

Legislative Assembly of New Brunswick

Oral Questions



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LEGISLATION

Mr. Melanson (Dieppe, Interim Opposition Leader, L): Mr. Speaker, yesterday was a very important day in the history of this Legislative Assembly and, certainly, the province. This official opposition tabled a bill called *Avery's Law*, a bill that would, if adopted with government support, actually save lives. We have over 140 people on the waiting list for organ donation in the province.

We heard yesterday from a few members of the government, including the Minister of Health, on this issue. They have made a decision to push this bill further away and, to be quite frank, possibly to not even see this bill adopted in this Legislature. We did not hear from the Premier of this province on this issue. Could the Premier give us his position on this issue and this bill here this morning?

Hon. Mrs. Shephard (Saint John Lancaster, Minister of Health, PC): Mr. Speaker, I am happy to rise this morning to address the bill that the Leader of the Opposition is referencing. I listened to the member's statement this morning, and I agree that there are many organizations that want to see this and many people in the public who want to see this. But I am quite sure that people in the public do not want us passing a bill that is not ready. It would be irresponsible for me or any of my colleagues to pass a bill that, quite frankly, they know is not ready.

The members opposite said several times yesterday that the bill was mirrored after Nova Scotia's. Well, I am sorry, Mr. Speaker. We informed them—my colleague from Fundy-The Isles-Saint John West even showed them and talked to them about the fact—that it was not. Thank you, Mr. Speaker.

Mr. Melanson (Dieppe, Interim Opposition Leader, L): Through you, Mr. Speaker, we know the minister's position. She said it yesterday, and she said it again here this morning. What we do not know is the Premier's position on this issue.

This bill mirrors the Nova Scotia bill, which was implemented and actually well received in Nova Scotia. I would add that you would think—and I do know—that the bill in Nova Scotia is saving lives.

Now, if there are problems with the bill, there is always a process for amendments in the normal procedures of the House, from second reading to third reading.

(Interjections.)

Mr. Speaker (Hon. Mr. Oliver): Order.

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Mr. Melanson (Dieppe, Interim Opposition Leader, L): Put the process aside for a second. I want to hear from the Premier. What is your position on this issue? It really matters if a bill such as this will be adopted.

Hon. Mr. Higgs (Quispamsis, Premier, Minister responsible for Intergovernmental Affairs, PC): Thank you for the question, Mr. Speaker. My position is very clear. I want to get it right. I fully support my minister in looking at the details of the bill. When something is brought forward and, 36 hours later, it is brought forward to vote on... I know that the Liberal philosophy is all about the headline, but our philosophy is about the substance. What we are doing is the democratic thing to do: refer it to the Standing Committee on Law Amendments, understand the nuances between this and Nova Scotia, and understand what the people think about this. Then, when we bring it forward, it will be right and we will all feel good about it. Thank you.

[*Translation*]

Mr. Melanson (Dieppe, Interim Opposition Leader, L): The question is clear: Is the Premier for or against the organ donation bill, also referred to as *Avery's Law*?

[*Original*]

Hon. Mrs. Shephard (Saint John Lancaster, Minister of Health, PC): As always, Mr. Speaker, I sometimes feel the opposition is a little shortsighted. We made it very clear that we want to work with the opposition members to make this bill happen. We made it very clear.

In fact, I had met the day before with the member who tabled the bill to ask him whether we could work together over a bit of time to get this right, and I said that we would do everything possible. We would make the changes, and we would even give the opposition members the credit for it. They decided to go forward. Thirty-six hours after they tabled the bill, they wanted to debate it and have it voted on, Mr. Speaker, and it was not ready. They did not do the work that they thought they should do. That is always the “leap before you look” politics of the Liberal Party.

I am sorry that the opposition took a political route here because this is important for many families in this province. We will do it right.

Mr. Speaker (Hon. Mr. Oliver): Order. Order.

