

Legislative Assembly of New Brunswick

Oral Questions



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HEALTH CARE

Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Mr. Speaker, we listen to New Brunswickers on their doorsteps and on street corners around our towns, and they tell us that they are not feeling stronger than ever. Instead, they tell us that they are feeling poorer than ever with the punishing cost of living, more insecure than ever with their housing, and more worried than ever about their health and the state of our health care system. New Brunswickers are stressed while they are waiting in our ERs. They are frustrated while calling and calling to try to get into an after-hours clinic. New Brunswickers like Linda are put in shower rooms at the Saint John Regional Hospital, waiting to get care. New Brunswick physicians at the DECH are waiting for their hybrid OR, which is ready, to be approved. New Brunswick nurses are waiting for this government to show them respect and address the workplace challenges they have raised, and tens of thousands of New Brunswickers are waiting to get a family doctor or nurse practitioner.

So, needless to say, the idea of an unbudgeted \$161 million to be spent on health in the next six months raised some eyebrows. Where is that money going?

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Well, Mr. Speaker, I think that the question has an obvious answer. We are going to invest that money to make sure that the people in the province get the health care they need when they need it, at the right time, and within a reasonable time.

The member across the way mentioned a number of different initiatives that are ongoing, so I will mention a number of different initiatives that are ongoing as well, which will account for some of that money that is being invested in health care in the province of New Brunswick. Last week, I virtually cut the ribbon for another eye clinic, a cataract clinic, here in the city of Fredericton. That, along with the other two in Bathurst and Miramichi, will continue to reduce the wait lines and the wait times for those people who have a challenge with one of the most important senses, their eyesight. Mr. Speaker, people had been waiting for more than a year. This government took action. This government took concrete action to make sure that those people get the care where they need it.

Mr. Speaker (Hon. Bill Oliver): Thank you, minister.

Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Thank you, Mr. Speaker. I would love to have some more specifics from the minister about the \$161 million and where it is going in the next six months, because New Brunswickers are interested in primary care and getting access to nurse practitioners and family doctors. I wonder whether you could tell us how much more is being spent on travel nurses in the next six months, minister.

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Hon. Mr. Fitch (Riverview, Minister of Health, PC): I know, it is kind of confusing on this side, because the members opposite want us to invest in health care, and now their questions seem to have a tone that we should not be spending that money. But, Mr. Speaker, we are going to spend that money on doctors. We are going to spend that money on nurses. We are going to spend that money on NPs. We are going to spend that money on LPNs.

Mr. Speaker, there are so many initiatives that are going on. There is another one that received dramatic support from Glenn Thibeault of Diabetes Canada, who attended the announcement last week or the week before, during committee week. We said that we are going to assist people with getting continuous glucose monitoring devices. To quote Glenn Thibeault, this is a game changer. This is life-changing for people with diabetes here in New Brunswick who are insulin dependent. He went on to say that New Brunswick is leading the way when it comes to diabetes.

[Translation]

Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Mr. Speaker, I would like to talk about accounting, because I know the Premier likes numbers and accurate data. So, if the government did not plan on spending \$161 million, I hope that the minister can clarify how that money was allocated.

[Original]

Mr. Higgs said that “many times we’ve found we put more money into it but we don’t see any results.” So when the minister talks about more money for doctors, nurses, NPs, and LPNs, can he specify what results—what numbers—we are going to see from the investment in, and thus the increase in, these professionals to serve New Brunswickers?

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Mr. Speaker, again, it appears as though the opposition wants us to shut the doors to the facilities that provide health care, be it primary care, urgent care, or emergent care. But, Mr. Speaker, we are opening the doors to primary care clinics. We are opening the doors to NB Health Link. This is a temporary solution, but it is providing primary care for episodic situations.

There are results. I could go on about results, but let’s just talk about one result from the money that has been invested. Mr. Speaker, 84 doctors were hired between April 1 and October 31. That is a net gain of 45 doctors here in the province. That is where the money will be spent. The RHAs are tasked with HR, and we are helping them. We are not leaving them on their own, but we at the Department of Health have increased our—

Mr. Speaker (Hon. Bill Oliver): Thank you, minister.

