if you're not going to stand in your place and you're going to say this budget is great and you're going to sit down and wait until the Opposition runs out of gas and hopefully we shuts up eventually and we get the budget through, are you doing justice to the people who never voted for you in your district? Better still, are you doing justice for the people who voted for you? Because I'm sure there are Liberals in the province who are not happy with some things in that

budget. They'd like to know what their Member thinks of it.

What about the seniors we're talking about over here? The mere fact that poverty was not mentioned in the budget, think about that. The word "poverty" was not included in the budget. That's incredible. It's incredible.

Like my colleague from Bonavista said, it was breaking news. We had breaking news yesterday. It wasn't in the budget. If it was, I hazard to guess some would have pointed out to us because I trust that he's read the budget more than anyone in this House, including the Minister of Finance.

S. COADY: I don't think so.

B. PETTEN: I would hazard to guess that would be a big challenge, Minister, with all due respect. I know you've read it several times yourself, but I challenge that it would be a very close call. This is the Member, when he got the Health Accord, he was the happiest person in Confederation Building that he had something to do for the weekend.

Now, I had the Health Accord too, but trust me, not the first thing I read that weekend and it would take me a lot longer than a weekend to read it. So this is the person. So that's why I hazard to guess, I don't know if anyone else here gets – and I know it's through his educational background being a school administrator – so much joy out of reading, but he does and I trust that if poverty is not in the budget, I take his word for it. I take his word. Now there might be an off chance, but I doubt very much it's there. So I trust what he's saying.

S. COADY: May I ask him a question?

B. PETTEN: She wants to ask you a question. We'll get to that this afternoon during QP. Stay tuned.

I remember a couple of years ago, I stood in my place and I was talking about a budget

that wasn't so good, but it was the curve. It was the leaving the austerity measures, trying to get to a better place. I spent my entire time, in speaking about the budget, it was they don't know, because every question we asked they couldn't answer it – not the one. They couldn't answer any questions. They've gotten a bit better because there was more review done on the budget, which is good but they still won't stand up and support it.

They'll stand up and vote for it when the time comes to vote, but they won't stand up and support the budget. Why not stand up and talk about the good things? Why don't they talk about their district?

When we get up here and we speak – and a lot of the times we speak the truth because sometimes I find when you speak the truth, it resonates with people opposite sometimes. That's why you get some of the banter back because it resonates with them and deep down in their soul they're saying there is a lot of truth to what is being said. So when we heard yesterday, my colleague from Placentia West - Bellevue talk about the lack of supports for seniors, Bonavista talking about poverty, my colleague for Ferryland talks about ambulances, that matters. I'm talking about health care in my district; we all have that issue. But that is what matters to the people. So you don't think Members opposite don't see that when you're giving them clear examples.

It is not like I come here and I'm saying the Liberals are all bad; that's not what I am saying. I can be facetious about my LOP and LIHP. There is merit to what I'm saying there, too. You can go out on the street and support the budget, but you won't stand in the House and support it. Why? This is the people's House. This space here is your workspace. This is where I represent Conception Bay South and we all represent our individual districts. This is your place. We all take our place. Why not support it? It is beyond me.

Anyway, Mr. Speaker, I don't know if I am going to get through my notes but there are a couple of things that I want to talk about. I've talked about child care –

B. DAVIS: (Inaudible.)

B. PETTEN: I'll give the Minister of Environment some notes after to help him along with his 20 minutes. It'll help him bridge the gap.

Child care: I speak about child care in this House a lot and I spoke about it publicly and it has been a big issue in the last month or two. As a matter of fact, I think the child care licensees are going to be attending this afternoon up in the Chamber for Question Period and taking in the House's sitting.

It is hard to relay in a sitting of the House, a Question Period or even a scrum area to get out really what the fundamental problem is and what is going on. You have child care providers in the province, 70 per cent of the child care providers in the province are private – 70 per cent. You have this program that is being implemented by the federal government: \$10-a-day child care. It is more designed for the not-for-profit sector, which these people are not; they are for profit. So you are being told, you charge \$10 and we'll give you the remainder to a certain amount. They've capped it off to how much you can charge per child.

Now they're telling them how much they can pay the ECEs, the early childhood educators. So they're providing all this funding. But you turn back the clock; these are private businesses that invested their own monies. They started off privately. They started charging their own rates and you shopped around to get the best rate for your child. When my girls were younger, we shopped around because you could get cheaper daycare and there were lots of spaces. My girls are in their 20s now. There was no real issue to get daycare spaces at the time – we called it daycare. There was

no problem to get them. The demand wasn't there.

In our administration, in the latter few years or whatever we started subsidizing spaces, which is not a bad thing. But that's the reality. We started subsidizing spaces. It was well accepted. It created more affordability. It created more spaces. It created more opportunities because the demand was getting higher. But you start a slippery slope then. Because all of a sudden, you have to realize these are private businesses. They're not government operations; they're private businesses. They're not not-for-profits, they're for profit.

Now you've took that to the next step and the subsidies have increased and the operating grants have increased and what have you. So government is taking more and more ownership of these operations. But now we've come up with this \$10-a-day child care and a minimum wage for ECEs. You're implementing this on private operators but you're tying, you're handcuffing the operator because all of a sudden now, who's going to buy this business when government are basically controlling it? They're not going to expand and create more spaces because they really don't know what the future holds. Yet, it's their equity into this. Government don't own these buildings. This is their own equity. This is their own sweat – their money. People have over millions of dollars in these daycare operations, but now they're left with a situation of what do I do and it's really hard to explain this out, but under the program – this program is designed for not-for-profits, where you would provide your audits and you provide all the information of the workers. There are set rules in place because they're not-for-profits and there are totally different guidelines for them.

These people have investments. You invest in your business. You want to get your own profit. You want to make your own decisions. If you want to expand that business, you want to be able to do it in

your own right. If you want to retire, you want to be able to sell it. That's not so cut and dry with this situation, not at all. If you're selling an existing operation, it has to be approved, but who's going to take something over when government are basically controlling you? You can't increase your fees.

So instead, really what needs to happen is you need to subsidize the children or the families. Let the daycare operator charge what they're charging; government should be dealing with the parents and the children. These operators should be left to operate privately. So if it's \$50 a day, they can work out some kind of agreement that they'll subsidize the remainder to give them whatever affordable child care they want but these daycare operators should be left to run their own business as they see fit and government should be dealing with the families. They can negotiate with them, too, but there has to be a better process.

Right now, it's dysfunctional what's happening. It's really, really hard to get that out in a QP. It's hard to get it out in a scrum. It's hard to get it out any time. Call *Open Line* – because it's a bit complex, but the bottom line is you're trying to get a square peg in a round hole. This program was never intended for for-profits. It was never intended for for-profits.

It's really dysfunctional when you think about it because government are coming in and saying every child that comes in here, they only have to pay \$10 a day, we're going to give you the remainder, but we're also expecting all these conditions and we're going to tell you how much you can pay for your employees. Now we want to do audits and we want all the personal information of all your employees. You have to say for a second stop, because those daycare operators, child care operators could get the \$50 a day which is more than what they're getting now, if they just opened the doors and they said, we're not bothering with this program.

People would pay \$50 a day for their child to get a space, because there's that big of a demand. They don't have to be prescribed to this program. They really don't have to prescribe. This is what government is heralding. Government don't own these operations.

My colleague from Baie Verte - Green Bay, who I have a lot of respect for as well, me and him visited a child care operation in my district a couple of years ago for an announcement, and he witnessed it first-hand with me. It was a big investment. It's a well-rounded operation. In my own district it's one of the staples. It's one I'm very proud of actually and good people run it. It's their investment. This is on them.

I commend government – and I'm not knocking affordable child care. I think it's a wonderful concept, but the government needs to look outside the box and realize every province in the country are not like Newfoundland. I believe it's Saskatchewan and the federal government has actually done a one-off with the province – and this is what I think our province needs to do too – because there were a lot of private operators there. They've created a different funding mechanism to deal with this issue, because it is an issue and it's a big issue.

These people are coming to us. We're talking to them. Government, I don't think, are talking to them as much as they should be. I've given it a lot of thought and where it's in my role, in my critic role, I've actually given it a lot of thought and talked to them a lot and I got my head fully around it. I think I do. It always came across as dysfunctional to me. I kept thinking this will make sense and the more I thought about it, it is a great program. But you can't just push this on a for-profit operation. Again, it's for not for profits, so you need to find a different mechanism. You could still give your affordable child care, but you have to cut the leash, you have to cut the restraints on these operators. They have to be able to run their businesses.

I have a couple in my district, they're 58 years old and they want to retire but they can't get clear answers if they'll be able to retire because they want to be able to sell their business. They have over \$1 million invested in their operation. They want to retire. They're hitting 60. Their goal was to retire at 62 but they don't know if they can because they're not getting a clear indication: Can I sell it to you or you or you? You may have to sell it to the Y or another not-for-profit sector. They're not getting a clear answer. I don't know if government can give them the clear answers either because this is tied to the federal funding. Under the federal funding, they list not for profits as being the key. That's what that model was setup by.

So you try to put a one-shoe-fits-all approach to child care to the country when you set out this program. When the federal government implemented this program, it was meant to be an overlay; this was going to fit everyone in the country. But that's not the way it works, one shoe don't fit all; we know that. These operators are struggling and they feel really handcuffed. They don't know how to do it. They don't want to bite the hand that is feeding them because, ultimately, government is basically funding their operations. I mean, they're collecting \$10 a day from families per child; the government is giving them the rest. But you can't increase your amount. You can't go to \$50; you have to stick at this amount of \$42 or \$43 depending. You can't go to \$50 or \$55, which you'd like to go to and you feel it is more than adequate.

So that is in a nutshell why I have stood in my place and I have asked many, many questions this session already and I will ask some more today on this issue. You know, government can answer and do as they please and ministers can respond as they please, but sometimes the flippant, dismissive response is not helpful to any situation.

On this matter, I find that is what I have received. Again, I will come back and say, it's not what I have received. They listened. You're asking the question for the group that you are advocating for or the industry you're advocating for, that's who you're speaking for so when a minister is dismissive or a premier is dismissive or an MHA is dismissive, you're dismissing them. Remove personalities from it, you're dismissing them. I'm only the messenger. A lot of us, we're messengers to a lot of this stuff. We're advocating for change.

My colleague for Bonavista who does a great job with the shadow portfolio for Fisheries, he's the messenger and he's the advocate for them. That is what you do; that's what we all do in all of our roles here. Our Health critic there, our shadow minister for Topsail - Paradise, he advocates for those people. We're really advocates. There are 40 advocates in here – there's supposed to be. That is what we do.

But the questions need answers. We ask questions and government's responsibility is to provide answers. It's always been that way. Whether they're offended or not offended, again, there are no apologies for that, because it's what we're supposed to do, it's what we're elected to do and what we'll continue to do.

Speaker, I'm going to get to it eventually, there are a couple of things I want to read eventually, but I have to branch off into one other area now while I have some time.

Crown Lands: In 2015, there was a Crown Lands review done by the former administration. There was a review done, there were lawyers involved, there was real estate involved. I believe there was – yeah – general public, too. There was a full-on review done of the problems with the Crown Lands. We thought it was a great concept, in theory. But government changed. I think it would've solved a lot of problems. I talked to a lawyer who was on the committee at the time. He was the head of the Newfoundland

association, the bar. He was very favourable of the changes that were coming, very optimistic, because in the legal world a lot of these rules are archaic and they need to change.

But when the current administration or the Liberal administration took over in late 2015, that report stayed where it was to because they never ordered that report. That was the PC's report. There was nothing we touched that was fit; they wouldn't go near it. But they did nothing in place of that. They've had lots of reports that you can go write your name on the cover now with the dust that's on them. There are lots of them kicking around, or there are reports we're not allowed to see. We've had a lot of reports, millions of dollars in reports we can't see. We're not allowed to see. No, no, no, eyes off. But we stand in this Legislature, we're all part of running the operations and we vote on a lot of things, but dear show us a report. No, we're not worthy of that.

That's fine, that's fine, I guess one of these days, like I say, stay tuned and we'll get to see all those reports and see what they're worth. But, I hope, I truly hope when the time comes when we go over there, whatever report we do see, we'll make it public. Do you know what? If there are reports there the Liberals commissioned that we think are good, I don't see any problem whatsoever in implementing them. Why not?

I'll go back to a theme: it's in your Code of Conduct. No matter who supports you, do what's best for the people in your district and the people in the province, regardless of what stripe you are. That's my go-to. I look at themes and everything, I can tie it back to that because, ultimately, you can stand here and we can debate and we can laugh and we can do all the rest of it, but that's your ultimate goal. So forget about there was a PC report. If the NDP comes up with something that we think is nice: no, we're not going to agree with them. Oh

we're not going to agree with them, they're not with us. How foolish, how silly. If it's good, it's good. I don't mind saying it; I've said it. I've complimented government lots of times on stuff they've done and stuff they felt – sure why not? People respect that.

I'll tell you something that's just come to my mind as I'm saying that. I was out at an announcement, the federal MP was there, and it was an honest oversight. He introduced people and I was in the crowd. He missed me. Now, the MP is Ken McDonald, or I probably shouldn't use his name, but he's a good friend of mine. Me and Ken are friends. It was an honest oversight. There were three or four people around me that were enraged and they spoke out. They were actually a bit loud about it. I was trying to say this is not intentional, which it wasn't intentional. But it was a lesson. Me and Ken actually spoke about it after, it was a lesson. He said to me there was no harm intended, and none taken, none given and we were fine, but the message is the public sees things. That was an example of just imagine if it was intentional. You don't have to say anything, people see stuff.

So the people see it up there when the announcements are being made on these health care centres out in Deer Lake, when you're 30 minutes or 40 minutes from the new billion-dollar hospital and you're building a new collaborative care clinic in Deer Lake. Once again, wonderful for the people in Deer Lake. What about CBS? What about CBS? If you're going to follow the rules of the game, if you're going to be righteous and be proud and say you do what you do for the people of Newfoundland and Labrador, what about us?

When you're fortunate enough to sing the "Ode to Newfoundland," there's a lot of pride in that. There's a lot of pride in that song, because we're paying tribute to the province we love. No difference in your districts. We're all equals, we all should be treated as equals, regardless of what you

vote for and always remember it's actually in your Code of Conduct.

I was sitting in this House in 2017, I guess, 2018 and there was a Member – there was a report done actually because somebody violated the Code of Conduct by telling this person at the time that they weren't doing anything to help them because they never voted for them. That ended up in this House. Members at the time might recall that ended up in this House of Assembly because they violated the Code of Conduct.

It was a mayor at the time of a small community; they actually violated the Code of Conduct. So history repeats itself at times. How do you bring the Code of Conduct for some of this stuff I'm talking about? Because I'm talking about a bigger, fundamental issue.

But my issue should not be lost in partisan politics, either. I really truly believe that there's a lot of merit in what I'm saying if you really want to separate yourself from there they go again and listen to what is being said, because it makes a lot of sense. I'd like to think, and I hope I do, if and when we get over there, I'm going to sit down sometimes and I truly believe I will, because I can't see it any other way, if I hear stuff that makes sense, appreciate it and accept it. Acknowledge it. Probably make change yourself. Because do you know what? We should never be averse to change.

I think change is a good thing. Change is one of the hardest things you'll ever do in life in groups because people don't like change. That's a natural thing. But it's never a bad thing to change your thoughts. Maybe you're not channelling your thoughts in the right direction. We say, and my colleagues say and I can hear the whispers coming there, change in the air. Maybe it is in the air. But change will be in the air because people are listening to the right people.

Again, I repeat, when we get over there, it won't be because we're just listening to

PCs. It'll mean that we're listening to PCs, the Liberals, NDP and independents.

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: That's (inaudible).

People want transparency, they want openness and they want accountability. Back in 2019 when we nearly got over there, we had a minority government. I heard it over and over and over again how people thought that was a good thing. From our perspective, it was challenging. I know from government's perspective it was really challenging operating a minority parliament. But that's what people wanted. They wanted us to get along as best we could. I think they all understand there's a level of passion and compassion or empathy, whatever you want to call it. We all have that in our blood and that's why we're here.

But they wanted us to work together better. If anything, since 2021, the divisions have never grown bigger. They've never grown wider. I see it and a lot of it is reverting to what I consider to be old-fashioned politics. I've been around and I've followed politics all my life. I've seen a lot of governments come and go. I've seen a lot of styles come and go. But it's old-style politics that if you're not the same stripe as the party in power, you better get cap in hand and hope for the best.

That is so unfortunate. When I say about codes of conduct and that, the most blatant violation of a Code of Conduct you could ever imagine. How do you put a complaint in – because you've got to put a complaint in against a government and it's designed for Member to Member? But it's a violation in my mind. We move away from the Code of Conduct there; it's a moral violation that you would do that to every person in this province. Because 90,000 people voted for us, on this side of the House. So you want to turn your back on those people, because that's what you're doing.

This is not humorous; I'll get to my humour in a bit. This part is not humorous. I take great offence to it. I'll say it again: I think everyone should take great offence to it. Because little do you realize this is what's happening in this province right now. That's how we're being governed. That's what's going on.

You can smile and take all the pictures you want, and everything is wonderful but, trust me, that's not the real story. People are suffering. People are struggling. I tell you now photo ops will not get you a family doctor.

E. LOVELESS: TikTok (inaudible).

B. PETTEN: The Minister of Transportation and Infrastructure is talking about TikTok videos, so I guess he'll talk about TikTok. We're not allowed to do TikTok any more, but he's so in tune that he wants to talk about TikTok. I know when I kind of get their dander up, because they start talking. When I keep to a lower tone, to a serious nature, they stop talking. So when I turn it up, they start talking. It's just like this, the volume is this and that and up and down and you got her. It's just the way it is.

I'll repeat myself: The Minister of Transportation and Infrastructure is welcome to get up and finish 20 minutes.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

B. PETTEN: And I will sit and listen to every word, every word I'll listen to because I will repeat it: I enjoy the banter. I think it's healthy. It's a healthy part of our democracy to stand in your place in this House and banter back and forth. But never lose sight, when I stand in my place and I'll make my shots back and forth, and I repeat again I don't have no problem with it, but ultimately never lose sight of what I'm really talking about here. I think I make that clear time and time again. I am talking about the

people that live in this province that we're responsible for. We're not responsible for people in any other province. It's the people in this Province of Newfoundland and Labrador. That's who we are responsible for and our districts primarily but as a whole.

When I talk about child care operations or educational issues, or I talk about energy issues, we talk about health care issues, it affects your district but this affects everybody. We're talking on our feet and we're talking about Whitbourne emergency rooms. It affects my colleagues from Burin - Placentia West. It affects all of us. We talk about issues that could affect you, Mr. Speaker. This is not isolated to CBS or Conception Bay East - Bell Island; it's what we do. But it's what our role is in Opposition and I keep repeating it and saying, where are the voices to on the other side? You know, you almost feel like a broken record; you're getting up and speaking. If anybody is watching they're going to say by, what happened to government?

The Minister of Finance got up there two weeks ago and we haven't seen her since on the budget, outside of QP. They're not getting up and speaking on this. Where are all the rest of the ministers? They're out taking part in LOP, but they won't come into the House of Assembly and defend their budget. So I am at a total loss and I guess I'll never get that answered this afternoon or this morning; it is beyond me.

I got some things – I'd like to say a few of them, but I'm not going to get a lot of them. In my final bit time, I go back to – and it is not about the Premier. It is the office, not the person. But the Premier has been out, he's the head of government, and it is about this picture you're painting. We dealt with Moya Greene. If I am not mistaken to save the province, you might have to amputate a limb.

AN HON. MEMBER: (Inaudible.)

B. PETTEN: That's not funny. It was a side thing there, Mr. Speaker. They're making me digress.

But it was very serious times; we had serious times and serious measures. We had Moya Greene come in and it was cut and slash. It was no live interviews out there; there was a recorded one. Do you know who went down on the live interview response that evening after the Moya Greene report was released? This man here, the Leader of the Opposition.

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: The media were out in the lobby waiting – out in the scrum area waiting – no show. That report was pretty nasty, but we were led to believe right until the report was issued that it was the way out. That was going to solve all our problems; we had to do what we had to do.

A year prior to that, the Minister of Health, who was the minister of Finance of the day, and the former premier, they wrote the federal government because they didn't think they could make payroll. They didn't know if they could actually survive. We didn't know if we were going to have to fold up. Just imagine, that's not so long ago.