Mr. Melanson (Dieppe, Interim Opposition Leader, L): Mr. Premier, through you, Mr. Speaker, are you for or against the bill to donate organs in the province of New Brunswick? Are you for or against this—yes, or no?

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Hon. Mrs. Shephard (Saint John Lancaster, Minister of Health, PC): Mr. Speaker, I will not speak for my Premier. However, do you think that I could stand in this Chamber and say what I just said if my Premier did not support me?

Politics, really, at the height... This is a very serious issue, and we offered our hand. We offered to get this done. Now, we will get it done through a proper process that looks at what this bill does, looks at what is happening in Nova Scotia, and looks not only at the consequences of new legislation... It is the very first in North America.

Why would you leap before you look? The responsible thing to do is to send this to the law amendments committee. Let's all talk about it. Let's all have our input. Let's have experts tell us what we need to do to make this happen correctly because, Mr. Speaker, we cannot get it wrong. Thank you.

Mr. Melanson (Dieppe, Interim Opposition Leader, L): The New Brunswick Medical Society, the Heart and Stroke Foundation, the New Brunswick Association of Social Workers, and the Atlantic branch of the Kidney Foundation are all in favour of this. They are experts. They are experts. Premier, will you get up, explain, and give your clear position? Are you for organ donations?

Hon. Mrs. Shephard (Saint John Lancaster, Minister of Health, PC): Not one of those organizations would want us to put legislation that was not proper through this Chamber. Who wants bad legislation? The opposition does, Mr. Speaker, for a headline. What a shame. Mr. Speaker, I have offered my hand to help. This is the route that the opposition took. If we did not want this, we could have just voted it down.

(Interjections.)

Mr. Speaker (Hon. Mr. Oliver): Order.

Hon. Mrs. Shephard (Saint John Lancaster, Minister of Health, PC): We voted to send it to the law amendments committee—a proper procedure. In fact, I remember when I was in opposition myself and sitting beside the Leader of the Green Party. One of his bills was sent to the law amendments committee by the Liberal Party, which obviously thought it was a good route. Mr. Speaker, it is about the intent, and our intent is genuine.

Mr. Melanson (Dieppe, Interim Opposition Leader, L): Mr. Speaker, normally the Minister of Health is always calm when she responds to questions, but this morning she is a bit agitated—a bit agitated, I can see.

(Interjections.)

Mr. Speaker (Hon. Mr. Oliver): Order, please.

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Mr. Melanson (Dieppe, Interim Opposition Leader, L): Mr. Speaker, I would appreciate it if members of this House would respect people speaking in the House. And not laugh about it either.

Mr. Speaker, this is a very important issue. The process that this government has chosen, without any timelines, to go to a subcommittee... We are planning to sit next week in regular business. We are planning to sit for two weeks in June for regular business. There is no schedule to reconvene the House before next fall. If there is a throne speech, then we prorogue. That means that this bill would die. The bill would die. I want to hear today, first, the Premier's position on organ donation. We still do not know it. Second, when would this bill...

Mr. Speaker (Hon. Mr. Oliver): Time, member.

Hon. Mrs. Shephard (Saint John Lancaster, Minister of Health, PC): Mr. Speaker, the member opposite is right. I do not usually raise my voice when I am in here, so I am going to just chill out.

(Interjections.)

Mr. Speaker (Hon. Mr. Oliver): Order, please.

Hon. Mrs. Shephard (Saint John Lancaster, Minister of Health, PC): This situation has been created by an opposition that wanted to rush in poor legislation. I offered my hand to help, and the members opposite turned it down.

(Interjections.)

Mr. Speaker (Hon. Mr. Oliver): Order, please.

Hon. Mrs. Shephard (Saint John Lancaster, Minister of Health, PC): We had an option. We could have voted it down, or we could have put through an irresponsible yes vote for poor legislation. Or we could send it to law amendments, keep it alive, do the work, and get it done, and that is what we chose to do. They will reap the benefits later on when we get it done.

