

May 8, 2019

[Translation]

Health Care

Mr. D. Landry: Thank you, Mr. Speaker. My question is for the Premier. When the Minister of Health appeared before the Standing Committee on Estimates and Fiscal Policy, he stated that his budget was the bare minimum he could tolerate without making health care worse.

One of your big health care promises was to reduce wait times. The Premier is right to say that wait times are important for people, but we are not sure that the government has done enough to resolve the situation. Can the Premier tell us how he will reduce wait times if we are having difficulty maintaining the services we have now?

[Original]

Hon. Mr. Flemming: Thank you for the question, Mr. Speaker. Wait times are indeed an issue, and there are a number of ways, which we are addressing, to deal with them. Some of them have to be more appropriate scheduling of anesthesiology, better allocation of operating room times, and better managing of wait times. Another issue that needs to be dealt with, Mr. Speaker, is alternative level of care beds. Many people cannot be admitted into a hospital, let alone have operations, because there are no available beds.

There are many challenges in our system. We are dealing with them. We are looking at them. We believe that there are a number of ways that we could improve the patient flow and access to surgery, so thank you for the question, Mr. Speaker. It is a good question. It is an issue that is on the minds of New Brunswickers. I do not consider it to be a partisan political question. It is something that we are working toward to enhance health care in New Brunswick. Thank you.

Mr. D. Landry: Mr. Speaker, the Premier likes to talk about results and specific goals. What targets have you set to reduce wait times in the upcoming year?

Hon. Mr. Flemming: Well, we have set particular targets as they relate to access. We have to remember, Mr. Speaker, that many of the issues with respect to hip and knee replacements do not necessarily have to be treated by surgery. Many things are getting referred for surgery and... Mr. Speaker, when I was dealing with this, it was interesting that of all the referrals to orthopedic surgeons, 11% end up at surgery. So we need to focus on letting surgeons be surgeons, and we need to have more treatments like physiotherapy, steroid treatment, exercise, and different things like that. Surgery is not necessarily the answer to everything. We can shrink these wait times because there are a number of procedures that can be done that are very effective and that do not necessarily have to be surgical. That is one of the first things that we can do. My time has elapsed, and I could go on.



Mr. D. Landry: Has the Cabinet or the minister received any advice suggesting that wait times under this budget will actually increase in this coming year?

Hon. Mr. Flemming: That is a presupposition and an allegation that is not substantiated. The big mistake that the opposition members have always made is that every problem that ever came before them was solved by throwing money at it. It is not about money. It is about management. It is about the efficient flow. It is about, you know, a number of things, such as, for example, discharge times. We need to be managing our discharge times in a more efficient way because the sooner we get people out of the hospital, the sooner we can admit someone for surgery.

Whether it is scheduling of anesthetics, whether it is alternate treatment, or whether it is more management of discharge times or more dealing with alternative levels of care, these are all management issues, which are things that the opposition members never knew much about because they could not manage anything. Cannabis NB is Exhibit A. The only thing that they can do is throw around bags and bags and bags of money—taxpayers' dollars—and get nothing for doing that.

[Translation]

Mr. D. Landry: I am not sure I can say that this is non-partisanship. The issue of wait times, not only for surgery, but also in emergency rooms, is not being resolved. Instead, things seem to be getting worse. We are hearing nightmarish stories in the media about people waiting for surgery. Sometimes, emergency rooms are closed. In Caraquet, the laboratory hours of operation have been reduced. You also promised to hire additional doctors, which would help solve this problem. Without additional money in the system, how will you hire more doctors?

[Original]

Hon. Mr. Flemming: Speaking of nightmares, the only nightmare that comes to my mind is the last four years of the Liberal government, and that was a fiscal nightmare.

What many people need to realize is that emergency rooms are for emergencies. Too many people are going to the emergency rooms with minor ailments, and the fact of the matter is that emergency rooms are for emergencies. We need to have more access to primary health care, and we are doing that through the nurse practitioner clinic that we are going to start building very soon in Moncton. We are going to have more access to family physicians. We are going to have alternative clinics where emergency patients can be triaged to another service in a hospital and things like that.

Again, it is not about the money. It is about the management. We understand the challenges, most of which we inherited and many of which are subject to the system we are in, but we are making progress. We are going to...



Mr. Speaker: Time, minister.