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Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Thank you, Mr. Speaker. I would like to get back to the specific issue of overcrowding at the Saint John Regional Hospital. It meant that a patient, Linda from Rothesay, found herself put in a shower room as a place to get care for a heart condition that required observation from the nurses. Could the minister tell us whether any of this extra \$161 million is going to deal with the overcrowding at the Saint John Regional Hospital and, if not, how he is addressing that urgent problem?

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Mr. Speaker, thank you. I was with the CEO of Horizon at one of the announcements last week. We talked about the increased costs right across the whole system, whether it is increasing the retention bonuses or increasing the attraction bonuses for doctors. We moved that from \$50 000 up to \$100 000, Mr. Speaker. That is where we are seeing results.

Mr. Speaker, when we talk about the RHAs, they have recruited 278 permanent nurses so far this year—278 RNs recruited this year. That is a net increase of 125 nurses in the RHAs here today. Those are the results. Those are the concrete results that we are getting.

As I was mentioning in the last answer, at the Department of Health we are not just leaving the RHAs to figure it out on their own. We are there to help. We are there to help because we have a human resource recruitment team there to help the RHAs—

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

Mr. McKee (Moncton Centre, L): Mr. Speaker, some of the results that I want to question today revolve around the government's strategy to address surgical wait times by giving orthopedic surgeons more access to ORs for hips and knees. However, this prioritization has resulted in a reduction in OR time for other critical procedures, such as emergency surgeries, heart surgeries, and general surgeries. What we are seeing is not an increase in OR time capacity, but rather this government's reallocation of OR time with a singular focus on addressing hips and knees.

As we know, in Moncton for sure, these surgeries have the longest wait times in the province. They are three or four times longer than the national benchmark. It is good to address that issue, but the government is not increasing capacity. It is just reallocating, and other important surgeries are falling behind, Mr. Speaker. Can the government provide details on the impact of the new policies and initiatives that focus on hips and knees, specifically how they negatively affect wait times for other important surgeries?

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Thank you very much, Mr. Speaker. The member talks about hips and knees and some of the issues that were faced with respect to long lineups. We tackled that head-on. We worked with the RHAs to make sure that they are most efficient and effective in allocating that surgery time. Mr. Speaker, that triage is done by medical doctors. It is done with the teams at the various locations. I have been

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really impressed with the folks who have stepped up, worked hard, and leaned in to really reduce those wait lines when it comes to hip and knee replacements.

The other surgeries are very important as well. That is why, again, we leave the day-to-day operations to the RHAs. They can triage to make sure that people get care when they need it and as soon as possible. But you can look at the system up at the Upper River Valley Hospital and see where doctors, orthopedists, and their teams worked on the weekends to try to reduce that wait list. We looked at some of the rapid turnaround—

Mr. Speaker (Hon. Bill Oliver): Thank you, minister.

Mr. McKee (Moncton Centre, L): Mr. Speaker, feedback from health care professionals and stakeholders specifically highlights that they are losing OR time. We have heard that gynecologists and obstetricians in Fredericton now have only one day per month for operations, with the remaining time being redirected to hip and knee surgeries. This reallocation of resources is causing concern among specialists who feel that essential medical services are being compromised in favour of orthopedic procedures.

This issue was previously noted by specialists in Saint John, and I have heard from specialists in Moncton who are losing OR time. Does the government acknowledge that prioritizing hip and knee surgeries over other procedures is causing a significant reduction in other important surgeries and making them fall behind?

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Well, Mr. Speaker, I would not call it significant. The triage that occurs across the province with respect to surgeries is something that is taken very, very seriously by the RHAs. The RHAs are tasked with making sure that they are using the resources, be it HR resources, clinical resources, or some of the equipment that is in the various locations across the province . . . The RHAs are doing that triage, and they are trying to be fair and reasonable for all surgeries and all disciplines that are involved.

Mr. Speaker, that is why we want to work more as a team across the province. If there is a location that does not have as long a wait time as some of the others, those doctors can be referring to those facilities. In working with the RHAs, we have allowed doctors to have privileges in various hospitals right across their RHAs. That is innovative. That is concrete. That is action that is taking place to make sure that people can get the surgery that they need, whether that is hip or knee surgeries, cancer surgeries—

Mr. Speaker (Hon. Bill Oliver): Thank you, minister.