COLLECTIVE BARGAINING

Mr. Melanson (Dieppe, Interim Opposition Leader, L): We will come back to this one, Mr. Speaker.

I want to touch on a different subject, which is a very important matter. In our long-term care facilities, workers are going to work every single day and are working very hard. They want to care for and love their patients.

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But they are also going to work every single day in these establishments as a way of making a living. We know that they have been going through a very difficult time during this pandemic, particularly the LPNs. They have been working hard. They have been doing a lot of hard work. I know that their collective agreement has expired and that they are in negotiations. I want to hear from the Premier on whether he believes that the wages and benefits that they have today are adequate for them to be able to do the work, which I would define as very unique but very demanding. Mr. Premier, can you tell us whether you believe that they have adequate wages and benefits to do their jobs?

Hon. Mr. Higgs (Quispamsis, Premier, Minister responsible for Intergovernmental Affairs, PC): Mr. Speaker, there is certainly no debate about the quality of the people we have looking after people in long-term care, in hospitals, or anywhere. There is no debate on how important they are to the health care of our society and on the importance of the role that they have been playing through the entire pandemic.

Yes, part of the negotiations is looking at the compensation package in its entirety and in relation, certainly, to the other Atlantic Provinces, because it is important and necessary for us to have parity. We need parity not only because it is the right thing to do but also because we want to ensure that people believe that they are valued appropriately in our province.

Along with that, as I have talked about and as I have mentioned regarding the leader of the Nurses' Union, is the recognition that we have to look at more than just salary. We have to be fair and equitable in our salaries, without question. We also have to look at how we can do things differently in order to have our health care system be as good as it can be. I am encouraged by the discussions thus far in that regard.

Mr. Melanson (Dieppe, Interim Opposition Leader, L): Mr. Speaker, I hope that the Premier is aware of this: In New Brunswick, in 2020, LPNs had a wage of \$25 per hour. In Nova Scotia, it was \$30 per hour, or 17% better than New Brunswick. On Prince Edward Island, it was \$29.60, or 15.4% higher than New Brunswick. In Newfoundland, it was \$27.23 per hour, or 8% more. So New Brunswick LPNs are in last place in Atlantic Canada.

Your proposal of a 3% wage increase over four years will leave them still at the bottom of the line in terms of Atlantic Canada, with a 75¢ increase over four years. Will this be part of the negotiations for this group and other groups so that they can have what you call parity and be treated equally and be able to compete and so that we can retain these individuals in the facilities and retain the care and the services that we absolutely need in this province—because their work is unique but also very demanding?

Hon. Mr. Higgs (Quispamsis, Premier, Minister responsible for Intergovernmental Affairs, PC): Yes, I am aware of those numbers, and I am aware of the timing in which Nova Scotia arrived at its position and the process under which it evolved. I do recognize that we have to reflect on that and that we have to work toward that parity.

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I reiterate, though, that we can do that collectively. We can do that by looking at how we do things differently in the province. We have had these discussions about how we provide better access to health care but do things differently by utilizing our workforce in ways that may be different than what we have done for generations, because we must, Mr. Speaker. Meeting the requirements financially is key, and I know that we have to get there. But the idea of meeting a different way of delivering services is also a must because we have to get there and because we are competing like never before with every other province in the country. Our goal here is to be able to have not only the right compensation but also the best service delivery.

Mr. Melanson (Dieppe, Interim Opposition Leader, L): I will also bring to the Premier's attention that our LPN wages are also at the bottom of the pack Canada-wide, in the entire country. In British Columbia, they are paid \$32 per hour; Alberta, \$34.60; Saskatchewan, \$37.20; Manitoba, just about \$33.40; Ontario, where your good friend Ford is, \$30.46; Quebec, also \$30.46; Newfoundland, \$27.23; Nova Scotia, \$30.27; Prince Edward Island, \$29.60; and New Brunswick, \$25.30. Last year alone, P.E.I. increased it by almost 3% in one year and Nova Scotia, by over 3% in one year. Are you going to consider that in these negotiations?

