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*Speaker: Honourable Ross Wiseman, MHA*

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

Admit strangers.

Before we start proceedings today I want to acknowledge some special guests that we have with us. In the Speaker's gallery we have Dr. Lawrence Newhook with his wife Judy. They are from Meadville, Pennsylvania.

They are accompanied today by Lawrence's son, Dr. Timothy Newhook, and his wife, Dr. Alexandra Newhook. They are from Virginia. They are going to be visiting the William Henry Newhook Memorial Clinic in Whitbourne, which is named after Dr. Newhook.

Welcome to Newfoundland and Labrador, and welcome to the gallery.

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

**MR. SPEAKER:** I think we will hear a little more about their visit from the Premier in a few moments.

I am also very pleased today to welcome to the public galleries Ms Cyrilda Poirier – and I apologize for the mispronunciation if that is the case. Cyrilda is the President of the Newfoundland and Labrador Francophonie Federation. We will learn a little more about the federation in a few moments as well from the minister.

Welcome to the gallery.

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

**MR. SPEAKER:** Her French will be much better than mine.

### Statements by Members

**MR. SPEAKER:** Today we will members' statements from the Member for the District of St. John's East; the Member for the District of St. John's South; the Member for the District of Torngat Mountains; the Member for the District of Cape St. Francis; the Member for the District of Baie Verte – Springdale; and the Member for the District of Fortune Bay – Cape La Hune.

The hon. the Member for the District of St. John's East.

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

I rise today to congratulate Mary Queen of Peace, a congregation and a school in my district celebrating their fiftieth anniversary this year.

Mary Queen of Peace grew out of St. Raphael's Parish. In the early 1960s, one new building housed both the church and the school. The first pastor assigned, in 1964, was Father Michael Connolly. The first Mass in the present church was celebrated in December 1984, and the building was dedicated on June 21, 1985.

I am proud myself to be a graduate of Mary Queen of Peace, and can speak for the dedication, then and now, of the teachers and staff at the school. Mary Queen of Peace Parish continues to thrive under the Very Reverend Frank Puddister, who has been the priest there since 2006. The people, who are the core of any church, are exceptional, actively participating in congregational and community events and programs.

Archbishop Martin Currie conducted the Celebration Mass on February 23. Other events this year include a spring concert, a Parish Mission, and, of course, a dance later on.

I ask all hon. members to join me in congratulating Mary Queen of Peace Parish in St. John's on their fiftieth anniversary.

Thank you very much.

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

**MR. SPEAKER:** Before I acknowledge the Member for St. John's South, it was just brought to my attention that we are honoured as well to have another guest in our galleries today, a former member of this House, a former member of the Cabinet in Newfoundland and Labrador, and a former MP and Cabinet minister in the House of Commons: Mr. John Efford.

Welcome, Sir.

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

**MR. SPEAKER:** It has gotten a lot tamer since you left.

The hon. the Member for St. John's South.

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

I stand today to recognize Barbara Ivany who, just this past week, has retired from her thirty-five-and-a-half year career of dedicated service in long-term care.

I have known Barbara for a number of years in her capacity as social worker and administrator at Saint Luke's Homes – that, I might add, is one of the better long-term care homes in the city. Barbara is an exceptional individual with an outstanding record of service. She has worked tirelessly and has contributed significantly to the quality of life and care for the residents of Saint Luke's and their families.

To Barbara, being an administrator was more than just a job. Her dedication was evident by the many improvements to make life better for the residents of Saint Luke's.

Some of the many accomplishments that she had were: the establishment of a Resident Council and family support group; opening of a Tea Room for residents and their visitors; the opening of the Mildred Boyce Cottage, for the use of out-of-town family members; the building of private rooms with private bathrooms; the building of a Friendship Centre for use of cottage and BMM residents; the building of a gazebo to encourage outdoor activities; the introduction of the Angel Care Program and Music Therapy Program; the expansion of the Adult Day program; and the planning for a new supportive living complex to be built on Old Topsail Road beginning this summer.

I ask all members of the House to recognize Barbara and her significant contribution to Saint Luke's Homes.

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

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

**MR. EDMUNDS:** Mr. Speaker, I rise in this hon. House today to congratulate Dr. Stacey

Shiwak, an Inuit lady from Labrador and a single mother, who recently graduated from the Doctor of Dentistry program at Dalhousie University in Halifax.

Stacey, whose family is originally from Rigolet, was born and raised in Happy Valley-Goose Bay and left home at the age of twenty-three to pursue a career in dentistry. Having completed both the dental therapy and hygiene programs at different work terms in the North, she soon realized that the Doctor of Dentistry was her next obvious goal. After twenty years of training and practice, Stacey will be returning to Labrador in June to begin her practice along the North Coast of Labrador, a region where access to dental care has been lacking for a long time.

Over the years, Stacey has been committed to her Aboriginal roots, having practiced in Nunavut, Nain, and Conne River. She will now continue her practice in Labrador, and will be returning home with her son Jack, who has been with her every step of the way.

Mr. Speaker, I ask all hon. members to join me in congratulating Dr. Stacey Shiwak on receiving her Doctorate of Dentistry.

Thank you.

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

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

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

I rise in this hon. House today to recognize a group of students from St. Francis of Assisi, in Outer Cove, and their teacher, Ms Edwina Connors.

The kindness, giving and compassion of children have never been more evident than in these students of St. Francis of Assisi, who have raised over \$40,000 for the Terry Fox Foundation.

Ms Connors and the students wanted to do something different after a visit to Mile 0 where Terry Fox began his journey of hope. Ms Connors noted there was no place to sit. The young students came up with the idea of "The

Bench". Along with the teachers and staff, they eagerly contributed pennies, nickels, dimes, quarters and other fundraising to help with the fund. By March they reached their goal of \$1,250. The bench is ordered and will be delivered on June 9.

I look forward to joining the students and Ms Connors at the dedication of the bench at Mile 0 along with the Mayors of Logy Bay-Middle Cove-Outer Cove and St. John's.

This year, Ms Connors is retiring and I want to thank her for her positive influence on the children at St. Francis of Assisi, and have an enjoyable retirement.

I ask all members to join with me in thanking all who helped with the project "The Bench".

Thank you, Mr. Speaker.

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

**MR. SPEAKER:** The hon. the Member for the District of Baie Verte – Springdale.

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

I rise in this hon. House today to congratulate the 837 Northeast Squadron of the Springdale Royal Canadian Air Cadets upon its fortieth Annual Ceremonial Review.

The reviewing party, Constable Julie Gordon, Lion Jerry Brett, Captain Jonathan Edison, and the Squadron personnel were very pleased of the accomplishments of each cadet.

Dedicated parents and community supporters welcomed the parade order and were treated to various mobile and static displays, topped off with a delicious lunch. The ceremony also included the presentation of various awards to the deserving recipients.

Over the years, officers, cadets, parents, and outstanding community support have contributed immensely to the success of the Squadron. Through hundreds of hours of effort, cadets have demonstrated that their motto, to serve, to learn and to advance has been emulated. The Cadet program provides direction to many who would have otherwise

drifted, purpose to the uncertain, and recognition to the unnoticed.

Over the past forty years, the 837 Northeast Squadron saw over 3,000 youth from the surrounding area graduate from the program, reaping many dividends. Their participation enabled them to mature into responsible citizens.

I ask all hon. members to join me in applauding the efforts of the 837 Northeast Squadron on its fortieth annual inspection.

Thank you very much.

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

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

I rise in this hon. House today to deliver more accolades to very talented individuals from my district who participated in the 49th Kiwanis Music Festival. There were so many, Mr. Speaker, I could not get them all in my last statement.

Thanks to music instructors Kendra and Whitney Willcott-Benoit, Lauren Burke, Lesley Sheppard, Robin Power, Tammy Rae Garden, and Valerie Coombs for fostering such exceptional talent.

For their excellent performances, I would like to congratulate from Conne River, Alaina Joe, Cassidy Lambert, Grant McDonald, Zoe MacDonald, and the Joe family; and from Harbour Breton, Rhianna Sheppard.

From Bay d'Espoir Academy, the Grades 4, 5, and 6s all excelled in their choral speeches, and I commend the Grade 6 Recorder Ensemble for demonstrating their exceptional skills.

In addition to youth mentioned in my last member's statement, there were also outstanding performances by Brianna Hoskins, Kennedy Willcott, Emma Collier, Garrison George, Liam Murray, Aisha George, Jade Rose, Reanna George, Kailee Pink, Kendra Willcott-Benoit, Natasha Hunt, and Barika Sutton.

You are all shining stars, and I certainly look forward to your accomplishments at the fiftieth

annual Central Newfoundland Kiwanis Festival next year.

I ask all members of this House to join me in extending congratulations to these amazingly talented individuals as they continue their musical journey.

Thank you, Mr. Speaker.

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

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

**Statements by Ministers**

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

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

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

As we continue to advance the Honour 100 initiative in commemoration of those who served so valiantly in the Great War, I rise today to celebrate the legacy of a medical pioneer, magistrate and a soldier, whose contributions to the community and the lives of his patients continue to ripple out today, more than fifty years after his passing.

Dr. William H. Newhook was born in Harbour Breton in 1892; he was the youngest of eleven children. He attended school at the Methodist College in St. John's and then he became a teacher in Bonne Bay, but his true calling was in medicine.

Dr. Newhook did pre-medical studies at Mount Allison before moving to McGill University to study medicine, but his studies were interrupted by the Great War. Like so many other Newfoundlanders and Labradorians, William Newhook stepped forward to serve. Interrupting his medical studies, he enlisted with the Canadian Army Medical Corps and he served as a sergeant overseas.

When the war ended, he returned to McGill, finished his medical degree in 1919, and then came back home. He practiced medicine in Hearts Content, in Hermitage Bay and in Old Perlican before serving as the first medical

officer at the Markland Cottage Hospital. For twenty-nine years, he was a pioneer of medicine in the Whitbourne area.

When not practicing medicine, he was dispensing justice as a magistrate. He played the organ and sang at church. He also served in community organizations and he established a scholarship to help promising young students pursue their own dreams.

It was not easy to practice medicine in those days. His practice covered a very vast area. He frequently took the speed car on the rail lines to Old Perlican – pumping the handle the entire way – and after seeing to the needs of his patients, repeating the grueling process to get back home again. He regularly made house calls, taking the government boat to get to patients isolated from medical care on small islands.

Then came another war, the Second World War. This time, with years of medical expertise and his own battlefield of experience to draw upon, he trained Newfoundlanders and Labradorians in the very skills they would need to serve in the Medical Brigades overseas, treating the wounded as he himself had done a quarter-century before. How many lives was Dr. Newhook responsible for saving? No one knows, but we do know this. We do know that whether in war or in peace, he never ceased to serve.

By the time 1963 arrived, he had dedicated forty-four years of his life to medical practice in this Province. On March 29, he was again at work at the hospital, ready as always to meet the needs of others, and that is when and where his long life of service came to a sudden end, but it was not the end of his influence.

In 1982, when the Markland Cottage Hospital was designated a teaching clinic for Memorial University's Medical School, the facility was renamed in his honour as the Dr. W. H. Newhook Community Health Centre. That rustic building continued to serve as a hospital until 1986 when the old facility was closed and a new clinic was open, also bearing his name.

William Newhook inspired his son Lawrence to follow in his footsteps by becoming a medical

doctor also. Lawrence in turn inspired his own son, Timothy, to do the same.

Today, as the Speaker indicated, we are privileged to welcome to our gallery, along with his wife, Judy Newhook, Dr. Lawrence Newhook, his son, Dr. Newhook's grandson, Dr. Timothy Newhook and Timothy's wife, Dr. Alexandra Newhook, all of whom are currently practicing medicine in the United States. They have come here to honour William's legacy.

Mr. Speaker, I ask that all of us, as members of this House, join with the family on behalf of the Newfoundlanders and Labradorians who we collectively represent in celebrating the life and the legacy of Dr. William H. Newhook.

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

**PREMIER MARSHALL:** We have jobs here for you all.

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

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

I thank the Premier for the advance copy of his statement. What an awesome story, what a narrative, and a legacy that has been left to the Newhook family. On behalf of the Official Opposition, I want to welcome the members of the Newhook family in the gallery today.

Dr. Newhook certainly exemplifies the value of rural doctors in his commitment that he made in many communities, in particular, the Whitbourne area. If we think about this, it was an era that was much different than providing medical services today. When we think about the onerous task without technology, without cellphones, without even just a transportation system that you could depend on, it was certainly a challenging time. We recognize that today.

He was a well-respected doctor for the area. So much so that not only did we get the health care centre named after him, but then of course renamed after him. As we talk about his commitment to medicine, today in this statement we recognize the courage that he has shown in his commitment to peace for our country. Just

imagine interrupting your study to go to serve in the Great War, and then to do it a second time in World War II realizing that you can contribute to training our young men and women overseas.

His dedication of forty-four years of medical service and volunteering in the community to this Province is something we should all take time to celebrate and to reflect the contribution that Dr. Newhook has made. After his passing, it is something that his family here today can be extremely proud of.

As we celebrate this Honour 100 initiative I, on behalf of my colleagues, support the recognition of Dr. William Newhook and his legacy to this great Province.

Thank you very much.

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

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

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

I thank the Premier for the advance copy of his statement. I, too, welcome the members of Dr. Newhook's family. It is an honour to remember Dr. William Newhook who was one of the many people whose hard work, sacrifice, and devotion to their fellow citizens made Newfoundland and Labrador a better place.

Dr. Newhook served the people of this Province with dedication and energy, qualities that would have served him well in his military service. I think of energy when I think of going up a track to Old Perlican, pumping their way up; that is quite a hill that he would have taken.

These qualities served him well in his military service, which was recognized, those qualities, when the Markland Cottage Hospital was renamed in his honour. I suspect Dr. Newhook himself never knew how many lives he saved. I am sure to him it was the desire to serve others that motivated his work, using his skills to aid and comfort those in distress.

I thank the Premier for giving a greater public face to this wonderful man, who I think is one of

many who has given so much to us in the generations of our Province's history, and which his family is continuing where they now live.

Thank you, Mr. Speaker.

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

**MR. SPEAKER:** The hon. the Minister of Innovation, Business and Rural Development.

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

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

I rise today in this hon. House to inform my colleagues that May 30 is Provincial Francophonie Day.