[*Translation*]

Mr. D. Landry: Mr. Speaker, the minister has just told us that the nightmare had already begun four years ago. That may have been the case at the time, but not for people who are living this nightmare today.

[*Original*]

Again, are there specific goals in terms of how many doctors over and above the status quo you will be hiring this year?

Hon. Mr. Flemming: Mr. Speaker, much good work has been done by the Health Council, and many people are of the view that when we look at the number of physicians we have, we have a good balance. We have 930 family physicians for 750 000 people. That is one of the highest ratios. That is one family physician for every 700 or 800 people. That is a very, very good ratio.

We have primary health care clinics and collaborative practice models that are being set up, to the credit of the previous government. That was a good initiative, and the previous government should be congratulated on that. We are going to continue to grow that, and we are continuing to do that.

It is access to primary health care, and, again, it is not just throwing money at things. It is managing things so that the people of New Brunswick can have access to a family physician in a timely manner. I am going to be working with the Medical Society to shorten those access times, which definitely do need to be shortened, and we are working together to do that, Mr. Speaker.

[*Translation*]

Mr. D'Amours: One of the ways to improve primary care in the province is to assure people that they will be able to receive the care they need without having to go to the emergency room. What is the Minister of Health saying to parents of autistic children? He is telling them: Go to emergency, and we will take care of you. These parents and children who do not have a family physician have very limited or even virtually no options. When will the minister confirm the creation of a provincial committee that brings together all stakeholders to come up with solutions? We have been talking about this for months, and the minister has done nothing for months. Does the minister care about this? When will he take this issue seriously? Or will he do as he did in 2013 when he cut 400 positions?



[Original]

Hon. Mrs. Shephard: Mr. Speaker, I am happy to address the question from the member opposite. I recently met with families that have autistic children. They have challenges, and these challenges did not happen overnight. Actually, we are waiting, and any day now, we will be receiving a report on autism and the challenges and the recommendations. That report will be made public. I have not seen it yet, and as far as I know, it is not at the department yet.

But resources for autistic families are a necessity that needs to be addressed, and we are going to figure that out. I have already talked with my staff, and we have decided that we may have a couple of options and directions in which to go. It is not finite yet. We are going to be working toward that. I understand the question and its importance, and we are going to be making sure that we put our due diligence to it. Thank you, Mr. Speaker.

Nurses

Mr. D'Amours: Mr. Speaker, the Minister of Health declared that he is recruiting more nurses. Meanwhile, his colleague from Post-Secondary Education cut \$8.7 million for nursing clinical training. The logic is not too strong here. Does the minister think that cutting funding for the nurses' program will help recruit new graduates, or is it a way for the minister to cut without anyone noticing? Will the minister show New Brunswickers that he is capable of caring? Will he show leadership and convince his colleague to take positive steps and stop being counterproductive? We need to invest here and stop cutting where it hurts the most vulnerable of this province. It is time for the Minister of Health to act in this case.

Hon. Mr. Flemming: Thank you, Mr. Speaker. They talk about the \$8 million per year over the past four years. Well, this is really rich. The \$8 million over four years is \$32 million to \$34 million, and that was the program that the government put in to attract and create and add nursing positions at the universities. That is what the money was allocated for. The money was given to the universities. How many nursing positions were created—20, 30, 5, or 4? It was none, zero, zip. You spent \$35 million, and you did not create a single individual position.

We believe in results, and that was a program that got no results. My colleague the Minister of Post-Secondary Education and I will be meeting with the universities. We will be sitting down, and we will be creating the positions for which you only threw money away.

Mr. Speaker: Time, minister.

[Translation]

Mr. D'Amours: Mr. Speaker, things will be different if this government actually starts consulting organizations before cutting the funding that has been allocated to them.



The Minister of Post-Secondary Education, Training and Labour cut the funding for a nursing program by \$8.7 million without notifying universities, which is contrary to what the Minister of Health just told us. This reduction was replaced with \$2.4 million in funding for recruitment alone.

Where is the Minister of Health in the meantime? Does the minister care about this? Maybe he had other priorities besides looking after the well-being of the whole province. How does he expect to improve wait times without addressing the shortage of health care professionals?

There is a shortage of over 500 nurses in New Brunswick. This is not 1, 2, 3, or 10 positions, but well over 500; the long-term outlook has to be considered. What will the minister do? When will he take responsibility and make sure that New Brunswickers receive the necessary care?