Hon. Mr. Higgs (Quispamsis, Premier, Minister responsible for Intergovernmental Affairs, PC): You know, Mr. Speaker, if you do that comparison across the country, you will see that there is one thing that we very, very much have in common, and that is, every single one of us, regardless of what we pay, need health care workers in great numbers. That tells you, Mr. Speaker, that you have to go more than just look at any one issue. You have to understand the whole spectrum of what we offer here not only for the salary but also in the workplace environment, in the protection of our health care workers, in how they feel about their jobs, and in the control that they have in their jobs so that they do not go to work feeling that they are not respected and not part of a team.

The COVID-19 experience has given us that renewed energy about being part of a greater team, and we need to carry that forward into every hospital in this province. The important part is that people want to be part of a winning team, and right now, New Brunswick is winning. We need health care workers to be part of that. All these factors will play a part in a negotiation that is ultimately successful, Mr. Speaker.

[*Translation*]

PAY EQUITY

Ms. Thériault (Caraquet, L): Thank you, Mr. Speaker. This year, the New Brunswick Coalition for Pay Equity introduced two very important reports that assess the value of jobs in the community care sector. These include services in special care homes, home care services, family support services, and so on. These female-dominated jobs, the majority of which are in the health and social services sector, are undervalued and underpaid, not only

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in the public sector, but also in all private businesses in New Brunswick. The study shows that wages, which right now range from around \$15.30 to \$16.80 an hour, should instead be in the range of \$22 to \$25 an hour. We are therefore talking about a \$7 to \$9 gap, almost \$10. Here is my question for the Minister responsible for Women's Equality: What does she intend to do to address this inequality? Thank you.

[*Original*]

Hon. Ms. Scott-Wallace (Sussex-Fundy-St. Martins, Minister of Tourism, Heritage and Culture, Minister responsible for Women's Equality, PC): Mr. Speaker, thank you so much. I really do appreciate that question. Honestly, I expected it yesterday because the report was released earlier this week. I am going through this report to look at those recommendations.

I do want to say, though, that just last month, workers in that caregiving sector were given wage increases. That is the second time since this government has been in power—since 2018, I guess—that this has happened. You will get absolutely no argument here, Mr. Speaker, that these are valuable workers, and the majority of them are absolutely women. I have had so many conversations with this sector. Earlier in April, I participated in a webinar so that they could talk directly to me. I could hear their experiences. I understand them. These women...

Mr. Speaker (Hon. Mr. Oliver): Time, minister.

[*Translation*]

Ms. Thériault (Caraquet, L): Thank you, Mr. Speaker. I listened to your webinars, Madam Minister. However, here is the question: What do you intend to do? The New Brunswick Coalition for Pay Equity is requesting the implementation of a five-year plan to reach pay equity in the whole community care sector. The coalition is requesting investments in wages until pay equity is achieved, the development of pay scales, the annual indexation of pay scales based on the consumer price index, and continual assessment of jobs.

Obviously, we are very well aware that this will not happen overnight. We cannot do it by snapping our fingers. However, we are asking for a plan. This is what the coalition is asking for: a plan. So, does the government intend to implement a five-year plan?

[*Original*]

Hon. Ms. Scott-Wallace (Sussex-Fundy-St. Martins, Minister of Tourism, Heritage and Culture, Minister responsible for Women's Equality, PC): Thank you very much, Mr. Speaker. I appreciate the question again. I will tell you that we are planning to have many conversations around this issue. We have had more conversations than maybe we have ever had with this group. We have a wonderful working relationship. We truly understand

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that these women are at the forefront of this work. Their work is undervalued. They are underpaid—absolutely, they are. The report, which I have with me, outlines many steps that we can consider, but we do have to have some time to review those. I have to talk to my colleagues about different options.

Again, thank you for raising this today. These women, I value them. As a government, we value them. We have taken these couple of opportunities. Again, in our budget, we gave them more wage increases. Thank you.

