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HANSARD

*Speaker: Honourable Derek Bennett, MHA*

Wednesday

March 12, 2025

The House met at 10 a.m.

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

Admit visitors.

**Government Business**

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

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

I call from the Order Paper, Order 3.

Speaker, I move, seconded by the Minister of Finance and President of Treasury Board, that Bill 100, An Act to Amend the Revenue Administration Act No. 6, be now read a third time.

**SPEAKER:** It is moved and seconded that Bill 100 be now read a third time.

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

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Motion carried.

The hon. the Government House Leader.

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

I call from the Order Paper, Order 4.

Speaker, I move, seconded by the Minister of Justice and Public Safety, that Bill 102, An Act Respecting the Establishment of the Law Enforcement Oversight Commission and the Complaints Process Relating to Law Enforcement Officers, be now read a third time.

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

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Motion carried.

One second, please.

We're going to go back to the third reading on Bill 100, the *Revenue Administration Act No. 6*.

**CLERK (Hawley George):** A bill, An Act to Amend the Revenue Administration Act No. 6. (Bill 100)

**SPEAKER:** This bill has now been read a third time and it is ordered that the bill do pass and its title be as on the Order Paper.

On motion, a bill, "An Act to Amend the Revenue Administration Act No. 6," read a third time, ordered passed and its title be as on the Order Paper. (Bill 100)

**SPEAKER:** Now we'll move into Bill 102 for third reading, again.

**CLERK:** An Act Respecting the Establishment of the Law Enforcement Oversight Commission and the Complaints Process Relating to Law Enforcement Officers. (Bill 102)

**SPEAKER:** This bill has now been read a third time and it is ordered that the bill do pass and its title be as on the Order Paper.

On motion, a bill, "An Act Respecting the Establishment of the Law Enforcement Oversight Commission and the Complaints Process Relating to Law Enforcement Officers," read a third time, ordered passed and its title be as on the Order Paper. (Bill 102)

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

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

I call from the Order Paper, Order 5.

Speaker, I move, seconded by the Minister of Finance and President of Treasury Board, that Bill 106, An Act to Amend the Revenue Administration Act No. 7, be now read a third time.

**SPEAKER:** It is moved and seconded that the said bill be now read a third time.

The hon. the Member for Mount Pearl - Southlands.

**P. LANE:** Thank you, Mr. Speaker.

I want to make sure I've got the bill correct because 106, is this the Interim Supply or is this the tax one?

**S. COADY:** This is Interim Supply.

**P. LANE:** This is Interim Supply now. Third reading?

**SPEAKER:** Third reading. Correct.

**P. LANE:** Interim Supply. Okay.

So, Mr. Speaker –

**SPEAKER:** Order, please!

Just for clarity, we're debating 106 which relates to the gas tax bill.

**P. LANE:** This is the gas tax.

**SPEAKER:** Correct.

**P. LANE:** Never mind.

**SPEAKER:** Seeing no other speakers, it is the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Motion carried.

**CLERK:** A bill, An Act to Amend the Revenue Administration Act No. 7. (Bill 106)

**SPEAKER:** This bill has now been read a third time and it is ordered that the bill do pass and that the title be as on the order Paper.

On motion, a bill, "An Act to Amend the Revenue Administration Act No. 7," read a third time, ordered passed and its title be as on the Order Paper. (Bill 106)

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

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

I call from the Order Paper, Number 2.

Speaker, I move, seconded by the Deputy Government House Leader, that Bill 90, An Act to Amend the Canada-Newfoundland and Labrador Accord Implementation Newfoundland and Labrador Act, be now read a third time.

**SPEAKER:** The hon. the Member for Terra Nova.

**C. TIBBS:** Thank you, Mr. Speaker.

Speaker, last night in debate there were several questions asked and there was a promise that some information would be provided this morning. We don't have the clarity on the bill that we have requested and it was said clearly in *Hansard* that we would have it this morning.

Respectfully, I would ask this vote to be postponed until the information that was guaranteed to us by the minister is provided.

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

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

The hon. Member across the way is correct. My colleague did promise some legal opinion and some additional information and I commit that we will have that for you this afternoon.

**SPEAKER:** Any further speakers to the bill?

Hearing none, is it the pleasure of the House to adopt the motion?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Motion carried.

**CLERK:** A bill, An Act to Amend the Canada-Newfoundland and Labrador Atlantic Accord Implementation Newfoundland and Labrador Act. (Bill 90)

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

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

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

Just for clarity, I thought me making the commitment, as my colleague had, that we would have it this afternoon and then you called the vote and it was done. But there seems to be some misunderstanding.

**SPEAKER:** There was no motion put forward on the floor. It was a discussion back and forth. If it's agreeable by all Members, if I can get consent, we will defer it, if it's agreeable.

So is it agreeable that we will defer the vote until the information? There was no motion put forward to defer the vote. There was discussion back and forth, and unless you rise on a point of order or something, you had your time to speak.

The hon. the Member for Terra Nova.

**L. PARROTT:** Speaker, I'll rise on a point of order, article 49.

Speaker, last night we had a vote in this House. We can go back to how we voted, it's 61, I believe. Last night, we voted in this House and clearly, as the Chair, he said I hear more nays, then we carried on. He actually asked for another vote after a vote that he indicated went one way.

So here we are this morning, and out of respect –

**AN HON. MEMBER:** We called Division.

**L. PARROTT:** You guys didn't call Division until the Speaker prompted you on, respectfully.

But here we are now – and I stood and I get this whole situation, so for me to get into *Hansard*, out of respect for the Member, that we didn't get the information that was promised to us, I said, respectfully, I ask that we delay this vote. The House Leader stood and agreed. I heard her.

So perhaps I didn't make a motion, but the reality of this is that this is far too important for us to just move forward without us getting the information that was told to us that we would have. It was promised.

As a matter of fact, last night – so the point of order is last night – this House went against all convention by goading on for a second vote and Division. Clearly the Chair said it. If you go back in *Hansard*, clearly the Chair said: I hear more nays. *Hansard* will show that. The vote should not have been over at that moment.

So here we are, carrying on with another vote, and it can be delayed until this afternoon. We know how long this takes. It's a matter of seconds. So I move that we postpone this vote until we get the information that was requested.

Thank you.

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

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

Again, I reiterate, we are committed to getting that information to the Member. It's my understanding that he has it right now, since I was last on my feet.

So I'm going to ask that this House take a recess for 15 minutes to give the Member time to review the information with his team and then we'll come back to the House.

**SPEAKER:** First of all, to the point or order, I'm going to take the point of order under advisement now and we will recess and reconvene after we look at the point of order. Plus, that will give the Member time to get the information, should you choose to.

So this House do stand in recess.

### Recess

**SPEAKER (Bennett):** Are the House Leaders ready?

Order, please!

First of all, on the point of order, I'm going to do further review of the point of order. We still have not gotten *Hansard* back yet, so I'll defer that to a little later.

As for the motion that's put forward, it was clearly that the vote did go through; however, if it's the will of the House, we can open up discussion again. But it would have to be unanimous consent by all Members.

I don't know if – Government House Leader, do you have any comments on that?

The hon. the Government House Leader.

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

I do want to thank my colleagues across the way for their patience as we navigated a little bit this morning.

We made the commitment; the Members wanted more information on the act and that was provided and we had a recess to consider. It's my understanding that everything is fine now.

Thank you very much.

**SPEAKER:** So the vote is carried.

The hon. the Government House Leader.

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

I move, seconded by the Deputy Government House Leader, that this House do now stand in recess until 2 p.m.

**SPEAKER:** This House do stand in recess until 2 p.m. this afternoon.

### Recess

The House resumed at 2 p.m.

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

Before we begin this afternoon, I'd like to welcome in the Speaker's gallery Ruth McDonald, Elizabeth Hunt and Reggie Hynes.

Ruth is being recognized this afternoon in a Member's statement.

Welcome.

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

**SPEAKER:** Also in the Speaker's gallery I'd like to welcome Bronson Jacque. Bronson is the Inuit artist from Postville whose artwork entitled *The Journey* was unveiled in the lobby of Confederation Building this morning, and I had an opportunity to see the work.

Congratulations.

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

**SPEAKER:** And welcome to those in the public gallery.

### Statements by Members

**SPEAKER:** Today we'll hear statements by the hon. Members for the Districts of Lake Melville, Mount Pearl - Southlands, Placentia - St. Mary's, Conception Bay South, Mount Pearl North and St. John's Centre, with leave.

The hon. the Member for Lake Melville.

**P. TRIMPER:** Speaker, for 50 years, Inuit Elder Joe Goudie has been involved in the preservation and promotion of Labrador's culture and history.

Founder of the Labrador Heritage Society, Joe has served as president of the Labrador Metis Association, provincial Cabinet minister, Parks Canada consultant and town manager.

Joe Goudie received our province's highest honour when he was awarded the Order of Newfoundland and Labrador in 2022.

For many years, Joe has famously led several trips down Mishta-shipu, the Grand River, or also known as the Churchill River. He makes these trips in one of his own beautifully hand-made canoes that are most reliable and certainly sought after. I am pleased to say that I also have one that has served me well for over 20 years.

I recently visited Joe in his shop where, in his mid-80s, he is now building a 22-foot kayak while working on yet another of his beautiful canoes. He is also planning another "final" trip on the Grand River this year.

Speaker, I ask my colleagues to celebrate our former colleague from this Legislature

and thank Joe Goudie for his extensive and ongoing dedication to the promotion of art and culture on the waters of Labrador.

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

**SPEAKER:** The hon. the Member for Mount Pearl - Southlands.

**P. LANE:** Thank you, Mr. Speaker.

I rise in this hon. House today to congratulate all recipients of the provincial 75th anniversary medals. This award recognizes individuals who have made noteworthy contributions to our communities and have greatly enhanced the quality of life of people living in our city.

The medals are awarded to residents in each district throughout the province, recognizing people who largely go unnoticed while contributing their time and energy to making Newfoundland and Labrador a better place to live.

I'm thrilled to honour 17 tremendous community volunteers from my district, who received the provincial 75th anniversary volunteer medals. Congratulations to Toby Barnes, Cheryl Boland, Brad Collins, Claudette Coombs, Gerald Coombs, Amanda Dalton, Craig Dyer, Barbara Hollett, Deidre Levandier, Dan Maher, Agnes Murphy, Keri-Lynn Power, Barbara Predham, Lori Price, Calvin Smith, Wanda Tiller and Patrick Walsh.

Thank you for all the significant contributions you have made and continue to make in our community. It's fantastic to see so many people dedicating their lives to some very important issues in Mount Pearl. You are what makes Mount Pearl a great place to live, work, play and raise a family.

I ask all hon. Members to join me in thanking, congratulating all the winners of this prestigious award.

Thank you, Mr. Speaker.

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

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

**S. GAMBIN-WALSH:** Thank you, Speaker.

Speaker, an educator by profession, both teacher and principal, Mr. Anthony Healey of St. Joseph's has made an incredible mark on the lives he touched over the years through acceptance, tolerance, respect and support.

As the mayor for his local council, he was the steering force in building community pride. He welcomed all and never thought there was anything too small or too large to tackle. He brought a true sense of shared accomplishment to the residents and was always available and visible in the community. He allowed every resident the opportunity to contribute.

As chair of the Parish Council he provided the direction required to build a faith community, stronger than the forces which threaten its existence. He volunteered as a director on the St. Mary's Bay North Regional Development Association for over 25 years and was steadfast in his contribution, his insight and his ability to find plausible solutions. Earlier this year, he was a recipient of the Confederation 75th Anniversary Medal.

Speaker, today I stand to thank and applaud Mr. Anthony Healey of St. Joseph's for his contribution to community.

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

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

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

Speaker, I have the extreme honour today to wish a very special lady in my district, Ms. Elizabeth – better known as Bessie –

Nugent of Kelligrews, Conception Bay South, a Happy 100th Birthday today.

Bessie was born on March 12, 1925, at St. Thomas Line, Paradise, to John and Rosemary Richards. After losing her mother early on, she was raised by her grandmother near her father.

She loved to dance and often walked from St. Thomas Line to dances in Manuels, where she met the love of her life, Ned Nugent from Kelligrews. They married on September 6, 1953, and raised their family in Kelligrews, Conception Bay South. The rest is history, Mr. Speaker.

Bessie fondly remembers her teenage years, especially when her father would ask her for help weeding the yard. He would patiently wait and say, Bessie, if there's a jukebox here, I wouldn't have any trouble getting you out to help me.

Bessie is well known for her great sense of humour, her love for music, she is kind and witty, enjoys laughing and having fun. Even today, her mind remains very sharp. She also enjoys playing a game of 45s or Rummoli.

Today she celebrates her milestone birthday at home, surrounded by her family and friends, and I plan on attending later on this evening myself.

Please join me in wishing Mrs. Bessie Nugent a wonderful 100th birthday.

Thank you.

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

**SPEAKER:** The hon. the Member for Mount Pearl North.

**L. STOYLES:** Speaker, today I stand to recognize a person in my District of Mount Pearl North who has gone above and beyond to help people. She may not have been officially elected, but this woman has

been serving the people of our province as a volunteer for over 50 years and as a constituency assistant for 32 years.

Ruth McDonald worked for many politicians, both federally and provincially, including George Baker, Winston Baker, Beaton Tulk and, for the past 10 years, with Seamus O'Regan. Ruth goes that extra mile to help everyone who calls. It is not just a job for Ruth; it's about helping people. It never mattered what political stripe; Ruth is always there to help everyone.

Besides her regular work dealings with constituents, she does things for people that many would not do: completing their tax returns, picking up grocery hampers, driving people to doctor's appointments and most of the time, just listening to their concerns. Besides all of this, she finds time to volunteer. Ruth never wants to take credit. She is an example of how we all be there to help others.

I ask Members on this 100th special anniversary of women in politics to join me today in saying thank you to Ruth for all you have done.

Thank you, Speaker.

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

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

Does the Member have leave?

**AN HON. MEMBER:** Leave.

**SPEAKER:** Leave is granted.

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

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

Tony Brennan is a proud St. John's barber and owner of Tom Brennan Barbour Shop on Alexander Street. When supporting local, it's important to remember businesses

which have been around for decades. Tony is a third-generation barber, 40 years as a barber and four as an instructor; he proudly carries on the family tradition and the businesses started by his father, Tom Brennan.

His grandfather, also named Tom, had a shop in St. John's and later opened a shop in Buchans at the request of the Buchans Mining Company. The family returned to St. John's in the '40s, where Tony's father opened the shop on Alexander Street in 1949. In 1975, the shop moved to Water Street, where Tony began working with his father. About 20 years ago, he and his father moved back to the original shop on Alexander Street.