[Original]

Hon. Mr. Flemming: Thank you, Mr. Speaker. The first thing that I am going to do is stop throwing away \$35 million, for which we get nothing. The second thing that I am going to do is work in partnership with my colleague. We are going to go into the high schools, and we are going to encourage young people to enter the nursing profession. We are going to make positions at the universities to educate them and train them, and we are going to produce our own group of up-and-coming, bright people, instead of recruiting and then telling people we have no positions for them. You cannot recruit if you do not have positions.

You cannot have nursing positions if you throw money away and create none. We are going to get results, Mr. Speaker. We are going to work. We are sitting down with the universities. We are going to create positions. We are going to get young people in those positions, and we are going to solve the problem. That is what we are going to do.

[Translation]

Restigouche Hospital Centre

Mr. G. Arseneault: Mr. Speaker, for decades, the Restigouche Hospital Centre has been specializing in psychiatry.

We know that a recent report from the Ombud identified some problems with the centre. Can the minister inform the House of the steps that have been taken to address these problems and make sure Campbellton remains a centre for excellence in psychiatric care in the province?

[Original]

Hon. Mr. Flemming: I can indeed do that. I must say thanks for all the questions. I was feeling kind of lonely and left out over here for a while, so I am rather enjoying myself today.



If you look at the list of routine proceedings of the House, you will see an item called Tabling of Documents. I have the report on the hospital here, which will be tabled shortly. It will be distributed to every member in the House. There is nothing secretive about it. It will be distributed, and you will have the issue shortly. I will be making a ministerial statement on the very question that the member opposite raised. It is an appropriate question. It is a serious issue, and I will be reporting to the House today.

I am pleased that the Ombud is here today to see the first step in solving a serious problem, which we, as New Brunswickers, are working to fix. Progress has been made. I am optimistic about it. Things are better today than on the day the Ombud did his investigation, and I will be pleased to report on that in due course. Thank you.

Mental Health

Mr. G. Arseneault: Thank you, Mr. Speaker, and I thank the minister for his comment. It was a nonpartisan comment, and I appreciate that.

I want to ask him about the youth mental health centre as well. I attended a Vitalité board meeting recently, and it outlined some of the recruitment steps that it has taken. It has been very successful, by the way, and I am happy to share all of that with all the MLAs in the province, including the minister. I am sure that he gets those reports on a regular basis.

Families and youth are concerned about the delay in the construction. I would like to ask the minister this: Is he ready to have that construction start immediately? Any delay creates an issue for servicing our youth when it comes to mental health in the province.

Hon. Mr. Flemming: Thank you, Mr. Speaker. This is a serious issue, and it is appropriate that the member opposite raises it. No decision, at this particular time, has been made with respect to the location of the youth centre. It is still under review. The government is consulting with experts in the area. We are talking to people who know what is best for the treatment of youth. This is a serious issue that is not to be made light of, and it is not a partisan issue. We are working toward that.

I will say this, Mr. Speaker, and I will guarantee this to the opposition and the people of New Brunswick: The decision to be made will be made clinically, in the best interest of the youth and families of New Brunswick that need the care. It will not be made for political reasons. Thank you, Mr. Speaker.

Mr. G. Arseneault: Mr. Speaker, I would like to mention to the minister, through you, that the location has already been settled. It is in Campbellton, and I would dare to say that the Ombud was out of line in looking at that facility and trying to relocate it. He was asked to look at the Restigouche Hospital Center, not the youth facility.



I ask the minister again to make a commitment that the construction of that youth facility will start immediately. Otherwise, it looks as though someone is trying to sabotage the recruitment plans of Vitalité. Why would people commit to coming to this centre if it is on hold? Let's open it. Let's start the construction. Let's give the service that is needed here in the province. It has already been located in Campbellton. I ask the minister to make a decision on that immediately.

Hon. Mr. Flemming: The presupposition of the member's question is that once something is done, then you have to keep doing it. It is as if to say that you have created Cannabis NB so you have to sit and continue to do nothing or continue to do things.

This is a clinical issue. It is not a political issue. I know that the member opposite is advocating for his riding, but this government advocates for the youth and families of New Brunswick.

[Translation]

Nurses

Mr. LePage: Thank you, Mr. Speaker.