Now, things have never been better. Everyone is great. There are flowers growing. There are happy times and there are butterflies flying around. They're floating around. Like you say, I've seen the pictures, Mr. Speaker. Actually, it was only yesterday I seen them and they're all out with – that one I'm not allowed to show – the prop. They're all out on the streets with the pictures on social media. Life is great – life is great.

Go over and knock on the door of the Health Sciences Centre or St. Clare's and ask me how great it is. Go talk to people in Whitbourne and Bonavista. Go talk to people in Central Newfoundland, how great is it. Go talk to people in CBS who are up

there today trying to find a way to get to the Health Sciences Centre because they have no family, they can't afford a taxi, they have no one else, they have no vehicle. How are they getting there? They're not getting there. They can't get there. They can't get to a family doctor because they have no family doctor. One of the highest per capita in the province, CBS is, for no family doctor.

Now I know Members opposite may disagree and the Minister of Health, he and I have had this debate many times, that's the Newfoundland and Labrador Medical Association's numbers. I wouldn't want to argue with them. But we have one of the highest per capita in the province. But no, you're not worthy of a collaborative care clinic.

D. BRAZIL: Second-largest community in the province.

B. PETTEN: Second-largest community in the province, outside the City of St. John's. But no, not worthy of that, you're not worthy of that. No public transit. So do you know what? If you get sick, the best route you can get there, maybe call your MHA's office, he might give you a run. Call the MP's office, he might help you. But we're not doing anything for you. Mr. Speaker, that's wrong, pure and simple, full stop, wrong.

Speaker, there are a few things, and I'll finally go to a couple of notes because it's more impact if you read it from the notes. The Liberals, it's all big spending, they were promising big cuts. What is it they said? They told us we need to grow revenues, but we need to get spending under control. I think we have seen the size of government explode over the last 10 or 15 years and now we need to right size that.

He also says in 2020: "Incoming premier" – name – "says 'everything' is on the table to cure N.L.'s disastrous debt.... In an interview with iPolitics" – the Premier – "said, 'The people of the province deserve to know the truth. There's no sense in sugar

coating it. We are in a tough financial situation.”

To that point, there's no good in sugar-coating it, so we taxed it. His words, Mr. Speaker, not mine. He didn't want to sugar-coat it, so he said I have the solution, tax it. I'm going to tax the sugar. Where has that got them? Do you know what I listen to every day, every other day when I flick on the radio and flick on the whatever? I hear the sugar tax, the carbon tax. They're two huge issues this government faces, I don't know if they realize it or not. They're two huge issues.

My colleague from Stephenville - Port au Port, he was up yesterday quoting Members opposite of their commentary during the carbon tax debate. I tell you, they were big supporters of it. My God, the Minister of Environment and Climate Change: it was the right thing to do. The Minister of Children, Seniors and Social Development: it was the only way to go. The Government House Leader over there, he thought it was the best move: it's the best until we find something better. They were all in, all in, but we weren't. It's shameful.

Now, the Premier stands in his place, no, we're against that. We wrote a letter. Where were you to? We wrote a letter. We've been here for eight years listening to –

AN HON. MEMBER: The wind changed.

B. PETTEN: Yeah, the wind changed. Oh it's a big change in the wind. But no, change is in the air, Mr. Speaker, and people are listening to the carbon tax and to the sugar tax and this nonsense. But this government and the federal government have walked us through this for eight years; we've been listening to this for eight years. Go back in the records you will never find, ever find, this MHA and anyone on this side of the House ever support the carbon tax – ever.

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: When it was supposedly a federal policy even, guess what? Maybe it was because of ignorance, the concept just didn't make sense to me, I was trying to learn and getting my head around it –

SOME HON. MEMBERS: Oh, oh!

SPEAKER (Warr): Order, please!

B. PETTEN: Here we go again.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

Order, please!

I'm recognizing the Opposition House Leader.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

I'm asking once more. Again, I like to banter. I actually enjoy it, but I have to listen to the hon. Member speak and I'm recognizing the Leader of the Official Opposition.

B. PETTEN: I just got a promotion.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Opposition House Leader.

I'm recognizing the Opposition House Leader.

B. PETTEN: No offence given, I did fill that role this past fall while my good friend wasn't feeling well, but I'm happy where I'm to and I'm happy to have him as the Leader of the Opposition.

SPEAKER: I was just going back in time.

B. PETTEN: That's right, no problem.

Mr. Speaker, we go back to this carbon tax and it's –

AN HON. MEMBER: (Inaudible.)

B. PETTEN: Maybe, you never know.

D. BRAZIL: Never say never.

B. PETTEN: Never say never.

AN HON. MEMBER: Stay tuned.

B. PETTEN: Stay tuned, change is in the air.

Mr. Speaker, on a serious note of carbon tax. So now we see government stand there and they're highly offended, highly offended, when you question them on their stance on the carbon tax. My good God, I mean, *Hansard*, you'd need a wheelbarrow to bring in the *Hansard* records of comments this government made in support of carbon tax. You'd need a wheelbarrow.

As recently as this past few months, and I'm going to say this because it's something that needs to be said, our Avalon MP stood up against his own government and voted against their carbon tax on home heating fuel.

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: It was the right thing to do.

But you know, the only thing I questioned with a lot of that was, these same Members over here, they support what he did then, right? Where were they before that? If that was such a wise decision then, why weren't they wailing against it when we brought in last spring? We had to enact the carbon tax; it was part of the process. We had no control; it was a federal government issue. We held the debate going on here, going on here, until we got some resolution, some help, cost-of-living help and we got some rebates on the gas and that. It was us on this side that did that.

I was a part of the negotiations as Opposition House Leader. That's what happened. There was no one out in the scrum area giving you credit for it. No, government decided this is something they came up with on their own. They never came up with it on their own. They came up with to get the legislation through because we refused to let it go through. To the point that, at the time, me and my colleague, the Leader of the Official Opposition, our leader – you got me stumbling now – we said we're not letting passage of this go through unless you bring in closure, because we were adamant there had to be some measures put in place to help people with the cost of living because people were struggling. That was during the carbon tax debate.

So like I say, and I'm not being facetious, you can get a wheelbarrow to lug in the papers of comments on that side of the House that supported it. Now, all of a sudden, it's not my tax, it's the federal tax, that crowd up there. But they're still pretty close.

As recently as last week – social media is a wonderful tool, Mr. Speaker. You don't miss a thing. Last week, our native son, Alan Doyle was on the stage. We all like Alan Doyle. We're all proud of Alan Doyle. Wonderful ambassador for the province. Who was singing with him? Mr. Trudeau. Mr. Trudeau up on the stage singing harmony with Alan Doyle and he was being backup. God love him, because I mean I would never be able to do it. But it was the shed party on the hill.

So he had the crowd down here doing the LOP and you had the big dog himself, the Premier, up in Ottawa doing the shed party on the hill with Justin and all his friends. Things are still pretty cozy, pretty cozy.

Are we the only Liberal government in the country now?

AN HON. MEMBER: Yes.

B. PETTEN: Yeah, the only one left.

So when it suits you, no, we don't want no part of that, no, no.

AN HON. MEMBER: Endangered species.

B. PETTEN: Yeah, they're an endangered species. That's right.

But they're up on the hill, though. Life is good on the hill and everyone is happy and it's parties. Do you get where I'm going? It's that illusion that life has never been so good. So while you're up on the hill and you're having a bash and the music is playing and everything else is flowing, no doubt, and the prime minister is there and it's a great time, but if anyone walked over to the Health Sciences Centre, anyone walk into St. Clare's, anyone drive Witless Bay Line – have you drove Witless Bay Line lately?

E. LOVELESS: Yes.

B. PETTEN: Yes? Did you have to get the shocks fixed after you came off it?

E. LOVELESS: No.

B. PETTEN: You're the only one.

I dare you to drink a cup of coffee driving across it. You'd be scalded. I tell the Minister of Transportation and Infrastructure you'd be scalded trying to drink a cup of coffee on the Witless Bay Line. There's no way you can do it.

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: I challenge you.

I'm going to go on to another on that note. That branches off – I haven't gotten through my notes yet. I will save that for another day. But you go Harbour Main and my colleague from Harbour Main who has stood in their place in the House – and I've actually helped her as well on petitions on

the condition of the road, so much so I said one time you needed to wear a helmet. The former minister, now the current Minister of Tourism was the minister. He didn't really like it, but you needed to wear a helmet to drive up to Duff's Straight. What we call Duff's Straight in the heart of Holyrood, you needed to wear a helmet. It's that bad. But guess what? Nothing has changed.

So how much money did you announce in the budget, Minister, \$1.5 billion? Historic money – historic money, historic. But on a sunny day when you go to the Liberal ministers' districts, you need shades on. You need to wear sunglasses for the glare of black pavement, glaring at you with the light shining on it. The white lines – you can't see your way down the road. But now when you go up to my colleague in Ferryland's district, you need to wear a helmet and don't drink coffee.

Does it matter what stripe you are? It matters a lot.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

B. PETTEN: Does it matter – the Code of Conduct?

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

B. PETTEN: To us it does. Not to them.

Speaker, I know they're upset.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

Bring it down.

B. PETTEN: I know they're upset; I know that.

E. LOVELESS: Passion coming through.

B. PETTEN: And it's passion. The Minister of Transportation and Infrastructure is right, it is passion, and I really look forward to him standing in his place while I take my seat in another few more minutes.

E. LOVELESS: Stay tuned.

B. PETTEN: No, you stay tuned. That's right. And I like that. I might even sit and listen to him without bantering back at him. I might actually. Now, I never said I will; I said I might.

AN HON. MEMBER: Don't promise.

B. PETTEN: I can't promise things. As I told him yesterday morning I'm honest. So I'm not going to tell you I won't do it; I said I might.

E. LOVELESS: I could be honest, too.

B. PETTEN: I know, but I want you to get up and talk honestly; as long as it's not personal, then I don't mind but talk honestly.

So anyway, Speaker, as you see, every time you hit that little nerve, it is like a little jolt, they come to life. If you talk about certain things that are just mundane or they're not interested, you'll see them on their phones or they're reading their documents or they're doing whatever – they're probably doing some work and it is all valuable but when you hit that proverbial nerve and they get that little jolt, you can see it. I like to refer to it as the edge; they get right to the edge and then they pull back. That's what's going on.

I don't think anything I'm saying here is wrong; it might be a brutally frank assessment of things, which is what I am known for. I can't be more frank and honest with you. If you come up to my shed on a Saturday night and we sit down and have a drink or a conversation or a cup of coffee, I'll be honest with you there too.

I'll tell you, the Minister of Transportation and Infrastructure – I respect him; I like the banter, too. We were out in Grand Falls for the Special Olympics and we were in the line to go out for the opening ceremonies – and, Speaker, you were with us – and he called me by name and said: You're in Central Newfoundland now. I said: Yeah, and I'm just as saucy here as I am in CBS and St. John's.

SOME HON. MEMBERS: Hear, hear!

B. PETTEN: True words; am I not?

But that is who I am, and I don't expect everyone to agree with me. I don't. I run in elections and 6,000 or 8,000 people vote for you – I don't get 6,000 or 8,000 votes. I don't think any of us do. But it is what you stand for that I really believe matters. You can do all the frills and put all the hats on you want. You can do everything you want to do, but I really believe people want you to stand for something. I hear it from my constituents often.

There will be an issue that could be so remote or abstract that you're not even paying attention to, but they want to know what my view is and I'm sure all of us – what does the Opposition think? What do you think? I'm sure we all get those emails; they want to know what we stand for, and I get that. I really get that because before I ever got in politics, I used to wonder how come my Member is not speaking up on something or what their view is or my federal member, what their view is, or what the mayor's view was or what the councillor's view was. We are all held to a different standard. Whether we like it or not, it comes with the territory. If you're a public figure and we have a role to fulfill, we have to do it in an honourable, respectful manner. We also have to stand up for what you believe in but you have to stand up for the people that you represent.

I come back, in my final minutes, to the budget when I started off from and what

stripe you are and the Code of Conduct and all that stuff. I've said that and *Hansard* will show I've said the Code of Conduct an awful lot in my speech because there are times when I've sat back – lately probably more than ever – and I started thinking we were left out of this funding or we never got this, or this was shortchanged or we never got anything here and we never got anything there. I was talking to my colleagues and we kind of share the same stories. Part of you feels a little touched, not desperate is the word, but you feel the pressures of why is my district being excluded.

When I say my district, it's my hometown; it's a place that I'm very proud of. But everyone in that district didn't vote for me – I almost said my name that time, but I never. There were a lot of people in that district who voted for the government opposite. It was a race to the finish line. I was fortunate enough to have more than the governing party. But that shouldn't be the guiding principle. It should never be your guiding principle.

Some years ago in my previous life, I worked in a minister's office – a couple of ministers' offices, actually – and we were giving out grants. The current premier of the day – I don't mind saying who it was; it was Premier Dunderdale – we had funding, extra money; they reprofiled some money. It was several million dollars and it was these smaller grants. At the time, my role, I was looking after the grants. I had a call from the chief of staff. The money has been approved, but the premier wants you to be fair to every district in the province, Opposition, no matter what they are, every district in the province. There were 48 districts at the time, but they want you to be fair to all districts in the province. I'll never forget it. That came right from the Premier's office, the premier herself. But I had a lot of respect for that at the time.

I honestly had a lot of respect for that, because even back in the day it was not all

perfect. Because we had Members the same way. They didn't want to see a Liberal Member or an NDP Member get anything. I appreciated where the premier was coming from that time. It's something that I actually always tried my best to adhere to. I worked with my colleague when he was a minister, too, and we were dealing with transportation issues and roadwork and what have you. It was a hard balance sometimes, and I understand the Minister of Transportation and Infrastructure goes through it. Through all the banter we might have, but I understand that.

But you have to have that in your core underneath it. When you don't feel that's there as a Member on this side – I know I don't feel it's there, and a lot of us don't – that's a problem. It's a problem that I'll continue to speak about. I've spoken about it in the past and I'm going to continue to speak about it in the future and, as time goes on, my stance will never change on that. You have to represent the people you stand for and the people in the province.

Thank you very much, Mr. Speaker.

SPEAKER: Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: I'm recognizing the Minister of Finance and President of Treasury Board.

S. COADY: Thank you, Speaker, for the opportunity to reply to the previous speaker and to speak to the amendment to the budget.

For those just tuning in, the amendment is a non-confidence motion saying that the Official Opposition does not have confidence in this government. Clearly, they want to go to the polls and to drive an election in this province. While I like elections – I've run in seven. My name has appeared on the ballot seven times, Speaker, and while I really enjoy it, I don't

think the people of this province want to go to an election today.

So, Speaker, while the previous speaker – and I have to give kudos to the Member for Conception Bay South for taking an hour and a half to, at times, impertinent comments about the speech, at times amusing comments about the speech, but he made an impassionate speech. But he said one thing in his speech that my theme is going to be on today. He said: if we did a brutal assessment. So, Speaker, I'm going to do a brutal assessment on this budget.

I'll do a brutal assessment and I'll base it on 10 years ago. I'll go back 10 years and I'll look at when the former Progressive Conservative government brought down their 2013-2014 budget. I'm going to compare it to today, in a few moments that I have.

But before I do that, I want to talk about the financial situation we found ourselves in in 2015 when the Liberal Party became the government, when the Liberals became government, taking over from the Progressive Conservatives. We were \$2.7 billion in deficit, Speaker – billion, \$2.7 billion in deficit – and we were in the throws of a project that the people of the province were – I think it was called the misguided project by the commissioner who reviewed it. We were in the midst of a project that would go on, they thought was going to cost \$5 billion; it cost \$13 billion and really had a serious, very detrimental effect on the people of this province. Now that's the brutal assessment, Speaker.

But I just go back 10 years ago to the Progressive Conservative budget of 2013-2014. Now, they voted in favour of this budget, but they're going to vote against the budget that we presented last week that is very financially sound. So go back 10 years ago. They had a deficit of \$563.8 million, half a billion dollars in deficit. No cost-of-living measures. No cost-of-living measures.

They were laying off over 600 people, 485 employees, 142 fewer teaching positions.

Now, I listened intently to the interim Leader of the Opposition, who talked about one of the reasons why he's not voting in favour of our budget, Speaker, is because of our investments in education.

I'm surprised, Speaker, that he would have been in favour of a budget that laid off 142 teachers but not in support of \$25 million for supports in education that we're continuing on with, that were put in all because of COVID, like we brought in – I'm just looking up the language from the speech, Speaker, we put in additional supports in schools, additional supports in administration, additional supports in assistance to students, \$25 million was put in this year's budget for that. Plus an additional \$12 million to increase teaching services budget.

So he voted in favour in his previous role, back when the Progressive Conservatives were in power, they would have voted in favour of that budget, but they're not in favour of \$25 million for teacher librarians, English as a second language, learning assistants and \$12 million to increase the teaching services budget. Perplexing. But that is the brutal assessment that we must make.

So here we are in 2012-2013, they took in – if you look at expenses in the year of 2012-2013, you take into today's dollars, they would have spent more money than we're spending in this budget, \$9.9 billion, if you put it in today's dollars. Yet, they're saying we're spending too much money. We haven't put the money where they want it and they're not going to vote in favour of this budget, but they would have voted in favour of over 600 layoffs, a deficit of half a billion dollars. They had over \$2 billion in revenues offshore. We're going to collect \$1 billion, very significant but again only about 12 per cent of our revenues versus it would have been about 30 per cent of their revenues at the time.

So, Speaker, it is perplexing when the Member from Conception Bay South calls for a brutal assessment and you look at this budget, Speaker, and you see that we have wrestled from having significant and ongoing deficits – meaning we are spending more in a year than we were taking in. This year, we had a surplus. In '22-'23, we had a surplus; '23-'24 a very small deficit, about 1 per cent of our revenues; and then from there on in a balanced budget. And what we can do with that, Speaker, is we can make more investments for the people of the province. But no, the Members opposite don't want that.

We said last year that we would have \$17.1 billion debt – \$17.1 billion in debt. We managed this year – we are at \$15.7 billion. Is it low enough? No, I want to do more. We have a strategic plan on financial responsibility that we're implementing and this House has permitted changes to legislation so that we can address some of the financial challenges and changes that we need, but they're not in favour of that. They're not supportive.

It's strange, Speaker, because one of the bond-rating agencies, DBRS, has actually taken us from a stable watch, which they upgraded us to a stable from negative, negative to stable to positive. But no, they don't want to vote in favour of that.

Speaker, they talked a lot – I've listened. I have copious notes. For those that don't think that we're listening, I have copious notes from the Members opposite. I can address everything that they have brought up in this House – copious notes.

But I am going to say this: they said we're not doing enough in recruitment and retention, \$7.6 million for part-time annual commitment pilot project for recruiting physicians; \$1 million to support new family physicians; \$23 million in total on recruitment and retention. We added five seats to Memorial University's undergraduate medical education program.

Five seats in the family medicine residency program, expanded seat capacity year over year.

Now, Speaker, I'm concerned that they're voting against this. They spoke favourably about some of the investments that we are making in the new Family Care Teams, \$21 million. Now, it's not enough. This is in addition to the eight we have, the 10 we're adding. It's not enough. So they're going to vote against it. They're going to vote against it.

We're going to 35. We've already said that. There will be more Family Care Teams. There's a new model. They said we don't think you're doing enough in health care, yet we're doing a new health information system, Speaker, \$15 million; \$9 million to consolidate 60 separate ambulance services. They talked about ambulance services and how this was critical and how important it was and we should have done it before, yet they're not supporting it when we are doing it. Perplexing, Speaker.

We're adding a new medical flight specialist team for Happy Valley-Goose Bay; \$5 million for new virtual care programs to expand access to primary care. We're increasing the Medical Transportation Assistance Program and we're moving it to a stand-alone department because it's that important, but they're not supporting that.

Then I listened intently when they started to talk about poverty. Yet, they still don't understand that accessible, inclusive and healthy communities, the accessible, inclusive healthy communities helping with the high cost of living – I can talk about high cost of living. Eliminating the retail sales tax on home insurance, but some of them didn't like that. Some of them said that's not of value. Paying tax on home insurance, eliminating it is not of value – unbelievable. It's \$40 million to the coffers of the provincial government that could have been reallocated, but they're not voting in favour of that. Sixty million dollars to continue the

second-lowest gas tax in the country, but they are not voting in favour of that.