Tony reflects that half a century of this work gives you a broad experience of, and insight into, human beings and an appreciation of other people. He likes his little place in the world and finds satisfaction in doing a job well. He invites you to drop by for a relaxing haircut or, if you have one, a beard shaping and a chat.

Thank you.

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

**SPEAKER:** Statements by Ministers.

### **Statements by Ministers**

**SPEAKER:** The hon. the Minister of Immigration, Population Growth and Skills.

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

Speaker, 2024 was another record-breaking year for provincial immigration.

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

**S. STOODLEY:** We welcomed close to 6,000 new permanent residents helping to grow our population to the highest level since 1998.

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

**S. STOODLEY:** Newcomers to our province are filling crucial roles such as doctors, nurses, personal care attendants, early childhood educators, social workers, tradespeople, entrepreneurs and much more. Newcomers are helping our communities thrive.

To ensure momentum continues, in January we became the first province to successfully negotiate a reversal of federal immigration cuts. This work secured the return of 1,000 economic immigration spaces for 2025. We are continuing this meaningful work in advocating for more capacity and flexibility.

Speaker, we are not only committed to welcoming more newcomers in critical sectors, but we are committed to ensuring their long-term success in Newfoundland and Labrador. Our efforts are encouraging our new friends and neighbours to stay here for the long term. Over 80 per cent of the Ukrainians arriving since 2022, remain in the province and additionally, this year, we experienced unprecedented demand for our settlement and immigration programs, funding 57 projects across the province.

By investing in immigration and workforce development, we are addressing our demographic challenges and preparing for the economic opportunities of tomorrow. We are building a skilled and educated workforce, Mr. Speaker.

Thank you.

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

**SPEAKER:** The hon. the Member for Terra Nova.

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

I'd like to thank the minister for the advance copy of her statement.

Speaker, though we celebrate the number of newcomers to our province, we in the Official Opposition have significant concerns regarding the realities of immigration in Newfoundland and Labrador. While the government highlights the successes in attracting newcomers to fill our economic immigration spaces, how many are successfully retained? Our five-year retention rate has consistently been one of the lowest in Canada year over year. Are these abysmal numbers expected to continue through this minister's tenure?

While the government is quick to boast about its global recruitment initiatives, how successful are they really? Though they may pretend they are, ATIPPs frequently show lackluster results at best. Further, how many internationally educated nurses are still not able to work their full scope of work?

Immigration is crucial to our province's sustainability, but, Speaker, we must ensure that we are providing our newcomers with a place where they choose to stay. We must recruit internationally in both an effective and transparent way, as well as work toward quickly providing newcomers with the certifications they need to fully bring their skill set into our workforce.

Thank you.

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

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

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

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

Speaker, affordable housing, English as an additional language supports in the classroom and job opportunities; these are just some of the things that newcomers will need when they arrive. The fact is, we need newcomers to thrive in order for our

province to thrive and we can't wait to welcome them.

That's why we have called and continue to call on this government to plan ahead, ensure that the necessary supports are in place in order to improve immigration retention rates.

Thank you.

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

**SPEAKER:** Any further statements by ministers?

The hon. the Minister of Education.

**K. HOWELL:** Thank you, Speaker.

I rise in this hon. House to provide an update on the work we're doing to increase access to early learning and child care.

Our government was pleased to sign on to the extension of the Canada-Wide Early Learning and Child Care Agreement. This extension will provide continued funding to support \$10-a-day child care until 2031.

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

**K. HOWELL:** Speaker, just five years ago, there were no child care and early learning spaces operating at \$10 a day. Today, there are more than 11,200 operating here in our province.

Work is underway to increase child care for health care professionals with one child care centre in St. John's dedicated solely to providing child care for health care professionals. In addition, there are child care centres throughout St. John's, Happy Valley - Goose Bay and Wabush that prioritize spaces for health care workers based on need.

We have introduced medical benefits to support the professionalization of the early learning workforce, there are also

thousands of parents using the Early Learning Gateway and we're continuously adding features such as a substitute list for early childhood educators that's available to all regulated child care services.

We're making great progress in increasing affordability in early learning and child care here in our province. We'll continue this work so that all children and families are able to access the early learning and child care services that they need while contributing to an inclusive and thriving province.

Thank you.

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

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

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

I thank the minister for a copy of her statement.

I can only say that we continue to get people calling, young families calling, who are struggling to find child care and many of them continue to live in what's referred to as the child care desert. Many families continue to struggle on wait-lists for child care and, in fact, at a town hall I held on child care this past summer, many referred to the Early Learning Gateway as the gateway to hell – their quote.

The minister noted this past June that our department was working on a streamlining process for child care, yet we continue to hear from child care operators and those who want to open an operation complaining about the red tape, some giving up.

Affordability for families is crucial and the huge need for child care spaces continues. Announcements made last year are still just announcements. Last year, four centres were supposed to open in May for health care professionals and, to date, only one

has opened. Many families and operators continue to hope for better.

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

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

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

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

Early childhood educators are essential to families but not always a reality for them. There is much more work to be done to make affordable child care a reality in our province.

We ask that the government provide pensions and paid sick leave to all early childhood educators, not only to attract more people into the profession, but also to reduce burnout of those currently working in the field and to improve retention.

Thank you, Speaker.

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

**SPEAKER:** Are there any further Ministerial Statements?

Oral Questions.

### Oral Questions

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

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

Now that we know the House will officially close today and with so much economic uncertainty, I think the people deserve to know what the Liberal government will do with their money, especially the \$200 million that has been set aside for tariff initiatives.

So I ask the Finance Minister: When will you table a budget for this fiscal year and let the

people of Newfoundland and Labrador know when the budget is coming?

Thank you.

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

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

As the Member opposite said, these are uncertain times for all of us in Canada, and around the world I would say. These are a bit tumultuous times, especially with the impact of these tariffs and the uncertainty around these tariffs. But we do have contingency in place now, and I thank the House for approving that contingency so that if we do need to address the volatility for our workers, for our businesses, we are certainly now prepared to do so.

With regard to the budget, Speaker, the Member opposite is questioning when we could have it. Within weeks we'll be able to announce a date.

Thank you.

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

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

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

Some time after May 3, I suspect.

Can the minister update the House on how many doctor vacancies there are in the province?

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

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

Sorry I missed the beginning of that question, I apologize. I will get that number for the Member opposite so it's precise and accurate for today.

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

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

**T. WAKEHAM:** Speaker, I'll help the minister out so he doesn't have to bother to look for it.

According to an ATIPP, as of February 6, this year, that number was 145. That's 145 physician vacancies in our hospital system. What's even more shocking, though, is that 85 per cent of those vacancies are in rural Newfoundland and Labrador.

The Liberal's hand-picked CEO has cited – quote – urbanization as the external barrier of rural medicine. I ask the minister: Do you agree?

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

**J. HAGGIE:** That number is interesting, Mr. Speaker, because it fits with the 143 that we've recruited in the last few years. We have work to do. We know that. We know that one of our challenges is with distribution but as I have said, wearing another hat, it is down to a hospital or a facility to recruit a physician but you have to attract a family.

There is a program now, both through Health and through Municipal and Provincial Affairs, to help communities find ways of advertising their good points and their attractive points to help secure a family, whether it's skating or whether it's summer activities. We'll continue to work with them to do that.

Thank you.

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

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

**T. WAKEHAM:** Speaker, after 10 years of Liberal government the lack of doctors in rural Newfoundland has reached epidemic proportions; 85 per cent of these vacancies are in rural Newfoundland and Labrador. Ten years they've had to fix this issue and they still don't have a plan, according to what the minister just said, to actually fix it.

Speaker, yesterday in response to questions about criminal activity relating to the former Airport Inn, the Minister of Housing said – quote – I believe many of the reports publicly have not necessarily been accurate.

Speaker, is the minister saying that the victims of crime are making up stories and can she clarify which of the victims she doesn't believe?

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

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

I want to address the preamble. I'm sure my colleague will be happy to address the rest of the question but to the preamble, I would just like to point out to this House of Assembly that between 2010 and 2015 the health care budget increased by 13.5 per cent. In the last five years, Speaker, 41.5 per cent – 41.5 per cent.

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

**S. COADY:** This government is making the effort, the changes, implementing the Health Accord and making an impact.

Thank you, Speaker.

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

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

**T. WAKEHAM:** Speaker, there's no doubt there's lots more money being spent but the reality is rural Newfoundland and Labrador is being left out. That's the problem.

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

**T. WAKEHAM:** That may be something new, a new plan. Let's take all the services out of rural Newfoundland and Labrador. That seems to be what's happening here.

Again, I'll ask the question to the Minister of Housing. It says: I believe many of the reports publicly have not necessarily been accurate. That was a quote.

Speaker, is the minister saying that the victims of crime are making up the stories? Can she clarify which of the victims she doesn't believe?

**SPEAKER:** The hon. the Acting Minister of Housing.

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

I'm happy to speak about this issue and I think we're talking about here in relation to Horizons at 106 where we're providing wraparound supports for people experiencing long-term homelessness, Speaker.

I just want to be really careful that we don't suggest that the people living there and the crime in the area are linked. We can't say that people who are experiencing homelessness are causing crime. That's an unfair, I guess, relation to make.

So when there's a report of crime, public safety is a huge issue. As there's a report of crime, we can't link that to Horizon at 106. We do have processes in place with the RNC, with our partners, to make sure that residents in that building stay safe and I'd be happy to discuss it further with the Member in the next question.

Thank you, Speaker.

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

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

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

Yesterday, speaking of the same hotel, the Minister of Justice said – quote – obviously there are additional resources being placed up there. Moving around that area a little bit more because there are more calls from the community.

Speaker, the Minister of Housing says there isn't a problem of criminal activity while the Minister of Justice confirmed there is.

I ask: Which is correct?

**SPEAKER:** The hon. the Minister of Justice and Public Safety.

**B. DAVIS:** Thank you, Mr. Speaker, and I thank the hon. Member for the question.

I think either I misheard him just then, or I misspoke yesterday. I never said that there were more calls, I said, based on what we're hearing in the community, if there are more calls in any community there's more opportunity for RNC or RCMP officers, depending on which community it would be, to utilize that.

I encourage individuals in our community, if they see it, to say it. Make sure they call, let us know so we can put the resources in place to help combat any activity that would be happening in any of our communities, not in particular Airport Heights road there.

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

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

**T. WAKEHAM:** Speaker, the bottom line is we do have a problem and it needs to be addressed. That's what we're asking to be done.

Speaker, our office has been told that beds at the Lions Manor Nursing Home in Placentia have been closed a couple of

years ago and residents were moved out of the area.

Speaker, I ask the minister: Can you explain why we are separating seniors from their loved ones?

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

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

Operational decisions within the health authority are the responsibility of the health authority. If the Member has a question about a particular facility, I would be happy to take that away and bring the answer back. I do not have it at hand at the moment.

Thank you.

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

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

**T. WAKEHAM:** Speaker, maybe the minister can confirm that there is a wait-list for long-term care beds in this province. I think we all know that that's happening, yet this long-term care facility has beds closed.

Why is the government not using these beds to provide care for people?

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

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

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

We do have an issue with what are called alternate level of care patients. These are individuals who are in acute care or higher level of care facilities who are actually better placed or more appropriately placed somewhere else.

The Member opposite, on the one hand, will get up and tell me that I'm moving patients out of their own area, and then will get up, subsequent question, and do exactly the same thing in reverse. Because what they are suggesting is what the policy has been of first available beds. We have a policy of first available beds. So if there are available beds in a facility in a rural area and not in an urban area, where it may be a choice, we will temporarily locate those patients there. Then they tell me off for doing that.

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

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

**T. WAKEHAM:** (Inaudible) again, how does the minister know that there aren't people who would like to occupy those long-term care beds at Lion's Manor? The problem is they can't occupy them because they're not open. That's the whole problem we're talking about here. They may want to go to Placentia.

So, we have available beds in long-term care that are closed.

I ask them minister: How does it make any sense to have long-term care beds closed when there's such a demand for long-term care beds in our province?

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

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

Again, the Member opposite chooses to conflate an area where there is no demand with other areas where we know there is an excess demand and we're working to deal with that with various strategies which I've outlined to the House over the course of Question Period and other events earlier on this week.

The facts of the case are that we are working to make sure that we look after patients in the most appropriate facilities. We have our home-first policy, we have community supports, we're using personal care homes. We've increased the scope of patients that can go into personal care homes to include level 3 now and we continue to subsidize them to enable that to happen.

We're working on the problem and we're getting there.

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

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

**T. WAKEHAM:** So the minister is telling the people of the Province of Newfoundland and Labrador we have long-term care beds that are closed because nobody wants to go in them. And he says that with such authority that he has the answer that these beds could not be used. I don't believe that for a second. I believe there are people that would prefer to be in a long-term care bed than sitting in an acute-care bed where they have no chance of any kind of lifestyle or any kind of comfort level.

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

**T. WAKEHAM:** Speaker, to continue, I've also been told there is a continuing problem with the repair and refurbishment of 40 cottages at the Lion's Manor. Units sit empty for extended periods of time while seniors wait or have to leave their community. Again, the demand is there.

So I ask this government: Why are you actually withholding care for these seniors and housing from people who actually need it?

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

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

I will certainly look into the issue of the refurbishment of the cottages. I'd be happy to report back and hopefully satisfy the Member opposite's curiosity.

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

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

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

Speaker, the long-term care review has highlighted serious concerns about the care and treatment of seniors across the province. These concerns were first raised by the Seniors' Advocate in 2019 and reiterated in 2022, when the Advocate called for immediate review, citing stories that were: "heart wrenching and fundamentally wrong."

Now three years later, when will the people of the province finally see a detailed action plan from government?

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

**J. HAGGIE:** It's interesting coming from the Member Opposite who thought the Seniors' Advocate was a luxury, that they're actually interested in what these individuals and these groups have to say now.

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

**J. HAGGIE:** From the point of view of long-term and senior care, we've made significant investments this year. I've got a list here. There's \$2.6 million for the *Provincial Home Support Program Review*; we have a provincial *Dementia Care Action Plan*, \$3.5 million; we have \$11 million for centres of excellence in aging across the province – not just one location, multiple locations; we have an Aging with Dignity Action Plan, valued at \$17 million in

progress; and we have a Seniors' Health and Well-Being Plan, with an annual budget of \$10 million. We're looking after seniors.

Thank you.

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

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

**B. PETTEN:** Yeah, we see lots of plans and no action.

I will correct the minister on the Seniors' Advocate; we wanted the Seniors' Advocate to have more broad powers, just like the Child and Youth Advocate when it was implemented.

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

**B. PETTEN:** We wanted the Seniors' Advocate to have more powers. They can laugh if they want, but we wanted them to have more –

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

**SPEAKER:** Order, please!

The Member has the floor.

