



Second Session – Forty-Third Legislature

of the

Legislative Assembly of Manitoba

Standing Committee

on

Public Accounts

*Chairperson
Mr. Josh Guenter
Constituency of Borderland*



Vol. LXXIX No. 1 - 1:30 p.m., Thursday, December 12, 2024

MANITOBA LEGISLATIVE ASSEMBLY
Forty-Third Legislature

Member	Constituency	Political Affiliation
ALTOMARE, Nello, Hon.	Transcona	NDP
ASAGWARA, Uzoma, Hon.	Union Station	NDP
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BEREZA, Jeff	Portage la Prairie	PC
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KHAN, Obby	Fort Whyte	PC
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LAMOUREUX, Cindy	Tyndall Park	Lib.
LATHLIN, Amanda	The Pas-Kameesak	NDP
LINDSEY, Tom, Hon.	Flin Flon	NDP
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**LEGISLATIVE ASSEMBLY OF MANITOBA
THE STANDING COMMITTEE ON PUBLIC ACCOUNTS**

Thursday, December 12, 2024

TIME – 1:30 p.m.

LOCATION – Winnipeg, Manitoba

CHAIRPERSON – Mr. Josh Guenter (Borderland)

VICE-CHAIRPERSON – MLA Jim Maloway (Elmwood)

ATTENDANCE – 9 QUORUM – 6

Members of the committee present:

*Mr. Brar, MLAs Compton, Dela Cruz, Devgan,
Mr. Guenter, MLA Maloway, Messrs. Nesbitt,
Oxenham, Mrs. Stone*

APPEARING:

Tyson Shtykalo, Auditor General

WITNESSES:

*Jocelyn Baker, Deputy Minister of Environment
and Climate Change*

*Elliott Brown, Assistant Deputy Minister, Water
Stewardship, Department of Environment and
Climate Change*

*Sacha Janzen, Acting Director, Office of
Drinking Water, Department of Environment
and Climate Change*

*Maurice Bouvier, Assistant Deputy Minister,
Industry Advancement, Department of
Agriculture*

Glen Duizer, Chief Veterinary Officer

MATTERS UNDER CONSIDERATION:

*Auditor General's Report – Animal Disease
Preparedness, dated January 2021*

*Auditor General's Report – Follow Up of
Previously Issued Recommendations, dated
February 2024*

Animal Disease Preparedness

*Auditor General's Report – Provincial Oversight
of Drinking Water Safety, dated September 2020*

*Auditor General's Report – Follow-Up of Previously
Issued Recommendations, dated March 2023*

*Provincial Oversight of Drinking Water
Safety*

* * *

The Chairperson: Good afternoon.

Will the Standing Committee on Public Accounts please come to order.

Before we begin with our business today, I would like to inform the committee that resignation letters from MLA Kennedy and MLA Sandhu as members of this committee were received. MLA Compton and MLA Oxenham are now the replacement Public Accounts Committee members for the remainder of this Legislature.

This meeting has been called to consider the following reports: the Auditor General's Report–Animal Disease Preparedness, dated January 2021; and the Auditor General's Report–Follow Up of Previously Issued Recommendations, dated February 2024; as well as the Auditor General's Report–Provincial Oversight of Drinking Water Safety, dated September 2020; and the Auditor General's Report–Follow-Up of Previously Issued Recommendations, dated March 2023.

Are there any suggestions from the committee as to how long we should sit this afternoon?

Mr. Greg Nesbitt (Riding Mountain): Two hours.

The Chairperson: There's been a suggestion to sit for two hours.

Is that agreed? [*Agreed*]

All right. And we can always revisit at the end of two hours.

So the committee will sit 'til 3:35 and then revisit at that time.

In what order does the—I guess we're in a situation where we have witnesses prepared to testify on the animal disease preparedness reports and officials who will be testifying on the drinking water reports are not here yet. So, yes, we can switch the reports.