CORONAVIRUS

Mr. Coon (Fredericton South, Leader, G): Thank you, Mr. Speaker. Nova Scotia just introduced four paid sick days for Nova Scotians who need to take time off due to COVID-19. This is an absolutely essential measure that New Brunswick should adopt. Yesterday's announcements that there were at least 25 potential public exposures to the virus in Fredericton, two school exposures, and an exposure at the Chalmers hospital are a case in point where perhaps well more than 1 000 people are going to have to self-isolate, get tested, and wait for results, which means that some will be without income, which they can ill afford.

Mr. Speaker, my question is simple: Will the Premier do the right thing and implement a paid sick leave program for, at the very least, the duration of this pandemic?

Hon. Mr. Higgs (Quispamsis, Premier, Minister responsible for Intergovernmental Affairs, PC): Thank you for the question. Mr. Speaker, we have been watching the situation around our province and whether that is a real problem that we need to address. Throughout the whole pandemic, as it was the case with any business, as it was the case with any personal situations, and as it was the case of understanding where people need to isolate and all of that, we worked with individual cases to ensure that they are being treated fairly and that they are being treated properly. This should be no different. But I have yet to find a company that has not been very quick to adopt a vaccination program to say, Look, quickly, if I can get my employees vaccinated... They are pushing to say: Can I get vaccines? Can I get my employees vaccinated?

They do not want these employees to lose either, and they do not want them to be off work. They want them to be safe, and they want them to be able to come to work. So far, rather than to follow what could be a political trend across the province, we will follow a real trend that is needed in this province and work with individuals and businesses if they are not doing the right thing by their employees. Thank you.

Mr. Coon (Fredericton South, Leader, G): Mr. Speaker, if you are in self-isolation and you have no paid sick days, then you are not getting help from your company and you are in trouble.

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Nova Scotia Premier Iain Rankin recognizes that paid sick leave, in fact, represents an important public health measure to ensure that people can stay home from work when they have a sore throat or runny nose or fatigue without worrying about how to put food on their table. Denying people paid sick days is a sure way to spread the more dangerous coronavirus variants to the community. Nova Scotia knows this. British Columbia knows this. Even Doug Ford knows this.

I want to know what the Premier is waiting for to ensure that people have access to paid sick days when they are isolated or when they have symptoms and need to stay home and wait for a test.

Hon. Mr. Higgs (Quispamsis, Premier, Minister responsible for Intergovernmental Affairs, PC): Well, Mr. Speaker, I would not say that I am waiting for anything in particular. If we find that employees are saying that they are not able to get the vaccine because their employers will not give them time off to do that, if employees find that they have undue hardship because they have to stay home and isolate, we will work with those employees. We will work with those employees, as I said previously.

To this stage, is there a need to move in a different direction or to move in the direction as Premier Rankin is doing because, right at this point, he feels the need to do that, or as Premier Ford has done because he feels the need to do that, or as British Columbia is doing because it has a need to do that? Their needs are different from ours right now; therefore, they have made some changes in that regard. I do not mean to say that we have to wait until we get into that situation in order to make any changes. I just do not think at this time that this situation will change what will inevitably be our situation with COVID-19 or not. At this stage, Mr. Speaker, staying the course is where...

Mr. Speaker (Hon. Mr. Oliver): Out of time.

MENTAL HEALTH

Mr. Austin (Fredericton-Grand Lake, Leader, PA): Mr. Speaker, with unanimous support yesterday to expedite the Mental Health Action Plan from five years to three years, it is clear that everyone in this House understands the desperate need for reform in the system. We all agree that no one should ever be turned away due to a shortage of expertise when it comes to severe mental health issues. I have worked hard and advocated hard to see virtual care as an option to fill the gap that we see in the health care system, especially as it relates to mental health.