**B. PETTEN:** I said we. There's a difference in I, we.

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

**SPEAKER:** Order, please!

**B. PETTEN:** Speaker, the former minister had this report in hand since December and has since left their position. Is the government concerned that the meaningful action will be delayed while this report sits collecting dust on another minister's desk?

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

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

I've highlighted some investments there. I think I can add to that by saying we've accepted the recommendations of those reports and we've begun implementation.

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

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

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

We know exactly who was the minister in 2019 and 2022. The Seniors' Advocate has been clear, there's no need to delay action. Meanwhile, our office continues to hear reports of seniors left for hours in soiled diapers and served cold, unappetizing food.

How many more years will our seniors have to suffer before action is taken?

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

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

We have made significant investments in staffing; we have 1,133 new nurses to this province recruited in the last 18 months, 760 of those are RNs. These are individuals who will be providing services in what are the long-term care facilities that this government has put up: the one in Corner Brook, the one in Grand Falls-Windsor, the one in Gander and the list goes on.

Now, we're working on renovations to older facilities, but our thrust is to continue to get the right staff in the right place to provide the right care at the right time.

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

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

**B. PETTEN:** It sounds wonderful, Speaker, but the emails don't lie and the families calling us and telling us their personal stories. I believe every word they say and we're telling their stories on the House of Assembly floor, and we'll continue to do so.

Speaker, we are the fastest aging population in the country and the report warns of a critical shortage of long-term care beds. We've seen first-hand the disaster this government has made of long-term care in Western Newfoundland. Hundreds of beds across the province are occupied by patients waiting for alternate level of care placement.

Does government have a real plan or are we going to see seniors double bunked again, as the former minister once suggested?

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

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

Yes, we have a plan: it's called the Health Accord. I would encourage the gentleman opposite to read it.

We have made significant investments in seniors' care. I have listed some of the operational ones earlier on and I've also highlighted some of the investments in brand new infrastructure; not only are these places built, but they're actually open and have residents in.

We know there is an issue still with alternate level of care and the solution to the problems in the acute-care sector lies in the community. We have a home-first philosophy, a home-first program, an aging in place program and these are working. They take time and I would be happy to continue to discuss our successes on where we're going.

Thank you very much.

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

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

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

**SPEAKER:** Order, please!

I ask Members on both sides.

The hon. the Opposition House Leader.

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

The Health Accord is about the implementation. Failure to implement a report, it just sits collecting dust. It's nice to say you have the Health Accord. We believe the implementation of the Health Accord is failing the people of the province and government are hanging their hats on that report. The implementation is the problem, Speaker, and it will remain the problem until we stop hearing the stories we hear every day.

Speaker, dozens of critically ill patients are stuck on stretchers in emergency rooms. Hallway health care has become institutionalized under the Liberal government due to a shortage of long-term care beds.

How does government justify leaving seniors and vulnerable patients in these conditions?

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

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

We have invested in the last year \$4.1 billion. That is a record amount of money for this province in health care. We are starting to bend the curve. We've started at the beginning with seniors' well-being, to keep seniors healthy and at home and independent longer. We have given them

financial supports to allow them to do that. We have encouraged and invested in personal care homes and supports for people in personal care homes.

We have built new long-term care beds. We have worked on processes to try and make sure that patients end up in the right place with the right level of care. We'll get there.

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

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

**C. TIBBS:** Thank you, Mr. Speaker.

In April of 2022, we raised questions about how funding for fire equipment was awarded. At that time, an official said the fire commissioner will sit down and review them all and then, in consultation with the minister, they will determine the breakdown. The minister at the time was a former minister, the Member for Windsor Lake.

So for clarity in 2022, who would have approved the request for firefighting equipment?

**SPEAKER:** The hon. the Minister of Justice and Public Safety.

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

I thank the hon. Member for the question.

As I've said many, many times before, there's no written recommendation that comes from the fire commissioner's office. As I've said, the process is simple. The community brings forward an application for equipment, whether it be gear or whether it be for equipment like a fire truck. That goes through an evaluated process, through the commissioner's office, working with the staff in Justice and Public Safety, chatting with us, me, as the minister responsible for the area, then those decisions are made based on the needs of the community, based on making sure that there's mutual aid

agreements within the region, based on the certifications and training that is available within that fire department, whether they're active or not active. Those things are straightforward. I know it's not what they want to hear but (inaudible) –

**SPEAKER:** The minister's time has expired.

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

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

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

The former minister also said it was on my timeline, I guess, once I have the applications.

Speaker, we've established that 80 per cent of the firefighting equipment went to Liberal districts. The current minister keeps saying the fire commissioner approves the funding but he cannot table the recommendations. But back in 2022, when this funding was awarded, the then minister implied it was him who approved the funding.

Which process is correct?

**SPEAKER:** The hon. the Minister of Justice and Public Safety.

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

Let me be very clear. I approved the funding, no question. It's done in consultation with, as I've said many times, with the fire commissioner's office, his staff in this case, the staff in Justice and Public Safety that works through a variety of things like I just said before.

We want to ensure it's the right equipment at the right time, making sure that the need for the community is addressed as best we can, given the sheer volume of requests to come in. Some \$21 million came in this past year with a doubling of the budget at still

only \$3.8 million that we use. We try to use it as wisely as we possibly can, looking for communities to work together which is what we all want in this House of Assembly.

Thank you, Mr. Speaker.

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

The hon. the Member for Harbour Main.

**H. CONWAY OTTENHEIMER:** Yes or no, Minister, have pay equity regulations been implemented in this province?

**SPEAKER:** The hon. the Minister Responsible for Women and Gender Equality.

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

And, again, I thank the Member for always bringing attention to this very important matter. As we know, we are the government to establish pay equity here in Newfoundland and Labrador. We passed pay equity for, of course, the public institutions and agencies. As we know, we have a consultation document that was released. There were significant concerns and feedback, of course.

I'm working across government with my colleagues to inform the proper regulations because, as we know, good legislation takes time. We want to get it right. We have pay equity legislation. We're a leader, as well, in the country on pay transparency and I'm very proud of the work that this government is doing. We'll take the time to get it right.

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

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

**H. CONWAY OTTENHEIMER:** So the answer is no.

Speaker, 100 years after women achieved the right to vote and hold public office in this province and there are still no pay equity regulations. Eight years after this entire House unanimously passed a resolution calling for pay equity, the Liberals still have not implemented true pay equity.

Where is the action? When will there be true equal pay for equal work in the province?

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

**SPEAKER:** The hon. the Minister Responsible for Women and Gender Equality.

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

It's unfortunate that the Member across, who is also a female, does not want to acknowledge the fact that there's good news and good things happening in this province for women and gender-diverse people. I say, shame on that Member.

Do you know what? I will also say and, as we know, working with our colleagues across the country, pay equity is only one piece of a problem to close the gender wage gap. This government is on record for the investments made in venture capitals for women, employment plans for women, \$10-a-day daycare which gets women back in the workforce –

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

**P. PARSONS:** – and, as we know, when everybody can contribute to the workforce, it's healthier economy. That's what we're doing and what we're going to continue to do whether that Member likes it or not, Speaker.

Thank you so much.

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

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

**H. CONWAY OTTENHEIMER:** Speaker, the question was with respect to pay equity regulations. There are no pay equity regulations.

When will this be done? Women of the province have a right to know. Where's the action? Please.

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

**SPEAKER:** The hon. the Minister Responsible for Women and Gender Equality.

**P. PARSONS:** As we know, Speaker, this spans multiple departments, of course. We do know now that the regulations lay with Labour Division. I'm committed to working with my colleague. Officials in the Labour Division are working on those regulations and as soon as possible.

We know what can happen, Speaker, when a government goes out and makes a huge purchase, say, when a vessel, a boat, is too big for a wharf, so we have to get it right. We want to do the right things for the right people, of course the people across our province and, again, we are doing many initiatives to close the gender wage gap.

Again, I can't give the Member what she wants, but she should stand up and admit that good work is being done here in this province. She should be part of the solution, especially on the 100th anniversary of women gaining the right to vote in Newfoundland.

Thank you, Speaker.

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

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

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

Yesterday the Minister of Health said the missing C-arm fluoroscopy unit is a myth and it is in fact still working.

I ask the minister: Why, then, are patients telling me that they've been unable to access treatments since December?

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

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

I will go and inquire as to why people may have had their appointments changed if the Member opposite will give me their names and details.

Thank you.

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

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

Speaker, yesterday the minister also stated that in two weeks, the old C-arm unit will be replaced with a new one and there will be no disruption to patient services.

So I ask the minister: Why are patients being told that the process will begin in mid-March and take eight months to complete and appointments for patients will resume in mid-November of this year? Was the minister simply talking through his hat yesterday?

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

**J. HAGGIE:** I'll take the highroad like my colleague said yesterday, because the premise to that question is totally flawed, utterly inaccurate and bears no relationship to *Hansard* from yesterday.

What I actually said was that the C-arm is at the end of its life and, in two weeks' time, it will be taken out of service. At that time, facilities elsewhere will be made available

so that services for those patients can continue uninterrupted while supply chain, which unfortunately will take another four months at least to deliver a brand new C-arm, which will then replace the old c-arm, which is still located in the room it's always been in.

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

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

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

Speaker, today we remember those who lost their lives in Cougar Flight 491. Government has a responsibility to ensure workers are safe. The Wells report on the helicopter crash clearly recommended in section 29(b), and I quote, that government "Create a separate and autonomous Safety Division of C-NLOPB, with a separate budget, separate leadership, and an organizational structure designed to deal with only safety matters ...."

Speaker, I ask why did this government ignore that recommendation and when will they enact this recommendation for worker safety?

**SPEAKER:** The hon. the Minister of Industry, Energy and Technology.

**A. PARSONS:** Thank you, Speaker.

Thank you to the Member for a very good question, certainly on a very solemn day and we echo in your comments about celebrating those who lost their lives and everybody is feeling it in his province again today.

What I would say is that this is a question that we discussed last night during debate. It's not a topic that I've had conversations with recently on the C-NLOPB or even with Energy NL or any of the advocates. It's not something, in fact, I've had any correspondence on in some time.

I'm happy certainly to take it under advisement to consider that, but it's not something that I've been receiving outreach from, from the industry or from any of the offshore partners or any of the supply and service side.

Thank you.

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

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

**E. JOYCE:** Thank you, Speaker.

As we know in Corner Brook in the long-term care area there are approximately 50 people in acute care beds. The emergency room in Corner Brook is a disaster and I've sent emails to both the former minister and this minister on numerous occasions. The stop-gap measure that the government introduced is that 45 beds are going to be built or redeveloped in the old Western Memorial Regional Hospital.

I ask the minister: Can you give an update on those renovations and when will these beds be ready for patients to move out so the emergency department can admit people who need the care at the new Western Memorial Regional Hospital?

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

**J. HAGGIE:** Thank you very much for the question, Speaker.

My understanding is that the CEO provided an estimate of spring or summer of 2025 and on checking, it would appear that is still on track.

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

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

**E. JOYCE:** Thank you, Speaker.

On another topic, Mr. Speaker, the roads in Humber - Bay of Islands and all across the province as we hear in this House of Assembly are in treacherous conditions. There are many roads that are unsafe. Government usually puts out the tenders, usually in January so we can start the work in May or June. As we speak today, there has been no tenders given for any of the roadwork in the Province of Newfoundland and Labrador, which will delay a lot of work until next year.

I ask the minister: When can we expect tenders to be released to have this very important safety work done on the roads in Newfoundland and Labrador, because people's safety is at a high price here in Newfoundland and Labrador right now with some of the conditions of the roads?

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

**E. LOVELESS:** Thank you, Mr. Speaker.

I thank the Member for the question because there's many a time he does stand up and talk about safety, and safety is always paramount, no doubt about it.

I'm certainly pleased to have the opportunity to answer on behalf of Transportation and Infrastructure because I was the minister at the time that advocated for more money for roads and the upgrade of roads. This government agreed to an additional \$1-billion investment into the roads of this province.

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

**E. LOVELESS:** But to answer your question, in communications with the current minister, that's coming very, very soon.

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

**SPEAKER:** The time for Oral Questions has expired.

Presenting Reports by Standing and Select Committees.

Tabling of Documents.

Notices of Motion.

Answers to Questions for Which Notice has been Given.

### **Answers to Questions for which Notice has been Given**

**SPEAKER:** The hon. the Minister of Municipal and Provincial Affairs.

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

There was a question left on the Order Paper, I believe, from the Member for St. John's Centre about the *Emergency Health and Paramedicine Services Act*.

The regulations are still embroiled in negotiations. As soon as that is finished, the regulations can be completed and then the bill will be proclaimed. So once the negotiations are done, the act can be proclaimed and it will come into force.

I think that should answer the Member's question.

**SPEAKER:** Any further answers to questions for which notice has been given?

We are going to go back to tabling of documents.

### **Tabling of Documents**

**SPEAKER:** The hon. the Minister of Industry, Energy and Technology.

**A. PARSONS:** Thank you, Speaker. You're very quick on the draw today.

I'm pleased to stand in this House today to table the Department of Industry, Energy and Technology's Mineral Incentive Programs '22-'23 and '23-'24 Junior

Exploration Assistance Performance Measures Evaluation in accordance with the recommendation made in the annual report of the Office of the Auditor General's 2015 audit of the Department of Natural Resources.

**SPEAKER:** Any other tabling of documents?

Answers to questions, no others.

Petitions.

### Petitions

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

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

Residents in the lower part of the Bonavista Peninsula have to frequently travel up Route 230 or 235 for health care, banking and other services.

In addition to the cost of fuel and time, it is quite frequent that the replacement of a windshield would be added to their stretched budgets. It is adding additional and unnecessary cost to the residents and visitors travelling the District of Bonavista.

Therefore, we petition the hon. House of Assembly as follows: We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to replace the broken filtering screen at the Amherst Cove depot to reduce the size of stone and salt on our roads.

Mr. Speaker, I presented this petition the first day the House opened on March 3. It's almost 10 days and I was hoping that the screen at the Amherst Cove depot would have been replaced by now or maintenance done to keep the large stone off the road.

We are pleased on the Bonavista Peninsula that chemotherapy will be returning to the hospital in Bonavista some time in May

month – we are pleased. The last two years those who had cancer treatment had to travel 230 or 235 to go for blood work and treatment at G.B. Cross. Many of them have lost their windshield as a result. Some of them had to lose their employment with the cancer diagnosis in order to do treatment. Many of them never had insurance, but to add an unnecessary broken windshield to the litany of costs that they had to endure is almost inexcusable.

This is not a large ask, financially. This is something that the screen ought to have been maintained or replaced so that it can be properly filtered so that they can deposit the salt and the stone appropriately on the roads without being large clusters.

I've had several emails. One: I just recently visited my mother in Catalina, I was there for 2½ to 3 days. In that time, I had two incidents where my windshield was chipped and then turned into a crack. Not a great start for a brand new truck. Mick says, this should not be a problem. Regular maintenance should be part of the job description. Mick is right.