And is it agreed that the committee consider the report on animal disease preparedness first and then the drinking water report? [*Agreed*]

All right, at this time I will ask the committee if there is leave for all witnesses in attendance to speak and answer questions on the record, if desired.

Is that agreed? [*Agreed*]

Leave has been granted.

Before we proceed further, I'd like to inform all in attendance of the process that is undertaken with regard to outstanding questions. At the end of every meeting, the research clerk reviews Hansard for any outstanding questions that the witness commits to provide an answer to and will draft a questions-pending-response document to send to the deputy minister. Upon receipt of the answers to those questions, the research clerk then forwards the responses to every Public Accounts Committee member and to every other member recorded as attending that meeting.

We will now consider the reports on animal disease preparedness.

Does the Auditor General wish to make an opening statement?

Mr. Tyson Shtykalo (Auditor General): First I'd like to introduce a staff member I have with me today. I'm joined by Dallas Muir, who was the engagement leader on the animal disease preparedness audit.

Mr. Chair, agriculture is a major economic driver in Manitoba. It's responsible for thousands of jobs and generates billions of dollars in revenue annually. An animal disease emergency could have significant consequences for the economy and potentially threaten the health of Manitobans. For these reasons, we set out to determine whether the department was prepared for an animal disease emergency in Manitoba. We concluded the department was working to prevent and prepare for an animal disease emergency, but significant work still needed to be done.

In this audit, we found the department had developed a list of 36 degree-36 diseases of interest to focus its monitoring efforts on, but it had not documented its risk assessment to support the prioritization of these diseases. We also found no response plans were in place for most of the 36 diseases of interest. The department had a response plan for the avian influenza and policy and procedure documents that included some elements of what we expected to see in a response plan for another seven of the 36 diseases of interest.

In addition, we found few response plans in place. We found that the few response plans in place did not include a full assessment of the risks associated with the disease and the disease response planning documents were often incomplete.

To be able to sufficiently respond to an animal disease event in a timely way, the department needs to have a detailed response plan, noting, among other things, what needs to be done, by whom, and a-communications channels to be used. Without a plan, there is an increased risk of loss.

During our audit, department staff told us they did not have any supply stockpiled. Without a sufficient stockpile of necessary equipment, supplies and personnel to respond to disease events, there is an increased risk of loss. Consideration should also be given to recovery. In the case of an animal disease emergency, recovery may be in the form of financial assistance, mental health 'resport'-supports and job retraining. We found there's been little consideration be given to what would be required for potential recovery efforts.

Mr. Chair, while this audit contained 13 recommendations, in our March 2024 follow-up report we noted that four recommendations had been implemented and resolved. I encourage the department to continue the implementation of these recommendations to protect Manitobans in the event of an animal disease outbreak.

I'd like to thank all the department officials we met with during the audit for their co-operation and assistance, and I'd like to thank my audit team for its hard work on the audit.

I look forward to the discussion today on the report.

The Chairperson: I thank the Auditor General for his opening comments.

Does the assistant deputy minister wish to make an opening statement, and would he introduce his staff joining him here today?

Go ahead, deputy minister.

* (13:40)

Mr. Maurice Bouvier (Assistant Deputy Minister, Industry Advancement, Department of Agriculture): So I'll introduce myself, Maurice Bouvier. I'm assistant deputy minister for Agriculture, and responsible for Animal Health and Welfare, and—among other duties.

And with me is Manitoba's Chief Veterinary Officer, Dr. Glen Duizer, who is the lead on animal health in our province. So we're pleased to be here today, and thanks for the opportunity to present to the committee.

In my presentation, I will outline how the department has strengthened its preparedness in response to animal disease emergencies. The OAG report on animal disease preparedness was welcomed by the department. We are doing a lot of good things to prevent, detect and respond to diseases. Having a neutral set of eyes on our approach has given us opportunities to strengthen our own approach and leadership as a department.