Mr. Speaker, in 1999, the Government of Newfoundland and Labrador declared May 30 Provincial Francophonie Day. May 30 is a very symbolic date for the Francophone and Acadian community in Newfoundland and Labrador. It was on this date in 1987 that the first sod was turned on the site of the future Sainte-Anne School and Community Centre at Mainland on the Port au Port peninsula, which, of course, is the traditional heart of the Province's French-speaking community.

Depuis cette date, Monsieur le Président, les Francophones, les Acadiens et leurs nombreux amis et partenaires, y compris le gouvernement de Terre-Neuve-et-Labrador, se réunissent tous les 30 mai pour lever le drapeau franco-terre-neuvien-et-labradorien qui exprime l'esprit et la ténacité de la communauté.

Our government will continue its long-standing tradition of partnering with the Francophone Federation of Newfoundland and Labrador to mark Provincial Francophonie Day with a flag-raising ceremony just outside of these doors. My colleague, the Member for Port au Port, and the only Francophone Member of the House of Assembly, will represent the provincial government at this event and will help raise the flag outside of Confederation Building.

Monsieur le Président, les élèves de l'école Francophone locale, l'École des Grands-Vents, montreront leur fierté communautaire en faisant flotter de petits drapeaux et en se joignant à la

chorale Francophone, La Rose des Vents, pour chanter Ô Canada et l'hymne de Terre-Neuve.

Last year, our government proudly signed a five-year federal-provincial agreement on the delivery of French language services; recognized the late Emile Benoit, a well-known musician and storyteller from the Port au Port peninsula as a Person of Provincial Significance within the Provincial Historic Commemorations Program; and financially supported Festival Jeunesse de l'Acadie – a Francophone youth project held in Mainland on the Port au Port peninsula.

Mr. Speaker, I ask all members of this hon. House to join me in congratulating the Francophone and Acadian community of Newfoundland and Labrador for its role in contributing to the tapestry of our Province's cultural diversity. We can all be proud to be part of our Province's past, present, and exciting future.

Merci, Monsieur le Président.

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

**MR. SPEAKER:** The hon. the Member for The Straits – White Bay North.

**MR. MITCHELMORE:** Mr. Speaker, I thank the minister for an advance copy of her statement. We, too, join the government in celebrating Francophonie Day. Despite the small and scattered Francophone population in our Province, we recognize that almost 25,000 Newfoundlanders and Labradorians speak both of our official languages and that more and more children are opting for French Immersion. We must strive to make these opportunities more readily available.

The French Shore Historical Society of Conche, in my district, has a 225-foot tapestry of Jacobean linen that depicts the history of le Petite Nord. Through assistance from the Department of Advanced Education and Skills, they are commemorating the Treaty of Utrecht, signed 300 years ago, and will travel the Province to places like Plaisance and Port au Port. The Port au Port peninsula has a rich French and Acadian history and culture, and I strive and encourage people to visit and look at the contributions made by the late Emile Benoit.

The Official Languages Act of 1969 really coincided with the collective rebirth of interest in French heritage and since then, we have seen a lot of organizations stage the socio-cultural projects for the promotion of their identity and language.

Fédération des Francophones de Terre-Neuve et du Labrador does a great job of promoting activities of the Francophone community on a provincial scale.

Félicitations!

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

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

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

I thank the minister for the advance copy of her statement. I am always pleased to celebrate Provincial Francophonie Day. It is important that we recognize all the cultures that are part of the history of Newfoundland and Labrador because for so long, we did not do so.

When I was a teacher of French, I was a member of the Ministerial Advisory Committee on French in the school system for then Education Minister Gerry Ottenheimer, and at that time there was one Francophone member from the Port au Port peninsula on that committee. We are so far ahead of where we were at that time, Mr. Speaker.

Il me donne beaucoup de plaisir de dire félicitations à toutes les personnes de la langue française dans notre Province. Merci, and congratulations to all members of the Francophone community.

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

**MR. SPEAKER:** Oral Questions.

### Oral Questions

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

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

Primary health care means offering front-line services with a team of health care professionals such as doctors, nurses, and many others. Evidence shows that well-planned investments in primary health care can result in significant savings and improve access.

I ask the Premier: Given that Newfoundland and Labrador has the most expensive health care system in Canada, why hasn't your government invested in primary health care to improve patient access and the sustainability of our system?

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

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

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

I want to join in the Leader of the Opposition's sentiment about the value of health care in Newfoundland and Labrador, particularly in the highly-qualified and very efficient professionals who we have providing health care. We have excellent professionals providing health care in Newfoundland and Labrador. I know the member opposite agrees.

Mr. Speaker, we have worked diligently, we have worked very hard with the regional health authorities in recent years to create a more effective and a more efficient operating health care system for Newfoundlanders and Labradorians. We do spend a significant amount of money. Almost 40 per cent of our total Budget is spent on health care for the people of the Province, and we have had good success with that.

We have had improved wait times in many areas. We have some of the best wait times in Canada in many areas right now, Mr. Speaker.

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

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

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

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

The minister also knows that the value for what we spend in health care – that in Canada right now we are near the bottom. In 2006, as an example, the government cut the funding for the Office of Primary Health Care and stopped providing leadership in that role; however, evidence does show that improvements in primary health care mean better health outcomes.

I ask the Premier: Why are you continuing to ignore the evidence that shows improved primary health care is better for the people of our Province?

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

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

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

I would have to disagree with the member opposite in some of his comments. We are making great improvements in health care. Just yesterday, I was at the Health Sciences Centre here in St. John's when they had a naming ceremony for the new catheterization labs, a very important valued piece of equipment and processes for people with significant cardiac issues.

It is a \$10 million investment. It was a shared project between government – a \$4.5 million investment by the Government of Newfoundland and Labrador. Speaking with the doctors there yesterday, they tell me that bringing this technology to Newfoundland and Labrador has in -turn caused three new young growing and inspiring experts in the field to Newfoundland and Labrador to provide services to the people of the Province, Mr. Speaker. I think that speaks well in investments in the projects we are making.

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

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

The hon. the Leader of the Official Opposition.

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

I remind the minister that investing and spending money in health care is one thing; getting the outcome is something else.

Sixty-three per cent of our physicians have indicated that a significant change is needed to improve primary health care for our Province. Many provinces have established frameworks for innovative change in primary health care.

I ask the minister: Why are you continuing to ignore the opportunity to improve the health care system in Newfoundland and Labrador?

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

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

**MR. DAVIS:** Mr. Speaker, we have more doctors working in Newfoundland and Labrador than we ever had in the history of this Province.

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

**MR. DAVIS:** We have 54 per cent – I believe the number is correct – 54 per cent more nurses than the Canadian average working right here in Newfoundland and Labrador, per capita, Mr. Speaker.

We are making investments in technologies. We are making investments in our infrastructure throughout Newfoundland and Labrador, in rural Newfoundland and Labrador and in urban places of Newfoundland and Labrador. We are bringing in the specialists and the experts, highly trained and highly skilled, right here to improve those incomes because he is right, that is what it is about, is giving the best outcomes for patients, the best outcomes for Newfoundlanders and Labradorians, and we are doing it, Mr. Speaker.

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

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

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

Government has been taking a reactive stance to physician vacancies in our Province. They are doing this throughout the Province and leaving many people in our Province without consistent

service, and they are doing this without a Province-wide human resources plan, something that many health care providers have been asking for a long time. Our Province will continue to struggle without this human resources plan.

I ask the minister: Why have you not done something as simple as putting in a human resources plan for our health care professionals?

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

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

**MR. DAVIS:** Mr. Speaker, as I have said, we have been doing significant work in improving health care for Newfoundlanders and Labradorians, in a board scope and a broad range. We have been doing work in human resources on recruitment and retention of specialists and special health care providers.

A couple of weeks ago the Member for Burgeo – La Poile, opposite here, talked about a study that we developed eight years ago. I went looking, because there was no study developed eight years ago. It was actually a consultation plan that we did six years ago. We did not spend millions like he said. We had done twenty-six consultations throughout the Province and we learned from those consultations. I can tell you, Mr. Speaker, looking for the report that he talked about that did not exist, I did find some older reports and I tell you, I look forward to the opportunity to share those with the people of the Province.

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

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

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

I will remind the minister now; I will share with you a report right now. This is it. You talk about retention; 20 per cent of Memorial graduates from our Medical School, that is what stays here in our Province. We do not have a human resources plan. Without that strategy, how would we ever expect to retain our own graduates?

Since 80 per cent of the doctors trained are leaving the Province after graduation: Why do you not even have a plan of recruitment for our own health care professionals?

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

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

**MR. DAVIS:** Mr. Speaker, I think he has erred on his numbers. I am pretty sure he erred on his numbers. I will tell him now in a few minutes. I am going to have a quick look to double check my numbers because I would not him to be wrong and me to be wrong. I want to make sure I get the facts right because we are held accountable. We are held accountable for the people, we are held accountable to this House, and it is important that we get our facts right. I am going to have a look at those, and if I can, through the next question or two, come up with those numbers here, I will certainly share them, Mr. Speaker.

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

**MR. SPEAKER:** The hon. the Member for Burgeo – La Poile.

**MR. A. PARSONS:** Mr. Speaker, a resident seeking support for a friend in crisis last month was shocked to learn that Eastern Health's mobile crisis unit only operates Wednesday to Sunday. The Regional Director of Eastern Health Mental Health and Addictions Program said this restriction is not budgetary.

I ask the minister: If budget is not a factor, will you expand the mobile crisis team's hours to seven days a week?

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

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

**MR. DAVIS:** We may do that, Mr. Speaker, we may not.

What we have to do, this project that the hon. member opposite refers to is a pilot project that was set up a number of years ago. It has been conducted in the Northeast Avalon area for

about four years right now. There is an evaluation process that is taking place. We can evaluate the effectiveness of the program. Do the hours of the program match the needs? Does it need more hours, different hours, shorter hours? That is all part of an evaluation process that will happen.

I should point out that the mobile response unit is only one tool that is available for health care providers in the Northeast Avalon, because there is no mobile response for other parts of the Province. It was a pilot project set up in the metropolitan St. John's area, the Northeast Avalon area, but there are numerous other resources to people who require assistance and supports when they have an incident or an episode or require psychiatric support. There are a number of those other opportunities that are available, especially in the Northeast Avalon.

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

**MR. SPEAKER:** The hon. the Member for Burgeo – La Poile.

**MR. A. PARSONS:** Mr. Speaker, it is unfortunate that the minister's pilot program does not cover those individuals with crises on Monday and Tuesday. Mobile crisis teams were a recommendation from the 2003 Luther inquiry into the deaths of two men with mental health issues who were shot dead by police. Judge Luther specified police only be called when there is a concern for personal safety. In a case last month, a police car and a police van both responded.

I ask the minister: What are you doing as Health Minister to end the policing of mental health?

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

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

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

Policing, and the police response that is available throughout Newfoundland and Labrador, highly qualified, highly trained police services from the RCMP and also the RNC. The RCMP in rural parts of the Province and the

RNC in the urban areas. I can tell you they are highly trained and also have done a significant amount of training when responding to calls related to people who are in a mental health crisis. That is another tool that is available.

We also have psychiatrists available around the clock, twenty-four hours, seven days a week through different parts of the Province. We have an emergency clinic at the Waterford Hospital. We have emergency rooms throughout the Province that also can be availed of, and we also have a twenty-four hour, seven day a week crisis line, Mr. Speaker.

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

**MR. SPEAKER:** The hon. the Member for Burgeo – La Poile.

**MR. A. PARSONS:** Mr. Speaker, I am talking about a mobile crisis team and the Luther inquiry saying do not send the police and the minister talks about sending the police.

Overall, the dental budget for kids and adults was underspent by \$4.7 million last year and the department's own deputy minister attributed some of these savings to the low per person cap which makes the program inaccessible.

I ask the minister: Will you commit the \$4.7 million saved last year to this year's adult dental plan so those who need dental work most can access it?

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

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

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

The Adult Dental Program in Newfoundland and Labrador is another fine example of the work this government has done for the people of the Province, Mr. Speaker. In fact, it is the only dental program of its kind in the country. The only Adult Dental Program of its kind in Canada, Mr. Speaker.

There was a budget of \$6.7 million allotted in the Adult Dental Program last year. That budget amount was not fully utilized. What we did this

year to correct that, we have increased the allowable amount available to people in the Province so that we could increase the services provided to them. Also, then increase the budget allotment to reach what we had budgeted and planned for.

We have made an increase in that, Mr. Speaker. It provides more opportunities for people and more funding for people who need the program.

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

**MR. SPEAKER:** The hon. the Member for Burgeo – La Poile.

**MR. A. PARSONS:** Mr. Speaker, what the minister did not say is that the changes they have made have actually had less people accessing this program, and he talks about how good it is.

Let's talk about the adult denture plan, which is even more absurd. If you need a full set of dentures you will have to live with either the top or the bottom dentures for a full year before you are approved for the second half in the next year.

I ask the minister: Will you revise this ludicrous cap so people on low-incomes who need dentures are treated with dignity?

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

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

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

I appreciate the opportunity to talk more about the Adult Dental Programs that we have in Newfoundland and Labrador. We have invested heavily in them. We continue to do that. We have made commitments to invest in dental programs for children, for youth, for adults, and for seniors.

The denture program is a good example as well. There is a maximum of a \$750 funding allotment allowable to seniors who meet the requirements, meet the eligibility criteria under the Newfoundland and Labrador Prescription Drug Program.

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

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

**MR. DAVIS:** Over two years they can complete top and bottom. They are eligible to replace every eight years. I think it is a good program, Mr. Speaker.

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

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

The hon. the Member for St. John's North.

**MR. KIRBY:** Mr. Speaker, autism spectrum disorder is affecting one in sixty-eight children in this Province and we have a wait-list of about 400 children waiting to see a specialist. Children are on wait-lists for months and even years waiting for an assessment that can take as little as two hours to complete.

I ask the minister: Why do children and families have to wait months and sometimes years to get an assessment that only takes two hours to complete?

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

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

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

Autism is another very important matter, especially affecting children in Newfoundland and Labrador and impacting families of Newfoundland and Labrador as well. This year, Mr. Speaker, we have made significant improvements and increases in investments in autism services.