[Original]

We have just heard the Minister of Health respond to a few questions about the nursing program that was cut, but my question is for the Minister of Post-Secondary Education, Training and Labour. Has the minister sat down with the universities, which were not consulted? That was a shock to us and, of course, to them also. Has he met with the universities and with the unions representing the nurses to defend the patients and the nursing profession of this province?

Hon. Mr. Holder: Thank you, Mr. Speaker. What I can tell the member opposite is exactly what the Minister of Health said. We cannot keep spending millions and millions of dollars in this province and get absolutely no results. I know that they over there want to defend that, but we on this side of the House are not going to defend that. The fact of the matter is that we are going to sit down with the Nurses Association, the Nurses' Union, the universities, and other stakeholders like the Department of Health and my department, and we are going to build a nursing strategy in this province that is actually going to get results and deliver the nursing service that the people of this province deserve.

(Interjection.)

Hon. Mr. Holder: The member opposite is asking when. It will be a heck of a lot quicker than they did it.



Cannabis NB

Mr. Austin: Thank you, Mr. Speaker. The government prides itself on being fiscally responsible and making better choices on how tax dollars are spent, which I appreciate, yet here we have a glaring example of unnecessary waste and loss with absolutely no benefit to the taxpayer. From the very start of cannabis legalization, the People's Alliance has called for the private sector to look after retail while government does what it is supposed to do, looking after regulating the product and taxing it. Mr. Speaker, with millions of dollars already lost and taxpayers continuing to subsidize the sale of marijuana, I will ask the Premier this: Will he do the right thing, which the Liberal government failed to do, and finally privatize Cannabis NB?

Hon. Mr. Higgs: Thank you for the question. It was shocking to get the news of a \$12-million loss in the first six months. What I can assure the Leader of the People's Alliance of is that we will not—we will not—continue with this loss. We will look at every avenue, and yes, that could include privatization. We will look at all the facts on this, and we will look at this horrendous deal that was done all over this province in the name of selling weed. We said this long before. We said that the only province that could lose money... Who else could lose money? Well, we found a way.

We will find a way to make this a functional business and to protect citizens at the same time. I will be looking forward to working with my colleagues here to define what the right solution could be. I want to assure the Leader of the People's Alliance that this would indeed and could indeed include privatization. Thank you very much.

Mr. Austin: Well, Mr. Speaker, I can tell you that thanks to the previous Liberal government's Cannabis NB boondoggle, one individual who is not losing money is Johnny Huffpuff on the street corner.

Regardless, if you look around the jurisdictions of North America, you can look at places like Alaska, California, Colorado, and Alberta here in Canada that have private models that rake in millions of dollars—millions of dollars—that go to health care, police security, education, and all kinds of things that we need in this province to help increase our public services. Government has to get away from doing things that government should not be doing. Selling weed and beer should not be part of that plan.

Again, I will ask this of the Premier. I appreciate the fact that privatization is on the table and with no penalties, I might add, to break the leases. Will this government commit not to have a drawn-out study but, instead, to take immediate action? Privatize it. Let the retail go to the private sector.

Hon. Mr. Steeves: Thank you to the member for the question, Mr. Speaker. Yes, Cannabis NB is in terrible shape. I would love to see the staff from Cannabis NB come and say this: We need help. Because they do need help, and we will give them help.



Do you know what? We have undertaken a study already, and we have identified three possible options. We are looking at those and deciding on which way we want to go, but there is help for Cannabis NB and help for this business model. I agree that government should be in the business of regulating. Government should not be in the business of business. We have to find a way to make this come around. Some \$12 million in losses and subsidizing the sale of weed is not what government is about. So, yes, we are working on it. The studies have been done, and we will be looking forward to that. Thank you.

[*Translation*]

Herbicides

Mr. K. Arseneau: Thank you, Mr. Speaker.

[*Original*]

In the budget presented by the Conservative government and supported by the People's Alliance, \$2.3 million of taxpayers' money is budgeted to pay for the glyphosate that will be used on Crown lands—or should I say unsurrendered Mi'kmaq, Wolastoqiyik, and Passamaquoddy lands?—that are used by all but that profit only a few.

[*Translation*]

Scientific evidence clearly shows the negative impacts of glyphosate on animals, particularly on their liver and kidneys, a fact that hunters in the province often report to us. The negative impacts also extend to humans. Has the Minister of Environment and Local Government, who is also the member for New Maryland-Sunbury, signed the glyphosate spraying permits for 2019?