We have improved that approach since the report came out in 2021, and we continue to improve. We are strong on the foundations needed for the prevention, detection and response to animal diseases, and I'll speak to each of these foundational elements, because I—they're quite important to kind of set that foundation for our preparedness.

The first is leadership and expertise, and as I introduce Dr. Duizer, I just want to let you know, as well, that we've refocused the Chief Veterinary Officer position to concentrate specifically on animal diseases and One Health leadership in the province. And we did this by creating a new position to lead our animal welfare program, which takes significant time and effort to administer. And so this new position, the Provincial Veterinarian, Animal Welfare, takes that piece off the plate of the Chief Veterinary Officer. And I'll just refer to that position as CVO, if that's appropriate.

So that's one piece. Both of these positions are senior management positions that work together to create a One Health approach, and I will talk about One Health a little bit later in the presentation. But it's important that—you know—that we consider and that we communicate, as well, that the One Health approach to animal, human and environmental health is an important approach that we take as a department, rather than just on animal health and animal disease.

We have strong expertise in animal disease surveillance, detection and emergency response, and our staff turnover is negligible, thankfully. Our two lead positions on animal disease preparedness and response, including the CVO and one of his colleagues, have advanced degrees in veterinary medicine related to epidemiology and One Health, so we're very fortunate to have that type of expertise in our department.

We've led the country in taking a One Health approach to animal health and welfare, in broadening that. And we're proud of that.

The next foundational piece are industry partnerships, and really, those partnerships to prevent, prepare and respond to animal disease outbreaks. I can confidently say that we have among, if not the strongest partnerships and relationships with our livestock and poultry industries of any province in Canada. These partnerships strengthen all three components of disease surveillance, preparedness and response.

For example, for highly pathogenic avian influenza, or HPAI, we continue to work with chicken, turkey and egg producer associations to strengthen biosecurity, set clear roles and responsibilities, troubleshoot issues and plan and replan the approach for the high-risk seasons for transmission, doing that in advance.

This is done regardless of the fact that the lead on high path avian influenza is the Canadian Food Inspection Agency. But our responsibilities as a lead agency here in Manitoba make it essential and imperative for us to be leading that on the ground here in Manitoba and work with our colleagues from CFIA.

Our work with Manitoba Pork on controlling porcine epidemic diarrhea, or PED, took the same approach and takes the same approach. We've worked with Manitoba Pork on a PED eradication plan to reduce and eventually eliminate large PED outbreaks. It's one of our diseases of risk, and that has real economic consequences.

Using African swine fever as an example, we've worked side by side with Manitoba Pork to prepare a joint response plan, which includes a joint emergency operations centre mobilized when a positive case of ASF is found in Canada or in Manitoba. We've had the opportunity to exercise that approach on a Canada-wide ASF simulation exercise just at the end of last month.

Innovation is another piece of our foundation. We have veterinary expertise in leadership, and we demonstrate—we have been demonstrating that in terms of seeking innovative solutions to real challenges like depopulation—mass depopulation.

We led experimentation with nitrogen for large depopulation situations and continue to do so. This has moved the idea of utilizing nitrogen foam or nitrogen gas from idea to getting serious consideration as a new tool in the toolbox for this purpose. We've also brought in contracted expertise to increase our capacity and expertise when we don't have that in house.

Our relationship with the Canadian Food Inspection Agency is an important one, and that relationship is very strong and we have strengthened that since 2021. We have regular communication at the—at—with our director general colleague over in CFIA. On a quarterly basis, we meet and we also include Manitoba Health in those discussions from that One Health perspective. And we have the opportunity to meet regularly on a weekly basis—roughly on a weekly basis with CFIA on various matters. Depending on if there are disease threats or disease outbreaks, that can get very frequent and be daily. We contribute to a number of working groups during disease—to prevent and during disease outbreaks, and we support the work of CFIA on federally reportable diseases—an example, highly pathogenic avian influenza.

We offer CFIA space at our emergency operations centre, and we are just—we are together with them when we're working to eradicate a disease outbreak in the province. We don't worry about—you know, about the jurisdictional piece. They have resources if they are the lead, and we help.