There is \$2 million this year invested. That will be annualized at \$3.9 million annually from 2015-2016 and onwards, Mr. Speaker. That is creating twenty-two new health positions to provide better services and care for children and families who deal with autism and live with autism. There are more investments we are making to address the needs of autism, for people with autism throughout Newfoundland and Labrador.

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

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

**MR. KIRBY:** Mr. Speaker, in the Budget the government announced funding for a new developmental pediatrician; however, we have heard that this funding simply moved the person from a private practice into the Janeway. It seems no new resources were added to the health care system. This announcement was just more smoke and mirrors from government.

I ask the minister: Is this true, yes or no?

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

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

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

There are twenty-two positions, as I mentioned, that have been created during this year's Budget. Two million dollars additional funding is \$2 million additional funding; \$3.9 million annualized in the years to come, Mr. Speaker. That is additional funding. I am trying to explain to the member opposite that means new funding for new positions. There are twenty-two new positions.

Those positions have to be filled. They will be filled from a variety of sources. They may be filled from people who are in private practice elsewhere, but those positions will be filled to complement the health care services within the regional health authorities for people with autism.

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

**MR. SPEAKER:** The hon. the Member for the District of Cartwright – L'Anse au Clair.

**MS DEMPSTER:** Thank you.

Mr. Speaker, despite urgent requests from physicians, Newfoundlanders and Labradorians wait time to access critical physiotherapy services – there simply are not enough physiotherapists to meet the demand. Residents are forced to either travel hundreds of kilometres for care or live with debilitating pain.

I ask the minister: What is being done to address the physiotherapy backlog and wait-list that exists all over this Province?

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

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

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

I can tell you in my twenty-eight days as the Minister of Health, in that relatively short period of time, there are a large number of program areas that are a concern for people throughout Newfoundland and Labrador. Physiotherapy is one of those as well.

I can tell you, if you look at our record, Mr. Speaker, our record is that we have done very well in looking at wait times and demands for services where there has been an under availability of resources to provide the services that are necessary. We see changes and fluctuations in demand for services as time goes on, as demographics change, as population changes and needs change. Also, as technology and health care availabilities and training changes, there is a difference in approach.

Mr. Speaker, our record speaks well, and we will deal with those wait times as we have done with others.

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

**MR. SPEAKER:** The hon. the Member for Cartwright – L'Anse au Clair.

**MS DEMPSTER:** Mr. Speaker, it is obvious that the lack of physiotherapy services is costing the health care system, impacting the ability of employees to return to work, and hindering the health and well-being of many residents living in rural parts of the Province.

I ask the minister: Will government seek to enter into agreements with out-of-province schools to improve the recruitment and retention of physiotherapists to under-serviced areas?

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

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

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

Some of the agreements the member opposite is referring to are in place. We have done well in dealing with the needs of people. We have done a number of consultation processes throughout the Province in recent years. It is important to us to provide services in rural Newfoundland and Labrador, and I say to this House, very important to us to ensure – dialysis is a good example of how we are providing services, localized services, in rural parts of Newfoundland and Labrador.

Mr. Speaker, my understanding is members opposite, their plan one time was to centralize services. It sounded to me like to take services out of rural Newfoundland and Labrador. Maybe the Leader of the Opposition can tell us or explain to us what that was all about.

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

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

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

**MR. SPEAKER:** The hon. the Member for The Straits – White Bay North.

**MR. MITCHELMORE:** Mr. Speaker, echocardiogram or ECG services are used to diagnose, manage, and follow up for patients with any suspected or known heart diseases. This service was provided in St. Anthony hospital for years but has been cut. Hundreds of patients now have to travel to other regions wasting valuable time and money to get this vital service.

I ask the minister: Why are you making people of the region travel unnecessarily, adding further costs to the health care system through medivacs and other medical travel?

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

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

**MR. DAVIS:** Mr. Speaker, I am so glad I had to go digging for reports there a couple of weeks

ago, a week or so ago when the Member for Burgeo – La Poile asked me to start looking for reports, because there are reports there back from the days when the Liberals were in government. If you look back in those days, they wanted to streamline services as well, Mr. Speaker.

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

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

**MR. DAVIS:** I tell you, as you look back in the history you will have to ask – maybe the member or the Leader of the Opposition can speak to this because their plan was to reduce services in rural Newfoundland and Labrador. They were going to centralize services throughout Newfoundland and Labrador and take those services out of the region.

I ask the member opposite, who is asking the question: How would your plan be affected by what your plan was back in those days? How would your problem be affected by their plan back in those days?

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

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

**MR. SPEAKER:** The hon. the Member for The Straits – White Bay North.

**MR. MITCHELMORE:** Mr. Speaker, the minister should stop revisiting past reports and fix and find the solutions.

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

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

**MR. MITCHELMORE:** Anyone who is familiar with the hospital would know that the equipment is already there.

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

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

**MR. MITCHELMORE:** Mr. Speaker, the equipment is already there at the hospital and it is sitting idle. There is a technician currently working at the hospital who can use the

equipment. All that is required is the necessary training and commitment from the government to provide the service.

I ask the minister: Will he commit to saving our health dollars and improving patient care by ensuring echocardiogram service is reinstated at St. Anthony hospital immediately?

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

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

**MR. DAVIS:** He is putting his foot down over there now, Mr. Speaker.

Mr. Speaker, I should explain. Just a couple of weeks ago the Member for Burgeo – La Poile – I do not mean to pick on him because he is generally a decent guy, but he brought it up. He asked me to go looking back through some older reports, but you do not have to go back that far, Mr. Speaker. All you have to do is listen to the speeches that were delivered just a couple of weeks ago. They talked about then centralizing services.

Maybe members opposite can explain: What do they mean by centralizing services? Do they mean taking health care out of rural Newfoundland and Labrador? Is that what they are talking about, Mr. Speaker?

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

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

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

**MR. LANE:** Mr. Speaker, as of February, 2013, the average wait time for placement in a long-term care facility was eighteen to twenty-four months. This wait time for long-term care is causing acute care bed blockage which is a major factor in ER overcrowding.

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

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

**MR. LANE:** I ask the Minister of Health and Community Services, this government has had

ten years and billions in oil revenues to prepare for the aging baby boom: Why haven't you better prepared our population for its long-term care needs?

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

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

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

The Member for The Straits – White Bay North never got up to answer what I asked him to explain to the people. Now we have the Member for Mount Pearl South talking about wait times.

Let us talk about wait times in Canada, Mr. Speaker.

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

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

**MR. DAVIS:** Our plan – we have some of the best wait times in radiation therapy in the country, and the best wait times for bypass surgery, hip replacement, knee replacement, cataract surgery.

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

**MR. DAVIS:** The best wait times in Canada right here, Mr. Speaker.

I would like to see how they are going to do that when they streamline and rip the health care out of rural Newfoundland and Labrador and they build their centres. How are they going to do that? I would like to know how they are going to do it.

Maybe when the Member for Mount Pearl South gets up he can explain to the people of the Province how streamlining and moving health care from rural Newfoundland and Labrador is going to be better –

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

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

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

**MR. LANE:** Mr. Speaker, I was asking questions about long-term care. I wish he would answer my question.

Mr. Speaker, as of January 2012, 25 per cent of acute care beds in the Province were blocked by patients requiring alternate levels of care, like rehab and long-term care. It costs about \$150 a day for an alternate level of care bed. It costs about \$1,800 a day for an acute care bed.

I ask the Minister of Health and Community Services: What percentage of acute care beds are occupied by patients requiring alternate levels of care today? What are the added costs being borne by taxpayers due to this bed blockage?

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

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

**MR. DAVIS:** Mr. Speaker, the member opposite raises a very important issue and a matter that we have been addressing for a number of years, when people who need an alternative level of care other than acute care beds still remain in acute care beds. I tell you what we are doing for that. In St. John's, we are building a new facility; 460 new long-term care beds being built in St. John's.

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

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

**MR. DAVIS:** Two hundred and twenty-nine beds in Carbonear. We are building long-term care beds, Mr. Speaker, in Labrador City and in Happy Valley-Goose Bay. We are building facilities in Bonavista and in Clarenville because that is going to address the needs of the people of Newfoundland and Labrador.

We are building them in Bonavista; we are building them in rural parts of Newfoundland and Labrador. We are not ripping them out like the members opposite plan on doing, Mr. Speaker. We are putting them back in rural Newfoundland and Labrador.

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

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

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

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

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

**MS MICHAEL:** Well over 1,000 people are waiting for dentures – many for over a year because of government red tape and delays in approvals for denture work under the Adult Dental Program.

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

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

**MS MICHAEL:** Yet \$2.5 million was unspent in this program in last year's Budget.

I ask the Minister of Health and Community Services: Why has the department slowed down the application process for denturists and their patients?

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

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

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

Mr. Speaker, I mentioned earlier and I will mention it again, the dental program in Newfoundland and Labrador, the Adult Dental Program in particular, is a program like no other in Canada. It is one of the only programs, as I understand it, in the country for people of Newfoundland and Labrador.

We have a dental program that provides services to people who meet the eligibility criteria under the Newfoundland and Labrador Prescription Drug Program. We have a denturist program for seniors.

My understanding, Mr. Speaker, while there is a significant demand for this program, right now there are about 100 cases being approved every

second week, so that those people can avail of those services of obtaining their dentures.

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

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

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

There are over 1,000 unapproved.

The Adult Dental Program was supposed to be a three-year program. Denturists agreed to take lower pay and made costly investments in new equipment, only to see government strangle the program.

I ask the Minister of Health and Community Services: Why has he left those professionals holding the bag?

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

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

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

There is a demand for the service. The member opposite is correct in what she is saying; there is demand for service. She is correct in what she is saying today, because she makes errors sometimes when she comes to the House of Assembly, and so do we, but it is important that we get our facts right.

A couple of weeks ago she stood here and said that we are moving Level IV patients into personal care home. It was incorrect. She refused to admit her error, but I am quite willing to admit errors and make corrections when I need to.

I can tell you that our dental program and our denture program is a very important one to the people of the Province. We have a budget of \$6.7 million – and while the members of the Liberal Party might find it funny; it is a very important program for certain people in the Province, \$6.7 million. We have made amendments and improvements to the program this year so we can provide services to more

people. We are approving applications on a daily basis and those people are receiving those services.

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

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

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

I ask the minister: Is it good policy to have seniors who have had all their teeth extracted wait six months or longer for dentures, because that is what is happening?

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

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

**MR. DAVIS:** Mr. Speaker, it is never a good thing when people have a delay in needed health care, and that is why we have made significant planning. We have looked for efficiencies. We have improved services. We have developed new programs. The adult denture program and the dental program are new programs. It has only been operating for a couple of years.

Before that, Mr. Speaker, they had no opportunity for services. So this program is providing services to numerous Newfoundlanders and Labradorians. It is providing services to seniors throughout the Province. It is an important program, and that is why we continue to make the investments in it.

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

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

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

Today, another story of a senior precariously placed while waiting for a long-term care facility. What was once a geriatric transitional ward at the Waterford now also houses tertiary care patients; some who are young and aggressive. This is poor treatment for either category of patient. Staff are working hard to

serve both populations in a very difficult situation.

I ask the minister: Will he guarantee the safety of seniors who are put in this unit?

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

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

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

The Waterford Hospital has three different geriatric units. They have an acute care geriatric unit, and they have two residential geriatric units contained in their hospital. I can tell you, I have visited and attended the Waterford Hospital many times over the years for a number of different reasons. I know the staff there take their roles very seriously. I know that the care of patients is of utmost importance to all of them at all times, and the services they provide to them is very important to people.

People who deliver services at the Waterford Hospital take a lot of pride in the work that they do. There are three different units there. There are patients there who need very important care. Mr. Speaker, we are about to open a long-term care facility and some of those patients will be moved to that new long-term care facility in St. John's, coming this fall.

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

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

**MS ROGERS:** Mr. Speaker, I asked the minister: Will he guarantee the safety of seniors who are put in this unit?

Mr. Speaker, seniors are being stuck in acute care hospital beds, geriatric transitional wards, hospital emergency room corridors, or left without adequate home care support. One hundred and forty-five seniors are on wait-lists for long-term care in the Eastern Region alone. The care and housing of seniors Province-wide is at a crisis point, with no relief in sight.

I ask the Premier: Will he strike an all-party committee to deal with the growing crisis of senior care? This is not going away.

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

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

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

I just outlined earlier some of the investments we are making into long-term care. We cannot create long-term care beds overnight. It takes a long time to establish these facilities; it takes a long time to plan them and to build them. We are building the facility in St. John's, as I referred to, 460 beds, scheduled to open this coming fall, a much needed piece of infrastructure for the people of the Province. We look forward to that opening as well as anyone else does.

Right now, Mr. Speaker, there is an equivalent number of people moving into long-term care in a three-month period as there is on the wait-list. So, there is turnover. Not to paint the picture wrong for the member opposite and to completely disagree with what she says – because some people stay on the list longer than others. Priorities are dealt with by need, but in a three-month period there are as many people moving into long-term care as there are on the complete wait-list.

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

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

Presenting Reports by Standing and Select Committees.

Tabling of Documents.

### **Tabling of Documents**

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

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

Mr. Speaker, I am pleased to stand today to table 2013 Annual Performance Report of the

Workplace Health, Safety and Compensation Commission. It is a good piece of work; have a good read over there, members opposite. There is some good information here about the good things that are happening with the Commission.

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

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

**MR. CRUMMELL:** Mr. Speaker, I just want to table this document and welcome members to have a read at their leisure, and I welcome questions in the future.

Thank you, Mr. Speaker.

**MR. SPEAKER:** The hon. the Minister of Finance.

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

Mr. Speaker, pursuant to section 26.(5)(a) of the Financial Administration Act, I am tabling two Orders in Council related to funding pre-commitments for the 2015-2016 fiscal year.

**MR. SPEAKER:** Notices of Motion.

#### Notices of Motion

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

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

I am pleased to give notice that I will ask leave to introduce the following resolution.

BE IT RESOLVED by the House of Assembly as follows:

WHEREAS section 42.1 of the Access to Information and Protection of Privacy Act provides that the Information and Privacy Commissioner is to be appointed by the Lieutenant Governor in Council on a resolution of the House of Assembly; and

WHEREAS section 42.2 of the act states that a commissioner may be reappointed; and

WHEREAS the appointment of the current commissioner, Mr. Ed Ring, expires on June 24, 2014; and

WHEREAS it is proposed the Mr. Ring be reappointed as the commissioner for a term of two years;

NOW THEREFORE BE IT RESOLVED that Mr. Ed Ring be appointed as the Information and Privacy Commissioner for a term of two years.