[Translation]

Mr. McKee (Moncton Centre, L): Mr. Speaker, this is what I want to find out from the Minister of Health: Will he admit that there is an imbalance between different surgeries?

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Hip and knee surgeries seem to be favoured, and I understand that, because I rose in the House to ask that the waiting list problem be tackled, but that is being done at the expense of other surgeries.

The government boasts about its success in reducing waiting lists and times, but the capacity of operating rooms in the province has not increased. In fact, it is just a reallocation of existing resources.

Can the Minister of Health tell us whether an evaluation of the policies and initiatives regarding hip and knee surgeries was conducted, since these surgeries negatively affect the others on waiting lists? Also, is there a plan to address this problem?

[Original]

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Well, thank you very much. Again, it is interesting that the members opposite are against having hip and knee surgeries done here in the province. I wonder what they are going to tell those people who have been waiting a long time to have the hip and knee replacements done.

We talk about being efficient and effective and having the most effective ways of using the resources that are available, and the members opposite do not like that idea. I do not understand what their plan would be. Is it to be ineffective? Is it to just ignore the various disciplines that are needed throughout the province? That is the work that is being done within the RHAs. They are working to make sure that they are as efficient and effective as they can be. That is where we have done some concrete things to make sure that surgeries are able to be done throughout the province. We have taken the cataract surgeries out of the hospitals. Again, that is going to free up resources to be able to do the various things that the member—

Mr. Speaker (Hon. Bill Oliver): Thank you, minister.

SOCIAL PROGRAMS

Mr. Legacy (Bathurst West-Beresford, L): Mr. Speaker, the members of government often like to whine that the opposition says that they do nothing for New Brunswickers. In fact, we usually say that they do not do enough. We had another example yesterday with an announcement from the government that it is going to help Social Development recipients and seniors, some of the most desperate groups in our society, but only in February. These people are desperate. They do not measure their finances or their budget in quarters or weeks. It is day-to-day for them. Yesterday, the Premier said: It is understandable. We can wait a few months. We have budget issues.

For the Minister of Finance, I am wondering exactly how much the province is going to save by delaying the cheques that will not come out for these people until February.

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Hon. Ms. Green (Fredericton North, Minister of Social Development; Minister responsible for the Economic and Social Inclusion Corporation; Minister responsible for the New Brunswick Housing Corporation, PC): Thank you very much, Mr. Speaker. That is an interesting use of the word “whining”. I think that there is a lot of whining going on in this room today.

We announced three major, major initiatives that are going to impact vulnerable New Brunswickers who have the greatest needs. We are not talking about a little increase. For the low-income senior’s affordability supplement, that is a 50% increase.

For the change in what people get to reserve as their funds at home versus what goes to their partner in a facility, there is a 50% increase, Mr. Speaker. On the social assistance supplement, there is a 25% increase.

Mr. Legacy (Bathurst West-Beresford, L): Thank you, Mr. Speaker. Thank you to the minister. I will let her critic ask questions about the programs. I am on the finance side. I am trying to get answers from the Finance Minister because last week, in his update, he said that Social Development is going to be over budget by \$30 million. There was no mention about seniors or any of these programs. I understand that there are programs, but there is still a question of accountability around finances.

By delaying this or not doing this before Christmas when people need it, how much are we going to save? Was this planned in the \$30-million overage? Or is it extra? The minister said that if we want to help New Brunswickers, we are going to have to find the money from somewhere else because we do not have the money. Well, did the minister find it from somewhere else? That is what we are trying to get at. Where is the money coming from? That is a very simple question. How much is it?

Hon. Ms. Green (Fredericton North, Minister of Social Development; Minister responsible for the Economic and Social Inclusion Corporation; Minister responsible for the New Brunswick Housing Corporation, PC): Thank you very much, Mr. Speaker. These affordability measures that we are putting in place were originally planned for April of this year, the new fiscal year. We listen to New Brunswickers. We listen to the needs of New Brunswickers, and we listen to what they, those most vulnerable New Brunswickers, need to have happen to make life more affordable.

Mr. Speaker, what we announced yesterday has an annual cost to the province of \$65 million. We worked with our team to move up the distribution of these funds as early as we possibly could. That gave us the January and February timelines. That is an additional cost to the government of \$19.4 million this year, which my colleagues were kind enough to approve because we are listening to the needs of New Brunswickers.