Our surveillance network is—networks are vital to early identification of disease, and we think we're quite strong in this regard. That limits the effects on animals, producers, the mental health of producers and anybody that's working in those situations and the economy.

Examples of these surveillance networks include the Western Canadian Animal Health Network, the Canada west swine intelligence network, CanSpotASF for early detection of African swine fever and Squeal on Pigs for the control of wild pigs and disease and many others.

And a part of surveillance system is our provincial Veterinary Diagnostic Services Laboratory, our provincial lab that our department operates. Results through the lab provide us with surveillance, early information, early warning to detect outbreaks and to guide our extension work with industry.

And we have areas to continuously improve on. One is on diagnostic testing. Our search capacity to deal with large and extended outbreaks and keep us up with the day-to-day activities is definitely stressed when it comes to large outbreaks. It's manageable, but if we had multiple large outbreaks, it would very much stress what we do.

Our diagnostic testing for large outbreaks like PED requires long and sustained numbers of—and

volumes of testing. So surge testing demand, we manage through, you know, usual tools like overtime, with casual employees, many who used to work with our department, and contracting out testing services so that we don't fall away from our usual scope of activities.

Speed at which IT projects can be scoped, built and implemented is an area that we do have challenges with and we need to continuously improve on. And we're in the home stretch on one of those projects, our implementation of our laboratory information management system.

We're also susceptible to loss of corporate knowledge if senior veterinarians leave; however, we do involve and mentor staff through the use of the incident command system.

* (13:50)

So thank you very much for the opening statement, the opportunity and certainly answer any questions as we can.

The Chairperson: I thank the assistant deputy minister for his opening comments.

The floor is now open for questions.

Mr. Diljeet Brar (Burrows): Wanted to start with thanking everybody for being here, especially my previous colleagues from Manitoba Agriculture, CVO. I want to remind myself and all of us that we must thank a farmer, even if you didn't eat today.

I want to say thank you to Manitoba Pork, thank you to Manitoba Beef Producers, Chicken Producers, Turkey Producers, Manitoba ag producers, Manitoba Sheep Association and Dairy Farmers of Manitoba for all the great work they're doing for all of us and just—not just Manitobans but everybody, where we are exporting of our food to.

I wanted to ask about—I think it has been touched a bit in the opening statement. I want to ask this question: Do we have a complete response plan for PED virus yet, if we are in progress, where we are at and what are the barriers? *[interjection]*

The Chairperson: I'll just recognize you first, Assistant Deputy Minister. Go ahead.

Mr. Bouvier: Thank you for the question.

I'll start the response, but I'm going to turn it over to Dr. Duizer to speak specifically. But PED certainly has been a disease that has shown up, you know, over three—essentially three main outbreaks over the last

six, seven years. And so—and it is one that does cause, you know, economic harm and certainly stress to producers.

But I'll let Dr. Duizer speak to both the plan as well as the plan to eradicate PED.

Mr. Glen Duizer (Chief Veterinary Officer): We have developed an integrated response plan, as Maurice has indicated, for PED with Manitoba Pork Council. It is a very strong and effective partnership that we've established with the Pork Council to do that, and with the major stakeholders within the Pork Council that are members of the Pork Council to allow us to do that.

The plan has been developed as a collaboration that involves the major swine integrators: the Pork Council, independent producers, Hutterite colonies and our office to make sure we have a strong and effective response and have put in key components in that plan that will allow, in our view, a rapid and effective response when we get a case, as well as a long-term scope to eliminate the disease within the next five years, with a current target of—well, initially had been 2027; we're probably in the ballpark now of 2028 with the timing of our latest case.

Mr. Brar: Thank you, Dr. Duizer, for the details.

Would you mind sharing a bit about the barriers we are facing in this journey? *[interjection]*

The Chairperson: Dr. Duizer.

Mr. Duizer: Oh, sorry, my apologies.