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

Petitions.

#### Petitions

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

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

Mr. Speaker, I presented a petition here yesterday regarding Saint Luke's cottages; I have another one to present today.

WHEREAS Saint Luke's cottages has been using the continuum of care model since it opened. It entails priority access to long-term care beds, as clearly stated in the Saint Luke's handbook, which is given to all tenants. Further commitment was confirmed in 1995 under the Single Entry System established by Eastern Health. This allowed cottage tenants to join Saint Luke's if they were no longer able to function independently regardless of their level of care; and

WHEREAS Eastern Health has arbitrarily changed this practice in recent months; Level II cottage tenants are now being forced to leave and live in personal care homes when placement is needed. This breaks the commitment to the continuum of care model; and

WHEREAS we became aware of this change in practice when a ninety-three-year-old tenant, who lived at Saint Luke's cottages for thirteen years, was forced to find other living arrangements after returning from hospital. This incident has caused other tenants to worry about

their future. Saint Luke's Homes is committed to the continuum of care model; however, it is being abolished by the decisions made by placement services;

WHEREUPON the undersigned, your petitioners, humbly pray and call upon the House of Assembly to urge government to request that Eastern Health and provincial government direct the staff at Placement Services to continue to honour the existing agreement and past practice to have the tenants of Saint Luke's cottages moved over to Saint Luke's Homes when they can no longer manage to live in their cottages.

Mr. Speaker, the idea of aging and placement has been one that Saint Luke's has practiced with tenants going into Bishop Meaden Manor and from there to Saint Luke's cottages, and from there to Saint Luke's Homes. This provides a sense of security and a sense of relief for many of the tenants. They know that as they age with their friends and other tenants at Saint Luke's cottages they will have first choice of a placement at Saint Luke's Homes.

I know that Saint Luke's cottages are looking at building a facility on Old Topsail Road starting this summer. That will, in large part, relieve some of the concern that tenants have of the cottages here because some of those tenants, instead of having to go to personal care homes, will be able to move from the cottage to the building that is being constructed on the Saint Luke's property this summer, so that property will probably be a year or thereabouts until final completion of construction.

What I would certainly like for the department to do and for Eastern Health to do is to look at allowing the practice of Saint Luke's cottage tenants to continue to go to Saint Luke's Homes as they require that level of service up to such a point the building is built.

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

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

### Orders of the Day

### Private Members' Day

**MR. SPEAKER:** It now being Wednesday, Private Members' Day, there are only a few seconds before we get to 3:00 o'clock. We hardly have time for another petition.

I now call on the Member for St. John's South to introduce the motion that is on the Order Paper in his name.

The hon. the Member for St. John's South.

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

The private member's resolution for those who are viewing and for all members of the House:

WHEREAS Newfoundland and Labrador has the highest median age in Canada; and

WHEREAS one in six people in our Province today are seniors, and by 2025 one in four people who will be seniors; and

WHEREAS access to safe, accessible, affordable housing is one of the most significant challenges and issues facing seniors;

THEREFORE BE IT RESOLVED that the House of Assembly urge government to develop a comprehensive housing strategy for seniors.

Mr. Speaker, when looking at housing, we do have an aging population in this Province. I just want to talk about that a little bit before moving to other issues that I want to speak about regarding this.

The baby boom is now aging, and those born between 1946 and 1965 are now between the ages of forty-nine and sixty-eight. If you look at the people in this Province who are sixty-five years of age or older, there are 87,465. If you look at the baby boomers, who are between the ages of fifty and sixty-four, there are 126,575. So, clearly, based on those numbers we do have an aging population.

There are fewer children to now care for their aging parents than there were three or four decades ago. The number of senior citizens could exceed the number of children for the first time in Canada's history. There are, therefore, less children, as I said, to care for the aging parents compared to previous years and this puts

competing demands such as career, married life, and their own children – because people are getting married now at a later age than they were twenty, thirty, or forty years ago, or even sooner, so they are older when they have children.

Years ago, the children could care for their aging parents. Those children of the aging parents, their children have already grown, in most cases. That is no longer the case today, where you have the children of aging parents still have children themselves.

Years ago, you would have both parents but you would have one of the two parents working, and the other parent home looking after home and family. That relived a little bit of pressure because the spouse who was home and able to look after home and family also had additional time to look after their aging parents. That is no longer the case today, where you have both sets of parents working. You have career demands on both sets of parents, married life and, as I said, children.

So if you look at the fact that you have aging parents, we need to develop a comprehensive housing strategy in this Province to help look after our aging population. When you look at, in many cases, the biggest struggle for individuals is the cost of housing and even if they own their own home, the cost maintaining that home, the cost of heating that home and the cost of providing food and utilities.

Mr. Speaker, more so in the case where you have individuals who have lost a spouse, now surviving on a pension, the single pension or survivors' benefits trying to maintain a home. Many of our seniors today are living in cold homes with empty fridges, and that is a reality; not everybody, but even the ones who are able to survive are not able to survive as comfortably as they did in previous decades.

It is a concern. It is a concern when you look at the fact that the population is aging. It is not quite double, but you look at 87,465 people in this Province are now above the age of sixty-five. Well, between the ages of fifty and sixty-four it is 126,575. The timing is appropriate now where we look at a comprehensive strategy to look after our seniors because of that aging population, because of the change in

demographics and the change in the structure of that demographics where children no longer have the same time on their hands to be able to care for their aging parents. They have competing demands.

Mr. Speaker, this Province has the fastest aging population in Canada and an increasing demand for seniors housing and supports. Housing is, as I said, the greatest single expense that most people have and the income levels of our Province's seniors are lower than the national average. In addition, a large proportion of our seniors live in rural areas. The health status and income levels are important determining factors.

I am just going to shift gears a little bit and talk about the fact that if we can help seniors stay in their homes longer – and I understand there is a cost to doing that, but if we can help seniors stay in their homes longer there is far less expense on the Province when you look at having to put seniors in personal care homes or assisted living, or long-term care.

It is a strategy, it is a policy that is well worth looking at, well worth exploring, Mr. Speaker, from a cost perspective as well as the fact that many seniors would prefer to stay in their own homes if they had the support network and the ability to do that. Many of them are forced out of their homes because they simply cannot afford to maintain it. They cannot afford the transportation to and from medical facilities. They cannot afford and do not have the ability to provide those necessities.

Mr. Speaker, the seniors, as I said, would prefer to remain in their own homes as long as possible. The benefits of aging in place including a feeling of independence and comfort, safety, security, the ability to be near their family and having familiarity with their surroundings. There are barriers to remaining at home, including the inability to maintain their property, as I have explained, the inadequate finances and illness, the need for that safety and security, inadequate family support, transportation. To overcome those barriers, creating housing incentives is needed.

I am not coming down on government. There are aspects that I would say need improvement. The availability of housing, especially for

seniors. The availability of one-bedroom housing units. The level of rental support through Income Support and so on; but, that is not the issue today. The issue is finding ways and putting in place a comprehensive policy to help seniors stay in their homes longer, to look at the many factors that are contributing to that, including the fact that we have a very rapidly growing senior population, an aging population.

If you look at, age in place initiatives must also take into account the diversity of situations and needs of seniors given the differences in age, physical ability, mental health, economic and financial status, gender, rural versus urban status, current housing situations, culture and personal references.

This is not an easy solution, I understand that, but that is the reason we need to develop a comprehensive policy for seniors housing, Mr. Speaker. It is not something to say: Well, we are doing a great job, or we are doing this, we are doing that. We do have a situation that will have a growing demand on the need for seniors housing. As I said, if we can keep seniors in their own housing longer it will be far less expensive on government than personal care homes or assisted living accommodations and so on.

Mr. Speaker, a seniors housing strategy should be a planning document that will specifically address the needs of seniors, including but not limited to, housing, transportation, social aspects, accessibility and other services. That strategy, Mr. Speaker, should be reflective of the Province's population statistics. I have already outlined those, but if you consider the fact that a senior is anywhere over the age of sixty-five, and in 1990 one in ten people were considered to be seniors. Today, it is one in six people considered to be seniors, and by 2025 one in four people in this Province will be considered to be seniors. It is something we definitely need to put a focus on.

We need to start to look at how we are better able to assist those seniors to stay in their own homes, and not only to stay in their own homes but a comprehensive strategy. It is not only including the ability to age in their own home and in their own community, to age in place if you call it, but also accessibility to personal care

homes, accessibility to assisted living, accessibility to services, accessibility to support systems for seniors, Mr. Speaker.

How we put all of those pieces of that puzzle together to ensure the strategy will fit the aging population so that we are not trying to catch up, we are not trying to focus on a problem, but create a solution to that problem before it is created. We look at geographical location to larger urban centres, the desire of many people to stay in their own homes or to age in place, a housing continuum and care options for seniors.

Mr. Speaker, a summary of a report done by the Atlantic Seniors Housing Research Alliance in 2010 – and that report was titled Seniors' Housing: Challenges, Issues and Possible Solutions. The main investigator was Mount Saint Vincent University. However, there were other groups that were involved as well including: Dalhousie University, University of PEI, Memorial University of Newfoundland and Labrador, the University of New Brunswick, the Research Council of Canada, and the Canada Mortgage and Housing Corporation.

The group found that there were nine key issues: Housing design: safe, accessible lifetime housing; availability of home supports; availability of a continuum of housing choices; availability of transportation when and where needed; supports for housing transition planning; recognizing housing costs and affordability issues; housing needs of seniors who are vulnerable or socially excluded; the potential for community capacity building; and, planning for tomorrow's Atlantic Canadian seniors.

Mr. Speaker, we heard some questions today around seniors, health questions to the Minister of Health. Some of those were the fact that you have now people taking up acute care beds because there is a lack of long-term care beds in this Province. That as well needs to fit into a comprehensive strategy on seniors housing.

You look at the fact that we are building facilities such as the facility we built in Corner Brook where there were not enough long-term care beds in that facility. A year or so later, government had to put additional funding in the Budget to try and increase the number of beds in that facility.

So when we build facilities, we are not always building them to meet, not only today's needs but tomorrow's needs; because when you build a facility and open the doors of that facility and it is already filled at capacity, you are not even meeting today's needs. The planning for long-term care, the planning for assisted living, for personal care, also has to be a part of a comprehensive seniors' housing strategy. We need to look at all of these aspects, Mr. Speaker.

Again, I cannot stress enough the fact that we have an aging population, a population that is rapidly aging to what is considered to be seniors. So, a comprehensive seniors' housing strategy is something that we need to act expeditiously on, in my opinion.

The Seniors Resource Centre: I am familiar with some of the calls and inquiries that they are getting from seniors from all over the Province. The latest issue – the single largest issue, I should say, that the Seniors Resource Centre hears from seniors is related to housing. There are many different aspects related to housing. Seniors want to live independently for as long as they can – that is what we are hearing – in their own homes and their own communities.

There are many different issues related to this such as community supports, home care – the availability of home care. If you look at, as part of the strategy, providing home care to seniors who are living in their own homes, it is far less expensive than assisted living or personal care homes or long-term care facilities.

You look at the issues of snow clearing for seniors. That has to fit into a strategy as well, or wood cutting, wood cutting for seniors who heat their homes with wood, home maintenance, affordability. The wait-list for social housing – there have been some announcements lately on social housing, but they do not meet the needs. The wait-list far exceeds the number of social housing units that are available today, and especially for seniors. Not only today – and I say especially for seniors today, but you look at the fact that the seniors' population is rapidly aging, so more especially for tomorrow.

You look at smaller communities and some have seniors' complexes, but there are some smaller communities without seniors' complexes.

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

I remind the member that his time for speaking has expired.

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

I will have an opportunity to speak a little more later.

**MR. SPEAKER:** The hon. the Member for Port at Port.

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

Mr. Speaker, it is a great privilege to stand in my place this afternoon representing the great District of Port au Port, and its people, to speak on the private member's resolution as put forth by the Official Opposition. I am delighted as well to have the opportunity to provide an overview of the various programs and housing options offered through the Newfoundland and Labrador Housing Corporation that is designed to assist low-income seniors throughout our Province.

Mr. Speaker, I can tell you that Newfoundland and Labrador Housing has some excellent programs in place that have been assisting seniors throughout Newfoundland and Labrador for many years and continue to assist seniors in our Province today, and well into the future, I would add, because we are continuing to invest in these programs.

When you talk about housing, I want to talk about the Investment in Affordable Housing, or IAH as they call it. Mr. Speaker, this is cost-shared 50-50 with the federal government and is delivered by the Newfoundland and Labrador Housing Corporation. The Affordable Housing Program helps create modest, affordable rental housing for low-to-moderate income households.

Mr. Speaker, eligible private sector or supportive living housing sector proponents receive capital funding for the construction of affordable housing units, primarily for seniors as well as families, persons with disabilities, or persons with complex needs. Since 2004, approximately 1,117 new, affordable housing units have been created throughout

Newfoundland and Labrador through four previous investments in affordable agreements.

Mr. Speaker, we now have a new \$68 million investment in the Affordable Housing Agreement that is about to be signed over in the coming weeks. What this new agreement will do, it will provide \$28 million over the next five years to create approximately 590 additional, new affordable housing units, the majority of which will assist seniors. This will bring the number of affordable homes, mostly for seniors, to approximately 1,700 Province-wide by the end of the agreement in 2019.

I want to talk a little bit about the Provincial Home Repair Program as well. Mr. Speaker, the remaining \$40 million from this new investment in the Affordable Housing Agreement will be used to help fund the Provincial Home Repair Program. This federal-provincial cost-shared program, which has been in place for thirty-six years, is administered and delivered by Newfoundland and Labrador Housing Corporation as well.

Low-income households are provided with financial assistance to improve their homes, thereby allowing them to stay in their homes much longer. Mr. Speaker, approximately 86 per cent of people assisted under PHRP, or the Provincial Home Repair Program, are seniors with low incomes. The average homeowner recipient is sixty-eight years old, has an annual income of \$18,646, and occupies a forty-eight-year-old house in the rural part of our Province.