Fifty per cent off the cost of registering your vehicle; home heating supplement, the \$500 that we're providing to people of lower income to help them with their furnace and stove oil, they're not helping with that. They don't want to do that. They have now put a non-confidence motion into this House. That means, if it succeeds, we go to an election. That's what's important to them; it's politics. It is not about assisting the people of this province. I think it's shameful, Speaker – I think it's shameful.

Here we are in this House of Assembly today debating whether we go to an election versus whether we support home heat. That's what we're talking about, Speaker. We're increasing the Income Supplement; they're voting against that. We're increasing the Seniors' Benefit; they're voting against that. We increased the income support basic rate by \$6.1 million. We're continuing with the GoBus and Metrobus passes. We are helping with prenatal infant nutrition supplement.

Let me just talk about \$200,000 for a Seniors' Social Inclusion Initiative; they're voting against that. They want to go to an election. They're voting against \$70 million for affordable housing. Here we're talking about the social determinants of health, we're talking about poverty, we're talking about affordability and they're not going to vote in favour of 850 new, affordable homes, focused on seniors. I'm perplexed, Speaker. They'd rather go to an election.

That's what they're rather do is go to an election. Twenty-five million to support those –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Just bring it down a notch.

Thank you.

I'm recognizing the hon. Minister of Finance and President of Treasury Board.

S. COADY: I know they're just realizing, Speaker, what they've done and they're upset about it, I understand. I understand completely. They should be upset about it.

Twenty-five million dollars will support those in homelessness, but the Progressive Conservatives don't want to vote in favour of that. They're voting against it. Seventeen million dollars to maintain, repair and modernize provincial social housing, including vacant units. They're concerned about poverty, but they're not voting in favour of that, Speaker.

Ten million dollars in grants to provide homeowners in low income to complete repairs and help with the energy efficiencies, but they're voting against that. They would rather go to an election. I hope the people of the province recognize that their focus is not on the people of the province; their focus is on an election, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Ferryland.

L. O'DRISCOLL: Thank you, Speaker, I appreciate that.

It's certainly a pleasure to get up and represent the District of Ferryland. I'm sure they're going to start but I'll get through it. I'm sure I will.

I'm going to start with –

AN HON. MEMBER: Witless Bay Line.

L. O'DRISCOLL: No, I won't start with Witless Bay Line, but we will get there, guaranteed. I won't have coffee but I'll get there.

I'll start on when the minister just said we spent enough in health care and I would say if you go down to the St. Clare's or Health Sciences and stand up and wait for 12 hours or sit down and wait for 12 hours and go home without being taken care of, then we have to take care of that today. That investment is for the future. There's no doubt that there are good points in this budget, but it's a time to look at what's happening today and how we can correct it in the future and correct it quickly, because that's the issues we have.

Somebody goes down there, lines up for eight hours – have you ever gone down there and sat there for eight hours or 12 hours and go home? I do the same thing; I'm wondering, how do you go down there and be eight or 12 hours in the emergency department? How does it happen? Are there not enough doctors on staff? I don't know. I don't know the issues. I've been there. You wonder, are there enough doctors on? I've been there for a stretch eight or 10 years ago. I was there once a week for eight or 10 weeks, and you just go in there at 5 in the morning – and this is before I got into this stuff – with a kidney stone issue and there's no doctor going to be on until 7:30. Is that happening over there now? I hope not. But for that many people to be sitting in the waiting area – and the other side of that is people don't go out and sit in the waiting area now; they sit home and suffer because they're not getting served. They're not getting taken care of.

Now, if you wait there long enough and people say I'm not going out there for eight hours or I'm not going out there for 10 hours, that is happening today. Not later on in the future, that's happening today and how do we correct the problem is what we've got to get at. That's the issue we've got. I will get to – I knew I was going to start on it today – the ambulance issue. I do thank the minister, again, just for having a meeting and right now the ambulance is back in Cape Broyle. We do have an

ambulance there and I certainly thank him for that.

SOME HON. MEMBERS: Hear, hear!

L. O'DRISCOLL: I certainly appreciate it and the people of the district appreciate it because I've got a story here I'm going to read and it's not because, you know, it's back there. It's what happens when it's not there and what could happen in Trepassey is the issue that I've got. I'm not reading this to horrify anybody. It's what actually happens. You sit there and you listen to it and it's pretty scary. It is scary to read and scary for the person that it's happening to.

I've been in my district now in the last, I'm going to say, couple of days. I mentioned in a talk the last time about an ambulance issue at the arena and I was at the arena, I'm going to say Sunday night, when there was a medical alert on the ice for a goaltender that was on the ice. Thankfully he's good. He's okay. He's still in the hospital, but he's in the right spot. The first responders that were there were incredible. The fire department showed up. There was a nurse showed up on the ice. There was a paramedic that was in the audience that came out and helped, the staff of the arena and everybody in the arena. It was incredible, what a great job they did. I've got to give them kudos I've got to tell you.

SOME HON. MEMBERS: Hear, hear!

L. O'DRISCOLL: It was scary in the arena. Last night, there was another game there and people said I guess you're timing the ambulance, how long it's taking to get there, because they know I've been on the issue. But the stone-cold silence that was in that arena for a half hour was scary. We're waiting on an ambulance. That wasn't the issue. They did what they had to do and they showed up in approximately a half hour and they did what they had to do and they did a great job. It's always a concern where it's coming from and how long it's going to take. That was a prime example then. There

were 1,000 people watching that with stone-cold silence. It was pretty scary.

So this letter here I had from a constituent, she said: I'm writing you this letter about our ambulance services health care allocations for the Southern Shore or lack thereof, at that time. I'm still in disbelief about what happened. Never did I think I would be speaking as a first-hand account of this horrible illusion that we have medical emergency services in our area. On February 9, '23, myself, my partner of 15 years and our 10-year-old daughter were having a normal morning, with a bit of excitement for our afternoon: a family wedding. As we were getting ready for the drive to St. John's, my partner said his acid reflux was acting up again.

This was a normal occurrence at times, as he had a weak stomach his whole lifetime. I said you're just nervous about your son's wedding this afternoon. I told him I'd drive to the city and he could relax in the back. That was all there was to it.

His morning routine was no different than any other day. That was all there was to it. He said his morning routine was no different, no complaints, no pain, no tightness, nothing. As I was driving, she said, I looked in the rear-view mirror and smiled or nodded and gave a look.

Driving through Ferryland, just between Ferryland and the Calvert border, he looked like he might be sick. I began to pull over but he waved me on. She said I continued on to drive a little more, no more than a tire rotation and he said my name. I looked and he again waved me on to keep going. I pulled over, jumped in the backseat, no response.

Our 10-year-old daughter called 911. I got back in the driver's seat and rapidly turned the vehicle around to the Shamrock Medical Clinic; 911 was asking questions while we were driving as best we could. They said ambulance and fire were dispatched. I

asked where is the ambulance responding from? They said Holyrood. She said I ran into the clinic asking and yelling for immediate assistance and one nurse practitioner came out first with myself. The nurse practitioner pulled him out of the back seat on the asphalt in the parking lot and we began CPR and an assessment.

Another nurse practitioner and the pharmacist came out and they all worked on him. Then an unemployed paramedic driving by saw the commotion in the parking lot and came to offer his assistance. By the way, our 10-year-old daughter was still on the phone with 911 observing all of this.

This scene was continuing for an hour and 45 minutes, waiting for the ambulance to show up. He was still lying on the parking lot for another 20 minutes or so after they arrived. Once he was ready to be transferred to the ambulance, an EMR said some of you medical people have to go with me in the back of the ambulance because I'm not equipped to be able to take care of him.

The unemployed paramedic, a stranger driving by, offered to continue his services. I followed the ambulance to Cape Broyle where a paramedic from St. John's met this ambulance with my partner and in that way swapped positions. I continued to follow the ambulance to St. John's and drivers on the road do not pull over. That's certainly an issue that we certainly experienced.

I'm assuming you know the outcome of this situation. My partner and father of a 10 year old had died.

Now, I don't want to read anymore of that, but I mean it's pretty horrific what happened to this family.

I have another email there I could read as well.

But, thank God, we got the ambulance back in the area and it's served.

Now, we're looking at a rapid response team, because in Trepassey we had two ambulances and we went back to one. They took that ambulance out of Trepassey, moved it back to Cape Broyle to service the area. Last week, they told me in a meeting, they moved it to Cape Broyle because they probably could get more paramedics to go in that area, rather than further up.

The first I heard of it. It's like I'm hearing firsts every time. They get briefed, they tell then what they should be saying, and this is what the answer is. That's not acceptable.

All we know is that there is no ambulance in Cape Broyle. There were two in Trepassey and they moved it to Cape Broyle and they're not looking at the facts of what the issue is, Speaker. They're not looking at the facts. It's the geography in Trepassey, driving across the barrens. They had two ambulances.

If we're speaking today and an ambulance leaves Trepassey, it's gone at least, I'm going to say, a minimum of eight hours. I'm not exaggerating, two hours out. If there's neither one up there they got two to get up, two to get back and two to get back up there again. I mean, there's a minimum of eight or 10 hours. They don't just drop them off at the hospital. They got to wait until they're triaged and checked in. They have to stay with the patient until they're actually taken care of.

We had an incident during the year that they had a patient there waiting to get triaged and they got another call to go to Cape Broyle. The ambulance that was from Trepassey, and they asked them if they could triage that patient so they could go answer the call and they did. So that's the kind of circumstances that happen. The same as the weekend up there, and the same that the weekend that your granddaughter was there in the arena, I mean it's just too long to be waiting. It's too long to be waiting.

I met with the Minister of Children, Seniors and Social Development last night. We met with the Town of Witless Bay and we met with the fire department in Witless Bay regarding trying to get some ambulance service. They're working on getting a new fire department and they're hoping to be able to put an ambulance in that building as well, which would be a great idea for the district and the area of Bay Bulls. Witless Bay is the biggest group outside in the Goulds area; it's the biggest group where the population is. It's a real good idea.

We were speaking last night, the fire department in Witless Bay, because we were there last night, had 295 calls last year, 220 were medical. Now, that's a big number to have medical calls for your fire department. They're doing most of the work and they're triaging these patients until the ambulance arrives. So it's a fairly big issue. Again, I do appreciate that the minister, for different circumstances that we did get paramedics, we do appreciate your work on it and I certainly do, I can tell you that. I certainly do because the response that I get every time, I can only be complimentary. We have other fellows here saying the same thing and other people here saying the same thing when they're calling you.

If the answer is no, then the answer is no, but the call back is what means the most to an MHA because we're calling you because we've got problems in our district and we're looking to get direction. You might put me on to someone else, but that's where it's to. We need to have people that call us back. If I text you, I don't expect an answer back in an hour but I've got them lots of times, I certainly do, but, you know, if it's the next day, fine. But not getting an answer when you say, can you give me a call. I've got this issue or you probably don't even tell the issue. Can you give me a quick call? We're just trying to find out the direction we need to go or how we can get the help and it just doesn't happen all of the time with everybody. That's all I'm going to say.

I'm not going to point any fingers, but it's certainly appreciated when I get a call and I am sure our Members over here can speak the same to that. When we get a call back, if the answer is no, that's fine. We'll battle through that and we'll try to figure that out and we'll fight and argue with them and give our displeasure for it, but that's our job to do that. As the Member from CBS said, that's our job, to act for whoever calls and that's what we're going to do. That's what I'm going to do, whether they take it the wrong way. Never take it personally, never, because it's not meant to be personal. Now you might say something that's out of the way sometimes but it's not meant to be personal. I can guarantee that. Never. We're trying to take care of the district.

I'll go on to daycare and we talk about \$10-a-day daycare. I sort of get the gears from my caucus here on this because I started this a few years ago but it's a bigger issue right now. To them it was a joke because I was talking about it.

My daughter got two kids, one is three years old and the other is 16 months old. She put her name in for daycare in the Bay Bulls region because we had a lifestyle centre there that had a 48-spot daycare. She put her name in before the kid was born. When she was pregnant she put her name in. She never ever got into that daycare, ever.

Now there was a new daycare opened up and she ended up getting a spot in this new daycare. It started in January and our youngest grandson got in in January when he was one year old, which was really great. He got in for a full day, but the oldest grandson, he only got in for half a day. So now my daughter is a teacher, my son-in-law is a teacher and my wife works so who are we going to get to take care of the kid? Now the kid is out at 12 and we've got to arrange for someone to pick him up at 12.

That's a daycare issue, but it's half a day and they were grateful to get that, but there's a big issue of giving \$10-a-day

daycare. It's just as well you gave it away for free. There are no spots to put anyone, if you paid them all. There are no spots to put anyone.

I listen to the minister there talk about building stuff or putting money towards it – 850 housing units going to be built. That's great but they're not going to appear tomorrow. That is well more than a year away, for sure. Look, the investment is good, no question, but as a plan – yes, finally a plan. We'll see how that goes.

We look at announcements – I've been in here and maybe we should do some recruiting because we could call you the spin doctors for what goes on sometimes, it's unbelievable. Maybe you could recruit them. Spin doctors, going out putting out releases and releasing it today; three months' time, six months' time, go back and make the same announcement. How often has it happened? It happened a lot since I've been here. It's just annoying to hear that you're re-announcing something. It's just incredible.

Now, I will get on to some construction issues in the department of highways. I will certainly thank the minister for the pavement that I am receiving in my district, the pavement that he is replacing.

E. LOVELESS: This year and next year.

L. O'DRISCOLL: Well, we didn't get the details. That's why we asked, what are the details? We're not getting the details. We need to know what it is. If it's this year and next year and the year after, I'd be some happy but we don't know the details, so it's hard to brag. But I do thank you. I will thank you for that. There's no problem, not an issue with that. But we have sections of road in our district and brush cutting – we haven't got it yet. Wait until I gets in to be able to rollerblade or drive a car on it and we'll see how it is.

I'll use a sippy cup now when I drive Witless Bay Line but I'll get (inaudible).

SOME HON. MEMBERS: Oh, oh!

L. O'DRISCOLL: But Witless Bay Line is a section about eight kilometres. You done one end a few years back and the other end was done before we got here, so in the middle there's a seven- or eight-kilometre section that once it's done, it's done. It's a 30-year investment for sure.

The roads that we are getting paved are up in the district and I'm happy to say that. The pavement is 37 years old, according to the people in the district up in St. Shott's area between Trepassey and St. Shott's. I tell you, it's not fit to drive on. A sippy cup – you'd need a five-gallon bucket to drink out of, going up over that, it's that bad. It's unbelievable how bad it is. But we will get there, and I'm sure that the minister is going to try to take care of it. It's something that we certainly should be looking at.

I'm running down out of time. I only have four minutes left. I'll talk about the sugar tax for a second. This has been on here since I came in. There's no doubt, I think they got \$12 million this year. They budgeted for \$9 million and they ended up taking \$12 million. So it didn't change anything. Maybe the cost of drinks has gone up and it costs more. Maybe that's where the millions are coming from, I'm not sure. But when they had the meeting with these groups like Coca-Cola, Pepsi and all these groups, when they met with them – and this is how it happened; you met with the people and you told them this is what we're doing. There was no consulting. They went in and said this is what we're doing with the Pepsi and the sugar tax and Coca-Cola groups. That's what they said when they met.

When they're talking to the groups that are doing the drinks, they're telling them here's what we're doing. There's no say in it. They say they consulted; they didn't consult. Now they have to go out and these groups that

are selling this brand, they have to go to the places that have to change their systems, change the POS systems in their companies, cost them thousands of dollars – thousands. And there was no consultation on that. They went out and told them here's what we're doing. They had no say.

We spoke to the people that are there. In my mind, they're doing their job. They take the sugar, they take a Pepsi or Coke, Diet Pepsi, Diet Coke, no sugar-free. It's just unbelievable. They are trying to do what they're doing. They're trying to improve the area in sugar tax and lower it down. But now they're going to jump in and put a tax on these people who are trying to run their business to be able to do it and make a profit. Now they're cutting into that, because they're responsible now to try different stuff and get tax on it.

We sit here and listen to it day after day on sugar tax, and they just force it on the people. Giving out \$500, that was a great idea last year. The people loved it who qualified for it. But why tax them and give it back to them? It makes no sense. It's like me giving him \$20 there now and then give it back tomorrow. What's the sense of that? Why tax them? Take the taxes off and don't give them back a cheque of \$500. Lower the taxes. That's the issue.

We sit here and listen to it. I tell you they spin everything around. Every time you say something they spin – yes, there are lots of good things in that budget, but there are lots of things we're still fighting for, I can tell you that, tons of stuff.

I'm running out of time. The Minister of Environment and Climate Change, hopefully he'll be able to get up when his turn comes and give us an explanation on the heat pump works for families and how it all affects the families. This \$5,000 credit, hopefully he'll get up and explain how it all works. Because I had a lady and gentleman who are 80 years old that lived in a place that's not a Local Service District, that's not

a town, they're living on a road and they were going to avail of it. They're 80 years old.

When they went to go check into it, they qualified for it. This is where it's to when the Member for Bonavista said yesterday about costs. When it came to be able to put in this heat pump, it cost her \$800 for someone to come in and look at it. Again, hopefully he'll give us an explanation of how this works. Someone comes in and does an assessment and someone else has to come in – it cost them \$800. Do you know what she had to tell them? That she couldn't afford to do it.

There's the situation – \$800. She couldn't afford. She wanted the heat pump. It was certainly going to help her but she could not afford the \$800 to get that done. Now, the department did call back and said they were going to help her out and put in a loan plan that hopefully she'd be able to pay back but they are the explanations that we need so the people can understand how that works.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER (Bennett): The hon. the Government House Leader.

J. HOGAN: Thank you, Speaker.

The House do now recess until 2 p.m.

SPEAKER: This House do stand recessed until 2 this afternoon.

Recess

The House resumed at 2 p.m.

SPEAKER (Bennett): Order, please!

Before we begin, in the public gallery, I would like to welcome Penelope Rowe. I guess we all better know her as Penny, who

will be recognized today in a Ministerial Statement.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Also in the public gallery, I would like to welcome members from the Newfoundland and Labrador Childhood Licensees.

Welcome.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: In our Speaker's gallery, to my left, I would like to welcome Herman Perry, Sheila Perry, Hazen Scarth and June Perry. They are visiting us this afternoon for a Member's statement.

Welcome.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Also in the Speaker's gallery, I am pleased to welcome representatives from the Moose Hide Campaign: David Stevenson, CEO; Sage Lacerte, National Ambassador; and Alexandra Armstrong, Executive Coordinator. I also add that today is Alexandra's birthday so happy birthday.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Today, our Legislature is participating in the Moose Hide Campaign. We are one of two Legislatures across the country that are participating and this year marks our sixth consecutive year.

I would like to thank all Members for joining us earlier today and thank you to Todd Russell, President of the NunatuKavut Community Council, who led us this morning in reflection and prayer.

The Moose Hide Campaign is an Indigenous-led initiative that stands up against violence towards women and children. It is a valuable opportunity for learning and reconciliation.

While it is an Indigenous-led initiative, it allows all Canadians to add their voice to the call to put an end to domestic and gender-based violence.

Today, the Members of the House of Assembly are wearing their moose hide pin to show their commitment to honour, respect and protect the women and children in our lives and to work together on this important initiative.

Thank you.

Also, I would like to recognize and bid a farewell to one of our two Pages.

Tanisha has been a Page for the past two years and today is her last day with us. She has accepted a position with the Graduate Recruitment Program of the Government of Newfoundland and Labrador –

SOME HON. MEMBERS: Hear, hear!

SPEAKER: – while she continues here Ph.D. studies at MUN on a part-time basis.

Also, another Page, who is not present here today with us, Gala, she's accepted a summer student position with the Government of Newfoundland and Labrador. She's been offered a master's program scholarship at Dalhousie University starting this fall. Gala has been a Page with us for the last year and a half.

I would like to ask all Members to join me in showing our appreciation to Tanisha and Gala and wish them all the best in their future endeavours.

SOME HON. MEMBERS: Hear, hear!

Statements by Members

SPEAKER: Today, we'll hear statements by the hon. Members for the Districts of Baie Verte - Green Bay, Placentia - St. Mary's, Placentia West - Bellevue, St. George's - Humber and Mount Scio, with leave.