The Chairperson: It's okay. I just have to recognize each member speaking, just for the purposes of Hansard.

Go ahead, Dr. Duizer.

Mr. Duizer: The current barriers of—are, of course, that we have an industry that is a large, valuable industry to Manitoba, that has a lot of movement and a lot of animals in the province. They're not necessarily barriers, but they are challenges, when you're managing a large-scale disease outbreak.

Many of the things that we have seen the industry develop as far as infrastructure to wash livestock transports, as well as management of movement of animals to decrease risk by making sure those movements are of controlled and in a—in a controlled fashion and not creating any risk in spreading disease.

So at this point I would say we have worked very hard to eliminate some of those—many of those

barriers. The existing ones that I feel that we have are ones that are just the nature of having the industry and the nature of dealing with the disease. I think we have mitigated those to the best of our ability.

MLA Jelynn Dela Cruz (Radisson): Thank you, folks, for being here with us today. It instills confidence in me that we've got such brilliant minds like yourselves ensuring that we meet the expectations for preparedness in our communities across our province, and I like to thank, as well, MLA Brar for his comments too.

We owe a lot to our producers, and so in working together, I think the question that I'd like to ask today, to allow you folks to share a little bit more about your work, is on the progress shared on recommendation 1 and the Animal Health transformation board.

I see that it says here it's founded on lessons learned from the COVID-19 pandemic. I'm hoping that you could elaborate a little bit more on what that means.

Mr. Bouvier: The—this is one of the initial pieces of our action plan that we investigated, considered and then did not go forward with—is this transformation board. And the reason for that is that we saw that our work with the individual producer groups or groups of those groups, if you will, such as we call the feather boards—egg, turkey, chicken—is a more effective way of looking at the risk of disease, preparing for disease, responding to disease and then, you know, debriefing afterwards and, you know, strengthening our approach as disease re-emerges or new diseases come forward.

MLA Dela Cruz: Just a follow-up on that case, it's—yes, it's great to hear that we've got such great working relationships between the department and those stakeholders—those partners, rather.

I'm wondering if you could elaborate, then, on how those relationships are represented across Manitoba.

Mr. Bouvier: Thank you for the question.

I'm going to turn it over to Dr. Duizer to speak to some specifics, and I can fill in some as well.

Mr. Duizer: We have developed those partnerships across—which covers all producers across the province. And we developed those partnerships with the individual commodity organizations.

So—and one example I will give recently with the risk of high path AI in dairy cattle in the US. We have been meeting and developing plans with dairy farmers in Manitoba on a biweekly basis and expanding and—

those plans and covering off different components of risk so we would be prepared if the disease were to enter Canada or enter Manitoba into the dairy sector as also—and also developing strategies to prevent it from coming in.

I use that as an example to basically say to you: That is how we've been approaching it and covering it across the different—the entire province is dealing with the commodity organizations themselves, strengthening that partnership, having regular communications and strategy discussions with them so that we can develop the most effective strategy to prevent the disease while also recognizing the producers' issues and concerns in needing to maintain a regular business, if you will, while making sure that we are working to prevent anything catastrophic from happening to them and their livestock.

Mr. Bouvier: I'd like to add that, you know, we do a lot of work to not only build but maintain and strengthen these relationships. Communication, you know, at all times rather than just in times of crisis. Like, we recognize that is one of the pieces that actually underpins our ability to do response or to work with industry on preventing disease and strengthening biosecurity.

The—we work at it a lot, and we benefit from it. And as I said in my opening statement, we have probably the top if not, you know, the top two relationships in Canada around this, and it's absolutely necessary for us to be effective.

Mr. Nesbitt: The report mentions that there are some legislative hurdles that could get in the way of a quick response to an animal disease emergency.

Could you identify and talk about some of those hurdles and how they are being addressed by your department to improve a provincial response to an animal disease emergency?

* (14:00)

Mr. Bouvier: Thank you for the question. Thank you, Mr. Chair.