Mr. Speaker, in 2013-2014 the Newfoundland and Labrador Housing Corporation provided \$6.2 million through the Provincial Home Repair Program to assist approximately 1,650 clients to continue living comfortably in their own homes. Items that clients may be eligible to upgrade include windows, doors, siding, insulation, roofing, and heating systems – all of which can improve the energy efficiency of a home.

The Rental Housing Program, Mr. Speaker, the Newfoundland and Labrador Housing Corporation again owns and administers 5,568 social housing units throughout various regions of the Province – with the greatest concentration

of units located in the Avalon Region, 3,166; and in the Corner Brook Region, 804.

Just this past week, Mr. Speaker, the Newfoundland and Labrador Housing Corporation also increased its own housing portfolio with twelve new seniors' units located in the Charter Avenue building in Pleasantville, through a \$2.3 million investment.

Mr. Speaker, 34 per cent of the 5,568 homes house seniors aged sixty-plus. In addition, all seniors in Newfoundland and Labrador Housing units are eligible for heat subsidies. Throughout its own social housing portfolio, Newfoundland and Labrador Housing Corporation has forty-one buildings, Province-wide, totalling 420 units, which are designated seniors' buildings.

Mr. Speaker, the Home Modification Program – and as I have mentioned, there are many affordable housing options offered by Newfoundland and Labrador Housing Corporation for seniors throughout the Province. The Home Modification Program is another such program. It is designed to provide funding to low-to-moderate income homeowners, \$46,500 or less, seniors, and persons with disabilities who require significant accessibility changes to their residences. The program, Mr. Speaker, helps promote independence, self-reliance, assists with a better quality of life, and enables individuals to remain in their own homes for a longer period.

This past fiscal year, Mr. Speaker, the Newfoundland and Labrador Housing Corporation's Home Modification Program provided \$1.9 million to assist approximately 300 seniors with low-to-moderate incomes make accessibility modifications to their homes.

The Rent Supplement Program, in partnership with private landlords, Newfoundland and Labrador Housing Corporation provides 1,732 affordable one and two bedroom units for households with lower incomes by subsidizing the rental difference between what the private landlord is charging and what the tenant can afford to pay. This is a program whose funding was doubled by this government from \$4 million per year which it had been to \$8 million just a few years ago.

The budget was increased again in 2014 to \$9 million and will enable Newfoundland and Labrador Housing to increase the rent supplement to 1,882 units Province-wide in 2014-2015. Mr. Speaker, the majority of these households assisted under the Rent Supplement Program are seniors with an average age of sixty-plus.

Mr. Speaker, I want to talk about REEP as well, the Residential Energy Efficiency Program. REEP is designed to assist low-income households, \$32,500 or less per year, in making energy efficient retrofits to their homes. The average client profile is sixty-six years old with an annual household income of \$20,395 and is living in a forty-nine year old home, generally in a rural part of the Province. Eighty-three per cent of applicants for the Residential Energy Efficiency Program are seniors.

In 2013-2014, Newfoundland and Labrador Housing Corporation provided \$1.5 million to assist approximately 500 homeowners. In Budget 2014, the program was reinstated to 2012 funding levels and extended for three years at \$4 million per year.

Mr. Speaker, what this will do, it will enable Newfoundland and Labrador Housing Corporation to serve up to 1,000 low-income homeowners annually with energy retrofits that will significantly improve affordability by reducing heating costs. To date, Mr. Speaker, we have been able to assist more than 4,500 homeowners with energy retrofits through the Residential Energy Efficiency Program with an estimated average energy savings of 32 per cent or \$735 annually. These retrofits make housing more affordable while reducing greenhouse gas emissions. Homeowners can avail of a grant up to \$3,000 per unit on the Island, and in Labrador \$4,000 per unit.

Mr. Speaker, I want to talk about the Partner-Managed Housing program. Newfoundland and Labrador Housing Corporation's Partner-Managed Housing program provides over 1,000 affordable rental housing units throughout the Province and assists mostly seniors. These are managed by sixty non-profit groups, including the City of St. John's, Humber Valley Seniors, Marystown Kinsmen, Melville Native Housing, Robert's Arm Interfaith Seniors, Harbour View

Homes, Harbour Grace, Random Interfaith, Clarenville, among others.

Mr. Speaker, I want to remind our hon. colleagues that Newfoundland and Labrador Housing Corporation is the Crown corporation responsible for the implementation of government's social housing policy and programs. In addition to seniors, their focus is providing safe and affordable housing to low-income families, persons with complex needs, persons with disabilities, and single adults with low income.

Seniors are the fastest growing proponent of our Province's population. As you can plainly see from the long list of programs I have described, Mr. Speaker, seniors are certainly a main priority for the Newfoundland and Labrador Housing Corporation and this government.

At this point, Mr. Speaker, I want to make an amendment to the resolution. I move, seconded by the hon. Member for Humber West, to amend the motion by adding a fourth recital clause which will read:

WHEREAS the government's social housing strategy includes several housing initiatives giving seniors access to safe, accessible, affordable housing.

Also adding in the resolution clause after the word "seniors" the phrase "incorporating its existing housing initiatives from which seniors are benefitting".

Mr. Speaker, the new amended resolution would read:

WHEREAS Newfoundland and Labrador has the highest median age in Canada; and

WHEREAS one in six people in our Province today are seniors, and by 2025 one in four people will be seniors; and

WHEREAS access to safe, accessible, affordable housing is one of the most significant issues facing seniors; and

WHEREAS the government's social housing strategy includes several housing initiatives

giving seniors access to safe, accessible, affordable housing.

THEREFORE BE IT RESOLVED that the House of Assembly urge government to develop a comprehensive housing strategy for seniors incorporating its existing housing initiatives from which seniors are benefitting.

Thank you, Mr. Speaker.

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

Before we consider the amendment, I would like to take the opportunity to recognize the Deputy Mayor of New-Wes-Valley who is joining us in the gallery today, Mr. Ken Hoyles.

Welcome to our gallery.

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

**MR. SPEAKER:** The House will now take a brief recess to consider whether the amendment is in order.

### Recess

**MR. SPEAKER:** The amendment is determined to be in order.

The hon. the Member for Bay of Islands.

**MR. JOYCE:** Mr. Speaker, I rise here to speak on this today. I understand the amendment is in order. The amendment does not change the original intent of the private member's motion, but once again it just shows government, that even when the member puts in a motion it almost has to be like you have to brag everything we are doing.

Mr. Speaker, there is absolutely no doubt there has been good stuff done. I am one of the people who stood up in this House on many occasions to talk about the good things, but, when you look at the amendment, several housing initiatives - that is right, several - several are not enough. That is why we are introducing this motion, when you say several are not enough.

When you add the other part of the amendment, incorporate its existing housing initiatives from

which seniors are benefiting, there is no doubt there are a lot of programs here that the government has initiated that benefit seniors, but are they working? Are they working to the extent they should? Did it work in the 2012 strategy plan that you put in place two years ago? Are they working?

Mr. Speaker, when this motion came forward and we discussed this motion, this motion was more to say, let's all, as parliamentarians, develop a strategy for seniors. Let's all have this open discussion, because there are major concerns for seniors in this Province.

I know the former Minister of Health, we spoke about this on several occasions, Mr. Speaker. I have to say to the former Minister of Health, when it came to seniors, we dealt with a lot of seniors' issues. I know the former Minister of Health helped out a lot of senior groups in the District of Bay of Islands. I know we had a disagreement on the hospital, but I cannot deny the initiative that she was undertaking for seniors in this Province. I cannot do it. When there are issues that I have for seniors, I cannot step back and say that the minister was not there.

I even remember once or twice, Mr. Speaker, it was on a Sunday afternoon that the minister's office and staff were there to help out seniors. There is no doubt that the former Minister of Health - when we had discussions on the seniors, everybody is committed to this. The former Minister of Health was one person also who is very committed to seniors in this Province. I know that personally. I am sure the current Minister of Health is also.

I know, Mr. Speaker, there are times when we have disagreements in this House, one was with the hospital, but I cannot take away the commitment that the former Minister of Health had to seniors in this Province and the people in this Province. I refuse to do it because it would not be telling the truth and I cannot do it.

I remember one case when I called on a Sunday evening and the minister and her staff was there available, helping me out on something, Mr. Speaker, that was - we all agree that we are all here to help seniors. We all agree to that, and I would never deny anybody in this Legislature that. I know the Member for Humber West; we

deal closely on seniors issues out in Humber West, the Bay of Islands, and the Cormack area also. I would never take that away from the Member for Humber West. We may disagree on some issues, but one thing we cannot disagree on is an initiative that we would try for seniors, Mr. Speaker.

This PMR, Mr. Speaker, was more for all of us to come together and say, is the strategy working? Is the strategy working that is in place now for seniors in this Province? We all mentioned that there were a large number of seniors in this Province, and the number is growing on a regular basis. On a daily basis it is growing, the number of seniors who need accommodations.

Mr. Speaker, accommodations for seniors comes with all the support groups and support initiatives that we need to keep them in their homes – for long-term care facilities, for long-term needs for seniors. There is a complex and a variety of needs that they need. Home care is one.

I will just give you an example, Mr. Speaker. Out around the Corner Brook area, and I always said this, we need greater efficiency in home care services. We need it. If we are planning on trying to keep seniors in their own home, especially in rural areas – Mr. Speaker, I would not stand here today and say I have all the answers. I do not have all the answers.

I do not think any member in this House of Assembly has all the answers, but we need to find some way that we can come up with a comprehensive strategy for seniors and housing for seniors that will encompass home care, that will encompass affordable housing, that will encompass ensuring that seniors could stay in their own home with the electricity bills, the light bills, the heat bills, and transportation costs. This is what this private member's resolution is, Mr. Speaker, which I am glad to second, is we need to come up with a strategy for this.

Mr. Speaker, I heard the member speak about Newfoundland and Labrador Housing. There is no doubt Newfoundland and Labrador Housing has some initiatives in place for seniors. There is no one denying that. I know during Estimates

when I was talking about housing, there is absolutely no doubt that there are some good initiatives like the RRAP, the energy rebate program. That is a good program. The question is, Mr. Speaker, is there any way we can increase it because the (inaudible) increase the cost for some seniors.

I know my colleague mentioned it. One of the greatest concerns a lot of seniors have – and I know a lot who are into it – is what happens if a spouse passes away? If you are living on two incomes, Mr. Speaker, and one passes away, you are down to one income but you have the same number of bills. This is the kind of initiative that we need to look at in the private member's motion.

The design for homes for seniors, Mr. Speaker, this is very important, the design for homes. Mr. Speaker, I had the pleasure of being involved with some groups with people with disabilities for a number of years. We did a lot of studies and reviewed a lot of studies across Canada. The most vulnerable group now for mobility issues, and even becoming paraplegics, are seniors.

When we hear about designing Newfoundland and Labrador Housing, when we hear about new programs, Mr. Speaker, we have to incorporate the design for seniors who have mobility issues. The greatest numbers who are now becoming paraplegic are seniors, because of their age, the deterioration in their spine, disease in the spine and other reasons.

When we asked questions earlier about seniors and seniors' issues, there is absolutely no doubt when you stand up and say we spent this amount of money, we spend this much for housing, we spent this much to ensure that a lot of units are wheelchair accessible. There is no doubt, but we have to face the reality that there are many seniors out there who cannot afford housing. We have to face it.

How are we going to solve it, Mr. Speaker? I do not have the answers. I will be the first to admit. I do not think anybody on the government side has all the answers. I do not think anybody would stand up and profess to have all the answers. What we need – and this is the private member's resolution – is a strategy that we can

first develop, maintain, and two years down the road we have to look at the outcomes. It is not good to put in a strategy and say oh, we have the strategy and just take it and put it on the shelf and say hopefully it is all going to work; we have to set outcomes in that strategy. Then we have to have some way to review the outcomes to see if they are working and if the outcomes are not working, how we can revise the strategy as we move on. We have to do that.

I know the government developed a strategy in 2012, and two years later I have not seen any updates on this strategy. I am not sure if there was any ever given. I have not seen any updates on the strategy. Did we check the outcomes on the strategy that was developed in 2012, Mr. Speaker? I know when you go to a lot of groups, when they set up a five- or ten-year strategy they have outcomes to see if you are meeting the goals that you set out. That is what I was thinking about, Mr. Speaker. That is why I feel that we need the strategy but we need to make sure it is affordable, attainable, and we have to have a way to look at the results of the strategy.

Mr. Speaker, private partner, public partner partnership is a great way – and I know there are groups that have taken advantage of that. I know there are some private individuals who have taken advantage of that. I think it is great. If that is what we need to do, we need to do it.

Mr. Speaker, however we – and I mean government. However government can come up and find some affordable housing for seniors, I am the first one to say we need it. We need to first recognize that there is a problem out there. We need to do that. We need to recognize that there is a problem out there. We need to recognize that the strategy that was put in place back in 2012, or the strategy that came out we have not seen the outcomes. We have to see where it is at.

I am not standing alone here; I can assure you, I would say every member in this House of Assembly, every member, had calls about seniors about affordable housing. This is not unique to this party. This is not unique to the NDP. This is not unique to the government. This is a provincial issue, Mr. Speaker. I am sure there is not one of us in this House of

Assembly would want to hear another call from a senior saying I cannot afford to live in my home. It is sad.

So this is what this private member's resolution is all about. This is not an attack on government. This is absolutely no attack on government. This is just raising the issue again. This is taking this issue and let us have a frank discussion about where we are, where we need to go, and how can get there. That is what this is all about. I have no intent here to try to criticize anybody; there is lots of time for that. There are lots of things to bring up – you could always bring up issues, but we need to come together, Mr. Speaker.

I see the amendments that the Member for Port au Port made, Mr. Speaker, and the only part that I disagree with is “several”. I agree there are several initiatives, but we need more. The second part, Mr. Speaker, “incorporating existing housing initiatives from which seniors are benefitting”, I agree; there are some who are benefitting. I will vote for the amendment. I have no problem with that, because I always recognize issues and some initiatives that this government has done for seniors.

Mr. Speaker, I brought this up in Estimates. It was not this year; it was last year. There are wait-lists for the social housing for seniors. There are wait-lists. I understand that they are not going to disappear overnight, but when we hear about oh, the list has gone down, this is one thing I just want to let the people in the Province know: The list has gone down is 100 per cent correct. Part of the reason, Mr. Speaker, is that after one year, your name is taken off, gone. That is why the list has gone down.