Mr. Legacy (Bathurst West-Beresford, L): Thanks. We actually got a number. While I am on the update from last week, there was a line that I am kind of curious about. It is around

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Social Development. The minister said that there is going to be a \$30-million overage, but this is going to be partially offset by savings from recoveries in nursing home services. This is another group that seems to be well in need of funding, and it seems as though we are offsetting our deficits by getting money back. Can the minister explain his comment? How much will that be, and what is it for?

Hon. Ms. Green (Fredericton North, Minister of Social Development; Minister responsible for the Economic and Social Inclusion Corporation; Minister responsible for the New Brunswick Housing Corporation, PC): Thank you very much, Mr. Speaker. To the member opposite, yes, I can talk numbers if we need to talk numbers. Yes, the Department of Social Development was over budget by \$30 million at the end of the second quarter. There are savings to be had, but they are not savings that we want to have. We, along with most businesses and most government departments, are dealing with a lack of staffing for some of our facilities. Some of those cost savings are because of a lack of staffing in our facilities. It is not something that we want or desire, and we are working very hard to correct that within our long-term care and special care homes. That is part of the savings. That is the specific answer to the question that the member opposite is asking. Of course, as we can, we will work with our team to bring our budget back in line. However, we are dealing with the most critical aspects of vulnerable New Brunswickers, and if we have to spend money, we will, Mr. Speaker.

AIR QUALITY

Mr. C. Chiasson (Victoria-La Vallée, L): Mr. Speaker, Sir James Dunn Academy in Saint Andrews is currently undergoing some much-needed upgrades to its ventilation system. Parents, however, are raising concerns about air quality for students and teachers. There is a marked increase in reported sickness that can be attributed to airborne contaminants. The contractor's health and safety plan indicates known health hazards, including mould, asbestos, and cancer-causing chemicals, which are all listed as probable hazards for workers. Personal protective equipment for the contractor and employees is required. Can the Minister of DTI please advise what steps are being taken to protect the youth and staff of this school?

Hon. Mr. Ames (Carleton-York, Minister of Transportation and Infrastructure, PC): Thank you very much, Mr. Speaker. Each and every morning, it is great to get up and face the people at DTI.

It is a great team of people who work there each and every day for the safety of all New Brunswickers, regardless of what branch or department we are working at. Whether they be schools, roads, bridges, or culverts, there are many different aspects of the department. I know that people work hard each and every day.

Look outside right now. It is snowing. Workers started plowing snow at five o'clock in the morning and go until eleven o'clock at night.

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(Interjections.)

Hon. Mr. Ames (Carleton-York, Minister of Transportation and Infrastructure, PC): If he has specifics about a particular item, I can certainly take that under advisement and get back to him. Thank you, Mr. Speaker.

SCHOOLS

Mr. C. Chiasson (Victoria-La Vallée, L): Mr. Speaker, my question was really specific. We have a school where its ventilation system is being worked on. That is creating problems with mould and asbestos and with cancer-causing chemicals possibly being put into the air that the students and teachers are breathing. The contractors are wearing specific equipment to protect themselves. My question was very specific. What steps are being taken to protect the students and teachers in this school? If there are no steps being taken, will the minister halt all of this work until those steps can be put in place? Or will he relocate the students until these steps can be taken to protect the teachers and students? That is a very specific question, and I want a very specific answer.

Hon. Mr. Hogan (Carleton, Minister of Education and Early Childhood Development, PC): That is a very important question. It is not a new question. The work that is being done at Sir James Dunn Academy is extremely important in creating a new ventilation system and upgrading the school. It has been ongoing for a couple of months now. The part of the school that is being worked on is sectioned off and sealed off. The work is not happening when students could be impacted by anything airborne. The air is constantly monitored, and the results are reported. We have not found anything to date that indicates that we should be closing the school or that we should not be having students there.

It is extremely important. I do agree. The safety of our students is paramount when we are looking at improvements to the schools and especially when it comes to ventilation and air systems. We continue to work on those not only at Sir James Dunn Academy but also at the other schools in our province. Thank you very much, Mr. Speaker.