Coady states: We've had the windshield cracked in our truck and our new car this winter due to the rocks thrown from oncoming vehicles passing. It's not too close to the vehicle in front of you, it's often the oncoming traffic that will project the stone up to break the windshield. We need the screen repaired or replaced.

Thank you, Mr. Speaker.

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

**H. CONWAY-OTTENHEIMER:** Thank you, Speaker.

The background to this petition is as follows:

WHEREAS individual residents and municipal leaders have spoken to the

deplorable road conditions in the District of Harbour Main; and

WHEREAS the district is made up of many smaller communities and towns like Holyrood, Upper Gullies, Seal Cove, Cupids, Colliers, North River and Makinsons who have roads in desperate need of repair and paving, especially Routes 60 and 70; and

WHEREAS these roads see high volume traffic flows every day and drivers can expect potholes, severe rutting, limited shoulder and many washed out areas along the way.

Therefore, we petition the hon. House of Assembly as follows: We, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to immediately take the necessary steps to repair and repave these important roadways to ensure the safety of the driving public who use them on a regular basis.

Speaker, I have repeatedly raised this petition in the House of Assembly with respect to the conditions of the roads in the District of Harbour Main. As I stated even just as recent as last week when I raised this petition, I would argue that the roads in the District of Harbour Main are some of the worst roads in the province. Specifically when we look at Holyrood from the roundabout out to Seal Cove, Upper Gullies and part of Conception Bay South, those roads are deplorable. They need to be paved, but in addition when we look at North River, that's another terrible example of road conditions which have gotten to the point of disrepair and I would argue that are dangerous.

Speaker, what I'm asking today is, why can't we have an evaluation process that is fair? Why can't we be looking at the worst roads and dealing with them first? Paving the worst roads, the roads that need to be done first. Why does the evaluation process that we have now seem so obscure?

We heard one of our Members talking about the ranking system that's done in Cabinet of some sort. I mean, there is such arbitrariness with this evaluation process. It's been referred to in the past like a colouring contest, who's more popular? You need to be transparent. Government has to be transparent in this important process. We have to take politics out of paving.

We see that even the Minister of Transportation back in 2019 had awarded his own district an increase of 854 per cent in roadwork funding. Clearly that is an example of politics with pavement. We have to look at a fairer system. We have to look at a more impartial, objective system that benefits all of the people in this province and specifically looks at the roads that are in dire need of repair first.

That is not complicated. Why can't we have a system like that in place? That's what I implore because the current system is just not working and it's very political.

Thank you, Speaker.

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

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

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

Speaker, this is a petition to bring back the Residential Energy Rebate and these are the reasons for this petition:

In 2011, the provincial government lifted the 8 per cent portion of the HST on residential heat by introducing the Residential Energy Rebate or the RER. The RER was later cancelled by the provincial government in 2015.

The fact is that heat is a necessity of life and a health concern, particularly for seniors, and the cost of living is rising. The current measures by government are not

doing enough to combat inflation. We hear it from our constituents.

Therefore, we, the undersigned, call upon the House of Assembly to urge the Government of Newfoundland and Labrador to bring a HST rebate on home heating.

We've called for, Speaker, a number of times, to remove the provincial portion. If anything else, this demonstrates that there are creative ways in doing so. It's great to talk about an oil rebate, but we've also had many people who have started moving from oil to electricity and many people have always heated their home with electricity. I would say newer home construction, they are actually exclusively with electricity.

I've given examples here of people who have seen their electric bills go up significantly. Even though they heat their homes with oil, but we still see that electricity rates are jumping astronomically, especially for people on fixed incomes.

In a recent survey we did, we found that most people have seen their bills go up by \$100, so I think here there's an opportunity, especially in these challenging times, to make sure the people in this province, especially seniors, especially people on fixed incomes, are warm and able to keep their houses warm and that they're not going out to the mall just to find a warm place to be.

To me, this is an essential part of living here in this province.

Thank you.

**SPEAKER:** The hon. the Member for Torngat Mountains, you have until 3 p.m.

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

This petition is to reinstate the freight boat, the marine shipping services between the Island portion of our province and our

Northern Labrador communities. These are the reasons for this petition:

Our Northern Labrador communities are totally isolated with no road access and marine transportation services are limited to five months, on average. With the cancellation of the direct marine freight service from the Island portion of our province to our communities, residents are witnessing exorbitant price increases of basic needs impacting overall quality of life.

Therefore, we petition the hon House of Assembly as follows: We, the undersigned, urge our leaders to return the marine shipping services between the Island portion of our province to our Northern Labrador communities.

Speaker, it's been a while since I've presented this petition. Unfortunately access to health care, access to food, a lot of petitions have taken priority but as I first stated in the House of Assembly doing this petition, because it's not only about stores getting food up to our communities, it's about families who ordered in bulk for the winter and that was a way to manage the cost of food. It's also about building supplies and household goods, snowmobiles, boats, all those things we need to survive as a community.

So, Speaker, I appreciate you –

**SPEAKER:** The hon. Member's time is up.

**L. EVANS:** Thank you.

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

### Orders of the Day

### Private Members' Day

**SPEAKER:** This being Wednesday at 3 p.m., we'll call on private Member's resolution.

Before that, I'd like to welcome former Member Glenn Littlejohn here this afternoon.

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

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

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

Speaker, I'll read in the private Member's resolution again. It was moved by myself, the MHA for Stephenville - Port au Port, seconded by the MHA for Conception Bay South.

WHEREAS the Seniors' Advocate in her report titled *Long May Your Big Jib Draw: Setting Sail*, as released in September of 2019, recommended that the shingles vaccine be offered free of charge to low-income seniors and others with compromised immune systems; and

WHEREAS in the same report, the Seniors' Advocate wrote: "Seniors recognize that shingles is a debilitating disease that can cause much suffering as well as increased costs to the health care system. Most health care plans do not cover this cost including the pharmaceutical care plan. Many seniors report that the cost is up to \$300 for the two inoculations; many cannot afford this cost"; and

WHEREAS the Seniors' Advocate has continued advocating for the coverage of the shingles vaccine; and

WHEREAS the Seniors' Advocate '25-'26 prebudget submission recommends that the upcoming budget include funding to provide the shingles vaccine free of charge to seniors living in low income and others with compromised immune systems;

BE IT RESOLVED that this hon. House urge the government to provide the shingles vaccine free of charge to seniors and

individuals with compromised immune systems.

So that was the crux of the PMR today, and we were glad to be able to stand once again for the people of Newfoundland and Labrador, just as we've been doing for the last number of years and talking about this important vaccine and making it available. I mean, the Seniors' Advocate has been talking about making this available since 2019 – 2019, Speaker. That's six budgets ago – six budgets.

But today, after our PMR notice on Monday, today the Liberal government listened to the PC Party, listened to the Members opposite

–

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

**T. WAKEHAM:** After six years, we are finally going to get this vaccine available for seniors. But the PMR said that it should be provided free of charge to seniors and individuals with compromised immune systems. Unfortunately, the Liberal government has put an age classification on a senior in Newfoundland and Labrador.

So while they rushed to be able to say they were doing something, they did not do as what this PMR would suggest should be done, when that is for every senior over the age of 65 years of age that is income tested, we need to be providing a free vaccine. As a matter of fact, we should be providing the free vaccine for every senior over 65 years of age, no matter what (inaudible).

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

**T. WAKEHAM:** That's exactly what needs to happen. Their own press release talks about the seriousness of this particular disease and the affects that it can have on individuals and the individuals who are at risk of getting this.

So, again, this is why we on this side of the House have been lobbying for this vaccine for so many years and that is why we picked today to make sure that this PMR would get brought into this House; that we would once again give notice that this needs to be done before this House of Assembly closes for this session.

That's exactly why this PMR was brought in and that's exactly why we're here, because we have stood for the seniors of Newfoundland and Labrador and we will continue to stand for the seniors of Newfoundland and Labrador.

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

**T. WAKEHAM:** You go through the Seniors' Advocate reports, report after report that recommended this and I can find no reason why it took so long for the Liberal government to finally do this, other than that we all know 2025 is going to be an election year. We don't know – quote – when that election will happen but we do know there's an election coming.

I could also tell you, Speaker, that there is change coming. People in Newfoundland and Labrador are looking for change.

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

**T. WAKEHAM:** They want a government that doesn't wait six years. It doesn't take the government six years to implement a program like this for the seniors of our province. This should have been done long before this. There are so many other things that need to be done for the seniors of our province that we ought to be considering.

It wasn't that long ago that we introduced another PMR to this House of Assembly talking about a 20 per cent increase in the Seniors' Benefits effective January of 2025. That was turned down by this particular government.

So we now have a situation where the seniors of Newfoundland and Labrador will see a benefit that is long, long – six years of asking for this to be covered and finally, finally we're going to see it covered.

I'm glad to see that the Liberal government is listening to the ideas of the PC Opposition on this side of the House and ready to step up and implement. It is unfortunate, though, that they don't manage to take the initial step or the additional step to make it available to all seniors. I don't understand why they're discriminating against seniors over the age of 70. That is not the right thing to do. The right thing to do is to make this available for seniors all over our Province of Newfoundland and Labrador 65 and over, let's make it available to all of them. Let's get it done.

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

**T. WAKEHAM:** Because, Speaker, that's exactly what a new PC government will do. It will get it done. That's why they look for other ideas they want to take from us that we might want to implement when we form the next government.

Let me tell you some other things that you can start with as a Liberal government right now. If you want to announce these measures before the election, I'm fine with it. But let me tell you what you should also do, let's start with cancelling the sugar tax. That is doing nothing but hurting (inaudible).

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

**T. WAKEHAM:** Let's ensure that no one has to pay to see a nurse practitioner, because we will guarantee it.

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

**T. WAKEHAM:** Let's permanently lower the gasoline tax, though we already tried to do that, but, again, we got voted down. But we will guarantee it, we will make that tax permanent.

Let's increase the Seniors' Benefit by 20 per cent because we're committed to doing it and we will make sure that those things happen.

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

**T. WAKEHAM:** These are easy measures to implement that would help the people of Newfoundland and Labrador and could be done immediately. We don't need to wait; we could step up and do these things now. That's why I am glad to see that the Liberal government has implemented a partial vaccination program for shingles – it doesn't go far enough, it's a half step. Other provinces have made it for 65 and over for all their people, all their citizens, all their residents. Yet, in our province, we're discriminating. We're saying you must be between the ages of 65 to 70.

So, again, I think that needs to be adjusted and that's why our PMR will still say anyone over the age of 65 needs to be covered by the shingles vaccine. The evidence is there, the Seniors' Advocate has called for it and it's something that we have been calling for, for a long time.

I'm glad that on this last day of this sitting that we're finally actually going to see this passed and approved, but I'd urge the government to go back and adjust your program, and maybe it will be adjusted, who knows, in the upcoming budget or it may be adjusted in an election, but simply making it available for 65 to 70 doesn't go far enough. That adjustment needs to be made. Let's make it available for all seniors over 65 in the Province of Newfoundland and Labrador. That's not too much to ask. That's not too much to make a commitment to the seniors in Newfoundland and Labrador who deserve it. So let's just make it happen.

Thank you, Speaker.

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

**SPEAKER:** The hon. the Minister of Municipal and Provincial Affairs.

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

I am wearing another hat on this occasion to respond to the private Member's resolution today. I think, as I said not that long ago, it's an exciting day for health care in Newfoundland and Labrador.

We have been working on the Health Accord for over two years. A transformative piece of work that will take our health care system from an antiquated model built in the '60s, into one able to provide for the needs of a population that will thrive in the 21st century.

I think it's worth stating that this process, in relation to the announcement of the shingles vaccine today, did not start today; it did not start on Monday with a motion put before the floor of the House. This was started many years ago and has had some stops and starts. The initial push from the seniors' groups was at a time when the vaccine that we had available was not terribly effective and not very effective in seniors, so it was on scientific grounds really of not pursuing at that stage. COVID came along and vaccines of a different kind were order of the day. After that, we had somewhat more choice.

So today I announced that beginning June 1 we will be offering the shingles vaccine to residents of the province. I don't mind if the Members opposite wish to claim credit for it, that's fine. You'd be surprised what you can do when you don't care who claims the credit for it. I would give it to the seniors of this province, but if they feel they deserve it, well go for it.

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

**J. HAGGIE:** The access to this vaccine actually acknowledges the concerns of the Seniors' Advocate. It acknowledges the concerns of seniors' groups that I've met

with over the years and corresponded with me recently. It complements our Well-Being Plan which we put in place and we fund annually to the tune of \$10 million a year. It includes also vaccines for influenza, with enhanced vaccine for over 65, and it's part of our overall transformation plan.

It's based on the recommendations of experts and this actually mirrors and builds on the regime that exists in Ontario. So we added, for those people who were at high risk over the age group, they are also eligible.

For those of you who've never seen shingles, it is actually a miserable condition. It is painful, it is uncomfortable and this is as much a quality-of-life issue as it is a quantity-of-life issue. I think that has coloured some of the decisions in the past rather inappropriately.

It ensures that high-risk populations are protected. It reduces hospital visits, pain management and deals with the need to try and seek treatment for shingles, which does exist but, obviously, is not as good as prevention.

We are doing this with a significant investment, and this was part of budget for 2025. We have seen over the years that a group of patients in this 65 to 70 often end up being hospitalized and this will be reduced or prevented. It is not currently covered, but it will be as of June 1.

In terms of who regard themselves as high risk, we'll work on some recommendations, as we have done in the past through our Public Health team and make those available as part of a discussion document so patients can go and discuss this with their health care provider.

In terms of who can deliver the vaccine, it will be all those individuals who currently provide vaccines, so physicians, Public Health and our pharmacists. As a complement to this, since 2005, there's

been a chicken pox vaccine program publicly funded for children. For those who may not be familiar, if you don't get chicken pox or you're protected from chicken pox this reduces, if not rids you of the risk of shingles also.

Once this is in place and in parallel with this, we'll continue to monitor our communicable diseases as we do and, in time, we may need to adjust this program, but at the moment this is a starting point. It's a good one. It deals with a huge cohort of the elderly, and it deals with the high-risk population.

Again, in terms of vaccinations, we have an enhanced immune response flu vaccine, which is now available for seniors. There was also some discussion in the media today about an increased risk of influenza currently. Newfoundland and Labrador are renowned for having the second peak of flu during the flu season, usually around late February or early March, and this appears to be another of those years. It is still not too late to get your flu shot.

Also for seniors, as part of our Well-Being Plan, for seniors over 65 and at risk, we offer pneumococcal vaccine, Pevnar 20, which provides protection against a particularly nasty and lethal form of pneumonia called pneumococcus, and again, this is another discussion that should be had with your primary care provider.