I am sure there is extra housing, but that is why the list is always very low. Because after a year, your name is taken off the list; you have to go through the whole process. People just find it so cumbersome that again, if they move to a certain part of a city, like in Corner Brook, they move from one area to another, they have to go through the whole process. They have to go get the doctor's referrals. They have to go to Income Tax. They have to go through the whole process again. That is why the list is down so far when they stand up and say: Oh, well, the

lists have dropped a lot. You have to look at why.

Mr. Speaker, this is not unique to St. John's, Corner Brook, or Gander. This is rural Newfoundland. It is a major issue in rural Newfoundland. This is why we need a comprehensive review of the housing for seniors for all Newfoundland and Labrador, for rural parts, urban parts, St. John's, Corner Brook, Gander, and Deer Lake. In all parts, there are seniors with major issues.

Mr. Speaker, we also need a lot of shelters and hostels for seniors for short terms. This is part of the strategy. If you ever look at seniors who come into some emergency situation, have to move out, and have nowhere to go. The next thing you know they are into a long-term care facility because they have nowhere to go on a short-term basis. That is part of the strategy of the housing.

Mr. Speaker, I see my time is up. I ask members to support this. I do support that government does has initiatives there for the seniors. I support every one that you can get – even more, if possible.

Mr. Speaker, I just thank everybody for participating in the discussion today. Let us all remember that no one in this House wants to have a senior move out of their home. Let us all work together to improve the housing for seniors.

Thank you, Mr. Speaker.

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

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

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

It is indeed a great opportunity this afternoon to stand in this House and speak to this private member's motion. I am not going to stand on this side of the House and disagree with anything that the member from across the way had to say for his fifteen minutes on the floor of the House. As he said and everyone on this side of the House and all three parties, we all have significant seniors in our lives, whether they be

individuals who are in our families or individuals who we have as close friends, or seniors who are friends of friends who we have.

We have seniors in our district, Mr. Speaker, who often pick up the phone and call you on numerous issues. I for one am not going to stand in the House today and say that I do not receive any phone calls from seniors or children of seniors looking for answers, or solutions to situations that seniors are in.

Just a couple of days ago I had the great privilege of standing in this House and recognizing one of the seniors in Corner Brook, Mr. Fred Alteen, who was recognized as Citizen of the Year for 2013 in the ACE Awards. It was a privilege to actually do that, someone who served in World War II and who has been a member of the Royal Canadian Legion for over forty or fifty, sixty years I do believe, Mr. Speaker, and just who contributes like many others in the community to make Corner Brook and the surrounding area a better place.

I often think of people in Corner Brook like Bernice Buckle and Israel Hann who have been advocates for not only seniors' issues, Mr. Speaker, but issues of people in general in the Corner Brook area. I think of the late Minnie Vallis and Gertie Hynes. Her and I sit down often and have numerous conversations about issues that are reflective on what seniors need in our communities.

Mr. Speaker, our government is committed to healthy aging and building a more age-friendly Province. Over the past several years we have funded seniors' groups and organizations that focus on involving and supporting seniors in their communities. We have implemented the Long-Term Care and Community Support Services Strategy that looks at a full continuum of long-term care ranging from initiatives like home support, the paid family caregiving option, the roles of personal care homes, and long-term care bed accessibility.

I know the Member for the Bay of Islands just referenced that it is a provincial issue. It is not only a provincial issue. Mr. Speaker, we recognize on this side of the House, as do other organizations and the federal government, that as our population ages, it is not only a provincial

issue; it is a provincial issue right across the country and it is a Canadian issue. I would say it is an international issue as our population ages and lives longer. The issue of housing becomes more and more important as we age.

It is important to remember that, ten years from now, or fifteen years from now, the people who will replace us could be standing on the floor of this House, Mr. Speaker, and also talking about issues with regard to seniors and housing. This government has contributed and other governments have contributed to building seniors complexes, whether it be long-term care facilities in Corner Brook. I know when it opened. Now we are going back and build another long-term care facility, and other long-term care facilities throughout the Province.

We need to continue to do these kinds of things for the residents of Newfoundland and Labrador. That is something that this government, Mr. Speaker, is committed to.

Mr. Speaker, we have implemented many programs to put money back in the pockets of seniors including a number of programs like the Low Income Seniors' Benefits, the Affordable Housing Program, partner-managed housing, the Provincial Home Repair Program, and the Residential Energy Efficiency Program. I will give you an example of one in Corner Brook down on West Street and Park Street; the partnership that the federal government and provincial government made with the United Church in Corner Brook to open up housing units on Park Street and West Street in Corner Brook in the United Church. Actually it was in the old gymnasium attached to the United Church.

We need to look for and search out more partners that could do that in our communities, right throughout Newfoundland and Labrador, Mr. Speaker. I want to say to the residents of Humber West that there are a number of people who are advocating for more of these throughout the Province. Last week, I sat down with a number of advocates in Corner Brook and the Corner Brook area just to sit and listen to about how we can partner, how government can partner with other organizations, not only in Corner Brook but also throughout the Province.

That is what this debate is about here on the floor of the House today, Mr. Speaker. We have reduced fees for any adult over the age of sixty-five on drivers' licences and vehicle registration fees, fees for fishing, hunting, camping, and woodcutting. I think this is one we should be very proud of – through the Newfoundland and Labrador Prescription Drug Program 65Plus Plan, no senior using this plan pays more than \$6 for prescriptions for covered medications.

When we look at housing, Mr. Speaker, it is not only the building in which someone lives. I know it is critical, but when we look at monies the seniors have and affordable housing, it is all about the package of money that they have and what money they can keep and retain.

We all know the challenges. Every single one of us here knows the challenges of the monies that seniors have and some of them with the lack of money that they have for housing. These programs that we have implemented over the last number of years are a part of that package, to be able to put more money back into the hands of seniors into their pockets, whether it is to be used to pay their heat and light bill, or whether it is to be used for extra food on their table and those kinds of things. We are all sympathetic and empathetic – more than sympathetic, empathetic to all these kinds of things.

That is what this government has been doing over the last little while, Mr. Speaker. It does me proud as a Member of the House of Assembly for Humber West, as all members of this House, when you get a call from a senior and you are able to help them out with an application or with a program, whether it is the provincial Home Repair Program or the Residential Energy Efficiency Program. That is important that we as MHAs are able to do that for the seniors who are in our districts.

I take great pride when I am able to do that, and find out, when I get a call from a senior two or three months down the road, and they are telling me they have received some funding for new shingles on their roof, or for new siding, or for new windows, or to control the mould problem that they might have in a damp basement. We have all taken good pride in that in our districts. I take great pride, Mr. Speaker, when I hear

from my constituents in Humber West as would others in this House who would do the same.

We have also implemented a Healthy Aging Policy Framework that includes initiatives such as the Ageless Campaign which promotes positive images of aging, and recognizes the contribution of seniors in Newfoundland and Labrador. The Ageless Campaign is based on the fact that ambition, involvement, and participation in society can be lifelong activities, Mr. Speaker. We all learn from our seniors.

There is not a day goes by that we shall not learn something from our seniors, Mr. Speaker. They have a wealth of knowledge; they have a wealth of background. They have a wealth of information to pass on to this generation and other generations. As we age and we become seniors, our ability to pass on our knowledge to the generation that is coming behind us is absolutely critical. We must never forget in many of our communities the valuable insight, the valuable knowledge that our seniors have. I can tell you one thing, I take great joy in listening to the seniors when I speak to them in my district, because they have a lot of advice they can give us, a lot of advice they can pass on to this generation.

Mr. Speaker, the Newfoundland and Labrador Healthy Aging Research Program provides funding for a wide variety of topics related to healthy aging that address the priority research themes of caregiving, peer support, community capacity, crisis intervention, rehabilitation, and dimension. We do not need to go far into our communities to find out the depth and the breadth of the involvement that our seniors have.

I started off about eight or ten minutes ago listing off four or five people in the community of Corner Brook and Humber West and Humber East who played a significant role in how strong the community has become. We could go throughout the entire Province of Newfoundland and Labrador and find in our communities seniors who still serve on municipalities and who go to the meetings, who still serve in their church, and still serve on hospital boards and contribute on a daily basis. That is the kind of support we need to give all of our seniors in our Province.

I am proud to say that this government has supported our seniors in Newfoundland and Labrador for numerous years and will continue to support seniors in Newfoundland and Labrador, Mr. Speaker.

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

**MR. GRANTER:** Mr. Speaker, the Age-Friendly Newfoundland and Labrador Grants Program is designed to provide funding to incorporated municipalities, Aboriginal governments, communities, and senior organizations throughout the entire Province to support them in planning for an aging population.

Mr. Speaker, it is funny because I opened up an envelope just yesterday in my office, in my new role in the Department of Health., and there was a magazine that was passed on from the 50 Plus Federation, a newsletter from the Newfoundland and Labrador Pensioners and Senior Citizens Federation. They referenced – and I just pulled one there – from seniors, an important part of the community. This was from the president. This was an article that was written in *The Georgian* in Stephenville – seniors, an important part of the community.

The gentleman Robert Rogers is a strong supporter of seniors sharing their talents and skills with others. He stated that seniors are an important part of the community and they need the interaction. They need the support of other partners, namely their town, their school, their parish, other organizations and businesses, Mr. Speaker. This is what we are debating here on the floor of the House today. I do not think anyone from the other side of the House or this side of the House would argue about anything that I just spoke to you about with regard to the importance of seniors in our communities.

Mr. Speaker, you talk a little bit about age-friendly grants, I just had a quick look and it was also referenced in this magazine that came out in May month. The Town of Torbay and Aquaforte, St. Jacques-Coomb's Cove Recreation Committee, the Town of Cupids, the Town of Pasadena, Mount Pearl, Fogo Island, Lewisporte, Trinity, Fortune, Kippens, and St. Anthony all received age-friendly grants ranging

from \$5,000 to \$10,000 in the last little while, 2013-2014.

In the Age-Friendly Newfoundland and Labrador Seniors Organization Grants: the Canadian Red Cross; New Visions 50 Plus Club in Trinity – Bonavista Bay; the Town of Bird Cove; VON St. John's grants; the Curling Seniors 50 Plus Club in Curling, that is in the Member for Bay of Islands district; Trepassey 50 Plus Friendship Club; Three Rock Cove Recreation; the Labrador Friendship Centre; the Town of Carmanville; Jimmy Pratt Memorial Outreach Centre; St. John's Native Friendship Centre; South West Coast CN Pensioners Association; Exploits Community Centre; the Town of Meadows and that is also in the Member for Bay of Islands district.

My point, Mr. Speaker, is this, it is recognized that the valuable purpose of seniors groups in all regions of the Province and the contributions that seniors make, whether it is a small contribution that allows their seniors club to operate, or allows a club to be able to go and pick up some seniors and bring them out to a tea or bring them to a dinner, bring them to a supper, to be able to get them out of their home. This is what a housing program is all about. It is not necessarily about the mortars, the bricks, the windows, and the siding. Although that is very important, that is very critical, it is also about the other programs that we are providing for the people of Newfoundland and Labrador.

Yes, someone would ask you the question – and someone would ask many of us the question whether you are sitting on that side of the House or this side of the House, they would say: It is not enough. The answer to the question is: Right, it is not enough. We need to continue to provide the services for the needs of our aging population.

Just as we built long-term care facilities in Corner Brook and in other parts of the Province – a new one going to be opened up here in St. John's, a 400-plus bed facility going to open up this coming fall – the answer to that is not enough. Again, we will continue to provide those kinds of services and five years down the road or three years down the road, we will have more beds available. Five years down the road, there will be more homes available. Ten years

down, the road there will be more available. That is what this is all about; it cannot all happen overnight.

As our population ages, Mr. Speaker, there is more and more need. There is going to be a greater strain on the public purse and on the resources to provide this for our seniors. Let me say to the people of Newfoundland and Labrador as I stand and address this group today, the Government of Newfoundland and Labrador has shown time and time and time again over the last number of years since we have been in office that we have not forgotten our seniors. Whether that is a reduction in fees, whether it is the home programs that we have contributed, or building of these long-term care facilities, we will continually stand by our seniors in the Province, Mr. Speaker.

Yes, we will listen to what the issues are out there and we will move forward advancing the cause of seniors in the Province of Newfoundland and Labrador. I take that great pride in that, as I do my colleagues on this side of the House, and I know other members of the other side of the House as well.

Mr. Speaker, I only have a couple of minutes left. We know that many older adults in our Province live in their homes in their own communities. We recognize that seniors need affordable, accessible, safe, and energy-efficient housing as I have just referenced. By providing these supports, we can preserve seniors' independence allowing them to age in place as long as they are able to.

I speak no further than my own mother who is a senior – I will not give her age to the people of the Province – who is still able to live in her own home in Pool's Island in the beautiful District of Bonavista North, who is able to still live in her own house and care for herself and take care of her own needs. That is what it is all about.

Mr. Speaker, this year approximately 42,000 households throughout the Province will receive a total of \$40.4 million; through the Newfoundland and Labrador Low Income Seniors' Benefit which will be received in October 2014; through Newfoundland and Labrador Housing, 456 housing units specifically for seniors have been constructed or

renovated, options through the Affordable Housing Program since 2006. Since 2009-2010, \$17.5 million has been allocated through Newfoundland and Labrador Housing for partner-managed housing. The upgraded housing project served more than 1,400 households, of which, 80 per cent are for seniors.

Mr. Speaker, I could go on and on – and I want to conclude – but my point is that I am not disagreeing. We are not disagreeing with what the Member for Bay of Islands said or the intent of this motion on the floor today. We all agree – and I would say that we are all committed. Every member of this House is committed to supporting our seniors, and if that is a continuation of more and better and modified housing where the people stay in their own homes, or we provide the necessary beds for them at long-term care facilities, when seniors get to that point, that is what I am committed to do and stand on the floor of this House and get the support of this government, and I know that this government supports seniors in the Province of Newfoundland and Labrador, Mr. Speaker.