The hon. the Member for Baie Verte - Green Bay.

B. WARR: Speaker, I rise in this hon. House to recognize a U11 female hockey team from my district on their accomplishments at the recent female hockey provincials.

The U11 Springdale Braves joined with the U11 Grand Falls-Windsor Cataracts to create one amazing team. Due to distance between communities, the girls were unable to practise together, only joining together at games and tournaments, but that didn't stop or hinder them. Each tournament they competed in, they brought home gold. Affectionately calling themselves the Brave Cats, the girls competed in the A/B provincials on the Southern Shore, being graded at the top slot.

They endured some tough competition, but through their hard work and dedication, they came home with the A division banner. I would like to congratulate the entire team and their bench staff on such an incredible achievement.

Special congratulations to the girls from my district of Baie Verte - Green Bay: Peyton Blackler, Jessa Moss, Skye Keefe, Jayda Freake, Lila Rowsell and Alice McKenna-Smith, as well as their coaches Nathan Payne, Sue Ann Rowsell and their trainer Kara Moss.

I would also like to recognize and congratulate the girls from the Grand Falls-Windsor Cataracts and their coaches.

I invite my colleagues to join me in congratulating the Springdale Braves and the Grand Falls-Windsor Cataracts on winning the female A division hockey provincials.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Placentia - St. Mary's.

S. GAMBIN-WALSH: Speaker, on January 26 of this year, Healey's Store in Freshwater, Placentia celebrated their 65th year in business.

With the resettlement of Argentia, John and Doris Healey and their family moved to Freshwater. John built the store with help from family and friends and he and Doris, along with their son Richard, opened the doors for business.

Richard and Mary Healey have been married for 54 years and have four children. Richard has worked in Healey's store for 65 years and Mary for 54.

Over the years, each child and grandchild had their turn helping with the family business. Their daughter Suzanne is in her 21st year working in the store. You can find a little bit of everything at Healey's. From the old-time candy house, chips, deli meats, canned goods and frozen food, hammers, nails, plumbing and even electrical supplies. If there's something you need and they don't have it, they will try their best to get it.

There's a saying in the Freshwater area: If Healey's don't have it, you don't need it.

Healey's store always had a welcome mat and a friendly atmosphere.

Please join me as I congratulate the Healey family on their tremendous success.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Placentia West - Bellevue.

J. DWYER: Thank you, Speaker.

Today, I rise in this hon. House to recognize the Town of Sunnyside in the beautiful District of Placentia West - Bellevue on the grand opening of their new Wellness

Centre, which took place on Friday, March 31, 2023.

The fitness centre has a spectacular view of Sunnyside Harbour. It was officially opened in February 2022 and is equipped with all new fitness equipment. The gymnasium and boardroom opened in July of 2022 and the new gymnasium floor was completed in January 2023.

To date, they have held family reunions, volleyball games, dances, birthday parties, darts and dinners and are fully equipped to hold training sessions.

The new Wellness Centre brings opportunities to not only Sunnyside but for the surrounding areas to come together to get active, reconnect and, most importantly, have fun.

Speaker, I ask all hon. Members to please join me in congratulating the Town of Sunnyside and to recognize the hard work and dedication brought forward that made this Wellness Centre possible.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for St. George's - Humber.

S. REID: Speaker, today, I pay tribute to a group of committed volunteers in the Town of St. George's who are making a big difference in their community.

Helping Hands – the name of the group – started in 2021 as COVID was starting its impacts on businesses, community groups and individuals. Branch 38 of the Royal Canadian Legion in St. George's was struggling to stay open. The executive approached Conrad White, a councillor in the town, seeking help from the town.

The town did not have the resources to help all those in need, but they put out a call for

volunteers. At their first meeting, 17 people came forward. Their first project was a walkathon where they raised over \$5,000. They were able to make a donation to keep the Legion in the community running.

Since then, they have initiated other fundraisers and made donations to other groups such as the cadet corps, the volunteer fire department, the school breakfast program, church groups, the community garden and sponsored a Christmas dinner for over 100 seniors in their community. They don't intend to stop there either. They are planning to establish a scholarship in the community and to help people in need of assistance in attending medical appointments.

I congratulate Conrad White and the expanding group of dedicated volunteers, the Helping Hands, in the Town of St. George's.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Mount Scio is requesting leave for a Member's statement. Does she have leave?

AN HON. MEMBER: Leave.

SPEAKER: Leave is granted.

The hon. the Member for Mount Scio.

S. STOODLEY: Thank you, Speaker, and thank you, colleagues.

I stand today to recognize and congratulate Mr. Herman Perry on the completion of his trans-continental canoe odyssey from Rigolet, Labrador to Emmonak, Alaska on the Bering Sea.

Herman was born in Charlottetown, Labrador and grew up in Daniel's Harbour. Herman loved the outdoors and when he was 17 in 1967, he, along with his brother

and cousin, hiked to Jackson's Arm on the other side of the Great Northern Peninsula. In 1970, he paddled with a friend from Wabush, Labrador to Seven Islands on the St. Lawrence River. Over the next 50 years, Herman spent 236 days on the water paddling almost 10,000 kilometres across Northern Canada and Alaska.

This is a tremendous accomplishment of incredible perseverance. Herman's wife Sheila was instrumental in the preparation and completion of his adventures.

Throughout Herman's journey, he was joined by friends including his brother-in-law Paul Snow. In 2022, at 72 years of age and in 72 days, Herman and long-time friend Gerry Coleman paddled 2,800 kilometres from the Mackenzie River Delta to where the Yukon River meets the Pacific Ocean. This final chapter of the journey included low temperatures, lots of mosquitos and lifting heavy gear through fast-running waters. Last year's summer trip included several portages and the traverse of the Rocky Mountains.

Herman's story is an inspiration and a reminder that, as age, we can live an active, healthy lifestyle. Herman's journey is admirable and I would ask the House to congratulate Mr. Perry and his paddling friends Gerry Coleman and Paul Snow on the completion of their journeys and to share our best wishes for their future adventures.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Statements by Ministers.

Statements by Ministers

SPEAKER: The hon. the Minister of Children, Seniors and Social Development.

J. ABBOTT: Thank you, Speaker.

It is my pleasure today to recognize the outstanding contributions of Penelope Rowe, who retired earlier this year after a career of over 40 years as the leader of the Newfoundland and Labrador's Community Sector Council.

As a founding member of the council and as its Chief Executive Officer, Ms. Rowe has been a powerful force behind community development in the province. Her work has helped connect community organizations, build volunteerism and shape public policy through research and advocacy.

From journalism to politics, from early childhood education to supplying computers and iPads to citizens during the pandemic, Ms. Rowe has devoted her life to giving back. She has been rightly described as a tenacious advocate for the social and economic well-being of Canadians, and as a risk-taker with a keen entrepreneurial spirit.

Her accomplishments are numerous, well recognized and have been widely celebrated.

Ms. Rowe received the 2021 Frank McKenna Award from the Public Policy Forum of Canada for outstanding leadership in public policy. She has been featured as one of Canada's 50 most influential women and named one of Atlantic Canada's top 50 CEOs by *Atlantic Business Magazine*. Most notably, she was appointed to the Order of Canada in 2002.

Speaker, I ask all hon. Members to join me in recognizing Penelope Rowe for her lifelong service to Newfoundland and Labrador.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Bonavista.

C. PARDY: Thank you, Speaker.

I would like to thank the hon. minister for the advance copy of his statement.

Speaker, my colleagues and I, on this side of the House, join the hon. minister in recognizing the outstanding contributions of Penelope Rowe. While I heard so much about Ms. Rowe, I had the pleasure of meeting her at the All-Party Committee on Basic Income recently.

Speaker, Ms. Rowe led the Community Sector Council over 40 years through periods of immense change in our society. All the while she was tireless in building community capacity, volunteerism and advocacy to make things better.

Barry Pearce of Port Rexton, a colleague, would certainly commend Ms. Rowe on her work in the District of Bonavista.

Speaker, Ms. Rowe's awards and recognitions are numerous and vast, an icon for social justice; however, perhaps her greatest legacy is leading the Community Sector Council through periods of transformative change, all the while continuing its work in research and advocacy.

Speaker, we owe Ms. Rowe a debt of gratitude for her selfless and tireless service to our wonderful province. I wish her many years of health and happiness in retirement.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

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

J. DINN: Thank you, Speaker.

I, too, thank the minister for an advance copy of his statement and join him and my colleague from Bonavista in congratulating Ms. Rowe on her retirement and recognizing her many years of commitment to the community.

Forty years is a significant amount of time and, no doubt, she's touched the lives of many people. The legacy of Ms. Rowe will have profound impact on the people of this province long after her retirement. Her retirement, I'm sure, was not easy, although I suspect she won't be too far away.

We congratulate Ms. Rowe for a career of devotion and service and wish her all the best in her future endeavours.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Further statements by ministers?

The hon. the Minister of Industry, Energy and Technology.

A. PARSONS: Speaker, I ask all hon. Members to join me in congratulating Notch Embedded, winner of the 2023 Mel Woodward Cup.

Named in honour of the late Newfoundland and Labrador entrepreneur Mel Woodward, the start-up pitch competition is delivered by the Memorial Centre for Entrepreneurship and supported by members of the business community.

The competition helps accelerate the most innovative and high potential student led start-ups at Memorial University.

Notch Embedded founder Shane Williams was tired of using outdated tools and processes during work terms, inspiring the development of a new software tool that allows engineers to quickly support new computer chips in electronic designs. Currently completing an entrepreneurial work term at the Memorial Centre for Entrepreneurship, Shane's idea resulted in the \$25,000 first prize.

Speaker, the runner-up was SmartBin, a company that has developed a sensor to

detect when waste bins are full – helping waste management companies be more environmentally sustainable, while saving money. Founded by Aneesh Raghupathy and Niraj Shukla, the company is running a pilot project with Heavy Away waste management with plans to launch commercially in July. Enrolled in the enterprise incubator program at Genesis, SmartBin received the \$15,000 runner-up prize.

To all finalists, Speaker, I say congratulations. There is no limit to the potential of their growth. Thank you to everyone who works hard to make this annual event a success.

Thank you.

SOME HON. MEMBERS: Hear, hear!

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

B. PETTEN: Thank you, Speaker.

I thank the minister for the advance copy of his statement.

On behalf of the Official Opposition, I offer congratulations to Notch Embedded and Shane Williams on winning the 2023 Mel Woodward Cup. I also congratulate SmartBin on being named runner-up. Both ideas have real-life applications which will enhance the business landscape of our province.

Speaker, I'm continually inspired by the talent of our province's students and budding entrepreneurs.

Thank you very much.

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 his statement.

Notch Embedded and SmartBin are great examples of innovation and the entrepreneurial spirit of Newfoundland and Labrador. I hope they continue to grow and we encourage this government to extend support for entrepreneurs in this province so inventors and companies don't leave our jurisdiction but, instead, move into this jurisdiction to keep developing our province.

Thank you.

SPEAKER: Are there are further statements by ministers?

Oral Questions.

Oral Questions

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

D. BRAZIL: Speaker, yesterday, the deputy prime minister was forced to defend the omission of Newfoundland and Labrador from the Atlantic Loop negotiations saying the conversations about Quebec, New Brunswick and Nova Scotia creating their plan. We fear that if we're not at the table, our province will not benefit.

So I ask the Premier: When will you join the conversation?

SPEAKER: The hon. the Premier.

A. FUREY: Thank you, Mr. Speaker.

While the Member opposite tries to make a great deal of political theatre about this particular topic, it is equally political fiction. We have been at the table with respect to the Atlantic Loop. We will continue to be at the table with respect to the Atlantic Loop. In fact, there is no Atlantic loop without Newfoundland and Labrador.

SOME HON. MEMBERS: Hear, hear!

A. FUREY: And as I said yesterday, that is not a matter of opinion. That is a matter of mathematical fact. The capacity does not exist within the provinces being discussed to provide the generation, to provide the power that's necessary. While there are talks of transmission lines and they may be great, they will only be clotheslines without Newfoundland and Labrador.

SOME HON. MEMBERS: Hear, hear!

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

The hon. the Leader of the Official Opposition.

D. BRAZIL: We've got them riled up today, Mr. Speaker. I can see that for sure.

If the Premier thinks this is only fiction he should talk to the national media, the provincial media and a number of people in this industry who have a lot of concerns about what's happening here. I will agree with one thing. There is and never should be an Atlantic Loop unless Newfoundland and Labrador is in control and the benefactors of what comes out of this.

SOME HON. MEMBERS: Hear, hear!

D. BRAZIL: Speaker, the Premier says there is no Atlantic Loop without Newfoundland and Labrador. The deputy prime minister says it's Quebec, Nova Scotia and New Brunswick at the table, which means this government is not at the table.

Will plans for this Atlantic Loop be created without input from Newfoundland and Labrador?

SPEAKER: The hon. the Premier.

A. FUREY: Thank you, Mr. Speaker.

First of all let me say, the only time we were out of the loop was with Muskrat Falls, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

A. FUREY: I would like to read, because they don't seem to want to take my word for it, Mr. Speaker, but let me read the direct quote from Minister Freeland who I had a great conversation with last night, a working meeting last night. It's a very exciting project for the Atlantic Loop. It's a very exciting project for Newfoundland and Labrador and Newfoundland and Labrador is an essential element and player in the Atlantic Loop.

I encourage the Members to look at what we have said before. We are a part of the working table. We are a part of the working table because we are the Atlantic Loop. There is no generation capacity without us, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

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

D. BRAZIL: Thank you, Speaker.

I would feel more confident if during their shed party last week that the prime minister had said something about the Atlantic Loop for the people of this province.

The Energy Minister first heard news about the Atlantic Loop on the radio. Newfoundland and Labrador wasn't at the table when the concept was created and we're watching other provinces make plans while we sit on the sidelines. It assumes that energy from Churchill River will be the battery for the Loop.

Is the Premier concerned that Quebec is at the table and he is not?

SPEAKER: The hon. the Premier.

A. FUREY: I'll say it once again, Mr. Speaker, we are at the table. We are at the working tables that exist currently with respect to generation and the backbone which is considered to be transmission, Mr. Speaker. I'm not sure how else to say it, but that is a matter of fact and not a matter of fiction, like the Member opposite is trying to state – great political theatre, just lacking facts.

SOME HON. MEMBERS: Hear, hear!

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

D. BRAZIL: Thank you, Speaker.

It is not political theatre when we are talking about the future of Newfoundland and Labrador. We should be at the table in every negotiation when it is something to do with our asset here.

SOME HON. MEMBERS: Hear, hear!

D. BRAZIL: Speaker, government launched a new website today that only tells half the story of our health care workers crisis. It shows how many doctors and nurses have been hired but it does not show how many have left.

I ask the Premier: Why are you hiding the numbers that tell the real story?

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

T. OSBORNE: Thank you, Mr. Speaker.

We did indicate today that website would be updated. We have no issue providing that information, but we do need to gather the information. It is difficult, Mr. Speaker, to get a full handle on the number of individuals that may have left the province. What I can say, Mr. Speaker, is that –

AN HON. MEMBER: (Inaudible.)

SPEAKER: Order, please!

T. OSBORNE: – since January of 2022, we have recruited over 400 nurses to the province. We are working on recruitment. That is our primary focus.

SOME HON. MEMBERS: Hear, hear!

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

D. BRAZIL: Thank you, Speaker.

It is easy to tout who you've hired; that doesn't show the real picture of who is left here. We recommended three years ago that exit interviews be done to find out exactly why we're losing our health professionals to other jurisdictions. A simple exercise here that would be valuable information.

Speaker, the Premier claims that this isn't a marketing exercise but he hides the full picture from the people of this province.

I ask the Premier: Will he also add to the website how many doctors and nurses are leaving every month to show the full picture in this province?

SPEAKER: The hon. the Premier.

A. FUREY: Mr. Speaker, what I said was this is an information and education campaign. If we weren't telling people what was happening in the health care system we'd be accused, surely, by the Member opposite of hiding things.

Mr. Speaker, this is an education and information tool; it is a live document; it will evolve over time. I think it is important that the people of the province understand exactly what we're doing with respect to health care and how we're making progress and frankly if we're not, they can hold our feet to the fire.

SOME HON. MEMBERS: Hear, hear!

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

D. BRAZIL: Thank you, Mr. Speaker.

Have no illusion; this side of the House will hold your feet to the fire when it comes to health care in Newfoundland and Labrador.

SOME HON. MEMBERS: Hear, hear!

D. BRAZIL: Speaker, private child care operators have joined us here today to show frustration with government's plan that did not consult with them, and have left them feeling frustrated, bewildered and with many unanswered questions.

Speaker, why is the Premier ignoring 70 per cent of the provincial child care industry?

SPEAKER: The hon. the Minister of Education.

J. HAGGIE: Thank you very much, Speaker.

Licensed child care operators are an integral part of the delivery system for our enhanced early learning and child care initiatives. We are in the process of closing an RFP to re-examine the operating grants program. We have announced a wage grid for early childhood educators, which has essentially flooded the CNA and private training institutes with applications for upgrading qualifications, and new seats are in place, Mr. Speaker.

This is a work in progress. We've committed to communicating with all stakeholders, including the child care providers directly and through town halls which began last week, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

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

D. BRAZIL: Thank you, Mr. Speaker.

I heard that same echo eight years ago that there was a work in progress from this minister and we saw how that progress has worked here for health care in Newfoundland and Labrador. I hope it's not the same for child care in this province.

Speaker, the minister has never met with this group, which is part of the problem. Speaker, operators who again were never provided any details of the child care plan prior to the announcement have now been told to wait until April 11 for an information session on how this is going to work.

Speaker, payday is tomorrow. Again, what is the Premier going to do to clean up this mess?

SPEAKER: The hon. the Minister of Education.

J. HAGGIE: Thank you very much, Speaker.

Certainly last year there were some challenges with communications with all parts of the sector and the department has, on my instruction, acquired a new ADM responsible solely for early learning and child care, and those problems are being worked on. Consultation sessions have begun.

I can provide and have provided to the House documentation around meetings and around correspondence that has been exchanged. We have an advisory committee, on which Newfoundland and Labrador child care associates sits, as well as other stakeholders, to provide direct input to the deputy minister and ADMs.

The communication will improve and the town halls have begun and have been well attended.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Opposition House Leader.

B. PETTEN: Thank you, Speaker.

Again, it's a prime example that we keep saying in this House: no plan. There's no plan; this is after the fact. This all sounds fine now, but long after the fact – it was announced last week, This has been months ongoing. It's not the first time I stood in this House on this issue. Now you're finally going to deal with it after you've created another mess.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

B. PETTEN: Thank you, Sir.

Speaker, Newfoundland daycare operators are now going to be paid a lower rate than home-based centres. This group has been providing quality child care for decades and feel this is a slap in the face.

Why does the minister think this is fair?

SPEAKER: The hon. the Minister of Education.

J. HAGGIE: Thank you very much, Speaker.

I may have already mentioned it, but there is an RFP, which will close very shortly, to commission to look at the Operating Grant Program and how those funds, which are government funds which are taxpayers' money, should flow through child care operators to make sure that ECEs have a respectful professional wage which is key to enlarging this sector.

In terms of that work, it's ongoing, there are consultations, there are town halls and there are direct email communications with every operator in this province.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Opposition House Leader.

B. PETTEN: Those things should've been done before you announced your \$10-a-day child care initiative. This is after the barn door's open, you're doing stuff that now you're being corrected on, you're doing it after the fact. It's too late – it's too late. The Premier likes to think that's his crowning achievement; it's a mess and the minister of messes is in charge.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

I can't hear the preamble, move to your question.

B. PETTEN: Thank you, I'll talk to the Speaker. Thank you, Sir.

Speaker, some ECEs are now discovering they will be paid less on the province's new wage grid and will not get a raise for at least three years.

Again, how is this going to help with recruitment and retention?

SPEAKER: The hon. the Minister of Education.

J. HAGGIE: Two things there, Speaker.

The preamble is flawed. The Premier, myself and my predecessor have been out over previous years talking about the reduction in daycare costs to \$25 a day, to \$15 a day and with again federal pump priming \$10 a day this year. If we're not the first province in Canada to do it, we're certainly the second. There is a plan, it is there and I acknowledge that last year there were some communication challenges.