[*Original*]

Hon. Mr. Carr: Thank you, Mr. Speaker. I apologize for the late response in standing up, but it was not really clear through the translation whom the question was going to be for. I will take the question since you were asking it to me in the end, as we found out.

As a matter of fact, no permits have been signed yet this spring. My honourable colleague here and I have been talking very diligently about what our plan will be going forward to reduce the number of permits in New Brunswick. He has talked very adamantly about—and I will put it in his words—putting more food in the fridge for our deer habitat, for one, in the province. We take that very seriously.

My colleague from Energy and Resource Development has spent a considerable amount of time talking to the fish and game clubs in the province. We have been talking to Forest NB about how we can make changes. We have talked to NB Power about how we can make changes to



start going in the direction of having less spray in the province. We will continue to do that. We think it is the right thing to do.

[Translation]

Mr. K. Arseneau: Thank you, Mr. Speaker. So, will the minister sign the permits this year? He has not signed them yet, so we still have a chance. If the minister signs them, does it also mean he will be authorizing spraying in watersheds, on which thousands of people rely for their drinking water?

I would like to remind the minister that, according to section 14 of the New Brunswick *Pesticides Control Act*, no person shall apply a pesticide to an area within the province, including a body of water, unless the minister issues a permit.

[Original]

Subsection 11(3) of the same law says: “The minister may refuse to issue a permit... in the circumstances the minister considers appropriate”. Mr. Speaker, the minister has the authority to issue or to refuse to use these permits. He also has the authority to modify the drinking water watershed designation orders under the *Clean Water Act*. My question is this: Will the minister prohibit the spraying of glyphosate in New Brunswick’s designated drinking water watersheds such as the Turtle Creek and Charlo River watersheds?

Hon. Mr. Carr: I want to thank the member for Kent North again for that excellent question. I will add on to some of the answer that I just gave a minute ago. We have been working toward a longer-term plan. Obviously, the plans from the last couple of years have to continue somewhat. There are some plantations in certain areas that we have to protect, and we have to make sure that they are viable.

In saying that, my honourable colleague and I will have some exciting things to announce in the future—in the not too distant future as well. Some of those will probably include discussions around our protected watershed areas and how important they are to all areas that draw from those. It is not just Turtle Creek, but there are a vast number. One of the things we are looking at is our protected watershed areas. We believe that we can do more. We will do more, but it is going to take a little bit of a plan going forward. I appreciate that you understand that. Thank you.

[Translation]

Mental Health

Ms. Rogers: Thank you, Mr. Speaker.



[Original]

Mr. Speaker, we know that one of the challenges in mental health care is access to services when they are needed. People who are struggling with mental illness cannot get in to see someone when their need is greatest. This is an issue province-wide—north, south, east, and west.

One of this government's platform commitments was to engage private sector psychologists until private sector vacancies were filled. My question is this, Mr. Speaker: Is this, in fact, happening, and what might this have in the coming year... Where are we going with this this year, for urgent access to mental health care?

Hon. Mr. Flemming: Thank you for the question. It is certainly a legitimate and appropriate issue that is facing us. The demand for mental health care is growing at a rate greater than we are producing health care professionals. That is a legitimate and difficult problem that New Brunswick is facing with all human resources issues. New Brunswick is facing a labour shortage, not only in health, mental health, and general things like that. We have a growing community that is aging. Families who had four, five, six, or seven children—baby boomers—are now at an age, and families now have one, two, or maybe three children. We have a serious problem here. It is legitimate.

And you are right. I have met with a psychologist. We have to expand to the private sector. We have to get more of those private psychologists working within the system. Good question.

Mr. Speaker: Time, minister.

Ms. Rogers: There was also a commitment to create 10 new internship positions for postgraduate psychologists to help address this urgent issue of people waiting too long to see someone when, again, their need is the greatest. Will we see this commitment fulfilled in the coming year to help address this overwhelming issue?

Hon. Mr. Flemming: As I said, we have a shortage of professionals in this area, but yes, you are correct. I think that private sector psychologists are a legitimate way to access the system. If the system cannot produce enough people to provide that service within the health authorities, then to engage outside services is certainly a legitimate thing to consider and a legitimate thing to look at. I thank the member opposite for the question.

Mr. Speaker: Question period is over.