I was pleased to see that virtual care is part of the ongoing conversation to alleviate the backlog and to give a direct option to those presenting themselves in the ER. My question is for the Minister of Health. Can the minister give us some details as to how this virtual care option will roll out and what it will look like, and can she give us the timeline as to when it will be fully implemented?

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Hon. Mrs. Shephard (Saint John Lancaster, Minister of Health, PC): Thank you, Mr. Speaker. It certainly has been very rewarding these past several months to see how the mental health conversation has been really embraced in this province. We have been serious about it. We put money in our last year's budget and money in this year's budget. We have responded to the crisis care incidents that we have had. We know that as we build on this, the services are going to get better and better.

To the member's question as to whether we have a deadline for this, as we said, we are accelerating the interdepartmental five-year action plan from five years to three years. I am very happy to have supported that motion. With respect to virtual care, we actually have some elements of that in the works now through various NGOs and also even in the health care network. I cannot give you a deadline today, but we will certainly continue moving it forward.

[*Translation*]

WOMEN'S EQUALITY

Ms. Thériault (Caraquet, L): Thank you, Mr. Speaker. Earlier, the Minister responsible for Women's Equality talked about the wonderful conversations she had, but, if you speak to organizations, you will see that they are pretty fed up with wonderful conversations. When you say that you have to check with the members of your caucus, I do not understand why you still have not done so since being elected. You are responsible for Women's Equality, not for women's inequality.

The federal government recently tabled a very feminist budget, which includes a universal childcare system as well as \$3 billion in investments over five years in long-term care to support the provinces in establishing new standards.

Obviously, true to form, the Conservative government, has been very reluctant about accepting help from the federal government ; it has such a hard time cooperating. For this government, the urgency is not humanitarian but budgetary. Many will recall the infamous pilot project to reduce staff in five nursing homes. It is not about reducing staff...

[*Original*]

Mr. Speaker (Hon. Mr. Oliver): Time, member.

Hon. Ms. Scott-Wallace (Sussex-Fundy-St. Martins, Minister of Tourism, Heritage and Culture, Minister responsible for Women's Equality, PC): Thank you, Mr. Speaker. I do not believe there was a question there.

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I will reiterate that this is a very important sector to us. Last month, the Minister of Social Development announced wage increases for 10 000 people in this sector, so we appreciate them. Thank you.

MENTAL HEALTH

Mr. McKee (Moncton Centre, L): Thank you, Mr. Speaker. I am going to return to mental health. Yesterday, it was great to see this House pass that motion with unanimous support to accelerate the plan from five years to three years. I am happy to hear that they are going to be doing that.

One question I have is with respect to the recommendations released on Wednesday with regard to the nonprofit organizations, the agencies that collaborate with the province. Many of them fill in the gaps in provincial services. They receive provincial grants, and rightfully so. I think of organizations such as ACCESS Esprits ouverts in the Acadian Peninsula, the Atlantic Wellness Community Center in Moncton, and Family Plus in Saint John. These are all great organizations.

One of the issues in that report is a new provision. It is a mechanism for evaluating these funding requests for nonprofit agencies. To me, that is code, maybe, for trying to do more with less money. What can the minister tell us about that recommendation? Can these organizations expect to continue to receive those funds? Thank you.

Hon. Mrs. Shephard (Saint John Lancaster, Minister of Health, PC): Thank you, Mr. Speaker. I am sure that the member opposite would agree with me when it comes to the fact that we need to be delivering services that give us the outcomes that we want and that the public deserves and is looking for.

What that statement means is that the services that we need to deliver need to be augmented with NGOs providing the services that support that process and that system. When we say that, we mean that we will be partnering, certainly, with NGOs, not only because we value what they bring to the table but also because they can augment the capacity that we need. We also need to ensure that the services they are providing are the ones we require. Everyone's personal agenda needs to be brought forward so that we are on the same playing field and so that we also have the same mindset in terms of the goals we are setting out. That is the goal of that, Mr. Speaker.

Mr. Speaker (Hon. Mr. Oliver): The time for question period is over.