As to the second point, no ECE will be paid less under the wage grid than they currently receive. That is factually inaccurate.

Thank you.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Opposition House Leader.

B. PETTEN: I'm factually inaccurate again. That's becoming the theme in here with the minister.

But why rush, do it right –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

B. PETTEN: That's your response. You're not giving factual answers either.

Why rush, do it right, it's because there's no plan. As I always said, there's no plan with this government.

I'll try another one, Speaker.

Yes, some will be grandfathered but others will see junior staff with much less experience make as much or more than senior ECEs and even administrators and operators can't get any information until April 11.

Speaker, does the minister still think this plan is working very well?

SPEAKER: The hon. the Minister of Education.

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

It appears that my answers are falling on deaf ears. In terms of the wage grid, it is out there. There is nobody who will receive less as an ECE than they currently receive. It is experience and qualification based. The

baseline is Level 2, which is \$25 an hour for an entry-level, Level 2 ECE. It is fully funded by government. The money goes to licensed operators working under the Operating Grant Program.

I cannot repeat it often enough: it's on the website. If the Member opposite hasn't seen it, I'd be happy to provide him with the link offline.

We are getting flooded with phone calls of support and enthusiasm for enhancing ECE roles in this province.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Opposition House Leader.

B. PETTEN: Speaker, who is listening to the group, because we are. We've talked to the group; we've met with the group. The minister has not met with them, but they're listening to him here today and is he talking common sense? I beg to differ, Mr. Speaker.

Speaker, government has ordered each operator to provide an audited financial statement, including many aspects of the operations which have nothing to do with the child care. These businesses have been providing open, transparent and accountable information to the department for years.

What has changed, Minister?

SPEAKER: The hon. the Minister of Education.

J. HAGGIE: Thank you very much, Speaker.

The whole program of the Operating Grant Program is based, and will be based, in its revision on two pillars: quality and care. It will be availability; we've dealt with that in terms of some of our measures. We're not

there yet and we continue to work on that. Quality and accountability go hand in hand.

This is public money. We're working with the group to simplify the documentation to make it online where possible and, by doing so, relieve some of the administrative burden on those licensees who operate. At the same time, that will provide transparency for public money going to this service.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Bonavista.

C. PARDY: Thank you, Speaker.

Research indicates that food insecurity is the single strongest predictor of high-cost health care use. I received an email from a constituent just last night. Joey is a senior in my district. After paying his bills, he has less than \$10 a day to budget for food, medication and gasoline, not to mention that he has to travel to Clarendville regularly for medical appointments. The minister's budget isn't enough to help him.

I ask the minister again: Why does the budget leave seniors in poverty?

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

S. COADY: Thank you very much, Speaker.

Yesterday, the Member opposite accused us of not including the word "poverty." Just let me take you to the second line in the Budget Speech. "Together, with emphasis on the social determinants of health is the impetus of this budget." The very design, the very gravity that we placed within this budget.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

I've heard the question; I want to hear the response.

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

S. COADY: The social determinants of health include economic stability. Now, perhaps the Member opposite doesn't understand what the social determinants of health means. Allow me to help him understand that includes economic stability. It helps to reduce poverty. It helps to increase employment.

Speaker, the only word that is missing from this budget is "politics" and that is what the Member is playing.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Bonavista.

C. PARDY: Speaker, I'm well aware what the social determinants of health are.

SOME HON. MEMBERS: Hear, hear!

C. PARDY: The question was why didn't poverty occur in the budget and that's what the minister struggled with yesterday.

Ninety thousand people in this province, including one in four children, live in food insecure households. That is 350 students in the District of Bonavista. Thus the importance of poverty.

Speaker, the cost of living continues to rise and rise. We're voting against this budget because it does not take these issues seriously or go far enough. The minister might think she'd done enough but many constituents like Joey and Sandra continue to struggle.

I ask the minister: How can a senior on a fixed income make ends meet when the

cost of living continues to rise and where there is no poverty reduction plan?

SPEAKER: Order, please!

The hon. Member's time has expired.

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

SOME HON. MEMBERS: Hear, hear!

S. COADY: Thank you for the question.

I will say this, Members opposite are not voting for an eight-cent reduction in the cost of gasoline. They're not voting in favour of the lowering –

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

S. COADY: They're not voting in favour of preserving the 50 per cent we reduced off the cost of registering your vehicle. They're not voting in favour of the home heating supplement that provides up to \$500. They're not voting in favour of the largest investment we've ever made in health care. They're not voting in favour of ensuring that we have the provincial roadwork.

What they are voting in favour of, Speaker, is trying to have this government under non-confidence and to go to an election. That's not what the people of this province want.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Bonavista.

C. PARDY: Speaker, this has nothing to do with an election. Here's an important point for government: 5 per cent of households in Newfoundland and Labrador are severely food-insecure households. Five per cent of all homes on research – I think the Minister of CSSD can verify that.

I ask the minister – to repeat the question – how can a senior on a fixed income make ends meet when the cost of living continues to rise, and where is the poverty reduction plan?

SOME HON. MEMBERS: Hear, hear!

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

S. COADY: Thank you.

I implore the Member for Bonavista to actually read the budget. He didn't even get the second line right.

Speaker, I will say again, increasing the Income Supplement –

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

If it continues, I'm going to start naming Members again and they will lose their speaking privileges. It's hard to hear the questions, hard to hear the response. I ask all Members of the House to respect the Chair and keep order, please.

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

S. COADY: Thank you, Speaker.

In this budget we're increasing the payments to seniors. Seniors' Benefit is increasing. Fifty thousand seniors are receiving the Seniors' Benefit. One hundred and sixty thousand Newfoundland and Labrador families are receiving the Income Supplement. They're not voting in favour of that, Speaker. Seventy million dollars for affordable housing and they're not voting in favour of that.

I implore the Member opposite to have his constituents call me and I'll help them with where there's help in this budget.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Grand Falls-Windsor - Buchans.

C. TIBBS: Thank you very much, Speaker.

We're voting on behalf of people like Joey and Sandra from this person's district right here. That's how we're voting, because that's how our constituents would want us to vote.

SOME HON. MEMBERS: Hear, hear!

C. TIBBS: Speaker, after the recent catastrophic mechanical failure of a school bus, the minister stated in this House that – quote – all of our bus inspection reports are on our website. However, the last inspection report available for any school bus in this province is from October 2022, six months ago.

Why is the minister telling parents to check online when the latest information about their child's well-being is not available?

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

S. STOODLEY: Thank you, Speaker.

School bus safety is incredibly important. My department inspects 100 per cent of school buses between August and October and then 30 per cent of school buses at regular intervals throughout the year. All buses currently on the road – the fact that they're on the road means that they passed the most recent inspection.

I apologize that the most recent, up-to-date report results are not available. At the time when I said that, I thought that they were and I understand that our team are very quickly working to put the most recent updates there. If any parent or any driver has a concern about a school buses, they can get the licence plate number and have a look at our website and you can find the

bus and see what the results were of their most recent inspection.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Grand Falls-Windsor - Buchans.

C. TIBBS: Thank you, Speaker.

A lot can happen in six months.

A number of parents who feel as though they have been misled – their words, not mine – have reached out to us confused and concerned as none of this year's school bus inspection reports are available.

So I ask the minister: When will these reports be available so parents can view them online?

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

S. STOODLEY: Thank you, Mr. Speaker.

I assure anyone listening and all parents that all of our school buses on the road have passed their most recent inspection. It is incredibly important that we do the inspections per our regular schedule and any time a bus is taken off the road, it can't go back on until it passes an inspection.

I have not heard from any parents on this issue, but I encourage them to reach out to me and I can assure them that school bus safety is very important for our government.

Thank you, Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Grand Falls-Windsor - Buchans.

C. TIBBS: Thank you, Speaker.

I just have one question: The axel that fell off of that school bus, was that school bus passed inspection?

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

S. STOODLEY: Thank you, Speaker.

I answered this before. Absolutely, the school bus that was impacted in the accident was last inspected in January of 2023. It did pass an inspection. There is currently an RNC investigation ongoing at the moment which our department is fully supporting.

Thank you, Speaker.

SOME HON. MEMBERS: Hera, hear!

SPEAKER: The hon. the Member for Ferryland.

L. O'DRISCOLL: Thank you, Speaker.

The minister informed the residents of the Southern Shore there would be a rapid response unit with an advanced care paramedic in the region.

Can the minister provide specific details and a firm timeline on when this will be implemented?

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

T. OSBORNE: Thank you, Mr. Speaker.

As I had indicated in this House previously, the Health Authority is looking at procuring a vehicle, equipping that vehicle. Mr. Speaker, the ACP is already in place, as I understand it, for that. So as soon as the vehicle is procured, the equipment is put in the vehicle; I understand that the vehicle will be on site. I don't have an exact date, but I can get that for the Member.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Ferryland.

L. O'DRISCOLL: Thank you, Speaker.

It is certainly important for the people in my district to know that is going to be there because they were without an ambulance for a long period of time. Gladly, that it is back there now, but they do need some extra precautions for sure.

Thanks to pressure from the residents of the Southern Shore, this government finally provided a staffed ambulance for the people of the Cape Broyle area.

I ask the minister: When can Trepassey expect both of their ambulances to be fully staffed?

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

T. OSBORNE: Thank you, Mr. Speaker.

Of course, as I'd indicated previously, both of these contracts, the one for Cape Broyle area and the one for Trepassey area, are private contracts, Mr. Speaker. I know that the operator is looking to recruit for those areas.

He was able to do so for the Cape Broyle area, which is part of the reason the ambulance was put in the Cape Broyle area. I'm certain that he's continuing to recruit for the Trepassey area as well.

SOME HON. MEMBERS: Hear, hear!

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

J. DINN: Thank you, Speaker.

Speaker, the newly launched Health Care Action website boasts connecting you with the care you deserve; however, all the site appears to do is parrot government announcements and lacks critical

information to be truly transparent, something the Premier admitted today in the briefing.

I ask the Premier: Is this site meant to connect people to health care, or is it simply a blatant self-promotion and self-praise of his government?

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

T. OSBORNE: Thank you, Mr. Speaker.

The briefing today was similar to the briefings that were held on COVID. There is, Mr. Speaker, as we understand, a health care shortage globally and not just in this province. We've put a 10-year plan in place to bring about the best health care possible for the people of Newfoundland and Labrador.

These briefings are meant to provide the people of the province with the information on the progress that we're making on fixing the health care system in this province to best serve the people of Newfoundland and Labrador.

SOME HON. MEMBERS: Hear, hear!

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

J. DINN: It sounds like self-promotion and self-praise.

Speaker, the Health Care Action website boasts that there are 6,429 registered nurses licensed to practise in this province.

I ask the Premier: How many of these registered nurses are employed full-time by the Provincial Health Authority, how many are private travel nurses and how many are refusing to work in our public health care system?

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

T. OSBORNE: Mr. Speaker, we'll endeavour to get that information for the individual. As I'd indicated in this House, over the past couple of days this week in fact, if you look at the number of bodies actually working at the Health Authority, it's the same as it was five years ago or four years ago or three years ago, it is just that registered nurses are looking at different modes of employment. They've gone from permanent to casual, or they've gone into the agencies.

The numbers of employees showing as permanent employees may be lower but the number of bodies working at the Health Authority, Mr. Speaker, has remained constant.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Labrador West.

J. BROWN: Thank you, Speaker.

People in my district have yet to see any changes in the health care staffing.

I ask the Minister of Health: How many nurses have we lost each year since this administration has taken over and how many does this province have to hire to go back to a full contingency of nurses in all health care facilities in this province?

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

T. OSBORNE: Thank you, Mr. Speaker.

Mr. Speaker, as I've indicated, we are recruiting in areas like India. We do anticipate getting additional nurses from India.

We do have an aging population, Mr. Speaker, so we have people retiring out of nursing as a result of the aging population. We're no different than any other jurisdiction in Canada or globally where there are a

shortage of health care employees, Mr. Speaker. In this location, in part because of our aging population, but we are working hard on recruitment, Mr. Speaker, including the nurses that we fully anticipate will arrive from India.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Humber - Bay of Islands.

E. JOYCE: Mr. Speaker, the new acute-care hospital in Corner Brook is scheduled to be completed and the keys turned over to the government in October 2023. This new acute-care hospital will include a radiation unit. This is very important to the citizens who develop this dreaded disease.

I ask the Minister of Health and Community Services the status of the construction of the new hospital and the progress of the new radiation unit, which people are anxiously waiting.

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

T. OSBORNE: Mr. Speaker, just as I was standing the Minister of Transportation and Infrastructure whispered that it's on time and on budget. We do anticipate that the hospital will be open and up and running in 2024 or later this fall, I believe it is – later this fall, sorry.

Mr. Speaker, in terms of the radiation unit, we obviously are looking to recruit radiation therapists for that unit and the other necessary health care professionals.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Member for Humber - Bay of Islands.

E. JOYCE: Mr. Speaker, the Liberal government had committed to have the laundry services included in the new acute-care hospital. We know now that this is not

correct. There are concerns over the status of the 75 positions. There was an RFP, a request for proposal, to find the best way to offer these services.

Can the minister provide the House with the status of the laundry services and the 75 positions that were committed to stay in the new acute-care hospital and the status of these services?

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

T. OSBORNE: Thank you, Mr. Speaker.

So prior to Western Health becoming part of the Provincial Health Authority, Western Health did put out an RFP to look at the best solution for laundry services in the region, meaning whether that is a leased space or a built space for that service. I can inform the House, Mr. Speaker, that Western Health and now the new health authority fully intend to ensure that the employees in that laundry facility are public employees.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The time for Question Period is expired.

Presenting Reports by Standing and Select Committees.

Tabling of Documents.

Tabling of Documents

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

S. COADY: Thank you, Speaker.

Pursuant to section 26(5)(a) of the *Financial Administration Act*, I'm tabling one order-in-council relating to funding pre-commitment for the fiscal years 2023-24 to 2032-33.

SPEAKER: Further tabling of documents?

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

S. COADY: Thank you, Speaker.

During Question Period there were a lot of questions about what this budget contains around helping with the cost of living, housing supports, accessible and inclusive communities. I'm pleased to table a fact sheet that gives information that maybe the Members of the Opposition would like to review.

Thank you.

SPEAKER: Are there any further tabling of documents?

Notices of Motion.

Answers to Questions for which Notice has been Given.

Petitions.

Petitions

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

P. DINN: Thank you, Speaker.

Speaker, approximately 100,000 people in Newfoundland and Labrador live with mental illness.

Only about 40 per cent of people affected by mental illness and addiction seek help. Seventy per cent of mental illness develops during childhood and adolescence and most go undiagnosed. Less than 20 per cent receive appropriate treatment.

Emergency and short-term care isn't enough and it is essential more long-term treatment options are readily available.

Therefore, we petition the hon. House of Assembly as follows: To urge the Government of Newfoundland and Labrador

to provide access to long-term mental health care and ensure continuity of care beginning with psychiatric and neuropsychological assessments being more accessible to the public so they can access proper mental health treatment and supports on a regular basis.

Speaker, I've brought this petition to the House many times. I've asked questions many times on mental health, specifically long-term care and continuity of care. We have a young lady who this past Monday, I think, was 122 weeks of lobbying for long-term, mental health care supports.

In this current budget, there is absolutely nothing of substance that deals with long-term continuity of care, when it comes to mental illness. Nothing substantial at all. And you ask why we're voting down a budget.

The Canadian Mental Health Association of Newfoundland and Labrador will tell you, from people with lived experiences, they want continuity of care. They want long-term treatment. They are having difficulty accessing these services. In fact, in that report, one client quoted we're obviously not the right kind of crazy. That's from a client, when you listen to that.

Another quote from those with lived experience said mental health and addictions issues do not do well on wait lists.

This has been a long, long-term issue here. This is not something that a Band-Aid can cure. This is not going in and having a broken leg with a cast put on it. This needs attention now. This needs supports that enable people to have long-term continuity of care when it comes to mental illness.

So I hope to see something done on that in the very near future.

SPEAKER: The hon. the Minister of Health and Community Services for a response.

T. OSBORNE: Thank you, Mr. Speaker.

I think I just heard the Member say the reason he's not voting for the budget is there was nothing in it on long-term mental health. Well, hopefully, with this answer, Mr. Speaker, he will actually vote for the budget because there was \$5 million in this year's budget to enhance wraparound services.

The other thing, Mr. Speaker, when we talk about the access points to mental health in this province. There are things like Doorways, the Bridge's program, Mr. Speaker, the 811 program and so on, but they are meant to be access points, gateways to long-term mental health, if needed.

Mr. Speaker, we do have the step-care model which will look at individuals on a long-term basis, Mr. Speaker, and either step up or step down the level of care that's required.

The DBT teams, Mr. Speaker, are meant to be for six to 12 months to ensure that individuals have care over the course of six to 12 months and then following them once they are able to get back into their own homes and their own communities to ensure that they're continued to be followed by the team, Mr. Speaker. We have the FACT teams and the ACT teams which are designed to provide long-term mental health.

Mr. Speaker, we've announced Family Care Teams in the province, all of which will have mental health and addiction resources as part of those teams.

So we are focused not only on the short-term mental health but the long-term mental health, including the \$5 million that's in this year's budget to address long-term mental health and wraparound services for individuals.

SOME HON. MEMBERS: Hear, hear!

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

J. DINN: Thank you, Speaker.

This is another 200 signatures on the retention bonus for hospital support workers.

These are the reasons for the petition: Hospital support staff have been inexplicably passed over for a retention bonus given to other classifications.

WHEREAS other and varied classifications received a retention bonus in January 2023; and

WHEREAS the glue that keeps the place together during the pandemic were passed over for a retention bonus because we do not fit into the parameters as defined by the Newfoundland and Labrador government; and

WHEREAS hospital support staff are unable to get holidays/days off because there is no one to cover them and it has been that way for at least three years; and

WHEREAS the Newfoundland and Labrador government made an unprecedented move for clerical by offering a 30-seat, two-year free tuition at Keyin Tech to address the shortages in clerical at Eastern Health.

THEREFORE we petition the hon. House of Assembly as follows: We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to provide a retention bonus to all eligible hospital support staff.

I'm going to sit down and give the Minister of Health an opportunity to tell when these workers can expect this retention bonus to all eligible hospital support staff. I'd love to hear the answer. They would, too.

SPEAKER: The hon. the Member for Bonavista. You have less than two minutes, Sir.

C. PARDY: Thank you, Speaker.

The driver's road testing was always offered in Bonavista, serving 8,000-plus residents of the region until a few years ago. Pam Fleming watching right now from Elliston is one about to get her driver's test.

It assessed the drivers of the area, youth and senior, in an area that they will be driving and have trained on 90 to 100 per cent of their time. Currently in order for youth or seniors to avail of a driver's road test, they must travel 1.5 hours to be assessed on a road network they are not overly familiar with.

We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to reinstate the driver's road testing in Bonavista to more adequately serve the area's 8,000-plus residents.

This is not a big ask, Mr. Speaker. We have seniors down there that have to travel up. We have youth that have to travel up. They always took the road test in the area of which they drive. We have many seniors not interested in driving anywhere else but on the Bonavista Peninsula. What do they have to do if they've got to take their road test? They've got to go up to an unfamiliar area where they don't wish to drive. I would say that is unfair.

I used the word before "ageism" when we talk about an unfair discrimination against seniors. Well, I think that may fit into the category in the opinion of many people in the District of Bonavista. Why wouldn't the driver's examiner travel to Bonavista for a day when the day is filled up and offer the driver's test?

Orders of the DayPrivate Members' Day

SPEAKER: Order, please!

This being Wednesday at 3 p.m., I call upon the Member for St. John's Centre to introduce his private Member's resolution.

J. DINN: Thank you, Speaker.

Speaker, Canadians are justly proud of the public health care system. It's an accomplishment that defines us as a nation, an affirmation that we will take care of each other.

SPEAKER: You got to read the PMR first, and a mover and seconder.

J. DINN: Moved by me, seconded by the Member for Labrador West.

It's certainly a reflection of our commitment and equality for justice and more importantly health services that remain uncovered, like vision and dental, for these patients.