This is a significant announcement for seniors. We have listened to seniors. We have listened to our caucus here. We have listened to the Opposition. If they feel they want to take the credit for it, fill your boots.

We continue along the lines of the Health Accord. It is mocked by the Opposition in Question Period. It is our road map. We are actually following it and we are investing money in doing so, as I outlined earlier on today in Question Period. So to suggest otherwise is not accurate. I have to be careful about my words, and one of my

favourite ones is now being deemed unparliamentary. I wouldn't want to fall foul of the Speaker or Deputy Speaker.

So, again, this is good news. It's a good day for seniors. It shows we have listened, and it shows we are prepared to invest. It also shows that we are concerned about what we do, monitoring it and looking at it for effect, and we'll continue to do that as we do with all our vaccination programs.

So with that, I don't think I need to belabour the point. I'll take my seat and thank you for your time.

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

**SPEAKER (Gambin-Walsh):** The hon. the Member for Conception Bay South.

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

It's a pleasure to stand, of course, in the House. I always say that and it's important to say it, because here today we're talking about the shingles vaccine and it's affecting seniors. We have an aging population, the highest aging population in the country per capita. In Newfoundland, we have the highest percentage of aging population in the country.

I speak a lot about seniors and seniors' issues related to health care, of course. As recently as an hour ago, I spoke about this issue here: seniors in the long-term care homes and seniors in the hallways in hospitals. Seniors are our number one priority, and I know we talk about and I know government announced lots of programs. So it's not about more criticism; it's about the reality we live in. Seniors and youth are our most vulnerable populations out there and that's not going away any time.

I spent a lot of time in the last six months – my mom went into a personal care home. I go down and there are 100 seniors in the home and I spend time down there with

everyone. Every day is a new issue and someone else calls me aside. So I've kind of moved my office from Long Pond to – this is in Long Pond, the other end of Long Pond.

I've got to say, in all sincerity, it's one of the more refreshing things I do, to go down there because they say out of the mouth of babes. It's true. When they speak, their issues are so real to what everyone faces. Their issues are issues of the day of the we sometimes debated here in the House of Assembly. Same issues: health care, cost of living, stuff like this, affordability.

It's just life in general, and they've got a different outlook on it because they are the highest percentage and their issues are – probably, we're not dealing with those same issues yet. I'm sure we'll all get there. It's very important and it's something that we all need to be cognizant of.

So when we presented this private Member's resolution on Monday, it was something that's been on our to-do list. We've had it in our plans. It is going to be part of our policy as we go forward towards the next election and it needed to be done.

I guess the issue that – I know it's not an issue. We don't think this legislation is going far enough – this new announcement today: 65 to 70 and 70-plus if you're immunocompromised. If you're over 70 and you're not immunocompromised, you've got affordability issues. People are still splitting their medication. People are still struggling. I talk to these people every day.

One senior was telling me they've got \$150 a month to live on. Those vaccinations cost \$170 a dose, a shot. So if you're 71, 72 or 82 and you're not immunocompromised, you've got to come up with that money yourself under what government announced today.

Our plan was all seniors. PEI has got 50-plus – they covered the shingles vaccine for

seniors 50 and over. Nova Scotia got 65-plus. Ontario, 65-plus, but in Ontario's there's a study and 38 per cent decrease in emergency room visits for seniors that were vaccinated; 19 per cent decrease in out-patient visits. You're investing upfront. You're saving that and then some on the back end because you're not getting hospital visits. It's simple math and it makes perfect sense.

When the minister made the announcement earlier this afternoon, I was there when he announced it, and I was a bit surprised that it was 65 to 70 and 70-plus only if you're immune compromised. It's fine for a start, anyone that's covered. We're not objecting to that, any shingles vaccine for seniors but it doesn't go near far enough. Is it not thought out? Is it something that we'll get it done so the PCs don't take credit for it? I have no idea.

To me it's not something that's well fleshed out; my first response when asked was simply that. So shingles don't hurt? If you're over 70 and you're not immune compromised, shingles don't bother you? If you have no money, you have \$150 a month to live on, you can afford to pay the \$170 a shot because you're not immune compromised? Since when does immune compromised effect your back account?

What's the difference in the 70-year-old that's struggling and the 71-year-old that's struggling? What's the difference in the 69-year-old and a 71-year-old? Can anyone tell me that? Because if you're 69, you're covered; it's a provincial immunization plan. If you're 71 and you're not immune compromised, you're not covered. Think about that for a second. Anyone listening, think about that analogy, that's the reality. That's what government announced today.

I don't know if it makes sense to anyone listening, it doesn't make sense to me. I don't know why; it makes no sense. What it is –

**AN HON. MEMBER:** Rushed announcement.

**B. PETTEN:** Exactly.

It's another one of those announcements that's rushed, it's put together. It's within an hour before we open the House to bring in a PMR asking for a shingles vaccination program for 65 plus to cover all our low-income seniors, to get everyone vaccinated, which we continue to lobby for. So we're not all the way there, but that's our plan.

Speaker, the Seniors' Advocate in 2019, in *Long May Your Big Jib Draw* advocated for the shingles vaccine to be covered: 2019. In 2023, the Golden Years report once again advocated. Here we are at 2025, like I say, an hour before we come into the House to present the PC's, Oppositions' PMR on shingles vaccine coverage for all seniors over 65, we get this announcement.

I guess the only thing I could think of when I heard it and I went there and I said: taking credit for an idea that was originally conceived by someone else without properly acknowledging the source, essentially presenting as their own original thought is plagiarism. I've also been told it's one of the bigger compliments. You're devoid of ideas so you steal others and that's essentially what happened here today. So we do take it as a compliment.

I'm happy that some seniors will be covered but it doesn't go far enough. And I know I heard a few moans when I announced that; that's exactly what happened. That's exactly what happened. I gave it a bit of thought and that's exactly what happened. They can moan and they can complain, whatever. That's up to them. That's their own choice.

Earlier in Question Period – and it bears repeating, because we're talking about the same issue – the Acting Minister of Health and Community Services made the dig about the Seniors' Advocate and what we advocated for.

If I'm not mistaken, back when the Senior's Advocate legislation came forward, I think I'm the only one left in Opposition from that time, *Hansard* will show we advocated, lobbied, put in amendments, fought hard to have the Seniors' Advocate's powers expanded to give them the same powers as the Child and Youth Advocate. To strengthen their powers, not weaken them; strengthen them.

So the minister, sometimes he gets up and he'll make those comments. It doesn't matter if they're factual or not factual, he makes those comments. To the naked eye, to people that are listening, people don't know, you take everyone at face value. I find a lot of times you're correcting the record, because that's not exactly what happened. We wanted the Seniors' Advocate to have those powers. We want the Seniors' Advocate to be able to step in and help those seniors that struggle.

They make these recommendations, but they only are recommendations, no different than we make them ourselves as MHAs. Back in the day, we said that the Seniors' Advocate legislation that was being proposed was no different than what an MHA could do on their own. We felt that they needed to be strengthened.

My colleague, the former Member for Cape St. Francis, he stood in the House one day and it was well-publicized, he said we have 40 Seniors' Advocates in this House. I remember that was the headline. Truer words could never be said. But he wasn't knocking the Seniors' Advocate. He was saying they never had enough powers. We wanted them empowered. We wanted more powers.

As we talk about things for seniors, an aging population, the shingles vaccinations and what we want, more help for seniors. I remind government, I remind anyone listening out there the Fowler report on officers of the House just exactly recommended that for the Seniors'

Advocate: broaden their powers. It's what is in one of the recommendations, but yet again, it's sitting somewhere collecting dust. We spend this money; we spend hundreds of thousands of dollars on these reports and they collect dust.

That report wanted to expand the powers of the Seniors' Advocate, because, as I said, it's an aging population in our province; we have the highest per cent per capita in the country. They deserve coverage, not just what was announced today, broader coverage 65-plus, all seniors will be included because like I say, age doesn't matter, illness and age don't matter if you're 65 or 75 or you're 85, shingles hurt. They cost money and seniors need our help.

Thank you very much.

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

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

**P. PIKE:** Thank you, Madam Speaker.

It's certainly great to get an opportunity to stand again today to talk about our seniors. This is a real treat for me to be able to do this because two days in a row, I can talk about the great things that this government is doing for seniors in the Province of Newfoundland and Labrador.

As minister, I have the opportunity not only to meet with seniors' groups in my district but all throughout the province. This is something that by meeting with our seniors, you get to learn more of the things that they need and types of activities that they'd like to see in their clubs, in their own homes and so on. It's just wonderful.

One of the things that I didn't get an opportunity to talk about yesterday was the intergenerational guide that we just created for seniors and that's really working. I'm finding that if you follow social media, you'll see that a lot of our seniors are getting

together with the CYNs in communities, the youth in our communities. As a matter of fact, when we looked at expanding the role of CYNs and looked at our funding model, what we built in was extra funding to work with seniors in the province and that's really, really, really working, I have to say.

On my social media, you'll see a lot of events that the youth of our province are getting together with seniors: whether that's playing games, whether that's helping with computers, playing cards and so on. It's just wonderful to see. This intergenerational guide is helping a lot of clubs in the province do just that.

One of the other things that we're about to release and this of interest to everybody, all 40 of us here in the House, is that we just created a guide to provincial government programs and services for seniors. This guide is roughly 75, 80 pages of listings of groups and organizations in the province and government departments that will be of benefit to seniors. We're in the process now of getting those out. They're being printed, by the way. In the next week or so, they go to print and we'll be sending copies to each constituency office in the province. A lot of seniors have been asking for that. I know they use the government 211 number, but they still want to have it there that they can look at it. If they want to contact a government department, click the page and there it is. That's so important to our seniors to be able to do that.

So the guide will be available in a couple of weeks. It will be sent to all the constituency offices and, I'm sure, they'll be distributed. Any time that we're going out meeting with seniors' clubs, 50-plus clubs other senior clubs in the province, we'll be doing the same thing, Madam Speaker. We'll be going out, passing out these books and other information that we have.

These are strategic investments. Yesterday, I had the opportunity to talk about all the investments we've made when it comes to

seniors. I was quite pleased with that. As a matter of fact, I received some emails last night from seniors – mostly in my district, by the way – talking about the great work we're doing with seniors and so on.

One thing about seniors as well, Madam Speaker, is that they appreciate the things that we do. They appreciate the fact that we're there for them. What we're finding as well with our seniors is the fact that a lot of the seniors' clubs now, that they have, are not big enough to accommodate the number of seniors.

So that's something that we're working with seniors on as well is to expand the size of their clubs, the size their buildings, so that they're able to accommodate more people. I've heard stories that there are caps now on the number of seniors that can join, there are so many. So we're working towards that now in helping our seniors increase the size of the clubs and so on.

Another thing that I wanted to mention before I get into another topic I want to talk about today is the whole idea of seniors' transportation. We brought this to clubs in the province a few months ago and last year as well. We talked about the fact that seniors need transportation. They need to be able to go to places, get to places, whether it's a park during the summertime, whether it's to doctors' appointment and so on.

I was at a meeting a while ago, myself and some staff, and there was a senior there and she was the president of the club. She said, it costs me \$30 to get here today and it's going to cost me \$30 to get home. She only lived five or six kilometres from the club, from the building. Madam Speaker, that's a problem, the cost, but what we've done is that in certain communities, like Labrador City has a bus for seniors, Clarenville, St. Anthony has transportation for seniors, Corner Brook – we're looking at transportation for seniors right across the province.

What we're doing is, this year, we gave so many clubs a grant to do a study within their community and within a group of communities so they can put a bus in their communities. They need buy-in from the councils and so on, but this really works. I'm really pleased with what's happening there. We'll soon have the results of some of these studies to see if we can expand this program right across the province.

I'm happy today, by the way, to speak about the important work that we're doing as a government, but as well the Opposition were talking about the fact that this was their idea about the shingles vaccine. But when we were out last year and we took a list of all the things that seniors were talking about, we compiled this list, one of the top things on their list was the shingles vaccine, it should be paid for, it should be paid for, it should be paid for.

So this is great that we're able to announce this today. We've been talking about this as a caucus for months, and it's great that we're able to bring this in today to make this great announcement which will be available on June 1.

We're committed to ensuring that our seniors enjoy good health and they stay active in their communities. Today's announcement regarding the shingles vaccine is just another way of our government showing support for seniors in the province.

As people age, their health care needs may change. Through our Seniors' Well-Being Plan, our government is taking steps to provide the necessary support for seniors to remain active members of their communities, and that's what they want. They want to remain active. They want to be respected. They want to do things in their community. They want to volunteer. The shingles vaccine falls under the category, and this will have a positive impact on improving the quality of life for seniors in the Province of Newfoundland and Labrador.

As part of our commitment to strengthening the health care system, the Health Accord included recommendations to rebalance health services across community care, long-term care and hospital settings. Our goal is to provide a full spectrum of care that ensures seniors have access to the support in the right place at the right time.

I'm confident that our seniors will be very pleased with today's announcement. Really, I can't wait to get out in my district and talk to seniors about this, as everybody else here will do as well, and the fact that they're able to now take advantage of this vaccination program as of June.

Our government is committed, Speaker, to creating age-friendly, inclusive, accessible communities in the Province of Newfoundland and Labrador, and I think we're doing that. I think seniors now have more access to activities, more access to supports than ever before, and this is being done by this government. This government is taking – like, we always hear our most valuable resource is our seniors – it's our seniors.

We all agree with that and we have to take care of them and we do. We've done so many things in the last while. Through strategic investments and targeted programs, we are ensuring seniors can live with dignity and independence, and that's what it's all about.

God bless all the seniors out there.

Thank you.

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

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

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

I'm just going to speak a little today on our PMR, and I can't speak on our PRM without mentioning the press release that came out

from government, this morning I think I was reading it. The press release talks about the provincial government to begin offering the shingles vaccine.

So it's kind of strange that it would happen when we're bringing forward our PMR to make the shingles vaccine available to everyone over the age of 65. That's our PMR that would help all seniors. But of course, with the Liberal government, their release is offering the shingles vaccine to residents 65 to 70 years of age.

Speaker, when I saw that, I thought well, what about the people over the age of 70? There are a lot of elders in my district that's over the age of 70. My mother is in her 80s, so it is concerning. The release also does say, and immunocompromised residents over the age of 70, but in actual fact, it's –

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

**L. EVANS:** Speaker, it's very difficult to talk with the background noise.

**SPEAKER:** Order, please!

The Member is having difficulty speaking. There's too much noise.

**L. EVANS:** Speaker, this is about our seniors, the people that have worked so hard to provide us with the quality of life we enjoy today. I know we complain a lot, but they've worked hard.

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

**L. EVANS:** One of the reasons why I'm speaking is because I have personal experience with the shingles virus. When I was in university as a young athlete I was selected to go to the ball hockey nationals. What I did is I did a summer session at university so I could actually be in St. John's, because I'm from Northern Labrador.