**MR. SPEAKER (Littlejohn):** I remind the hon. member his time has expired.

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

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

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

I am very happy to stand and speak to this amendment today. I would like to first start off, Mr. Speaker, by saying this is not about charity. This is not about charity and taking care of our seniors. This is about justice. This is about respect. This is about fairness. It is not about charity and taking care of our poor seniors. People who are seniors today are people who, for the most part, have worked hard all their lives, whether in the paid economy, or whether they have been homemakers and raising children. What is it like, what has happened that we have come to a point in our communities – because we all hear the stories. I have lots of stories to tell from constituents; a lot of us do.

A lot of us know how tough it is for many of our seniors in Newfoundland and Labrador.

In Newfoundland and Labrador, we all know that we have the fastest-growing proportion of seniors in our population of anywhere else in the country. Not only that, we also know that we have the highest proportion of seniors who are in receipt of OAS and GIS – and GIS is a Guaranteed Income Supplement – which means we have the highest proportion of seniors who are basically living at the poverty line, and we know that poverty is one of the most severe forms of violence.

Mr. Speaker, poverty is injustice, and you do not ameliorate poverty by charity. This is not about charity. It is about social policy. It is about developing social policy that is effective, that is about maximizing our resources; it is about ensuring safety, and health and well-being.

Mr. Speaker I attended a meeting that was facilitated by the Canadian Medical Association of Canada and it was also facilitated by the Newfoundland and Labrador Medical Association. The theme of the meeting was: the social determinants of health. One of the key areas that were identified as a social determinant of health was adequate, safe, accessible, affordable housing for all citizens, whether it was people with mental health issues, whether it was people with children, whether it was working families, whether it was even high-income earners. If you do not have a good place to live, you simply cannot get on with life.

Again, the Canadian Medical Association and the Newfoundland and Labrador Medical Association identified one of the key social determinants to health is housing. That is what we are talking about here today. Again, we have the highest proportion of seniors in Newfoundland and Labrador in receipt of OAS and GIS. That means people who are living on \$15,592 a year.

None of us in this House have to face that reality. If we have parents who are living on that minimal income, many of us are able to help our parents because we are well paid, we all have roofs over our head, and none of us are precariously housed, which is a term that is often used by housing advocates. Precariously housed

means that your housing is not really stable, that you live with the possibility of either losing your housing because of uncontrolled rent increases or because you lose a spouse and, therefore, income is cut. Many seniors are in that position, many seniors in Newfoundland and Labrador.

Mr. Speaker, what does it mean in this day and age, and our incredible – as the Premier, when he was Minister of Finance, talked about the golden age that we are in. What does it mean when we have seniors who have worked all their lives, again, whether in the paid economy or not in the paid economy, and then they live what is supposed to be their golden years in fear of poverty and in fear of losing their housing, or in fear of not being to stay where they are or in fear of not being able to move on if moving on is what they have to do?

What does it mean to live your golden years, your supposed golden years, after working all your life, to be living on less than minimum wage? Because that is what is happening with a lot of seniors in Newfoundland and Labrador.

That is what this discussion is about. This discussion is about looking at ways to address those issues. Again, we are not looking at charity, we are not looking at – the government has done some great initiatives, absolutely, but what we have is a piecemeal approach. Also, we have a whole piecemeal approach to the whole issue of housing. There is not a comprehensive, overall housing strategy or housing policy in this Province. There never has been. That is why we find ourselves in this particular crisis.

Mr. Speaker, there are other provinces in the country that do not have this crisis because they do have overall strategies and policies that look at housing, that incorporate issues like taxation, issues like land use, issues like using buildings that belong to government, public buildings that can be reconverted to other uses. It is also about looking at partnerships with the private and the public sector to look at – because what is being built right now in Newfoundland and Labrador, we all see that, we see it in the paper, we see it on the Internet, condos that start at a minimum of \$320,000 a year.

So many seniors want to move to condos but they cannot afford to go to condos because their

houses, which may be older, are not worth that much. They cannot sell them for that much. Many of them have a low pension, or are on OAS or GIS. They cannot afford a mortgage on a \$325,000 condominium, then to pay the condo fees which may be anywhere from \$300 to \$500 extra a month. It is out of the reach of most seniors here in Newfoundland and Labrador.

We do have some seniors who are comfortable, who are fine, their housing is in place and they are going to be okay. That is great. Nobody, particularly in their golden years, Mr. Speaker, should be living with that kind of fear over their head. How did we get to this point? I would say how we got to this point is because we have not had a comprehensive housing strategy, we have not had a comprehensive housing policy.

Again, that is what this is about. We need it in terms of all housing here in the Province, but particularly now what we are looking at is the issue of a housing strategy for seniors. It is really good.

The other thing, Mr. Speaker, is that we have experts in this area. We have experts probably here in this House. We have experts in our public service. We have experts in our communities who are housing advocates, but also seniors. Seniors know what solutions they want and what they need in their own lives.

There has been some very interesting work that has been done, and not to minimize it, Mr. Speaker. We know the solutions to the housing needs of seniors are not simple, they are complex. They really, really are complex. Even more reason why we must have an effective housing strategy that addresses these very complex issues because we cannot leave it to the free market alone. We cannot leave it to chance alone.

It is not enough to have a bunch of programs that provide some good support. Basically, it is a piecemeal approach. It is not a comprehensive answer. We know how important it is to have strategy, policy, and action plans that actually do something concrete that will tackle the challenges most seniors face here in our Province; that a lot of people face in terms of the housing crisis that faces all of us here in our Province.

There was a great piece of work that was undertaken. The piece of work is called Seniors' Housing: Challenges, Issues, and Possible Solutions for Atlantic Canada. It was done by the Atlantic Seniors Housing Research Alliance.

What they did is they had a number of focus groups with seniors, housing advocates, health care professionals throughout Atlantic Canada. One of the key findings they found, Mr. Speaker, is that for the most part seniors want to stay in their own homes.

Now that is a bit broad: in their own homes. It might be the home they have lived in as an adult; it might be a rental unit they are currently in; it might be a new house or a seniors' cottage that they want to buy; but, for the most part, seniors want to be able to age in place. I bet you if we pooled most of the people here in this House, most of us would want to be able to do that.

There are programs and supports that are needed in order for people to be able to age in place, and to be able to age in place safely and affordably. I think that is what we are talking about. We are talking about how to ensure that seniors who have a right to self-determination, who have a right to independence, have the support mechanisms in place so they can age in place.

Mr. Speaker, there are seniors here in this House of Assembly, and we know the Municipal Councils of Newfoundland and Labrador identified housing as one of the key issues. They said we are in a housing crisis, and they could see it. The problem we have with housing right now did not happen overnight. We could see – we all have the statistics. Every government department have the statistics in terms of our aging demographic. It is not like all of a sudden there is a forest fire or all of a sudden there is a flood, we could see this coming.

The other thing, Mr. Speaker, is that it is rapidly increasing the proportion of seniors in our Province. This is not going to go away and it is not going to get better on its own. It is only going to get worse unless we do have a comprehensive strategy that has specific solutions that address the challenges we have.

This study was very, very interesting, Mr. Speaker. It was a comprehensive study that was done throughout Atlantic Canada. There were a number of universities involved. What they did is they consulted seniors.

Here is what they say on page 10 – and I would really recommend that every member in this House read this document. It is available online and it is from the Atlantic Seniors Housing Research Alliance, ASHRA. If you Google ASHRA you can get this report online. It is very readable and the information is so clear. They have identified the challenges and they have also proposed some solutions, or at least some direction for us all to go in to consider for solutions. This problem is not going to go away. Unless we have direct intervention, it is only going to get worse.

They said, “Studies on seniors' housing consistently report that seniors prefer to remain in their own homes for as long as possible.” What is it that we need in a housing strategy to make that possible?

How many of us have had members of our own families, even perhaps some of our own parents, who have had to be forced out of their homes because the support mechanisms that are needed for them to be able to age in place are not there? Whether that the house is too big and there are two stories or there are three stories, so it is about the actual physical accommodation of the housing, or because they need home care, or they need perhaps not medical home care but some kind of care, assistance, whether it be cutting the grass, housework or snow shoveling – there are effective economical solutions to be able to help our seniors age in place. We know it is a lower cost option than institutionalizing everyone. Particularly, because this is about justice, it is not about charity.

The other thing they said is, “Major barriers to aging in place include the inability to maintain property, followed by inadequate finances, illness, the need for safety and security, inadequate family support, and transportation access issues.” Boy, that is a big one. That is a real big one, seniors being able to get to the grocery store or get to their doctor's appointment.

Mr. Speaker, I see that my time is almost up. There is a wonderful organization in the Province called the Religious Social Action Coalition on justice. They have identified this as a really important issue. Again it is not about charity, it is not about what are we going to do for our seniors. It is about justice, it is about fairness. It is absolutely crucial, that this Province have an identified policy and strategy similar to what BC does, and one with an action plan, and with a plan as to when this will be completed. It is not enough just to say that we are going to do it.

**MR. SPEAKER (Verge):** I remind the hon. member her speaking time has expired.

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

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

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

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

It is a little quieter here now than it was during Question Period today. I have had a chance to catch my breath. I appreciate the opportunity to speak on this very important motion brought forward by the Opposition.

I think it is an important topic of discussion. I can tell you as the Minister of Health and Community Services and Minister Responsible for Aging and Seniors, it is one that I discuss on a daily basis, not only in my office but with constituents and Newfoundlanders and Labradorians as I meet them when I am out and about, or in meetings in my office, or other opportunities to meet and talk to people.

Mr. Speaker, our government's support for seniors in Newfoundland and Labrador, support for healthy aging and providing necessary services and programs for our aging population, has been a top priority for us as a government. It has been an important priority for us in government. One of the key areas that we have focused on is long-term care and community support services.

Mr. Speaker, while many people think that when you speak of long-term care – and I have talked about it here in the House in this way as well – that we are talking about facilities with nursing care, with support staff and the wraparound services with them, but that is not always the case. When we talk about long-term care there are other services, programs and so on that are delivered. Our vision for long-term care and community support services is to keep people in their own homes or as close to their own home as possible.

We know that for many people they do want to live independently. As we age and we mature – and we are all getting there. Everybody is aging and we are all getting there. We know that people who age, and as they get there, they want to maintain their independence for as long as they can. They want to remain in their own homes for as long as they can. Sometimes that means the home where they sometimes were raised themselves, or sometimes where they raised their own families – they spent a significant amount of their own lives in a home, their own home, and own community and they want to remain there. Our focus as well is to find ways and develop programs and opportunities for that to take place.

Mr. Speaker, in June 2012, our government released a long-term care strategy entitled: Close to Home. It is a ten-year vision and guide to help transform delivery of long-term care and services in Newfoundland and Labrador. The strategy, Close to Home, took a very comprehensive look at how the delivery of services takes place, where they are provided, and how we do our best to meet the needs of residents while ensuring they receive top-quality health care. That is what it is about; it is about providing best-quality health care to as many people as possible in all parts of the Province.

Every year there are more than 20,000 Newfoundlanders and Labradorians who avail of long-term care and community support services programs throughout the Province – that is 20,000. This year, nearly \$700 million will be invested in these services. That is a significant investment, Mr. Speaker. It is a significant investment for us as a Province and us for a government, but it is an important investment to make.

Through our long-term care programs, we subsidize 8,300 home support program clients, 2,800 long-term care clients, and 2,300 personal care home clients annually. Since the launch of the strategy, Close to Home, in 2012, we have implemented several new initiatives that have a keen focus on providing supports to help people stay in their own communities.

The focus of the strategy, Close to Home, is to keep people close to home. As I said, it is a ten-year strategy. When you have a ten-year strategy what that means is over the next ten-years we are going to roll out and develop the strategies, develop the plans, make the investments so that we make those improvements over a ten-year period.

You cannot go from here to here overnight. You have work your way through a system, through investments, development of programs and infrastructure, and services over a period of time. That is what we are doing. We are doing that. We are following that on this ten-year plan, this ten-year commitment. Since we launched it we have had several new initiatives, and I am going to talk about some of those new initiatives this afternoon.

I want to talk first about the Age-Friendly Newfoundland and Labrador Transportation Pilot Project. That is a three-year pilot project. We are investing \$1.3 million in this pilot project, which is increasing access for older adults as well as individuals who have mobility challenges, to provide to them an affordable and reliable transportation opportunity. These include transportation to meet the activities of daily living, including medical appointments, including shopping, socialization, and the type of day-to-day activities that older adults, seniors, and people with mobility challenges, quite often face and quite often need. Sometimes it is a challenge for people to be able to travel and attend appointments and functions then to their needs. It is more difficult and challenging for some than it is others, and quite often that is older adults and people with mobility challenges.

There were five groups selected to receive funding through this \$1.3 million three-year initiative: the Canadian Red Cross is a participant; the St. John's Transportation

Commission, commonly known as Metrobus; the Bay St. George Area Development Association; the Town of Springdale is receiving funding and participating; and also, the Town of Clarendville. Providing people with affordable opportunities to continue their independence as part of their own community, within their community, is essential to helping them stay in their own homes or stay close to home. It goes along with that.

We know the value of an affordable, clean, and quality home, a place to live, keeping people close to their own home where they want to be, where they want to live as independent as possible. Providing this transportation initiative, this pilot project, is going to be a great benefit to them. We look forward to the outcomes of that pilot project.

Just to add to that, Mr. Speaker, a pilot project is an opportunity to invest in a program, to develop a framework for a program, to roll it out in different areas as we are doing here, and then to evaluate it. Was it a good program, was it beneficial? Look at the benefits received. You have to look at the cost associated with that service and then measure that against the benefits that are received.

As you do it as a pilot project, it gives you an opportunity to run the project and to make amendments to the pilot. You may envision a certain framework and a certain product or a certain service. You know that during a pilot project when you actually roll out the program and it actually takes place, sometimes you have to make amendments to what seemed like a good idea and a good plan. Sometimes you have to modify and amend those plans. That is what pilot projects allow you to do.

Mr. Speaker, as well, under the strategy there is the Enhanced Care in Personal Care Homes Pilot Project. This is one that was talked about in the House by the Leader of the NDP a couple of weeks ago. It is a \$1.5 million pilot project. It is an eighteen month pilot project that will help to address the growing demands for safe, quality living arrangements and accommodations for older adults by allowing personal care homes to admit clients who require a higher level of care.