So we are proud to introduce this motion before us and basically:

WHEREAS our health care services are in crisis, and government is making more space for private profit in our publicly funded, publicly administered system as a quick fix; and

WHEREAS US-style private health care draws workers and resources from our already strained public system, leading to a further erosion of service and patient well-being; and

WHEREAS private deals for health services and infrastructure lacked transparency, often come with significant strings and risks attached, and cost citizens more than a publicly provided and managed equivalent;

THEREFORE BE IT RESOLVED that this House urge the government to say no to any further privatization of our health care system, roll back any current privatization and invest in a publicly funded, publicly administered public health care system.

Again, seconded by the Member for Labrador West.

Now, we are calling on every MHA to decide to support health care funding to be used to rebuild the understaffed public system against for-profit corporations that will poach doctors, nurses, nurse practitioners and other health professionals.

We're assuming that this is something that will be readily supported by this House. There should be unanimity here and really, if anything else, this should be an opportunity to rally around and affirm our commitment to publicly funded, publicly administered health care system. It shouldn't be a problem here.

It's interesting, just so we know what we're talking about: private versus private for-profit care. Because within our system we have, you might say, doctors who have private practices who bill MCP. That's not what we're talking about. What we're talking about, though, is private for-profit care clinics run by companies who focus on the bottom line.

So, just so we're clear about that, we've got Fonemed. We have the agency nurses, the travelling nurses. We have Maple, Loblaw which funded a virtual care business based in Toronto. It charges \$69 per visit or \$50 per month for 30 visits for basically a consultation that's free in person if you go to a doctor.

Loblaw is investing \$75 million, by one report, into this. Obviously, they're seeing the opportunity to make money. If you look on their site, they're certainly offering St. John's and Newfoundland residents that opportunity.

So it comes down then, I guess, with businesses such as this, these businesses will find a way to bill patients, which is like upselling to brands they prefer, charging for consultations or billing patients for a bed. It will make millions for corporations and rich CEOs.

If governments allow surgeries to be done by not-for-profit clinics, people will end up waiting longer as the health care crisis get worse. We're seeing this around the province certainly with travelling nurses done for by for-profit clinics and people end up waiting longer and, as I said, the health crisis will get worse.

Now, there are a number of articles that seem to dispel the notion that private for-profit approach is actually going to save money. That's the reason touted by many governments. While we're hoping, Speaker, here that this government is not entertaining that – we've heard that commitment to that fact – this is an opportunity again to reaffirm that and state clearly in this House why we're not and that we're all in on our publicly funded, publicly administered health care system.

One article from the CBC, I think, that's important for people to understand is that government is very fond of saying, well, it's cheaper for for-profit facilities. Yet, a number of studies show that that is not the case. In BC, they're actually rolling back the privatized approach. For example, Fraser Health, one of BC's health authorities, purchased two private MRI outpatient clinics to bring them back into the public system as part of a strategy to cut health care wait times.

We also know that according to the report, when it comes to waiting for surgeries, that Ontario, which follows the lead of many other provinces, has had the shortest waiting times in Canada for hip and knee replacement surgeries; 73 per cent of Ontario patients receive the replacement

surgeries within six months. That's basically in the public system.

We've got plenty of stories from around the country such as another headline: Medical upselling in Canada can cost patients thousands of dollars. More privatization in Canada health can solve the current prices. Yet, case after case shows that that is not the actual situation.

We've seen and we don't have to go back too far, go back to COVID. We've seen the kind of health care people get when profits are a priority. For example, the situation in Ontario's for-profit, long-term care homes during the pandemic was inhumane. Thousands die and the military was brought in. The military reports the conditions as heartbreaking and horrifying. Yet, it's interesting, during that period, COVID deaths per bed, COVID deaths in the private, for-profit sector for 100: 9, 8.6, almost 6.5, 6 per cent per 100 beds and another 4.56.

All the not for profit and the municipal long-term care facilities were down significantly, they were the lowest. It tells you, it tells me, that if we're going to look at a health care system that is based on profit or based on the public good, it comes down to, I guess the key phrase is, the public good, because if profit is the bottom line, the profit supersedes everything else.

If you look at the report that the military did on Ontario's for-profit, long-term care homes, and they're not just talking about the COVID deaths, they're talking about the conditions that people were living in.

Go back to Walkerton, the Walkerton water crisis, 23 years ago. It's interesting, at that time, we had an outbreak of E. coli. There were a number of people sick, several died, but at that time that coincided with government deciding to pass out water testing to a private, for-profit company as opposed to keeping it firmly within the public sphere.

I guess the key thing here for me is about the transparency and the accountability, which we hear so much about in this House because, ultimately, a private system is based on profit. If we hand public funds over to a private company, they're always going to look at the bottom line. Whereas, I would like to believe that the people who are elected here in this House of Assembly are focused very much on the public good and making sure that the needs of people are met.

I can tell you that in a not-for-profit situation, Speaker, the focus is always on the people that that not-for-profit has in their care, which is why I'm hoping this House will support us on this unanimously.

SPEAKER: The hon. the Member for Humber - Bay of Islands.

E. JOYCE: Thank you, Mr. Speaker.

I see no one else standing to it, but I will speak to it. There are some parts of it that I agree and some parts that I disagree with in the Member's statements. I guess I'm asking for more clarification. I'll give you a good example, Mr. Speaker.

The cataracts situation in Western Newfoundland. They can't be done in a hospital because there's not enough OR time. They can't be done in the Stephenville hospital because the equipment is outdated. There's a building in Corner Brook with three surgeons doing the cataracts. It is for profit, they can bill MCP and they are billing MCP for it. There was a big struggle and I've raised it in this House and raised it in Western Newfoundland.

But in the budget, it was just announced that there are 500 new cataract surgeries for Western Newfoundland. They're in the process of negotiating with the Newfoundland and Labrador Medical Association to put it on a go-forward basis, which will eliminate and in the foreseeable future as long as the agreement lasts with

the private clinics through the Newfoundland and Labrador Medical Association, which I think is eight years, there will be no more wait-lists.

I'm not sure, this is what I'm asking the Member when he has a speech again on this: Is this what is included? If it is, it's hard for me to support, because, if not, we would have a wait-list go longer instead of waiting up to a year or year and a half, it would go two and three years, probably four years. It's hard for me to support that when I could see the actual benefits.

If we lived in an ideal world where we had enough surgeons in hospital, we had two or three ORs, we had all of the staff that we need, okay, we can say, it should be done, but the services that we have in Western Newfoundland – and I used the cataracts, I'm proud it's done. I'm very proud that it's done.

I remember having their support to get the APEX building built and then I remember the commitment that was made about the number of surgeries going to be done and it wasn't. Now, it is. I thank the Minister of Health and Community Services. We had some very frank discussions. But like I told the people and I said it on *Open Line* today, we had frank discussions but the end result is for the seniors in Western Newfoundland and I'm proud of that.

So this is one of the private clinics that the Member is talking about, I'm not sure.

I'll give you another example, I say to the Member and this is more of a clarification. We all know we're short on doctors. We all know that. Family medicine, we're short. So the question I've got to ask – and I raised this question in the House of Assembly, too, on several occasions, I've raised it publicly and I'm raising it again – there are nurse practitioners who can do the job but are not allowed to bill MCP. So what they do is they have their own little – three nights a week or four nights a week, they have three of them

who see patients. The patients pay \$50, \$60, whatever the cost is and however long it takes. The question is: Is that private? They can't bill MCP if the government says they can't bill MCP. There's a way around it. My question is: Do you say to the 3,000 to 4,000 people that can see a nurse practitioner, oh no, that's private, you shouldn't go see them?

This is where I need clarification because without those nurse practitioners that are seeing those patients, there would be another few thousand people without a doctor. Emergency rooms will be filled again. There will be a heavier load. So is that private? It is private.

P. LANE: What about optometrists?

E. JOYCE: Optometrists. Another one is optometrists.

So this is how, when you get into the private versus public health care system, the questions have got to be asked.

The minister today made the statement here, which I'm glad of. Take the hospital in Corner Brook, when I was in Opposition, Mr. Speaker, I started on the radiation unit, myself and there's a staff member by the name of Joy Buckle. We started along to prove that there should be a radiation unit. The first person we talked to was a Dr. David Sutton. He was a travelling physician to Corner Brook for radiation. Then, whatever happened, he thought we should be setting up a clinic. He moved out and I tracked him down on Vancouver Island, BC, still doing his practice and I asked him about the radiation. He said definitely there should be a radiation unit.

We went on and we started the research. He gave us people from Australia, all over Canada, the United States and we started the research and we proved it. While we were in Opposition, we made the commitment that there was going to be a

radiation unit built in Corner Brook in the new hospital.

In order to get the hospital built quick and efficiently we went to P3s. I was part of it. I pushed for it, to get the hospital done. Part of the concerns at the time – and I remember there was a protest, just outside the Civic Centre in Corner Brook. CUPE had a protest. I walked up to the protest, stood up and they seen me there – and I know all the people who works there anyway in the hospitals. I know them all; 90 per cent of them for sure. So I walked up and I said: Look, you'll have a commitment that there will be public sector workers in that hospital. I walked out on the steps with 400 people and I made that – we were in Opposition. You have my word. It's going to happen. If it doesn't happen, I said, I won't stay with the party. We made a commitment.

The last piece of all that was the laundry services, which was supposed to be inside the hospital. It was taken out; that's fine. But the minister of the day made the commitment – and I knew it was going to be done because they did make the commitment – they fell off the rails a bit; they're back on the rails now – that those 75 employees will be public sector workers.

My question to the Member again, without going to P3s, that hospital would never been built but every person that's working inside that Corner Brook acute-care hospital will be public sector employees. So should we not get it built by P3s and have public sector employees, well trained – they are experts in their field, all throughout the whole field that they're in. So should we not go to P3s, when the only way to get it built is through P3s, yet have the professionals of the public sector employees to work inside the hospital which the commitment was made and the last piece, the minister said today, that they all will be public sector employees?

So this is the question: Should you use P3s to get it done if you're going to use public sector employees to deliver their services? I know back then there was a big beef about the public sector, how many jobs they're going to lose. It never happened in Corner Brook – never happened. Then one of the big debates that they had was about a school. The school that was in Nova Scotia. The school went P3s, then the government had to pay \$20 million. But the issue with that school was that they didn't have it in the agreement that after a certain period of time the building would be turned over. They had to buy the building.

In this case in Corner Brook, after 30 years, the government will own the building. It has to be brought up a status that they agreed and a certain amount of work that has to be done to ensure that it's the same as it is now. Then the government owns the building after 30 years.

That's the kind of stuff that I would like for the Member, if it's all right for nurse practitioners to do private because we haven't got enough doctors. The cataracts, again, I'm so proud now that seniors in Western Newfoundland – some seniors would have to wait until April 1 next year to even get the surgery, start the surgery. Now they're getting it as we speak. Moved up a full year.

They can bill MCP, but it is a private clinic. There are two in St. John's here also. It's hard for me to support it when you can say, okay, we have to do it all in the public setting and the public setting can't handle it when the specialists aren't there and there are going to be people suffering. I don't know one person that I would ever speak to who would say if you don't do it in a hospital, let that senior wait another three, four years. I just know a person who would do that.

If I got that clarified from the Member and standing up – because I do see some benefits of the private. Again, billing MCP is

fine. But then again I'll give you another example: the counselling. A lot of counselling now is private because there are not enough psychiatrists in Newfoundland and Labrador. Should we stop it? That's a question that if we're going to debate this, we should debate.

Thank you, Mr. Speaker.

SPEAKER: The hon. the Minister of Education.

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

When I saw the PMR, I was quite intrigued by it. My initial comments are relevant but they may not appear so from the first couple of sentences.

This morning I was reading an interesting article on differential pricing in groceries. The article referenced, as an economic example, that of country doctors. Those who would charge landowners and merchants cash over and above market value as it were and accept payment in kind, salt fish or whatever, from people who did not have the means to pay. That was used in an economic theory context to illustrate market sensitivity to pricing.

What that does is in actual fact throw us back to the origins of how health care was financed in the first place. By and large for various reasons – and that's a whole history lesson all on its own I think – it was physician delivered and paid for as a knowledge-based service in the language of today. It was accepted that it had public utility and value, but it was not regarded as a public utility.

Over the years physicians have traditionally been paid on what is called a fee-for-service model. That was universal at the turn of the last century and, indeed, it presented challenges, particularly in areas where there was economic depression or poverty or simply just a lack of ready cash because of,

kind of, the mercantile system that evolved out round the bays. There were various attempts to deal with this and I remember reading in the book about Dr. Olds in Twillingate. He set up a scheme whereby an individual could pay \$1 a year and would have so much in the way of Dr. Olds's services covered on a kind of ad hoc insurance basis.

Then along came the '60s and the idea of publicly funding health care as a benefit. Again, the bulk of health care at that stage was institution based or office based, physician delivered and the physicians kicked up a hell of a fuss.

In actual fact, I think the longest strike prior to the one here in 2001 was, in actual fact, in Saskatchewan over the introduction of medicare. Notwithstanding that, there was brought in a scheme whereby taxation would pay for a pot of money for medically insured services. The *Canada Health Act* came out, defined those in very broad terms, but again tended to define them as physician based or hospital based, and those were covered by the public purse. It's evolved through many iterations over the years to see the system that we have today and the interpretation in various jurisdictions has taken that in various different directions as to what's covered.

I can remember over the years in different forums I was involved in, talking about the basket of services, what it was that government, through their mechanisms, be it MCP or the equivalent, would pay for and what was regarded as an uninsured service.

There are nuances, and this was explored extensively in a CMA paper. I think the date may be a little out by a year or two. It was around 2009. I was on the board at the time, so it had to be between 2006 and 2009; it was called the Hollinshead and Strasberg report. It looked at health care funding in Canada and health care delivery, because the two are different.

We actually run, in this province, bulk of physicians are private contractors. They are, in an economic sense, for-profit individual businesses. The exception to that is those who are salaried. Those people who elect to be paid on a fee-for-service basis jealously guard that because of the taxation advantages that they perceive from running it that way. Certainly now they can incorporate as professional medical corporations, which adds a layer of shelter, as it were, to some of their income so trust funds and things can be set up. They are businesses.

The bulk of the funding for health care in this province is publicly funded. In actual fact, there were alterations made to the hospital insurance act and MCP act when I was in that portfolio that tightened up on who could do what under that rubric.

I offer all this as a history because when I read this PMR, and I accept there's leeway around resolutions and private Members' resolutions, I have to say it's an appalling exercise in sloppy dictionary and semantics. It really is totally unclear from reading that, apart from a dislike for the American system, what it is we're voting against, because it is actually a motion to vote against something. It's not a motion to vote in favour of something.

I don't think, having looked at this, and I'm not a parliamentarian in the sense that the Table Officers are in terms of how you analyze how motions are worded or can be amended, but my understanding of English would render it that reading this motion it's unsalvageable, quite frankly. I can't see a way of amending it to actually give life to some of the sentiments that the mover has actually proposed. There's a huge disconnect between what he just said and what's written on that paper to the point that I don't know that it's actually rescuable.

The facts of the case are we have a privately delivered, physician-based service that is publicly funded. We have a publicly

delivered, publicly funded system, for example, for nurse practitioners. The debate that my colleague from Humber - Bay of Islands brings up is those people who wish to straddle both sides of the fence. These are, by and large, nurse practitioners who have a job by day and want to moonlight at night in the private sector and want to be on both sides of it.

In my previous life, I offered these individuals full-time salaried roles so they could do nurse practitioner in primary care to their heart's content and, by and large, it was turned down. There are some who really want to follow a medical model and I would imagine those are maybe double digits of nurse practitioners out of a population which is the largest per capita population of nurse practitioners in any province. It doesn't quite compete with the Territories, but we lead the country in the implementation of publicly funded, publicly delivered nurse practitioner primary care, both numerically, geographically and in terms of disciplines. You'll find them as specialists in the heart failure clinic, you'll find them as specialists on the real dialysis units and you find them doing straightforward, good old fashion primary community care in clinics run by regional health authorities.

The bulk of the nurse practitioners I've spoken to love that model. They want to see it expand. I would love to see it expand. We just can't make them fast enough, even though we started increasing our capacity before COVID.

So my thrust with this contribution of mine to the debate is that this is a badly worded resolution. I understand some of the sentiments, but it's so fooled up, it's not salvageable by amendments and that is my concern with this. I offer the House little in the way of a solution to this because the only way to get rid of it is to get rid of it.

Thank you.

SPEAKER: The hon. the Member for Labrador West.

J. BROWN: Thank you, Speaker.

I'll pick up where the Minister of Education left off with nurse practitioners and I'll say this, I'll tell a story about Lab West because there's always a story about Lab West.

Right now, there's a 100 per cent private nurse practitioner clinic. It's operated by nurse practitioners who quit LG Health. They quit LG Health because they could not fulfill their roles to their full duties in the system. They charge between \$50 and \$60 a visit and that's their full-time job. In the work that they're doing in the actual hospital, there is one nurse practitioner and you can't get an appointment with her. So I asked LG Health why we don't have any more public nurse practitioner clinics in our public system to deal with the backlog of how many people wants to see the nurse practitioner. They were just told we don't have the budget for it.

So at the end of the day, I just realized, these private nurse practitioners were pushed out of the public system because of budgetary issues. My thinking here is that's a big red flag on your public system. Your public delivery of health care, when actual people who want to work in the public health care system are pushed out to the private system and there's no thing for it.

That clinic should not exist. Those nurse practitioners should be welcomed and encouraged to stay in the public system and their roles should be expanded because clearly there's a demand for their services because the public nurse practitioners can't keep up with the actual work. This is where we go down a slippery slope to private.

The Member for Humber - Bay of Islands mentioned about cataracts and it's interesting, first when he stated that the hospital in Stephenville had outdated equipment and couldn't do the cataract

surgery, that's a red flag there. That should have been addressed so that cataract surgery could have been done in the public system earlier, but instead it got pushed out to the private because of – I'm going to say it – budgetary issues.

So this is a thing, we could do the work in our public system if we have the way and the will, but clearly there was no will because I have nurse practitioners working in the private sector because they were pushed out of the public system. Stephenville Hospital had outdated equipment and couldn't do the work, so everything was pushed out to the private system.

So this is the slippery slope that we're on. This is what we're talking about, the slippery slope that we're on that we're constantly handing out money to for-profit companies to do the work that our public system can do but they're just not being supported. That's what this is.

What we want is a rally cry. We want to actually come around as Members and embrace the public system. A system that is – it's not perfect. It's not there but we can make it better. We can but the will and the way has to be there and business interests should not be slipping in to the public domain when it comes to health care. Health care is not a business. It is a right and it is a responsibility, but it's not a business and it should never be operated as a business.

This is where I think we need to realize that we should be more active in the idea that we need to keep our public system public, but at the same time support it and actually encourage its expansion, encourage that they deliver more to the people publicly. Because the more that we actually have in the system accessible by all, then the more that we actually have more healthier and active individuals in our communities.

At the same time, the more people that we service and the quicker and more responsive we are to our service, the less people actually use our health care system, and that's what we actually want. We want to make sure that we have a healthy and happy population that don't need to be constantly using the system. It balances itself in a sense in that way because, right now, people are putting off treatments, they're putting off different ailments and stuff and then it just builds up and builds up and builds up.

Another good example of it is the move towards universal pharmacare, a publicly funded system where we actually make sure that every person that needs their medication gets their medication because not everybody has drug insurance. I go back to the same thing with dental care. You know, the original iteration, the original vision of universal health care included dental, included eyes, included all that, but it was chipped away into what we have now. It was kind of put away and saying they were going to address it later. They never ever did address it until now, because your health doesn't end at your neck, right?

So this is what we talk about, the idea that we should be encouraging the growth and expansion of our public health care system with employees and stuff that are a part of the actual health care system. We shouldn't have allowed what happened in Labrador West where nurse practitioners got pushed out of a system and that actually desperately needed them but, instead, are charging \$50 or \$60 out of pocket to someone to get health care. It should never happen – never, but it is happening.

It's the same thing that goes for other things. The Member for Humber - Bay of Islands mentioned about counselling and stuff like that. That's a massive red flag that we don't have enough people in our public system to deal with mental health. People are actually going out and paying out of pocket. It should never happen. Our system

should completely make sure that the funding is available to make sure those people are hired in our public system to help these individuals. No one should ever have to pull out their credit card to receive health care. But it happens, and it should never be.