We were training, full gear, long sleeves, long pants, all the gear, helmet on everything and we did a lot of drills, a lot of practice. It was very taxing. In addition to that we were doing a lot of roadwork, a lot of running. Right in the middle of training I went up to Labrador and I was going around, I was out with my parents. Of course, we were out in the boat hunting and fishing and I was getting ready to go back and all of a sudden I got a massive pain in my leg, in my groin muscle. I thought I pulled a muscle.

I have a high threshold for pain but in actual fact it was so painful. I flew back and I went to my doctor, and back then you could actually see your doctor in a timely fashion, and I was telling him and also I showed him my little rash, it was just coming out. A couple bubbles of blisters just above my bellybutton. He said, he said: Lela, that's shingles. So he gave me some pills and some cream to put on it right away. He said if you catch it early, he said, it just heals up but if you don't, it goes along the nerve and it can last for years.

We were very, very lucky as a family because a few years ago, I came home, went in the house and my mom was there and she wasn't herself. She finally said to me, she was almost crying, and she said: Lela I'm really, really sorry but I'm not myself, the pain in my shoulder is so bad. She said I have trouble even putting the cream on. So I said: Mom, I'll help you with that. Anyway, she got ready and I took the cream out and it was basically just some sort of Voltaren type of cream to help with muscle pain.

When she pulled down her blouse, there were blisters starting to form. I said, good God Mom, I can't put cream on there. She said, it's too bad. I looked at her and I said: Mom, that's shingles; I had that. So she went to the nurse and she got the medication.

She was very, very fortunate because I want to talk to you about elders and pain. Because she got the cream on it and it helped a lot, it eventually healed up, but there's other people that she knows of, that she's communicated to me, that have been suffering for years two to three years with shoulder pain, hip pain, knee pain because of that. Sometimes if it's not caught early, when it comes out, it's all over your body and it's very, very painful.

Speaker, the reason why I'm bringing that up is because we need to recognize that if we don't make the vaccine available to seniors, they go through this. We speak daily on the stresses and strains that are being placed on our seniors, Speaker. They're, basically, most of them, are on a fixed income now, the high cost of food, the high cost of heating their houses. There are so many things and so many challenges to them.

Speaker, the least that we can do is be preventative, be proactive and help our seniors not have to go through this pain and suffering.

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

**L. EVANS:** Speaker, there are many things that I'd like to say on it. You know, I was listening to the speakers talk about quality of health for our seniors. At the end of the day, all in Newfoundland and Labrador is having trouble accessing timely health care but our seniors are more vulnerable because they have, you know, they face challenges with high blood pressure, arthritis, mobility issues, eye issues. These are all things that a lot of times seniors have to take on when they age.

So, Speaker, the thing about it is access to health care is not only about being able to see a doctor. It's about being able to access preventative measures to protect yourselves.

Now I'm a huge fan of the Seniors' Advocate; the role the Seniors' Advocate plays in this province, Speaker. I just want to quote something from her report, *Seniors' Report 2024, Monitoring Key Indicators of Seniors' Wellbeing in Newfoundland and Labrador: A Baseline Report*. Speaker, what she said is that seniors make up about one-quarter of the overall population for Newfoundland and Labrador. That is going to increase to 29 per cent of the population by 2033.

So, Speaker, we have to make sure that we look after our seniors so that, not only can they have quality of life, but also that they don't have to avail of the health care services because we know, even if we can afford them in the province, they're not available. We've got a shortage of nurses and doctors and all those supports so we need a healthy senior's population.

But more importantly, the reason why we need our seniors to be healthy is because the Seniors' Advocate has shown, and other studies have shown that Newfoundland and Labrador seniors have a lower rate of connection with a regular health care provider than the national average in other provinces. Furthermore, the number of seniors on a wait-list for a family doctor or primary health care provider increased substantially from 2021 to 2022.

So what that means is there's a disconnect. If a senior has a health care issue, a lot of times they can't access the supports of the physician, of the nurse practitioner; they can't avail of that. So, Speaker, the shingles vaccine may seem like a small thing to many, but in actual fact, that's a preventative measure that could actually improve the quality of life for our seniors. It's very, very important.

We look at other things. We talk about preventative health measures. The Minister of Children, Seniors and Social Development talked about preventative measures. But, Speaker, when we talk

about preventative measures for health care for our citizens and our seniors, what are we talking about? I'm going to quote here: "... preventative health measures such as diet, exercise and immunization ...."

The studies show and the Seniors' Advocate has pointed out that Newfoundland seniors score below the national average. Why? It's documented the reason why our seniors score below the national average for preventative health measures that can improve their quality of life and allow them to be healthy, productive citizens as they grow into their golden years is affordability – affordability, Speaker. That's why we have to make sure that as many vaccines as possible, Speaker, for our quality of health for our seniors because they deserve that.

Thank you, Speaker.

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

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

**E. LOVELESS:** Thank you, Speaker.

This is a very important topic and I always, when I stand, I say it's a pleasure to speak on behalf of the constituents of Fortune Bay - Cape La Hune. Today, I'm standing for the seniors, and I'm not standing here to take credit because I give credit to the seniors for this today. I've been advocating it for a while, and I met with 50-plus clubs a while ago. I met with four in my district, we had some good conversations, and they pleaded with regard to covering this because it's important.

So I'm not standing here to take credit. I think credit should be given to everybody in this House of Assembly, no doubt about it. But I think the credit should be given to the seniors. Because these 50-plus clubs, they do advocate for their citizens in their towns and in towns around.

But I wanted to talk about the importance of the shot, because I attended the minister's announcement, and Dr. Fitzgerald was there to talk about the 65-70 and the target, because that is a large volume and number of people that's targeted from 65-70. But I'll just take a couple of minutes to talk about – and I'm going to personalize it to give appreciation to the importance of the shingles shot. And I go back a few years, because the Member for CBS talked about what's the difference in immunocompromised versus non-immunocompromised.

I'll tell you why it's important, because I was immunocompromised. My daughter is as well. I'm not pointing a finger at the Member for CBS; I'm just following on from his conversation and to talk about the importance of it because I did develop shingles back way when.

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

**E. LOVELESS:** And I think some of the Members are saying, listen, we've all been touched with cancer and immunocompromised in his family I'm being told as well. Yeah, and again, I'm following on from the conversation. I just want to talk about the importance of that, because my immune system was compromised, but if I had the shingles shot, maybe I wouldn't have been diagnosed with Hodgkin's lymphoma.

The Hodgkin's lymphoma led to chemotherapy, radiation, three years, and eventually a stem cell transplant. A stem cell transplant, just to give a little bit – not to personalize this, but I think for appreciation for all of us, to talk about the importance of that shingles shot because it's a support mechanism for anybody.

For me, I'm not saying I wouldn't have been diagnosed with the Hodgkin's lymphoma, but it would've been a support mechanism for me, in terms of helping my immune system and Hodgkin's lymphoma maybe it

wouldn't have been a diagnosis for me, but it was three difficult years.

So I think it's very important – and I thought it was – to stand here to personalize it so people can appreciate that having that shot is very important, no matter what age you are.

Madam Speaker, I'm going to take my chair because I know there are other people on the other side who want to speak to this and I certainly welcome their thoughts. But I'm not standing on my feet to take credit; I give credit to the seniors of this province.

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

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

**H. CONWAY OTTENHEIMER:** Thank you, Speaker.

Speaker, this is not about taking credit, let's be clear, first of all. This is about recognizing the importance of this initiative. This initiative should have happened at least a minimum of six years ago, when the Seniors' Advocate had recommended it to this government repeatedly every year in the past six years and there was silence.

So we brought this on our initiative on Monday to bring attention to lobby for this important initiative on behalf of the seniors of this province.

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

**H. CONWAY OTTENHEIMER:** So we're happy to see that it's happening today.

Now, the only qualification I have to make on that is, again, I question why government is not doing enough here for the seniors of our province. When you look at this release, it is limited. It's a five-year span for seniors from 65 to 70 years of age and then for over 70 if you are immunocompromised. But, Speaker, that is not enough and I'll tell you

why that is not enough. Let's look at the data.

The Public Health Agency of Canada says one in three Canadians will develop shingles. The incidents and severity of shingles increases sharply after 50 years of age. More than two-thirds of the cases are in people over the age of 50 and people over 60 years of age are at greatest risk. So what happens if you're 71, 72, 73 or 74 and you're not immunocompromised, well you're out of luck. You will not avail of this free shingles vaccine. I submit to you that that's not good enough. Do you know why? Because that is not good enough.

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

**H. CONWAY OTTENHEIMER:** Why are we not being concerned about preventing something so significant and so painful? We know the symptoms of this virus are very severe. They're very painful. It can be long-lasting nerve pain. Quality of life of our seniors will be impacted significantly if they contract this virus. That's not to mention the immediate symptoms.

Let's look at the medical research and the complications that can occur from shingles: the increased risk of having a stroke; the increased risk of heart disease and heart attack; the increased odds of dementia. Surely that is enough in itself for us to say that this vaccine should be available for seniors, all seniors over at least the age of 65 plus, without qualification. That is a must. The best way to prevent against shingles is to get this vaccine.

When we can prevent it, why aren't we doing it? When we have the means to prevent it, why in God's are we not doing it? It makes so much sense to do it, Speaker.

This is such an important vaccine. It is so important. We need to make it available, a publicly funded provincial shingles vaccine for every senior over the age of 65.

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

**H. CONWAY OTTENHEIMER:** And that, Speaker, is the position of the PC Party of Newfoundland and Labrador. It has been long standing; it didn't just develop in the last couple of days, I might add.

We need to look at decreasing the shingles-related emergency department visits and hospitalizations. We know that the long-term benefits are there. We know that if we can decrease shingles-related outpatient visits, that will have a significant impact upon our health care system as a whole.

This is about looking at preventative measures. This is about not having a reactive health care system which is what we have now, and it's not working. We have an opportunity here to invest at the short term in a very important vaccine that will help so many of our seniors who deserve it, and it will also have long-term benefits for our health care system.

When we look at seniors and we look at the plight of seniors, for example, when we hear about the Seniors' Health and Well-Being Plan, we know that seniors have inadequate nutrition and food insecurity. When that happens – I mean, the Seniors' Advocate has reported on that – it increases the seniors' risk of chronic disease, hospitalization and other things. Yet, we know that the current status with respect to seniors in our province, right now, the senior population in 2023 ages 65 and older is approximately 130,000 people. That's almost 24 per cent of our overall population, our seniors.

Well, guess what? In just eight years, there will be 160,000 seniors in our province. That's almost 30 per cent of our entire population. Speaker, that is why this is so important. That is why we need to have this important initiative available to seniors from the age 65 up. If we look at the cost, we know that it is prohibitive. The cost of getting this vaccine is prohibitive. Many

seniors just simply cannot afford it, Speaker. They cannot afford it. It can come close to approximately \$400, I believe, for the two doses and if there's a dispensing fee.

We know that seniors are struggling in our province. They are struggling to feed themselves. They are struggling to heat their homes. They are struggling to buy medicine. So this is something that they will just have to make that choice, that tough choice, that they don't really want to have to make. They don't want to have to give up on this vaccine but if it is, as it stands now with what's been presented by government, they are going to be many, many seniors over the age of 70 that will not be able to avail of this vaccine.

I mean, that is heartbreaking when we look at that. I can tell you I went to one of my seniors' groups, the most recent one I visited, out in Makinsons, in the District of Harbour Main and seniors were asking me questions and one of the most important questions that they had was, when can we as seniors get this vaccine for shingles? When can we get it? We can't afford it, but we need it.

It's heartbreaking when you see that they're still going to be many of them in the position where they cannot get this vaccine, when they will have to have the symptoms that will come along with the shingles virus.

Speaker, we need to look at that. We need to say that that is not enough, that we need more, for so many good reasons. It makes sense to extend this and provide it publicly funded for all seniors over the age of 65.

Thank you, Speaker.

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

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

**E. JOYCE:** Thank you, Madam Speaker.

I'm going to just stand and speak on this a few minutes. As an independent, myself and the Member for Mount Pearl - Southlands, could speak as we feel, with no party.

I just want to put it on the record, if this PMR was not brought in last Monday, this announcement would not be made today.

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

**E. JOYCE:** This was done by the PC Party because if this was so important on the Health Accord, you wouldn't wait for two or three years after the Health Accord to do it. This was done today and I'm glad it was done. Not far enough, but I'm glad it was done. This was done today to undercut the PC Party who had brought this up on numerous occasions, why the government never did this. They had lots of opportunities to do it over the last three or four, five years. They never did it.

Today when the PMR comes up and it was brought up today, they want to send out a press release saying look how good we are. The only reason why it was done is the lobbying and the foresight of the PC Party here today to say this is wrong, get it done. This is what happened today.

Kudos to the Opposition to bringing this up, and I'll tell you why. I know a person, very close, in her 80s, got shingles, called 811, go to emergency. She got the shots. I know another person who just recently went up, two shots, 65 years old, had to pay.

I can tell you one thing here now, and I've been bringing this up on numerous occasions – and if the Liberals don't believe me and I'll offer this again, anybody over there who don't believe me, the Seniors Minister, the Health Minister, the Premier, come out to Western Newfoundland, come out to Corner Brook and I'll show you seniors who can't afford to go to a nurse practitioner to get a prescription, to get blood work. Now you're saying anybody over 70, you have to go pay for this now.

They can't even afford to get their medication. They can't afford to get blood work done and you won't extend it. There's something fundamentally wrong with this here. For the government not to realize that, there's something wrong, guys. I know many, many people, many seniors over 70 who are calling and saying, how can I do it? How can I get my prescription filled?

I heard the current Minister of Health and Community Services say we're not having no fee for services here. This is the same minister and the same mindset – it's disturbing. It's the same mindset when you had people in Western Newfoundland waiting two years for cataract surgery because they didn't want to put up a clinic.

Now the wait-list for people, mainly seniors, with cataracts is 30 days. The same mindset of this government is, okay, what do we have to do politically to make it look good? Not look at, okay, how many seniors can afford this here? How many over 70 now – we're saying that over 70, we're not going to pay for it and I just googled two or three times, people who should get it: Up to 80. Just google it. Anybody in this House can google it and just ask, should people over 70 get it? Yes, they're not immune; they should get it. They can get shingles.

So the question I've got to ask government, and I hope the minister is going to stand up, why did you pick 70? Other provinces got higher – much higher. Why did you pick 70? That's what I'm saying. I ask the minister to stand up, here's your opportunity to explain it to me because I can tell you when I google it, it shows it.

When I made calls today – no, other provinces have got higher, up to 80, even higher. So why 70? Where did this come from? You can't say because, oh, the health care profession says it should only be 70. It's just not true. It's just absolutely not true. PEI, 55, it starts lower at 55 and up. So this is where I miss it.