We looked at our legislative framework, The Animal Diseases Act, and we did not find barriers to respond—to prepare to respond to diseases. What we also—but we did add \$500,000 in our budget for an animal disease response fund, and that's really just the first piece of it. That just allows us to go quickly if we need to spend money on the disease response that goes beyond our regular day-to-day kind of spending on

our mandate. And so that actually helps us to move forward quickly.

And another piece that helps us as well, and Dr. Duizer could elaborate a little bit more on it, but our approach under the incident command system that's utilized by our department to respond to animal disease—for animal disease response.

Mr. Nesbitt: Well, thank you for that response.

Can you just elaborate a little bit on what would happen on a major disease outbreak where carcasses might be buried, things like that? Does that not fall under the environmental act a bit? And what have you taken to address that; what plan do you have in place?

Mr. Bouvier: Okay, I'll start and probably defer to Dr. Duizer on some technical information. But we have a tiered approach to dealing with carcasses when there are, you know, if there's a mass welfare cull or diseased animals, and that is—No. 1 is what can we do on-farm? So, in the case of highly pathogenic avian influenza—and although it's not our lead; it's the CFIA's lead—composting of the carcasses generally happens on-farm. Keep the disease where it is and utilize, you know, the science around composting. That's one of the areas.

We've also, in the case of African swine fever, we've helped the Manitoba Pork Council, and we've been working side by side to evaluate the potential for on-farm burial of carcasses. Now, that's one piece. The next piece is we have an environmental act licence that we were granted for one mass burial location in the RM of De Salaberry. It's for emergency use only, and that's the terms of our licence. We are able to bury, you know, large amounts of carcasses there. It's not the only solution we need, but it is certainly an important part of the solution.

We also have been working on the innovation side of things to do research on shallow-trench composting, and we've been doing that through work with Brady landfill to demonstrate its efficacy to, you know, to handle carcasses. These are non-diseased carcasses; these would be welfare culls. But it actually stretches the—our capacity in Manitoba to bury welfare culls. And it also allows that land to be utilized out into the future for what Brady needs it for, for regular disposal. It takes only a—I defer to Dr. Duizer, if he recalls the number of years, but it's a short time period for it to actually to be able to be utilized again.

And, lastly, we are also working to identify other mass cull disposal sites that we would have to get environmental licence for. So we've evaluated a few

in the last few years, and we're continuing to look at another one. We don't have it in place right now because there are challenges around that because of the—what the overburden is, you know, it—what the clay situation and the ability to hold in, you know, any potential contaminants.

Mrs. Lauren Stone (Midland): Thank you, Dr. Duizer, Maurice. It's good to see you again.

My question is on the response plan, and, you know, it goes back to a conversation industry's been having for 20 years, essentially since 2005 BSE outbreak, and that's the concept of zoning. And so I'm curious if zoning has been taken into account in the response plan if we say, had an ASF outbreak here in Manitoba, and if it has, has that been done on a provincial level, and has there been conversations on zoning with our provincial and US neighbours as well to ensure that entire markets are not being cut off, like what happened in 2005.

Mr. Bouvier: Thank you for the question.

The—yes, yes and yes. I think there have been discussions provincially, across provinces with the federal government, internationally including the United States and our most important customer for pork, and that being Japan.

Now this is being led by the Canadian Food Inspection Agency, but also is being supported by our provincial chief veterinary officers' council, as well as Animal Health Canada has some play in that as well, a national organization that we do rely on and we contribute to both in dollars as well as expertise.

And so it's really important to have zoning in place. It's important to try to limit the impact of such a devastating disease like ASF would be.

Mr. Duizer: So the current—in particular, the current ASF plan fully recognizes a federal zoning approach.

So, for the committee, zoning for a disease such as ASF is led by the CFIA, as Maurice has indicated. We have had the opportunity to put a significant amount of input into that zoning approach.