This is where we are on this slippery slope that we need to hold back and go, whoa, whoa, whoa, what do we need to do to make sure that these are inside the realm of the public and make sure that everyone has fair and equal access to it? It does also include addressing wait times and include addressing waits because clearly if there are wait times, that means we're not supporting our public health care system enough. That means that there's an issue somewhere along the way that needs to be addressed, and that is where you make sure you have a fair and even access to your health care.

So this is where I'm coming from on this, is I have 100 per cent belief that our public system can and should deliver care to everybody and there should not be any for-profit motives inside our health care system. As of right now, there are little blips of where that's happening and they're not being addressed. That's where I believe that we can move toward.

The Minister of Education mentioned that his time in the Department of Health was addressing these nurse practitioner things. Well, we didn't see it addressed in Lab West. I encourage the new minister to address it, because nurse practitioners are a great resource and they should be available in every hospital and public clinic within the new Health Authority.

But like I said, when you go see them, you should never have to take out your credit card. I don't believe any nurse or health care professional I've ever met, who actually works in our public system, has ever expressed about the private system or anything like that. Most of the time they are truly interested in the public good, but

sometimes they have a duty that they feel they need to do the best for the patients. The nurses that I know up in Lab West that are currently in the private system don't want to be there. But, once again, they were pushed out because there were budgetary issues and they weren't able to practise to their ability.

So maybe it's a lesson for us all in the sense that we need to make sure that our public health care system is properly funded, properly resourced, properly staffed and to make sure that the people that work in it are there and supported so that things like this don't happen and that we don't follow the slippery slope to privatization, and to make sure that nobody is ever forced to pay out of pocket to pay for any service and that nobody is ever on an extended wait-list and to make sure that nobody is forced to choose.

SPEAKER (Warr): Order, please!

I remind the hon. Member that his speaking time has expired.

The hon. the Minister of Health and Community Services.

T. OSBORNE: Thank you, Speaker.

Speaker, I have to speak to this today; I understand the premise of the private Member's resolution that is put in. I think we have concerns on this side of the House. I'm sure our colleagues on that side probably share those concerns; I'm not sure about the independents.

Speaker, I will start by saying when we're talking for profit, there are rules under the Canada Health Transfer that provinces have to follow. So if you're looking at a doctor's office, a doctor buys a building or leases an office and hires staff, you could argue whether or not that is for profit but that is an acceptable method of health care delivery in this province.

If you're looking at things like cataract surgeries outside of the hospital, it is publicly funded, but some would argue that's a private business so it is for profit. But those things, because they're publicly funded and meet the requirements through the federal government for services that are publicly funded and made available to the general public, those types of things are acceptable.

I know the Athena centre, for example, in St. John's would be publicly funded. Dentist offices for children under the age of 13, the coverage is universal; they're publicly funded but it is a private-run operation. There is a distinction between a private hospital, private MRI, private scans and things like dental care or cataract or other services that would be funded publicly, Mr. Speaker, including doctors' offices.

I know just recently Ottawa clawed back \$82 million from health transfers from eight provinces for allowing private operations in those provinces, Mr. Speaker. I'm just going to quote a little bit: The clawback of health transfers to seven provinces for allowing private clinics to charge patients directly, the move is mandatory under the *Canada Health Act*. They can't just pick and choose whether they're going to clawback, it's mandatory under the *Canada Health Act* that there is a clawback if it's deemed to be a private service or a private clinic.

Minister Duclos said, "It is critical that access to medically necessary services, whether provided in-person or virtually, remains based on the medical need and free of charge"

So that, I think, is part of the argument, or the crux of the argument here is some of the services that would be considered a private service.

So clawbacks to the federal transfers over private billing, the article went on to say, is not new. Between 2015 and 2022, an average of \$15 million a year was clawed

back from provinces for user fees charged by private surgical clinics or for abortion services. This year, eight provinces are losing \$82.5 million.

Mr. Speaker, with that in mind, I just want to highlight some of the provinces that had clawbacks. Nova Scotia had \$1.277 million clawed back. New Brunswick had \$1.342 million. Quebec had \$41.86 million clawed back. Mr. Speaker, Ontario was \$32,800. Manitoba was \$353,800. Saskatchewan was \$742,000. Alberta was \$13,781.

Mr. Speaker, British Columbia, which is led by the same party as this private Member's resolution today, had \$23,100,000 clawed back. This province, Mr. Speaker, had zero clawed back. Zero dollars clawed back, Mr. Speaker, because we're not funding private health care.

SOME HON. MEMBERS: Hear, hear!

T. OSBORNE: We're not funding private health care. We're operating within the rules. Zero dollars clawed back from this province.

Mr. Speaker, the private Member's resolution, I think, that in and of itself, answers the question as to whether or not we're providing publicly funded health care in this province.

Some of the items they're talking about, scans and MRIs and CT scans and things offered in other provinces, they're not here. Things like the Athena clinic or the clinic on Lemarchant Road or cataract surgeries, Mr. Speaker, which every resident in this province would say that those cataract surgeries are essential in order to meet the benchmarks. Another 1,500 funded in this year's budget for cataract surgeries. But they're publicly funded. No difference than the blended capitation or even fee for service in a doctor's office is publicly funded in this province. Those services are absolutely essential to the people of this province.

The Premier has said time and time again that privatization of health care is not something the Government of Newfoundland and Labrador is contemplating. Government is firmly committed to the principle of universal health care, public funds being used for patient care.

The *Canada Health Act* recognizes that we're following that principle and we're following those rules. Again, we had zero dollars clawed back from the Canada Health Transfer this year because we are following the intent of what the *Canada Health Act* was set up to do. We are providing the services to the people of the province, Mr. Speaker, and it's publicly funded. I think that's important.

If we were to vote for this, do we stop funding the Athena centre and Labrador or similar centres in other parts of the province? Or the cataract surgeries that are taking place? Is that what this is asking us to do? Or universal dental care that's provided by a private operation to 13 and under? Or fee-for-service doctors who own their own clinic? Because it's a very fine line that we're arguing. But is that what we're asking to pull back? Because I certainly don't agree with that. I don't think Members on the other side would agree that we should be clawing that back.

It's publicly funded in this province, Mr. Speaker, which is what we've committed to. The hospitals are publicly run, public facilities in this province, Mr. Speaker. The new Family Care Teams that we're putting throughout the province will be run by public servants. They may be in a private building, they may be in a public building, but they'll be run by public servants. We have committed to the word of the *Canada Health Act* and we've obviously followed it. We've had zero clawed back from us in this province because we are following the rules.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The Member for Mount Pearl - Southlands.

P. LANE: Thank you, Mr. Speaker.

I think I'm pretty much in the same boat as the Minister of Health and Community Services and my colleague from Humber - Bay of Islands, and I suspect the Official Opposition, but I won't put words in their mouth, of course. They can speak for themselves. The leader is more than capable. But I would agree with what's said.

I understand, I really do understand what the Leader of the Third Party is trying to get at with this motion and I'm sure all people in this House of Assembly would agree with the spirit of this resolution. But the way it's worded and the ambiguity around some of what's here and the potential implications make it difficult, really impossible to support the motion, especially when we talk about rollback of current privatization.

So what does that mean? Well, first of all, we have to define what is privatization? Because as my colleague from Humber - Bay of Islands talked about, he gave the example of cataracts. No surprise that he would give that example because he's been talking about cataracts in this House of Assembly, my God, now for the last couple of years or more, about the seniors, in particular, on the West Coast. I'm sure they're very thankful to him because there's no doubt in my mind that it was his tenacity and not letting this issue go and bringing it up over and over again that actually achieved that for those seniors. Anyone I talk to out on the West Coast all certainly say you can thank Eddie Joyce for that one.

Anyway, with that said, cataract surgery is one. It's being offered in a private venue. Now, it's being paid for publicly, as the Minister has said. There are a lot of other services that would be: dentists for children, publicly funded for children; home care.

How about home care? That's part of our health care system. They're all private home care agencies. They're not public servants that are offering home care but it is part of our health care system, so do we shut down all the home care agencies tomorrow?

I'm not saying that's what the Member intended, but when it talks about rollback current privatization, that blanket statement, rollback current privatization, one could argue that that would mean, okay, well, we're going to have to shut down all the home care agencies. Does it mean we're going to have to shut down the personal care, like Hillcrest Estates in Mount Pearl or Ruby Manor in my district and all these places that are offering these services for seniors? It's still part of our system. Great services and it's part of our system and care. So do we shut that down?

What about things that aren't publicly funded? What about things that aren't publicly funded but are still in (inaudible), like physiotherapy? Somebody gets in a car accident or whatever, they have to go for physiotherapy or they get hurt at work, workers' comp or whatever, they have to go for physiotherapy. They're all private. Are we going to shut down physiotherapy clinics?

How about counselling? EAP, pretty much every workplace out there has EAP. You're talking to counsellors. I would argue that EAP and counselling is a service that would fall under health, certainly mental health.

Optometrists, you need to go get your glasses. You have to go to Vogue Optical or wherever and then they send you over to get your eyes tested and so on.

I also look at things, for example, like another one from, I guess, my working days with A. Harvey & Company where I worked for the last number of years before becoming MHA. We had a lot of dealings with Atlantic Offshore Medical Services. For anyone who has had to go work out on the

rigs or within the offshore and so on, or have drug testing done on a lot of the sites and so on, they all had to go and get their drug test done at Atlantic Offshore Medical Services or get a physical done at Atlantic Offshore Medical Services.

The City of St. John's, where I worked for a period of time, their employees would go to Atlantic Offshore Medical Services for physicals and so on. So it's private and it's health care.

Now, are we suggesting that they would have to shut down and now put all that on the public system and let the taxpayer pay for it as opposed to private companies paying for their own employees? I'm not suggesting that's what the intent here is, but that is the ambiguity around the language in the bill and that's the concern I have.

Blood collection is another one. You could argue on this one that could be public and you can get it done publicly, but I have to be honest with you, there are places that offer a service that if I had to get my blood work done, and I am a busy person or whatever and I don't want to go trying to find somewhere to park down at St. Clare's Hospital and go and wait in that waiting room and whatever. Someone can come and I can pay \$30 or \$40 or whatever it is and a nurse can come in to my workplace, walk into my office, while I'm on the telephone talking to someone I can stick my arm out and they can take my blood work and go on like I never even knew they were there. Take it and bring it down to get it tested and so on and then that's the end of that.

It's a great convenience and, personally, that's something that has been going on for a long time; I personally don't have a problem with that. I don't have a problem with that. I have no desire, personally, to be going down to St. Clare's Hospital, waiting in a waiting room, stand up, going through all the process, trying to get somewhere to park for that, when someone could come in

and boom, stick it in your arm, they're there, they're gone, pay the \$20 or \$30 and we're done. So that's happening now, I wouldn't want personally see that stopped.

Of course then we're into the whole idea of the P3s that my colleague talked about. If a P3 is the way to go to get infrastructure that is required for our health care system, as long as all the activity that is taking place inside that facility is being done through the public system, then I don't think it really matters who built it. Whether it was financed through a P3 or whether we just own it as an asset, whatever is the cheapest, I would say.

Now, there is an argument to be made that maybe P3s are not the cheapest. I can remember at the time when this government came forward with the idea of the P3s. That was under Dwight Ball at the time and they were talking about the fact that we would look at the traditional way and we'd look at the P3s and we would do all the due diligence. We would let the public know which one was the cheapest, which was the best value for our money. It was going to be made public. Of course, we know it never gets made public so I suppose we'll never know if it's the best option or not. But at the end of the day, regardless of how it gets built, as long as the people working there are all public employees in our health care system then I don't think it matters, personally.

So those are a number of the issues I have or concerns or points I'd like to make. I do agree with the motion in the sense that I don't want to get into a system whereby if I need to get a surgery done, if I need access to surgery or diagnostics, that I'm going to skip the queue and go and pay for it over here and poach doctors from the public system to go to the private one. I don't want to see that happen. I would say it's really not happening to any extent here now. It is protected, as the minister said, under the *Canada Health Act* in terms of what's allowed and what's not allowed. So we have

those national standards in place to protect against that which is somewhat reassuring, I guess.

Again, I get where the motion is heading. I agree with the spirit of it, but based on the way it's written and the concerns I've raised, which I think are similar to what the minister has raised, my colleague from Humber - Bay of Islands has raised, I can't support the motion.

But I do not want it to be twisted. I want to say for the public record, I do not want it to be twisted that somehow, because I can't support this motion because of the wording, that that means I'm all for privatizing health care because I'm certainly not.

Thank you.

SPEAKER: Order, please!

I'll remind the hon. Member that his speaking time is expired.

I'm recognizing the Minister of Immigration, Population Growth and Skills.

G. BYRNE: Thank you very much, Mr. Speaker.

This is a fascinating debate where we're getting perspectives about what is a historic issue, which is about socialized medicine, a publicly funded health care in Canada. Canada, of course, is known internationally as a world leader in universally available, publicly funded, publicly available, easily accessible health care. Those debates, of course, go back for generations, back to the dawn of universal medicare and our current medical care system, which is enshrined within the *Canada Health Act*.

I speak as the MHA for Corner Brook today, which I believe is the epicentre for innovation in health care. Not only is my district the home of the largest single investment in public health care, the construction of a multi-, multi-, multi-million

dollar hospital located in the centre of my district, a replacement for the Western Memorial Regional Hospital. But it's also a place where great innovation is occurring.

Imagine a time and imagine an era when surgeries would be occurring in a private facility, publicly funded surgeries, but in a health care facility which is owned by investors and doctors, and the case study has been that it's done in a cheaper, more efficient method. That's really trailblazing.

But, you know, that is not the beginning of innovation in health care. What we all have to recognize as speakers have gotten up here already and recognized is that just about every time you or I, or any one of our constituents, not just in Newfoundland and Labrador, but anywhere in Canada, receive the services of a general practitioner, a family physician, we don't go to a hospital in most cases; we go to a private office where the GP, the general practitioner, is actually a small business person. They operate a business where they provide services. They provide the overheads. They provide all the staffing. Whether it be the receptionist or anybody else who may be in that clinic is an employee of the doctor. Not of the public health care system, but of the doctor.

So when we go to a GP, when we receive those services, we go to a small business. It has the total feel and comfort of a publicly funded health care system because, as we know, it is all publicly funded. You can get ancillary services. You can get additional services whether you want Botox treatments or any other range of other kind of services that might be offered at a medical clinic. But for the insured health care services, that is all publicly funded.

Mr. Speaker, that is not new. That is basically the foundation of our health care system, the footprint of our health care system, right across this entire country. Totally consistent with the *Canada Health Act*. So the provision of cataract surgeries is totally consistent with that principle as well.

It's a private investor who has association, is one of the physicians themselves providing the surgeries, who offers a facility, pays for the overheads, and is paid on a fee-for-service basis, based on the delivery of that service.

Interestingly enough, Mr. Speaker, in that same building where that service is provided, the public hospital also rents space for where they provide all eye care services as well. So on the top floor, you have a private surgical clinic, surgical ward, where that service is provided and then on the floor right down below it, the public health care system rents out space where they provide the public service. But always paid for by your MCP card.

Now, of course, with cataract surgeries, you can do upgrades. You can pay out of pocket if you so chose upgrades. That's part of the business case or business model that was offered. I don't think anyone has seen that as a problem. Because I want to reference that quickly, Mr. Speaker. Has anyone seen that as a problem? Has this been an intrusion? Has there been an opportunity to speak up against this if people feel as though this is an intrusion or an affront to public health care?

Well, we have heard repeatedly on the floor of this House a debate about this issue, contributions towards this issue. There has never been any negativity expressed in my local community. Never been any negative expressed in my local community from union members, from health care practitioners, from the community at large, from community leaders. Nobody has ever spoken negatively about that – nobody, including Members of this House. If there is an affront to any kind of publicly delivered health care system, there has been ample opportunity to voice it and it has never been voiced.

When it comes to innovation in health care, we believe very strongly the *Canada Health Act* must be adhered to. Services that are

offered to the public that are publicly insured must be paid for by the public purse. That is what the function of our MCP card is, and that will be maintained. The fact is the Minister of Health and Community Services just reported a few minutes ago that we have been never in violation of the *Canada Health Act*, or in any recent terms – I can't speak for decades ago or any period of time, but we are not in violation of the *Canada Health Act*. We maintain those principles.

One of the things also that the Minister of Health and Community Services said here today on the floor of the House of Assembly is that even examination of other times when privatization or private sector involvement may be involved, whether it be in laundry services, what we do know is that the entire Cabinet took a decision in 2016 and 2017 that the footprint, the foundation of the new hospital will be exclusively for medical services – exclusively – with the exception of cafeteria and kitchen services, which I think we can all appreciate are good things to have in a hospital. But the footprint itself will be for radiation therapy, for surgery, for medical diagnostic imaging. It would not be for human resources or administration, or finance or for laundry. Because if you're building at a cost of \$1,000 a square foot maintaining the structure for medical services.

Now, to allay any fears or any doubt, the Minister of Health and Community Services today referred very specifically to the fact that laundry services will remain in the public sphere. But at the same time what we always recognize is that advocates have always said that certain elements of some private delivery, as long as it is publicly funded, is still good.

So that is one of the things I think, Mr. Speaker, that we all have to get our heads wrapped around. Not to pay attention to the fact that we need to pretend that which has occurred for decades is somehow failing us. The provision of GP services from a private

office and a private clinic as long as it is paid for by the public purse, to suggest that is a bad thing, I don't think is responsible. But I also think that not to say that if we cannot expand or we cannot imagine, we cannot innovate, to say that is not acceptable, that's not a good thing either. Because when we look at the provision of cataract surgeries from a private facility, paid for by the public purse at what has been argued and been proven to be a lower cost, how, Mr. Speaker, is that a bad thing?

Corner Brook, I believe, is the epicentre for innovation and health care. We can lead, not only ourselves as a province, but we can lead the entire country with the way we financed and built our brand new hospital, which was decades in the making. We, on this side, made that happen. Our innovations in health care, we on this side made this happen, and will continue to do that because, at the end of the day, we cannot be ideologues. What we need to do is be clearly focused on people who need the best, most efficient health care available. We believe that the public system provides that but innovation within the public system is where we need to go as well.

SPEAKER: Thank you.

The hon. the Leader of the Official Opposition.

D. BRAZIL: Thank you, Mr. Speaker.

It is indeed an honour to speak in this House at any given time, particularly when we're debating a PMR from a respected party in the House of Assembly, but particularly when we're talking about health care in Newfoundland and Labrador because it has been the key component about what we have debated, I suspect, for the last couple of years in this House of Assembly. Even as we debate a nearly \$10-billion budget, a lot of the focus is on health care and the impact it is having.

I know our Official Opposition here, my caucus colleagues here, would support anything that we feel enhances access to health care or enhances the ability for people and professional health care providers to be able to do a job in a more equitable and beneficial way. Unfortunately as I look at this, I'm not seeing that, so I'll start by saying that there is no way that we can support this. While the intent, I get, from an idealistic point of view, is probably well intended. No doubt, how can you dismiss the value of trying to look at it idealistically, a health care system that works.

I acknowledge the NDP and their forefathers when it came to Tommy Douglas, who initially was one of the key architects of the health care system, particularly the public health care system and full access to people. We acknowledge that and I know at the time, it took a political will of Prime Minister Diefenbaker and Lester Pearson and the Liberal Party here to make this work and collectively it was made to work.

But I would agree with most of my colleagues here at the end of the day. We already have a system that provides health care. We may have a challenge here. Not we may, we have a challenge that is into a crisis that we don't have enough people being able to provide it. We don't have enough of those skilled individuals who are right now motivated because their work environment is in a positive manner, the equipment that they have is beneficial or the remuneration they have is in line with other jurisdictions as part of that problem.

But I do have to agree, I mean, we have a hybrid that works. When people talk privatization – and maybe this was where the NDP were going with it, maybe their fear is we're going down the road of the American privatization concept, which is about if you go into a facility, particularly a hospital or a tertiary care facility or primary care facility, you must have a credit card to put down. That's not where our health care

system is in Newfoundland and Labrador, particularly with the hybrid partnerships and the collaborative approach we have with the private delivery and the public delivery. Keep in mind, the private and the public delivery of health care in Newfoundland and Labrador is hand in hand. There's a direct connection here. The interfaces that a physician, a doctor, a pharmacist, an optometrist, a dentist have are equal to the access that a family doctor would have in a fully publicly funded facility in Newfoundland and Labrador.