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

**E. JOYCE:** Pardon me?

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

**E. JOYCE:** Okay.

**AN HON. MEMBER:** Less effective.

**E. JOYCE:** Less effective.

But let me tell you one thing, and I'll let other people explain it, but if it's less effective, if you've got 100 people and you can make 50 not get shingles, it's worth it – it's worth it. You can't say, well, because only 40 per cent or 50 per cent, it may be effective for them, that we shouldn't do it because it's only 40 or 50 out of the 100. When you say anybody wants to stand up here and say it's less effective because it's a decrease in 100 per cent, it's wrong. It's absolutely wrong.

**AN HON. MEMBER:** They don't care about that in PEI.

**E. JOYCE:** They don't care about that in PEI, no, and there are other provinces around the same way, that they are paying for it up to a certain age. Then this is the question that I find so intriguing, is that there's a PC Opposition private Member's motion brought in on Monday, all of a sudden, they rush. Now let's cut the legs out from them. Let's not let them stand up and criticize us a bit.

So they come up and send out a press release today saying here's what we're going to do. Obviously, that wasn't researched. It obviously never went through Cabinet. I can tell you why it never went through Cabinet. Do you know why it never went through Cabinet? Because half the Members over in Cabinet knows what I'm talking about from Western Newfoundland about seniors who can't afford health care. Anybody there that would answer their phone, call anywhere whatsoever in

Western Newfoundland – even the Premier, even the Premier's own district, he would know that they haven't got a doctor. They can't afford a nurse practitioner. They go to emergency department because they can't afford it.

If you don't understand that there are seniors suffering, you guys – they are suffering – and if you can't afford it, where government got lots of money to be able to do this for the seniors over 70, and not understand that they'd love to get it but they just can't afford it. We know, and I know first-hand from people, that people over 70 are getting it and they're suffering. They are suffering.

Where did the Liberal Party forget that common person, forget the person who's down a bit that needs to be lifted up? That was always the philosophy of the Liberal Party – always – since I was 12 years old holding signs for Joey Smallwood. Where did we go wrong? Explain to me why someone 71 years old now, even though they want the shingles vaccine, can't get it paid. There's no one here who can stand up and give me a logical reason why it is done.

The only thing it was, it was rushed to undermine what was to be presented here today in this House of Assembly; because if it had to go through Cabinet – and I had the fortunate pleasure to be in there – then people are asking how come the age is cut off, they wouldn't be able to explain it because I know the Members I was talking to, the Member for Corner Brook, the Premier, the Member for St. George's - Humber, are getting the same phone calls that I'm getting about seniors who can't afford health care alone and other necessities in life. To arbitrarily just say 70 and that's it, it's a sad day. It's definitely a sad day.

Madam Speaker, I'm just going to say here: Why don't you bring it back, why don't you look at it, why don't you do the right thing and include people over 70?

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

**E. JOYCE:** If someone on the Liberal Party wants to stand up and say, well, it's not as effective. If we could help one senior from going through those two or three weeks suffering in pain, if we can say we could get 40 per cent to 50 per cent, I say it's worth it.

The ones who may not get the shingles with it, at least they got a peace of mind that they did everything they can do to protect themselves. At least they're trying but, right now, a lot of seniors, and I'm assuming it's all across the province because it's not just Western Newfoundland, when they go and they make the call for 811 when they got the rashes and they're told to go to emergency, they go to emergency and they find out they have shingles because they couldn't afford the vaccine. Is it worth it?

I ask the Liberal Party: Is it worth it? Is it worth it to see the senior suffer when you got it in your hands today that you could change that?

**SPEAKER:** The hon. Member's time is up.

**E. JOYCE:** Thank you, Madam Speaker.

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

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

**K. HOWELL:** Thank you, Speaker.

I'm pleased to stand and use some of the relevant knowledge that I've acquired over my decade career as a registered nurse. If you'll humour me for a moment this evening in the House, I'd like to put that expensive piece of paper to some good use.

I know there's been some questions as to why some of the announcement was made today but, first off, some of the commentary that happened, I'd just like to take a moment to address that. The Minister of Health and Community Services has been sworn in and

bears the full responsibility of the department. So to answer anybody's questions, he is the person who is at the head of that portfolio. With his knowledge and expertise, I'm confident that he will guide the department.

He did say that it's amazing what you can accomplish if you don't care who gets the credit. I think he's had some pretty good one-liners but I don't think that one is his. I think Harry Truman said it before him, but the truth of the matter remains. A demonstration of good leadership is when the collective good of the population is put before anybody receiving credit for it. So we're pleased to stand here today and speak to this very important motion that will see the benefit for folks in our districts.

I know that people have questions about the age associated with the vaccination, and I don't profess to be an expert in epidemiology or immunology so I will put that out there upfront, but in my experience, I will endeavour to explain as best I can a phenomenon called Immunosenescence.

What that is is the fact that immunizing individuals of a certain age, it does have a tendency to be less effective after a certain age. This vaccine is particularly applicable in that category; because a system is older, it's less capable of responding to an antigen and less capable of mounting a defence army. It often could even potentially intensify some of the symptoms that would be associated with receiving a vaccine. That's why, in seniors, we sometimes give a higher dose of the vaccine so that they have a bigger boost in terms of building their immunity for it.

That particular dosage is not available for this specific vaccine. So even though some other jurisdictions may offer it to folks of older age, the scientific evidence would suggest that the decision of the Department of Health and Community Services is sound. I hope that does give a measure of

some confidence to the folks that may be listening.

Speaker, just for a moment, if we could, let's talk about vaccines. I know that they've kind of gotten a bad rap over the last few years but they're very important in preventative medicine. They prevent infectious diseases. They reduce instance of illnesses and hospitalizations as well as complications associated with disease. Additionally, they lower the health care costs associated with treating preventable illnesses, fostering healthier communities and increasing the overall health of society.

I know that we've had a lot of conversation over the last number of years about vaccines and, unfortunately, there is a prevailing attitude that vaccines may be harmful or not as effective as we'd like them to be. Fortunately, here in Canada, we haven't necessarily subscribed to that belief. Our vaccination records are still very high in Newfoundland and Labrador, boasting one of the highest vaccination records across the country continuously year-over-year.

So we're doing a great job here in our province to prevent disease and prevent the spread of illnesses. Our neighbours to the south cannot boast the same type of immunization. Unfortunately, we see demonstrations day in and day out of how vaccines are being eliminated from their society and, most recently, we saw a child who died of measles – a disease that was largely eradicated in the 2000s – but because people haven't chosen to have vaccines, we have this preventable, tragic childhood death. So I would like to encourage people to continue their efforts to support the vaccine programs here in the province.

If I might just take a minute to explain, really, what happens when you receive a vaccine, the vaccine will teach your body how to prevent sickness before it even starts. It'll reduce your risk of becoming seriously ill or spreading your disease. So

you get a weakened or an inactive type of the virus or bacteria injected into the system and the body then recognizes it as a foreign antigen. What will happen is, it'll mount a defence system for it, it'll build antibodies, and it creates a memory of the virus or bacteria so that if your system ever comes in contact with it again, it'll recognize it as an enemy force and activate the defence system. It kills off the disease and prevents it from widespread harm to the individual, to the host.

Vaccines can protect for different durations. Some vaccines may require a booster dose. That's why we see kids getting booster doses through their school years and even into adulthood. You recognize that you may need a top-up, but some do last a lifetime and you're only required to have one and some vaccines prevent against multiple diseases. You can have a mixture similar to the measles, mumps and rubella immunization that children would receive.

Speaker, vaccines are also mixed in a medium; your mix, we'd call it. They could contain substances that may be found in eggs or even an antibiotic at times which is why some folks may present with a particular allergy to a vaccine. So it's important to know what your allergies are before you would receive a vaccination.

But, Speaker, today we're talking about the shingles vaccine specifically, and shingles is a disease caused by a virus. It's the varicella-zoster virus. This is the same virus that causes chicken pox. So if you've ever had chicken pox, you've already been exposed to this virus, and it lays dormant in your system for the rest of your life, unless it's reactivated, and that can happen under times of excessive stress, under chronic disease conditions, under hormonal fluctuations or instances of trauma. When that happens, then you can see the presentation of shingles.

So it can occur anywhere in or on your body, and it looks like a single strip of

blisters. It typically wraps around the left or right side of your torso, and you can often trace it across a nerve path. I've seen that happen, where you can watch a disease develop, watch the virus develop along an individual's back and you can trace the nerve line right from their neck to their lower body.

It can be extremely painful. It's not a life-threatening disease, but individuals who do encounter this infection can suffer tremendously. It has a characteristic neuropathic pain associated with it. I don't know if anybody is familiar with neuropathic pain, but it is some of the most difficult to treat. It can be long-standing pain, it can be debilitating pain, and it certainly has an impact on an individual's quality of life.

So, Speaker, under that recognition, that's why the Government of Newfoundland and Labrador sees the value in offering the shingles vaccine to residents 65 to 70, as well as those who are immunocompromised. If I might take a moment, I've got a bunch of notes here to speak about immunocompromised individuals. So they have weakened immune systems. For whatever reason, they are highly susceptible to illnesses that are severe and they have a decreased ability to fight off any type of infection. So their cells are already busy working overtime trying to fight off whatever might be in their system. So it's important that when they have the opportunity, they can receive this vaccination.

They also have an increased risk of developing complications from a regular bug. So something that you or I might encounter with a healthy immune system, it would be drastic to an individual who has an immunocompromised system. I've seen it in my time in the health care system where a devastating infection or a harmful bacterium causes an extreme situation for someone with lymphoma, diabetes or COPD.

Speaker, I've had the occurrence of holding the hand of a grown man who spent a lifetime on the water and he would be, as what you would call, as rough and tough as they come. But he had been diagnosed with shingles and I saw that man cry in pain on numerous occasions because of the impact that this disease was having on his system.

It's certainly one of the reasons why we're standing here today to offer this vaccine to individuals here in Newfoundland and Labrador. It is the most effective way to prevent shingles and its complication and it will be available through the provincial immunization program. It can be prescribed by a physician or a pharmacist and folks can reach out to their local pharmacies to receive it.

It's part of the way this government is removing barriers for seniors and the most vulnerable to access interventions that can improve their quality of life. That's a recommendation from the Health Accord NL to support older adults as they age with dignity and autonomy. This is also a part of our Seniors' Health and Well-Being Plan that focuses on improving well-being and supporting healthy outcomes.

That plan also establishes centres of excellence in aging, as well as strengthening integration and service delivery across the continuum of services. So we're continuing to build on that plan and recognizing its importance –

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

The hon. minister's time has expired.

**K. HOWELL:** Thank you.

**SPEAKER:** The hon. the Member for Baie Verte - Green Bay.

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

It is out of a sense of duty that I stand here this afternoon and talk about this shingles

vaccine. Over the last 10 months since being elected, I've had numerous calls from seniors in my district and, actually, right across the province related to this infliction.

The Acting Minister of Health highlighted that the government was age classifying our seniors from 65 to 70 for the shingles vaccine because they were a high-risk population. I think he needs to go back and look at the data from Health Canada. As my colleague from Harbour Main correctly highlighted, the shingles vaccine is a means of addressing a risk that increases with age. That risk increases significantly from age 50 on and, in fact, once you reach 85 onwards, that risk increases to 50 per cent – one in two will get it.

Why, then, is this government age classifying that vaccine for just 65 to 70? In fact, the Seniors' Advocate, as was highlighted by the Leader of the Opposition, from September 2019: The vaccine should be offered free of charge to low-income seniors.

What do we call someone that's 65 here in Newfoundland and Labrador? A senior. What do we call someone that's 75 here in Newfoundland and Labrador? A senior. What do we call someone 85 plus here in Newfoundland and Labrador? A senior. There is no distinction from the Seniors' Advocate so why is this government age classifying our seniors. Shame on you.

This side of the House, our PC Party, will never, never age classify our seniors in that facet.

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

**L. PADDOCK:** Now, I want to highlight the impact on a number of the residents in my district. I'll give you the first case.

This is a lady that turned 70 in January. She's a widow, she now lives alone and she is heavily involved in her community as a volunteer. She is heavily involved in her

church. She is aging gracefully. Unfortunately, she contracted shingles in the summer and she came to me looking for a little bit of support, a little crutch if you will, to be able to manage her budget to cover the shingles vaccine.

Now, you look it, the shingles vaccine is somewhere around \$160 to \$175 for one shot. You need two shots over –

**AN HON. MEMBER:** Six months.

**L. PADDOCK:** – six months, so somewhere around \$350 once you add in the dispensing fees. Her very tight budget could not cover that, so what did she do? She ended up giving up her own insurance to be able to navigate her own budget to be able to cover and get that shingles vaccine.

There was nothing available for her yesterday from this Liberal government at age 70 and there's nothing available for her today.

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

**L. PADDOCK:** Because the Liberal allocation stops at age 70 and she is now well into her 71st year.

The other one is a lady that turned 72 in the fall. Again, a lady that is very active, very engaged, very community minded, and she knows her numbers. She came to me, given where they sit financially, they qualified for the Aging Well at Home Grant.

So her question to me was could she apply and use the Aging Well at Home Grant to cover the vaccine. No, because the Aging Well at Home Grant did not cover prescriptions and/or vaccines. This is, again, a simple stroke of the pen with wording where the government could have helped a number of seniors.

The other one was a gentleman who contracted shingles in September and that was the period that he was looking to cut his

wood for the winter and do some repairs to the house, so that had a significant impact on him being able to stay in his home that winter. My colleague from Torngat Mountains would know all about that in the challenges that her population incurs daily with being able to heat their own homes.

The other thing that I want to highlight with the shingles vaccine is the health risks: it is not the same for the entire population. There is a 20 per cent risk for some that contract a certain variant that they will have vision loss and, in one year for those that have contracted shingles, there's an increased risk of stroke.

So look at that in totality of the pressure that we are putting on our own health care system. As the Member for CBS highlighted, this is about a small investment to take the pressure off the entire health care system here in Newfoundland and Labrador.

I want to go back because it was talked about on several questions during Question Period, and that is with regard to the Health Accord – the Liberal Health Accord: the Liberal plan. In it, it is written that the Health Accord demands – it's not that it would like or may – that government invest in addressing the social determinants of health such as poverty amongst seniors.

We have an opportunity here in increasing the vaccine allocation from 70 onwards for all seniors, instead of age classifying seniors, treat seniors as one class: 65 plus. In so doing, we have an opportunity to take the pressure off the entire senior population in the province. We have an opportunity to ease the burden on our health care system and, most importantly, we have an opportunity to do what is right for the generation that built this province.

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

**SPEAKER:** The hon. the Member for St. John's Centre and Leader of the Third Party.

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

This is a good PMR.