Personal care homes are a very important part of providing living arrangements for seniors. This project is going to provide an opportunity to evaluate the potential for personal care homes, and to enhance and expand their role in the provision of seniors care. There are three personal care homes in the Province that are participating in this pilot project: one is Callingwood Downs Senior Complex in Clarke's Beach, The Golden Years Estate in Gander, and also Mountain View House in Meadows. I know we have talked about the Member for Bay of Islands, but that is also in his district, the Mountain View House in Meadows. Those are the three that are participating in this pilot.

Each home is permitted to admit up to eight clients who require an increased level of care. The project will have an evaluation component again that will examine the feasibility, the appropriateness of it, and the resident outcomes in terms of safety, quality of life, the overall suitability of the program, and how it impacts on people's lives.

Personal care homes provide Level I and Level II throughout Newfoundland and Labrador. That is what they do throughout the Province is they provide Level I and Level II. Long-term care homes provide Level III and Level IV. This enhanced care pilot project is going to provide for what we have termed as Level II-plus, which is more than Level II reaching on Level III clients in personal care homes who need some nursing care, which is being provided onsite by a licensed practical nurse supported by a community care nurse.

I know I have brought this up many times in the House now – because I have heard it from people – that the NDP said we are going to use personal care homes now for Level IV. We are not doing that, Mr. Speaker. This pilot project is for Level II-plus, people who are reaching Level II and approaching Level III status. The higher the level, the higher level of care is required for people. It is being seen as a little bit higher than Level II, not quite into Level III, bordering close to Level III, but for Level II clients. It is a pilot project to keep people closer to their own home. That is the goal, to keep people closer to their own home, keep closer to their family, and keep

close to the community and the area that is important to them.

Mr. Speaker, a community rapid response team pilot project is another important project. We are investing \$3.1 million for a two-year pilot project, launching this year, for four community rapid response teams in the Province. They will be located in Grand Falls-Windsor, in Corner Brook, and there will be two in the Northeast Avalon and greater St. John's area. These teams will be comprised of health professionals who will assess patients at emergency departments to determine if they are medically stable patients that can return home safely with an enhanced community-based service, an enhanced community, at-home level of care, thereby avoiding an admission to hospital.

Mr. Speaker, this is another very interesting program. It is another very good program. It will be launching this year. Members opposite have talked about this and it was talked about today, how many people are in acute care beds who should be in long-term care homes or, with extra supports and services, can return home and do not need to be occupying acute care beds.

The primary target group for this initiative is seniors, but the service will also be available to adults who are in an emergency room and a decision has to be made, do they need to be admitted or is there a higher level of care available through the community. This is what this program will target: Clients utilizing the enhanced follow-ups with transition to existing community support programs as their condition improves.

So, as the client's condition improves, their health improves then they can transition to our existing community programs that exist in communities throughout the Province currently. This initiative will provide clients with an opportunity to recuperate and receive effective and efficient care in their own homes, while improving emergency room and acute care in-patient bed utilization. We have heard about that.

We have heard about where we have people in emergency room beds, we have people in acute care beds, and the opportunity for long-term care does not exist, or the question remains: Is there

another option? This is the other option that we are running as a pilot project, a community rapid response pilot project. It is a \$3.1 million, two-year project, which will give us an opportunity to evaluate and assess: Is this a good project? Can this provide a better quality care for people, not just seniors but in particular seniors, and will this provide a better opportunity for them?

The other one, Mr. Speaker, I want to talk about very quickly, because I know my time is running out, is the paid family caregiver option. This is a new home support option. It began this past March, providing seniors and adults with disabilities an increased choice when it comes to home care. It is an \$8.2 million investment. We are initially allowing up to 250 subsidies for seniors and adults with disabilities who are new to the home support system, and they will have the option of paying family members for home care.

This is not to replace, Mr. Speaker, what a spouse or common-law partner would be expected to do in a natural caregiver role. This is the opportunity whereby a person – it will provide an option to expand the definition of family members to allow them to provide care, which would include parents and children, grandparents, grandchildren, sibling and relatives residing in the same home. It is offering additional opportunities to people who can receive home support in another way, and again to keep them in their homes longer.

Mr. Speaker, that is what the goal of some of these projects are, and I have just talked on some of these. The members opposite quite often will ask: What are you doing about long-term care? What are you doing for seniors? This is just a sample of some of the new programs we are rolling out. We have a strategy in place; we have a ten-year strategy. We are investing millions of dollars in the best interests of seniors, with the goal of keeping them close to home, providing those services and supports to them in their own homes, in their own communities, with the support of their families around them. We think this is the right direction because people want to live independently and as long as they can in their own homes.

Thank you, Mr. Speaker, for an opportunity to speak this afternoon on this private member's resolution.

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

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

**MR. OSBORNE:** Mr. Speaker, just briefly, I wanted to ensure that my colleague would not be interrupted; I am going to give leave for him to use some of my time. We have the agreement from the House Leader on the other side as well.

Thank you, Mr. Speaker.

**MR. SPEAKER:** The member is asking for leave to not interrupt the Member for Torngat Mountains at 4:45 p.m., but to extend his time.

By leave?

**AN HON. MEMBER:** Leave.

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

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

I thank the members for granting leave. I know my time will be short as it is, but it is certainly a pleasure to rise and speak to the private member's resolution put forward by my colleagues for St. John's South and Bay of Islands.

Mr. Speaker, I listened to many of the presenters and I guess the one thing that we do have in common in all forty-eight districts in the Province are issues that arise around the seniors of our Province. These are the people who laid the foundation of which we are today. That number will increase as we all get a little bit older.

If you go back to some comparisons around the baby boom time and you look at the ratio of enrolment in schools as an indicator, in the 1970s we had up to 13,000 students entering Kindergarten a year. In 2012 it was less than 5,000. The number of people who are going to get older is going to be significantly higher to the point where – as of now, Mr. Speaker, one in

six people in our Province are seniors, and that number will get a lot higher to a point where in just over ten years it is expected that one in four will be seniors. Certainly, that will put extra strain on the resources we do have.

I did listen to the Member for Port au Port talk about the services that are in place now, and I did listen to the minister talk about some of the initiatives that are coming. Certainly it is something to be appreciated, as we all get issues from seniors in our own districts.

I have to take a little bit of time, Mr. Speaker, to refer to the district I represent in Torngat Mountains and some of the initiatives that are in place there and some that are lacking. Now, I know the Nunatsiavut Government has a lot of programs in place that help out our seniors.

I heard the minister talk about the need to keep seniors in their own homes, which is where they want to be, and we would all like to do that, Mr. Speaker. He also said as close to home as possible. A long-time wish for elders in my district is to have a seniors' home or a long-term care facility in Nunatsiavut. It is an issue that I think could be brought forward to this government, maybe in co-operation with the Nunatsiavut Government.

Right now we have approximately 85,000 seniors in our Province, a significant number. In terms of resources, we have 4,300 beds in our personal care homes and 3,100 long-term care beds. There is room for improvement.

I note in the Budget there was an announcement for an extension to the long-term care facility in Goose Bay. I certainly look forward to that, but the reality is that there will still be more people looking for long-term care than what is coming. That will come progressively as our population ages.

Right on the private member's resolution itself, it states that we have the highest median age in Canada. Given the numbers coming from the baby boom, for example, this age is going to get higher. It will be something that will force more attention on the resources we have.

I listened to the Member for Port au Port – I will be brief, I am winding down – when he submitted the amendment, Mr. Speaker, and I

am hopeful that this government will support this private member's resolution. By putting in an amendment and having the new resolution stating, "THEREFORE BE IT RESOLVED the House of Assembly urge government to develop a comprehensive housing strategy for seniors incorporating its existing housing initiatives from which seniors are benefitting."

One conclusion I can draw from this is that by implementing this amendment into this private member's resolution, the government admits that housing initiatives are not working. It is clear and simple.

With that, I look forward to total support from this House on this private member's resolution with the amendment, and I look forward to a housing strategy for seniors.

Thank you.

**MR. SPEAKER (Wiseman):** The hon. Member for St. John's South.

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

Mr. Speaker, I want to speak just briefly on the amendment for a moment. We are going to support the amendment, but it is a little disappointing that on such an important issue we would play a little bit of politics by using the words "...includes several housing initiatives..." and "...incorporating its existing housing initiatives from which seniors are benefitting."

When I introduced this private member's resolution, nobody beat government up. We recognize there are some strategies in place that are assisting seniors and benefiting seniors, nobody is disputing that. The purpose of this private member's resolution, Mr. Speaker, is the fact that we have an aging seniors' population, a rapidly aging seniors' population. That goes from the fact that just a few years ago only one in ten of our population was a senior. Today, it is one in six of our population is a senior. By 2025, it will be one in four people from Newfoundland and Labrador will be seniors. So we do need to develop strategies.

Nobody is saying that government has not done anything, but the reality is there are still a lot of seniors who are not benefiting from the

strategies that government have in place. There are still a lot of seniors who are taking up acute care beds in hospitals waiting for long-term care beds. There is still a waiting list to get into long-term care homes. There are still senior citizens who are living in their own homes, but cannot afford to heat or maintain their own homes. There are senior citizens, Mr. Speaker, who are asking for help.

We realize there is only so much money in the provincial Budget, so we are not beating government up by putting this private member's resolution forward today. We are saying as our population is aging and there is going to be a greater percentage of our population who are going to be considered senior citizens in the years to come.

The challenges – because people are getting married later in life, they are having children later in life. Therefore they have children to look after as well as aging parents. They have careers, whereas many years ago there was only one member of a household generally speaking who worked and one member who stayed home to look after the home and family. That is different today. The demographics and the population are different today. The demands on people are different today than they were decades ago.

The reality is, Mr. Speaker, we have an aging population and there are fewer children. With greater demands those children of the aging seniors have children to look after.

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

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

**MR. OSBORNE:** They have careers. Their demands are different today than they were years ago. The reality again is the fact that our population is aging at a very rapid rate in this Province. Our population of seniors is higher in this – or the ratio is higher in this Province than in any other Province.

What we are asking for here, Mr. Speaker, are creative strategies taking into account the changing demographics, the aging population. Taking into account the programs that government currently have in place, and taking

into account that they are still not reaching every senior and they are still not solving all of the problems looking forward and making strategic changes and strategic improvements to a strategy, incorporating all of the policies that government currently have in place, incorporating policies that are not yet in place, looking at being creative.

I will just give a couple of examples – and I am not saying these are necessarily the best thing here or that we can use a cookie-cutter approach. If you look at in the Netherlands, for example, there is a self-contained village in the Netherlands. The cost of that was \$24 million to build. It helps 152 residents. It was a project that was put in place in the Netherlands, Mr. Speaker. The cost is \$158,000 per resident to build that.

The way it works, Mr. Speaker, residents are free to roam and move about the village. They are unaware that many of their neighbours are actually staff. By comparison, the new St. John's long-term care facility here in St. John's was \$150 million to build and it helps 460 residents. It is a cost of \$327,000 per resident to build versus the \$158,000 per resident to build a village in the Netherlands. Obviously, we would need to look at what the Netherlands are doing, whether or not that works here, and whether or not we can do similar things here.

You look at Deep River in Ontario where a small community there, paramedics have begun checking on select seniors once a week. During those visits, paramedics perform basic health checks which can include making sure that the clients are eating properly and helping them complete their exercise regimes. They found that because of that program, they have cut 911 calls in half. So, there are creative ways that we can look at putting a seniors' strategy together, incorporating what is currently in place with new strategies, with new ideas.

Mr. Speaker, you look at here in Canada, in British Columbia seniors are included within government's Housing Matters strategy. As opposed to having a housing strategy which helps low income, which helps people of all ages, including seniors, we need to look at strategies specifically focused on seniors. In Manitoba, they have Aging in Place as a strategy

for seniors. It was announced in January of 2006. It predates the more comprehensive Manitoba long-term housing strategy called HOMEworks!, which came out in 2009. New Brunswick: They have launched their Home First initiative, a three-year strategy which will help seniors remain in their homes and communities as long as possible. There is information about that strategy which can be found on the Web site as well. Saskatchewan: There is a strategy there for seniors and it targets senior demographics within the larger housing strategy. Nova Scotia: A general housing strategy released last year by the Department of Community Services includes housing for seniors and vulnerable adults as one of their five key elements.

I did not have time to research all of these strategies to look at how they affect seniors, but we do have staff within the Department of Health and Community Services and other departments who have the ability to look at housing strategies across the country and in other areas of the world and pick out the best parts of those strategies to put towards a focused seniors' housing strategy in this Province.

Mr. Speaker, Housing Nova Scotia lists three programs for seniors: the Home Adaptations for Seniors, Senior Citizens Assistance Program, and Public Housing for Seniors, just to give an example. Again, we have an aging population in this Province. Nobody is saying government is doing nothing for seniors in this Province. That is not what we said on this side of the House at all, but we are saying that there are a number of seniors in this Province that the programs that government currently have in place are not reaching those seniors. There are still many seniors in this Province who go home to cold homes and empty fridges, Mr. Speaker. They do not have the home support networks. They do not have the supportive systems in place to ensure that they stay in their homes longer.

If we can accomplish that, as just one chapter of a comprehensive seniors' strategy, if we can accomplish allowing seniors to stay in their own homes longer, it will certainly save government a tremendous amount of money by keeping people in their own homes longer and not requiring the private care homes, personal care homes, long-term care homes, or assisted living.

We need to look at all of that as part of a comprehensive strategy. We need to ensure that we are ready for the aging population and the fact that our population is aging very rapidly. We need to put together a comprehensive home care strategy to ensure that we look at all of this, and incorporate, as I said, what government currently has in place with the best practices in other jurisdictions.

Mr. Speaker, with that, I know that the clock is ticking down and we need to vote on this private member's resolution. I thank all members for participating in debate, the members who have an open mind on looking at a comprehensive seniors' strategy for the people of the Province.

Thank you, Mr. Speaker.

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

**MR. SPEAKER:** There has been an amendment on the floor. We will first vote on the amendment.

All those in favour of the amendment, 'aye'.

**SOME HON. MEMBERS:** Aye.

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

Carried.

On motion, amendment carried.

**MR. SPEAKER:** All those in favour of the motion, as amended, 'aye'.

**SOME HON. MEMBERS:** Aye.

**MR. SPEAKER:** All those against the motion, as amended, 'nay'.

Carried.

Motion, as amended, carried.

**MR. SPEAKER:** This House stands adjourned until tomorrow, Thursday, at 1:30 p.m.