So I have some challenges right away. We just talk about where we are when we talk about private delivery. Private delivery here is not about costing to people or the segregation that only certain people with a certain income can get access to health care in this province. That's different. That may be our understanding which may not be totally accurate of the American system.

But what we have here are health care professionals who, for the last 70 years, have been providing health care in a mechanized process and an accessible process that has been beneficial. My colleagues have mentioned a number of different processes that are used or interventions in the health care system here. We're talking pharmacists, physiotherapists, occupational therapists, nurse practitioners, chiropractors, dieticians, dermatologists, plastic surgeons, cataracts surgeons, testing labs, psychologists, counsellors and other mental health care providers, home care, personal care, long-term care. These are all a delivery system that some might label as private, but it's a developed private-public partnership, because it's publicly funded based on a negotiated level of support that is equal across the board when it comes to those who would have access.

I've heard my colleague from the Bay of Islands talk about cataract surgery on the West Coast and the access there. I've had the privilege of having a tour of the APEX centre out there. I had the privilege of

talking to the physicians out there and looking at the contracts that they have in play and what they offered. What they offered was a state-of-the-art facility, paid for by private money to provide health care in the most efficient, timely manner to the same clients that would get it in a hospital system but who can't get it in a hospital system because the issue here becomes access to a ER or clinical surgery room and the supports that go with that, so an efficient way of doing it.

But the issue here is they are asking that they would still only want to be reimbursed the same amount of monies from the public purse that they are now getting when they go to a hospital to do it. The change here is about efficiency. It's about the quality of interaction. It's about the quality of the equipment being used, modernization of that, and it's about a fluent, full process. I know in the APEX centre they even have their own emergency, after-hours room. So now somebody doesn't have to go into an emergency room in the tertiary care facility out there and wait hours for something that's relevant to the surgery that they had particularly around cataract surgeries, as part of that. So it's an efficient way of doing it. It doesn't cost the taxpayers any money.

More importantly, I read the financial process here and the business plan put forward, it actually saves money in three different dimensions for the taxpayers. One, the emergency room, after-hours process here doesn't get overburdened with additional people going in, particularly around that ailment that they had. Second of all, the intervention for, in particular, after-hours emergency room would be specific to that intervention. An optometrist is a specialized field, so as part of that process, or as a cataract surgeon, a speciality field, who would directly be able to look at the issue and the ailment and come up with an assessed plan of interaction. The third is private money is being invested in state-of-the-art equipment.

The two things we know, we all know and it's a general concept, in the business sector if it's a private person purchasing something, it's one set of costing. If it's a municipality, it's another higher cost. If it's the provincial government, it's another higher cost and if it's the federal government, it's even a higher cost. So economy of scale, it's a great way of monies being spent in the right direction to get better outcomes.

How do we not do something like that? How do we not foster moving that in the right direction? Now, if I thought in any way, shape or form this was going to be about you only get access to certain care because you have a credit card or a line of credit or you can bring in cash that gets you to jump the line over other people. What's been proposed in the past and what we're seeing here, particularly in some of the new interventions here is about using the public funds to already partner with the private sector health professionals that are providing services to the same clientele, the same people who go in for cataract surgery next week may have to go for lab work for something else or may have to go in to get their appendix out for another issue at a tertiary care facility.

It's all the same patient process. The difference is with technology we have an interface. All these doctors and all these health professionals, if it's nurse practitioners, if it's pharmacists, if it's psychologists, have access to knowing exactly what the ailments and the situation from a health perspective is with that particular resident.

It's a continuum. It works in a positive manner. I see that value as part of that process. What I see as one of the issues in our publicly funded process here is that the federal government has not stepped up to fund it in a manner that's necessary with the changing needs from chronic diseases to the aging population to some of the

interventions that are needed here. There's one of the challenges that we have.

Retention and attraction is the biggest issue we have here. While we're still struggling with that issue, and I know everybody talks about it. We debate what's the best plan of action to be able to do that and address that particular issue? While we're doing that, why would we not engage the private sector who are licensed health professionals from this province, based in this province and licensed under one of the licensing boards? They're all at the qualified level they should be to provide health care to the people, in some cases, that they've already been providing it for the last 35 or 40 years as part of this process.

To be able to support this, I can't. Idealistically, maybe the NDP are thinking they're seeing something that we're not seeing. What I see is we should be developing better partnerships to provide better health care.

The underlining argument in Newfoundland and Labrador is people deserve access to proper health care. They deserve immediate access to public and private health care and they deserve to get it at no cost to them. That's what we need to do.

I will give a compliment to the administration on that side and to the minister that the agreements done in the last two days have done more for health care than that administration has done in the last eight years by partnering with nurses and changing the scope of work and by doing the same with the pharmacists. We've been saying that in our Blue Book for the last eight years. Scope of work for health professionals is what would benefit the people in this province and give more access and more accessibility to the people of the province.

Thank you, Mr. Speaker.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Seeing no further speakers, I'm calling on the Member for St. John's Centre and the Leader of the Third Party to close the debate.

The hon. the Leader of the Third Party.

J. DINN: I'll start with the fact that Noam Chomsky – you've heard me use this one before – the standard technique of privatization is defund – we've seen that – make sure things don't work, people get angry and you hand it over to private capital. Now, I'll try to address some of the points here.

Make no mistake; we do support family doctors – the Athena Clinic universal dental care. It's interesting that today almost \$100 million has gone to nursing agencies outside of the province to recruit local nurses from the public health care system to work for them than to work in the public health care system. That's what we're talking about. That's the insidious creep of privatization, \$100 million almost. How much of that is going towards actual nurses and into the pockets of the owners of these companies? That's what we're talking about. How much could that \$100 million have been used at least to address the issues within the public health care system?

Now, I understand that a market economy basically looks at things you can buy, their goods, and it's going to come down to your preference and ability to pay. The Minister of Health and the Minister of Education would both say that we're operating within the rules of the Health Act, but we already have a lot of money going to private operators and profit recruitment companies. The fact is these travel health care professionals are cannibalizing our health care system. The fact is unions, their members, have all expressed a deep concern about what this is doing to the health care system. It's as simple as that. They have spoken to you. They have spoken to us here on numerous occasions.

Fonemed, Medicuro, Maple Health, all private companies seeking to basically capitalize on the gaps or the failure to fund our public health care system.

Here is an email from Medicuro to a patient: Please be advised that we are currently experiencing an unusually high number of requests for appointments. Unfortunately, we are unable to respond to your request at this time and we encourage you to rebook for a later date when we may be in a better position to confirm appointments. We understand accessing health care right now is a challenge and we are doing what we can to accommodate as many requests as possible. We thank you for your understanding.

That is from the company, I guess, contracted to deal with this. No doubt what they're looking for now is for government to raise the cap on the number of patients they can deal with in the run of a day. So is this the solution we're talking about? Because what that is doing is it is siphoning money away from the public health care system. Just as the \$100 million that is going to nursing staffing services, Northern Medical, based in Halifax, Ottawa and Toronto is going to try to fix the nursing shortage in our system. This is a partnership made in heaven, no doubt. This is actually helping out health care system, yet union after union who works in the health care, workers there are actually saying no, it is actually making matters worse. We are going to crush our own public health care system, simple as that.

Now, in many ways, what's the harm in jumping the queue? I understand; trust me, that if I needed some surgery that I am going to find whatever way looks after myself. I understand that. I am going to do what I need to do in the interest of my family and myself, for that matter. But what is good for the individual is also poison for the system; it is as simple as that, the public good. OR time wait-lists, equipment that is out of date, what's the solution? Do we

allow a private clinic to set it up to take care of it, or do we actually start investing in the services that are required in the public system to make it work for everyone?

If it's about billing MCP, such as my family doctor did, when I had a family doctor, that's one thing. But I walk in, here are the services and I walk out. But there's clear evidence right across the country that when it comes to the extra billing and the upselling, a person walks in that you've got where companies will find a way to get around this, an extra bill, in violation of the *Canada Health Act*, or they'll find a way to pay for extras. You've got here one story of a lady who paid \$8,000 more than what she needed for her eye surgery.

A pair of glasses here, probably the most expensive piece of these glasses are the frames. They do nothing to help my eyesight. I don't know if they make me look good or not, but nevertheless the fact is they are the most expensive part. My mother would say it doesn't matter what I'm wearing; I'm going to look good all the time.

AN HON. MEMBER: You're the most handsome son.

J. DINN: I'm the most handsome son.

But the fact is you walk in there and we've all see this in any for profit, well, here's what we can do and here's what you can have. Do you want the basic dental amalgam or do you want the ceramic? Do you want the basic pair of frames or do you want this? It's upselling.

Now that's one thing with a pair of glasses, as long as I can see through them, but it's quite another matter when it comes down to whether I can access medical care.

Who does it help if I jump the queue? Some people say well, actually it frees up the waiting list. I don't think so, because if you are paying to have your blood collected – and I understand the convenience of that –

but what we're paying is for that convenience. What difference does it matter to me then in the long run if I don't have to go to this place to get my blood collected, why should I be too worried about it? I can afford to pay for it myself.

Dental care is the same thing. I take it for granted I have a dental program with teaching. Do you know what? I'd never think twice about dental. That's what it should be for everyone, yet we know in that system of a private system that we have many people in this province who are without dental care. Thank goodness for the federal NDP to push the Liberals into providing dental care for everyone.

So when I look at it, it comes down to where we put our money. P3s, great, if a company builds it, manages it, leases it to government and then in 30 years government will buy it back. I can tell you every time it costs the government more. You've just got to look at the Cobequid highway in Nova Scotia.

In Nova Scotia, the president of the teachers' association there at that time, there was a P3 for a school. They were leasing it to the government and here's what it came down to: we want a higher lease rate, we're going to charge more to renew the lease or, no problem, we'll just turn it into a hospital or something else. So, basically, it holds government hostage.

In the end, what we're saying here is – what we're calling on and what we really want in this is an intent that we are going to vote for an investment in our public health care system to make sure that is as robust as possible for all people regardless of their ability to pay.

Thank you, Speaker.

SPEAKER (Bennett): Thank you, Sir.

Order, please!

Is the House ready for the question?

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

SPEAKER: All those against the motion?

SOME HON. MEMBERS: Nay.

SPEAKER: The motion is defeated.

The hon. the Government House Leader.

J. HOGAN: Thank you, Speaker.

In accordance with Standing Order 24(3), I call from the Order Paper, Motion 1.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Do we have any speakers to the motion?

The hon. the Member for Topsail - Paradise.

P. DINN: Thank you, Speaker.

It's great to stand up here today and speak to the amendment on the budget.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order!

The hon. the Member for Topsail - Paradise.

P. DINN: Thank you, Speaker.

We'll continue on with the debate on the bill. It's interesting, we heard earlier today the Member for Conception Bay South talked about the Code of Conduct, talked about why we're here in the House, talked about our commitment to the residents and those people that have elected us. That code spoke to us being responsible to the people

of Newfoundland and Labrador. If you read further down in that document that we all signed, that we all committed to when we came into this hon. House, one of those lines says, "It is a fundamental objective of their holding public office that Members serve their fellow citizens with integrity in order to improve the economic and social conditions of the people of the province." So that is why we're here. That's why we're here and I take that seriously. I take it as: I want to do the best for the people of Topsail - Paradise and the province as a whole.

So when the Minister of Finance speaks, who is a good friend, and I know this is the House of Assembly so we have to talk to the issues raised in this House. When she talks about voting no to this budget being a non-confidence vote, I'll say that's disingenuous. I will say that is disingenuous.

When you define a non-confidence vote – and I'll quote – it is a vote showing that a majority does not support the policy of a leader or a governing body. Now, this is a majority government and we do not want an election. We do not want an election; I'll be clear on that. But in order for this to be driven to an election, at least three Members on the other side of the House have to vote against this budget. So I would focus my efforts on those Members over there who are voting down the budget.

SOME HON. MEMBERS: Oh, oh!

P. DINN: Oh, the Minister of Environment and Climate Change has just said nobody over there is voting on the budget so where is the non-confidence vote that is driving us into an election? Where? Where is it? It cannot happen.

So it's great to play – I think as the Premier said here – the political theatrics of it, but as I said, we're here to look after the people of this province. There are pieces of this budget that I did applaud and I have absolutely no problem applauding them, no problem.

For four years, I advocated for continuous glucose monitoring devices – four years. Now it's in the budget. I was one of the first to applaud that. I have no problem with that. Poor management of diabetes results in 30 per cent of strokes, 40 per cent of heart attacks, 50 per cent of those with kidney failure needing dialysis, 70 per cent of non-traumatic amputations. It's the leading cause of blindness.

The Canadian Diabetes Association will tell you that it could save our province upwards to \$80 million a year.

SOME HON. MEMBERS: Oh, oh!

SPEAKER: Order, please!

I'll ask all Members to show respect across the floor.

The hon. the Member for Topsail - Paradise.

P. DINN: Thank you, Speaker.

So it will save millions of dollars to this province. It's in the budget, that's a good thing. I don't have an issue with that. I'll applaud that.

I understand \$800,000 to a million dollars will go towards that pilot. I learned that in Estimates last night. That's a small portion of the \$12-million revenue you're going to get from the sugar tax, of which we were told would be put towards that. But I'll take it as a small victory.

Increasing the nurse practitioner seats from 20 to 40, again, another issue I brought forward. I was the conduit. I brought it forward on the nurse practitioners. They were happy to see that increase and I was, too. It doesn't go far enough and I'll be talking to the nurse practitioners next week on this. So I applauded that.

There were a couple of other items I applauded because they were a lot of hard work and lobbying on our part over here and

saw some results. But there's a lot that's missing in this budget. We know we're not going to an election. Unless there are people across that are voting it down. So it has nothing to do with that. Let's talk about what we're really doing. We're looking for the best possible budget for the people of this province.

I raised it in Estimates last night and I had a response today on it. When it comes to long-term continuity of care, when it comes to mental illness, we were told there is \$5 million gone towards that to wraparound resources. I did ask the question last night, I said: What are we mean by wraparound resources? The minister told me it was for the Waterford Hospital, it's going towards that and the new beds that were going to be there, and have some resources there for people that are in the building – wonderful.

But today, I hear it's something more. It's dealing with long term, but it's not. This budget does not substantially address the needs of those suffering from mental illness, who require long-term continuity of care, who require psychologists, psychiatrists. I can't vote for a budget if over 100,000 – and that's the low end – of our population are dealing with mental illness and we don't see anything there on long-term continuity of care.

Now, you talk to the different programs and you go in and see someone, but I've heard from many. They go in, they see someone and they're set free. Some, waiting over a year to see a psychiatrist. As I said today – I was a quote from an individual in a document by the Canadian Mental Health Association Newfoundland and Labrador – those with mental illness and addictions do not do well on wait lists.

This is what –

AN HON. MEMBER: Is that a Chinese proverb?

P. DINN: Is that a Chinese proverb? I can give you my own proverb. My own proverb is: Don't create a proverb that doesn't exist. That's from me. You can quote me on that: Don't create proverbs that do not exist. Paul didn't say.

But to get back to the seriousness of this, we have a job over here to do. To get up and say by voting down the budget, we're voting down this, we're voting down this, we're voting down this – I guess technically you can say we are but, in truth, we're not. In truth, we're voting for what's not in the budget that we think is important. Cost of living – and we talked about cost of living and I hear it every day. I'm in a pretty decent district that has working families, but I hear it.

Seniors – I have three seniors' complexes in my district. We talk about the \$72 a year they're going to get in addition now – seniors, \$6 a month. We haven't done enough. There has not been enough done here.

Simple things, like we talk about the safety issue around school buses and the 1.6-kilometre issue. Some of these solutions may not even cost any money. I hear from people of school buses half empty driving past them on the street. I've had stories of people who live up on one end of the cul-de-sac and people on the lower end getting picked up and the others not. Every district and every school zone is not created equal. To say it's uniformly and fairly distributed, therein lies the issue. This umbrella policy does not address the real safety concerns of children throughout our province. It really doesn't. God help us if some child should get struck or hit trying to get to school or back because you're living less than a soccer field's length from the 1.6 zone. Think about it – think about it, really.

I don't disagree that yes, there are some good things in this budget but we think it should have gone further. We think there are issues that have to be looked after. I

listen to some of the money that's allotted to community care homes and the like, and I heard last night in the Estimates that some this is to increase the wage where the minimum wage is gone up and to give some people an extra dollar an hour.

That's, I guess, recognizing the issue but not addressing it to the extent it should be. Because some of these community care homes, what they expect staff to do, for the amount they want to pay, are miles apart. We have a community where we have so many vulnerable people, where we have a much more increasing demographic in terms of the elderly. We need to start – well, we should have been addressing that long ago. We're seeing the baby boom wave crest now and we're not prepared. The government is not prepared for this and they did have eight years to prepare for this.

Talking about seniors, we talk about the cost of living and we talk about making decisions between food, between heat, between medications. There's also a big concern, especially for those in the rural communities, when it comes to transportation. The Member for CBS talks about his district. His district, I guess, is in a zone where, are you rural or are you urban? But I think they're missing some of the amenities they should have: public transportation, health care.

Public transportation – now, I own a piece of CBS and I get calls from that section, which is closer to town, of seniors calling me and if they get health care and they get an appointment, they can't get to it. They can't get to it because they don't have the transportation. Metrobus only goes so far; the GoBus only goes so far. So how do they get to and from their appointments? They're stranded. Not only do they depend on when will I get that appointment, but how do I get there. They have made calls to get transportation, only to find out the day or two before, oh, sorry, we don't have a driver, sorry, we can't get to you. There's

another much needed medical appointment or treatment gone and waiting again.

When I look at the budget I say, okay, where is that? Where's that in the budget? Where are we looking at ways to ensure our seniors are able to get the transportation needed? It's not there.

As much as you can get up in the House and talk to what we're voting down; we're not voting down, we're voting for. We're voting for more benefits and more in the budget. That's what we're voting for. We're voting that this is not doing enough.

We went back and forth today on poverty and whether it was noted in the budget. Yes, you can look at the social determinants of health and define that and say, yeah, somewhere in there, poverty's in there somewhere. But I guess from our point of view, it's such an important issue.

We're coming off a previous administration, and I don't care if it's PC, Liberal or NDP, there was a poverty reduction strategy in this province that was applauded across the country and internationally. The poverty levels in this province dropped to low levels and it was a system that was working and could be improved upon. But what happened? What happened? We had a change of government and well, we have to put our own stamp on that. If it's working why are we changing it? Why are we changing it? I know we are all focused on what we feel is the best for the people of the province. I think we have to get a little bit more collaborative, even though we toss that word around here, and really have to start listening to those with lived experiences.

I try to live by a saying: integrity is doing the right thing when nobody is watching. I try my best to live by that. But when you look at this budget – and the Member for CBS earlier today talked about standing up, I'll just finish with this very brief quote: "If you don't stand up for something, you'll fall for

anything." We are going to stand up for the people of this province.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: The hon. the Government House Leader.

J. HOGAN: Speaker, I move, seconded by the Minister of Education, that this House do now adjourn.

SPEAKER: Before I call for the vote for adjournment, just a couple items.

First of all, I'd like to acknowledge Minister Haggie's birthday today.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: I hear he's 39 again with several years of experience.

Also, our Minister for Municipal and Provincial Affairs just celebrated her birthday yesterday. So happy birthday.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: I mentioned earlier that Tanisha and Gala were going to be finishing after today. I'm glad both of them are back, neither of them were here earlier.

Thank you on behalf of all Members of the House of Assembly.

SOME HON. MEMBERS: Hear, hear!

SPEAKER: Just a reminder that the Social Services Committee will be meeting at 5:30 p.m. this evening to discuss the Estimates for the Department of Children, Seniors and Social Development.

Also, I would like to thank all Members for showing their support today for the Moose Hide Campaign. It is something we have to do every day.

After we adjourn, I ask Members to stay around for a few minutes, if they wouldn't mind, we're going to ask representatives from the campaign to come on the floor after we adjourn to have a few closing words.

If it is in order, I ask are all in favour for adjournment.

All those in favour, 'aye.'

SOME HON. MEMBERS: Aye.

SPEAKER: All those against, 'nay.'

Motion carried.

This House do stand adjourned until tomorrow, Tuesday, April 25, at 1:30 p.m.

On motion, the House at its rising adjourned until tomorrow, Tuesday, April 25, at 1:30 p.m.