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

**J. DINN:** This is a PMR that indicates an action, the action where the Liberal government should have gone. It didn't go far enough and that's the problem.

I listened to the Member for Harbour Main talk about this being publicly funded, and I can't agree more with that, because certainly that's something that's been a tenet of the NDP: a publicly funded, publicly administered, public health care system. This should be at no cost to the people that depend on it because it's going to actually save money, if you want to look at it from a fiscal point of view, to the health care system.

We might not have had to be here debating this motion had the government joined with their provincial counterparts in Manitoba and BC and signed a deal with the federal government to set up a pharmacare program for our province. Now, vaccines aren't currently included in the deal, but I can't help that think that this program would free up money that could then be put towards free vaccines.

The free diabetes medication that comes with the program could have helped a lot of people, particularly seniors. I know that the Member for Topsail - Paradise has brought up about the need for a free diabetic medication, insulin and the pumps as well. It's about meeting the long-term health needs of our province and, in this case, our seniors.

Also, the federal NDP put forward the notice of dental care because oral care and good oral health is related to good physical health

as well. These are all proactive; what's being proposed here today is proactive. It's about making sure that we don't have more serious problems down the road.

When we looked at seniors, one of the reasons we attempted to do our PMR on the HST of home heating, was about eliminating stress and making sure people don't descend into that kind of energy poverty as a result of it, but unfortunately that was defeated. Nevertheless, the fact is, the Member for St. Barbe - L'Anse aux Meadows talked about one of the triggers is stress. Speaker, what I would suggest for many seniors, and I would say throughout this House, they are under stress. Whether it's to do with their housing, to do with their health care, mobility, loneliness, you name it.

The announcement today by the government regarding the shingles vaccines 60- to 75-year-olds free and older than 70 years, only if people are immunocompromised. I don't think you stop being a senior at 70 and not always does your health improve with age, it often declines, and any measure that helps maintain your health and keeps you from ending up in the emergency ward is important.

I was over to St. Clare's emergency room last night on a family matter but the number of seniors who were in the hallways, who were brought in, is troubling because we're hopefully all heading towards being seniors and where we don't want to end up is in the emergency ward or in a hospital, for that matter.

Now, I will say that this announcement made does not go far enough. It does not go far enough but it's like a lot of other programs that sound good on the surface, and I'll give you an example: the Aging Well at Home Grant. I'll go back to a senior in my district, 68 years old last year who lost over half her weight, went from 147 to 68 pounds because of a serious illness that affected

her digestive system. The doctor prescribed BOOST and told her that treating her without the use of dietary supplements is almost impossible. In other words, her health depended on these dietary supplements.

She's prescribed six BOOST a day. The cost alone would have meant \$448 per month. The annual income that this person was taking in, because of survivor benefit and CPP, was roughly just a little under \$23,000 a year, Speaker. She pays \$385 in rent geared to income and another \$240 a month for home care. She qualified for the Aging Well at Home Grant but that will cover less than one month supply of BOOST. It's not going to help her situation at all. She thought this would be covered under health care related expenses but told, no, she wasn't eligible.

I bring up that example because, on the surface, we hear talk about the Aging Well at Home Grant and how it's useful but I will tell you, for the most part, at lot of the programs don't go far enough in helping seniors. Seniors are hoping that they can get major renovations covered, only to find out that they're just a little bit above the threshold.

So here, I'll bring it back to this, 65- to 70-year-old age range is a start but for God's sake, people are still going to contract this disease and have the real risk of contracting it once they're past 70, as well, and the budgets become tighter. It doesn't seem a lot. Like any one of us, I guess, I pay for a shingles vaccine and that's it, but that's great. I've got an income coming in, inflation hasn't eaten away too much of everything but when you're a senior who sometimes may have been on that income for decades, it becomes tight.

I had one neighbour who lost hearing in his ear as a result of shingles. So the consequences are not just uncomfortable, they have some serious health implications as well in neurological pain and other

complications that could come about. So I think here, let's call this a disease – it's not life threatening but it's also not a rash; it has some serious potential.

From my point of view, let's do the right thing. I think everyone on this side would compliment and congratulate the government if you decide to say, you know what, you're right. We need to go further than 70. Let's make sure all seniors are covered.

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

**J. DINN:** Take that extra step, go that extra kilometre, go that extra mile, go that extra yard and do what is right here so that at least seniors know that they can afford it, that they don't have to stop paying their insurance so they can afford this and do the right thing here. Because if we want to keep seniors aging in place, then part of that is keeping people healthy. It's as simple as that.

Thank you, Speaker.

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

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

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

It's always a pleasure to get up in this House and speak on behalf of the residents of Topsail - Paradise and, I guess, the province as a whole. In the role of an MHA, it's enjoyable, I must say, to be out with the people and trying to do the best for them who elected you. It's really rewarding at times when you see progress and you're able to help those who are in need.

This is something we've been pushing for quite some time and, certainly, the timing of government's announcement is questionable, but it's a good thing. It is a step, there is no doubt about it. It's a step. Some Members speaking today have talked

about it's not going far enough. That tends to be a trend with what this government does. I think of the IVF program which had been promised many years ago and there has been a little bit here, a little bit there and now we're re-promised a full process next year.

I also think – my colleague from St. John's Centre actually touched on it – for the many years I've been talking about the continuous glucose monitoring devices and how they can be effective. I think about what the minister said today, talked about this has been on the go for many years, and it has. I mean, the Seniors' Advocate brought it up six years ago. Shingles didn't just occur six years ago, it's been here, and he talked about treating something is good but his words were: not as good as prevention. And it reduces hospitalizations, and I go back to the monitoring devices.

I've raised that many, many times in this House and I talked about how an investment in those devices can reduce strokes by 30 per cent, heart attacks by 40 per cent and kidney failure requiring dialysis by 50 per cent. It would reduce 70 per cent of all non-traumatic amputations and it's the leading cause of blindness. A number of years ago, the Canadian Diabetes Association calculated it would result in \$80 million in savings alone for this province, which I suspect is higher again now.

So prevention and offering these treatments and offering these vaccines go a long way in saving money, but more importantly, in saving lives. When I say about saving lives, not necessarily meaning people are going to die, but people will be able to live the life they want.

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

**P. DINN:** I got two 50-plus clubs in my district and I think of 50 plus and I say, wow. So we're all seniors at 50.

I know in my time as critic for Health, you're dealt with couples who were separated in different long-term care facilities. You may have a senior that's within this range and you may have one that's outside, a couple, how do they feel when one is able to get that vaccine and one is not? How do they feel when they go out to all the events that these 50-plus clubs have when they're wondering who got it and who doesn't?

You know, we went through COVID; everyone got a shot. Everyone gets a flu shot. You look at what a vaccine does here, not only for reducing the anxiety of those people, but it is effective. I just did a quick google and I know Google is not the most trustworthy, but I found an average when you talk about the effectiveness of these vaccines. So for ages 50 to 69, the vaccines are 95 per cent-plus effective in preventing

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**AN HON. MEMBER:** How much?

**P. DINN:** They're 95 per cent-plus effective in preventing shingles. For 70 plus, it's more than 90 per cent effective. When you talk about PHN, the neurological piece, for 50 plus, it's 91 per cent and for 70 plus, it's 89 per cent. I'm sure you'll find differences but the point is, it's quite effective. It's very effective in preventing this disease, this illness.

I haven't had it, but I do know people who have and it's not fun. You can have long-term effects from the shingles vaccine. That's why I look at this and I say, we want to look after our seniors. We talk about the Health Accord and seniors aging at home. How many people – because I think the deadline just recently passed for the Aging Well grant – reached out to me to help apply for the Aging Well grant? Not all within the 65 to 70 range but all within the senior range and all with low thresholds of income and they could get upwards of \$400, but then most of those who have applied, now where does that \$400 go?

They probably got to pay for a vaccine and that shouldn't be for health in this province and health care in this province, our seniors and – just to educate you on demographics, we are not getting any younger. That's a surprise to many, I know, but we're not getting any younger and, in a couple of years time, more than 30 per cent of our population will be seniors.

So we have to take into consideration the demographics. We have to take into consideration the contributions our seniors have made to this province and we have to look after them. We talk about long-term care facilities, we talk about other vaccines, we look at this and we say how can we help them? A simple vaccine for every senior, that's what we're looking for. That's not hard to ask for.

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

**P. DINN:** I would suspect the cost of that vaccine, much like the cost for continuous glucose monitoring devices as an example, is an investment in the health and well-being of our province and our seniors. That's what it is. You would not have seniors being rushed to the hospital or going into emergency rooms because they've contracted the shingles virus. It's no different than the glucose monitoring devices, people get rushed to the hospitals for having attacks there.

We can't argue that what government announced today is not a good step, it is, but I think the real step is much bigger than that and would pay much bigger dividends to us. That's to ensure that every senior in this province – and maybe in relation to your other programs we establish an income threshold, but every senior in this province should have some access to this vaccine. They should not have to be worrying about getting this disease. They should not have to be worried about going out to 50-plus socials and wondering who got it and who doesn't and who do I talk to, or one of their partners having it and the other not.

We want to push this so that all seniors have access, and we do hope that government sees this and sees the rationale for this and changes their program to accommodate every senior in this province.

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

**SPEAKER:** Seeing no other speakers, if the Member for Stephenville - Port au Port speaks now, he'll close debate.

The hon. the Member for Stephenville - Port au Port and the Leader of the Official Opposition.

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

I'm glad to be able to speak here again this afternoon on this important topic. I want to thank all of my colleagues on this side of the House for the support for this private Member's resolution because I think we all understand that you just can't turn around and arbitrarily decide when a senior is a senior.

I can't help but think, unfortunately, the Liberal government has played politics once again today. They knew this PMR was coming. They knew the intent of the PMR and all they really had to do today was come in the House of Assembly and say, yes, we agree 100 per cent with the PMR and we will make sure we implement and provide vaccinations for every senior in this Province of Newfoundland and Labrador.

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

**T. WAKEHAM:** Unfortunately, if you're a senior in Newfoundland and Labrador, the Liberal government has put an age on you of when they will provide help and when they won't provide help. Unfortunately, the policy that they have implemented and announced today says that if you are senior over 70 years of age, you're on your own.

That's essentially what this does. Yet, when I read the Liberal's press release today, the

news release they sent out, I want to quote a little bit from it. One of the lines in the press release says: "Vaccination is the most effective way to prevent shingles and its complications." \*\*

True statement, we all believe that. Yet, if you're a senior in Newfoundland and Labrador, the Liberal government has determined that if you're over 70 years of age, it doesn't apply to you. You're on your own; pay for it yourself.

It goes on to say: Access to the shingles vaccine will help improve the quality of life for seniors. The Liberal government has determined that only applies to seniors between the ages of 65 and 70; they will not fund any senior over 70. Again, what kind of statement is that sending to the seniors of our population here in Newfoundland and Labrador?

It goes on to talk about the benefits of vaccination. The benefits include reduced hospital visits. Imagine the fact that we could actually reduce visits to the emergency rooms of the hospitals all over Newfoundland and Labrador if we had this vaccination. But unfortunately, the Liberal government has determined it only applies to seniors between the ages of 65 and 70.

So if you're a senior over 70 and you can't afford to pay for this vaccination, I guess you go to the emergency department because you can't afford to get vaccinated. God knows many of them can't afford to get shingles and the resulting complications that come from it.

It also talks in their release about reducing physician consultations. We are all well aware of the shortage of physicians in the Province of Newfoundland and Labrador. Well over 100,000 people do not have access to a physician and others have to pay to see a nurse practitioner, but we could reduce those consultations for this particular issue if we provided this vaccine to all our seniors.

Once again, the Liberal government has said, sorry, unless you're between the ages of 65 and 70, if you're over 70 as a senior, you're on your own. You will still have to go try to get physician appointment, maybe, try to see and pay to see a nurse practitioner, but we could actually reduce the number of visits by doing something positive that would prevent people from needing to go to those, whether it's the emergency department or it's a physician consultation.

That is what the Health Accord is really about. It is unfortunate they pick and choose how they implement it but that's what it's supposed to be about: prevention –

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

**T. WAKEHAM:** – and there's nothing better than doing this and making it available for every senior over 65. I do not understand the logic. I don't understand why it is so difficult to make that decision for the seniors of Newfoundland and Labrador.

It goes on to talk about reducing pain management treatments. A lot of people go to pain management clinics, and I know it's been a challenge in my district to see a pain management specialist. We used to have one, but now we have to get one that comes from Corner Brook but that's part of the challenge. I mean, all of these things are here with the idea that we could actually do something about this.

We have a real opportunity to do it. The Liberals in their rush to try to get ahead of our PMR went out and did a press release, but I thought first, when I read it, that it was a typo. I thought there was a typo here: Residents 65 to 70 years of age. I thought that was typo, but no, it's not. So again, if you're over 70 years of age, you don't get to apply for this.

And while I heard somebody talk about the Health Accord on the other side, I'll quote from their press release and I agree with this. It says: "The increased access to

vaccines for seniors is based on recommendations from the Health Accord NL" – which says – "to support older adults to age well with dignity and autonomy and expand access to shingles and pneumonia vaccines for seniors." But why are we stopping at age 70?

My colleague a few minutes ago talked about the effects that it has on people 70 years of age and older. The evidence is there, so I don't understand other than a pure rush, nothing more than a pure political rush to get out there and say we're doing something; look what we're doing.

At the end the day, who pays the price for that? It's not the PC Party of Newfoundland and Labrador. It's not the NDP. It's not the independents. It's the seniors of Newfoundland and Labrador. That's who pays the price.

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

**T. WAKEHAM:** Speaker, that's what this is all about. This is a great initiative, but why are we stopping at 70? Why? I never heard an explanation as to that today. The evidence doesn't show it. There is no support for it and all we ask is that we turn around and do the right thing here. Let's just put the politics aside and think about seniors and not just seniors between 65 and 70, seniors from 70 plus.

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

**T. WAKEHAM:** If they need the vaccine and they want the vaccine, let's just get it done for them. Let's do it because that's the right thing to do. Whether you vote red or blue or orange or independent or whatever it is, that doesn't matter. These are seniors all over Newfoundland and Labrador that need our help and we got an opportunity to do that today.

We've got an opportunity to pass this and implement it. The budget is coming. Make the amendment and make it for all seniors

in Newfoundland and Labrador. Let's get it done.

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

**SPEAKER:** Is the House ready for the question?

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Motion carried.

The hon. the Government House Leader.

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

I move, seconded by the Deputy Government House Leader, that this House do now adjourn to the call of the Chair.

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

All those in favour, 'aye.'

**SOME HON. MEMBERS:** Aye.

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

Motion carried.

This House do stand adjourned until the call of the Chair.

On motion, the House adjourned to the call of the Chair.