HEALTH

Mr. Coon (Fredericton South, Leader, G): Mr. Speaker, wait times at our ERs are dangerously long and are continuing to get longer. Here at the Chalmers hospital in Fredericton, wait times sometimes exceed 20 hours, and that is no fault of the hardworking staff in our ERs. A big part of the problem is that every day, 20 or so people at the Chalmers hospital, for example, are admitted to the hospital from the ER. But do you know what? There are no beds waiting for them, so they are trapped in ER exam rooms and often hooked up to equipment, which need to be freed up to enable people to move from the waiting room into the ER department to be cared for. The result is long wait times. Therefore, we need an immediate, concrete, and practical solution.

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Here is one: Will the minister ensure that there is funding in the budget to ensure that Horizon and Vitalité can establish short-stay wards in our hospitals so that people can go somewhere while waiting to get into a regular ward, rather than ending up in dangerously—

Mr. Speaker (Hon. Bill Oliver): Thank you, member.

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Thank you very much, Mr. Speaker. We certainly have been aware of the challenges that are facing health care right across the province, not just at the DECH specifically but also at the other facilities that are serving the people as best as possible. I do want to thank all the frontline staff members who have been working very, very hard to serve the public.

When it comes to specific wait times, we—our department, the Premier's Office, the RHAs, and the CEOs—track things on a regular basis. We can see what the wait times are in the various facilities and whether there are certain practices that should be copied from institution to institution to make sure that those wait times are getting better. The DECH has done a number of different things and initiatives that have helped patients flow through so that people will be better served.

At noon, I am making an announcement of . . . Oh, I ran out of time.

Mr. Speaker (Hon. Bill Oliver): Thank you, minister.

Mr. Coon (Fredericton South, Leader, G): Mr. Speaker, the Minister of Health will be cutting a ribbon on an unequipped, understaffed clinic that is able to operate only two days out of the week because he wants to cut the ribbon now, at noon, long before that urgent care centre is ready for prime time. We need short-stay wards in our hospitals now to end the dangerously long wait times in our ERs and to end the long off-load delays for our paramedics. Patients need this, ER doctors and nurses need this, and paramedics need this now. Instead of cutting ribbons on empty clinics, why will this minister not sharpen his pencil, write a note to the Finance Minister, and request that the funding that is needed to establish short-stay wards to solve the ER wait problems is accomplished?

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Thank you very much. I appreciate that question. The fact of the matter is that I am not cutting a ribbon on an empty clinic. Mr. Speaker, I am cutting the ribbon on an urgent treatment centre that is starting out with hours on two days per week and will expand to seven days per week.

The urgent treatment centre model is successful in other provinces, and I have no doubt that it will be successful here in the Fredericton area to take some of the fours and the fives off the stress and strain that is being felt in the emergency room at the DECH. Mr. Speaker, this is a model . . . We appreciate the staff and how they have managed to use the resources that are available to staff this facility so that people can go there with the issues that are not

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necessarily emergencies but are urgent. Again, this is a concrete action that this government is taking to make health care in New Brunswick better.

Mr. Coon (Fredericton South, Leader, G): Well, Mr. Speaker, here is another practical, concrete solution to long ER wait times. And that is to provide the RHAs with the resources to end the understaffing of our ERs after midnight. I am talking about the phenomenon of the night doctor. For example, here at the Chalmers, after midnight, there is one doctor on duty—the night doctor. That night doctor has to contend with all the emergencies that come in that night by himself or herself when there is already a backlog of patients in the ER waiting room. By the time the night doctor is relieved by the full ER team in the morning, that team is facing a long list of people who had been waiting for care all night. Will the minister ensure that the health care budget includes money to replace the night doctor with a fully staffed ER team that is needed to provide full service all night long in our hospitals? Thank you, Mr. Speaker.

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Well, again, the member across the way is looking at trying to throw out ideas that may look on the surface to solve the problem, but in the long run, it is not addressing the real situation. When you look at the overnight ER . . . When we asked the RHAs to work with the resources to make sure they are being used in the most efficient way . . . There are people on call. There are full teams on call. If there is someone who needs a cardiovascular surgeon or . . . The first thing that comes to my mind is that there are people on call who can come in and take care of those patients. The way that the member opposite paints it is not really as accurate as what is happening on a day-to-day basis. Again, let's look at the recruitment that we are doing to make sure that there are resources in the areas that are needed. We are recruiting family doctors. We are recruiting. We are helping the RHAs recruit specialists. We are helping the RHAs manage—

Mr. Speaker (Hon. Bill Oliver): Thank you, minister.

Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): Thank you, Mr. Speaker. I have had a chance to piece through the various things that the Minister of Health said in our attempts to get some clarity on where the \$161 million is going to go. I believe that he said that there was money that was going to go to nurses, nurse practitioners, and LPNs. Then he mentioned increasing the retention bonus. This really caught my ears because nurses in the province, as you know, have been debating this and feeling quite concerned about their compensation relative to other provinces. I think that they would be really excited to hear about an increased retention bonus. I am hoping that the minister can clarify this for the nurses of this province that we are trying so hard to retain. Could he let us know more information about the increased retention bonus for the nurse practitioners and LPNs?

Hon. Mr. Fitch (Riverview, Minister of Health, PC): Again, I appreciate the members opposite and the job they are trying to do. I believe that I clarified myself in the statement I

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made. The member could go back to the Hansard later on to see that, as I will, because I continue to keep them accountable for some of the things they say.

We are talking about an attraction bonus for doctors. The subject is doctors, and we increased that attraction bonus for doctors in rural areas, for oncologists, and for some specialists from \$50 000 to \$100 000. I talked about the success that we had in attracting doctors here to New Brunswick with the work that is being done with the RHAs, the Medical Society, and the Department of Health. As those additional people come online, that is where some of the money will be spent, but that is the overall budget. When it comes to negotiations with the RNs, I know that is upcoming, and the Minister of Finance and his team will be leading those—

Mr. Speaker (Hon. Bill Oliver): Thank you, minister. Question period is over.

HOMELESSNESS

Hon. Ms. Green (Fredericton North, Minister of Social Development; Minister responsible for the Economic and Social Inclusion Corporation; Minister responsible for the New Brunswick Housing Corporation, PC): Mr. Speaker, I took a couple of items under advisement yesterday, so I would like to follow up on those.

There was a question about the breakdown of expenses related to homelessness for this year, and I believe that the member was quoting the number of \$8.5 million when we spoke yesterday. Here is a summary. For permanent shelters, there is \$7.1 million. There is a new funding model that is consistent across all our shelters with a per-bed, per-night formula, and we have increased the funding for that from the previous year. Out-of-the-cold shelters are a line item of \$1.4 million, and this is for the operations of new locations as well as for adding additional beds to our permanent shelters. For our pilot hubs, which we have been talking back and forth about for a little bit, there is \$1.3 million by the end of this fiscal to enhance the services for those who are unsheltered. For our professional outreach services—I have talked about inreach and outreach teams—there is a \$700 000 spend across nine locations in our province to support those who are on the streets and in encampments or those experiencing hidden homelessness. That is to have all the appropriate solutions in place there with a housing focus.

In total, there is \$10.5 million that is anticipated to be spent by the end of this fiscal year. As I said in one of my previous answers, we will spend what we need to spend to take care of New Brunswickers.

Ms. Holt (Bathurst East—Nepisiguit—Saint-Isidore, Leader of the Official Opposition, L): I just want a little bit of clarity on that because \$8 million had been committed to last year as a three-year budget, and I believe that the minister just described \$10.5 million in this fiscal year. So is that separate from the \$1.6 million spent last year and not reflecting funds to be

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spent in the future? Okay. I will follow up with you by email about the specific locations you have described for some of the stuff. Thank you.

Hon. Ms. Green (Fredericton North, Minister of Social Development; Minister responsible for the Economic and Social Inclusion Corporation; Minister responsible for the New Brunswick Housing Corporation, PC): There was a number quoted yesterday about 67 homeless people in St. Stephen. We cannot find where that number came from, so could we take this offline and figure out where that number of 67 came from? In terms of absolute homelessness in New Brunswick, there were 687 at a point-in-time count in April. I cannot believe that 10% of those people are in St. Stephen, Mr. Speaker.

Mr. Speaker (Hon. Bill Oliver): Okay, let's take that conversation outside, Leader of the Official Opposition and minister.