We certainly don't get to negotiate with the international trading partners. That is in the hands, of course, of the federal government. But to give credit to the CFIA, they've been open to communicating with our office on a regular basis, where we can show them the risk geographically, we can map that out—map out the risk. We have the capacity and the expertise to say here's what a significant zone could look like.

In fact, in high path AI, we provide them all of the data and the mapping for them to establish their zones. When you have—in 2022, if you heard about the high path AI zones in Manitoba, that was Manitoba Agriculture who provided that data through the Premises Identification system and our GIS tools to provide to CFIA to establish their regulatory zones. So we put a lot of expertise into that.

In the ASF plan, it is built around the understanding that zonings—zones would be put into place.

The question will be how quickly those zones get recognized by an international trading partner. But that again is part of the purpose of our plan is to make sure that we have something and—effective in place that can rapidly respond so that we can, say, assist the CFIA in creating the information and intelligence necessary to take that to an international trading partner and say this part is—this is where the disease is, and rest of it, we can provide you confidences free or secure.

Mrs. Stone: Follow-up to that: So which industries do you have that covered for currently?

So I'm hearing ASF and that's a big one and, you know, very, very top of mind for the industry right now.

Do you also have one for the beef industry? Do you also have one for the poultry industry? Et cetera.

Mr. Bouvier: Again, I'll start. The—as far as zoning agreements, I mean, they are typically disease dependent, and I don't believe that we have any specific zoning agreements relative to, you know, diseases like foot-and-mouth disease.

The—this—I—and certainly, I'll defer to someone with greater expertise, but African swine fever being such a big disease and an impact disease on our animal agricultural sector, you know, we look as well to what we're doing with ASF and the planning of that to also help us prepare in terms of foot-and-mouth disease.

Mr. Duizer: So to back up Maurice's comments, they are disease specific. So—and while foot-and-mouth disease zoning is one that is moving forward, it's not one that has been established yet. There is a broad zoning understanding between Canada and the US, as—so we've been relayed by our federal partners, but it's still—the details of that are disease specific.

When it comes to—so, for the different commodities that we have been working with on zoning, poultry and swine are the big ones.

And we do our own zones too. If we look at PED, we can create what are called buffer areas. We don't call them zones. There's a regulatory implication with it—for that, so we are careful about using the right terminology that doesn't trigger an 'regulatory' concern from an international trading partner for a provincially reportable disease, as opposed to a federally one. So we are even careful when we do that to make sure that we're not creating unforeseen issues for producers.

* (14:10)

But that all said, when we have particular diseases in—of such that are provincial concerns, such as PED and infectious laryngotracheitis in poultry, we have zones that we evaluate the risk and set those zones up inside our plans.

We will do the same thing for highly pathogenic avian influenza in dairy. We've already had that discussion with them about what a zone would look like and what is the appropriate zone around an infected farm, if that were to happen. But we haven't had that discussion with every commodity group, and I would say to them: Be thankful; your risk isn't high at this point; we haven't targeted disease where we need to have a zoning discussion with you yet.

MLA Carla Compton (Tuxedo): Thank you both very much for being here.

I have a question around—also around response plan that may be a little bit more general-ish, in—particularly around the fact that it was noted that there's no response plan in place for a majority of the diseases of interest. So if I'm understanding this correctly, it says seven of the 36 diseases of interest have some sort of plan, but there's quite a few that don't.

So, I'm curious. I come from a health-care background so we have kind of like a standard—you know, if we don't know what's happening, you know, it's all PPE until we kind of decipher things.

Is that maybe part of what's at play, in that there isn't full plans for each individual disease of interest, or is it just you're kind of dealing with what's most pressing and the others are coming later? Because, to me, it just seems a little bit concerning if you have a list of diseases of concern but we don't have a plan for them—that just seems a little concerning.

Mr. Duizer: We have developed response plans—so let me back up. We have a list of diseases of concern that are potential threats and concerns to us. We have focused our work on response plans by evaluating that list and saying: What are the most likely or what have

we already experienced? And so we have focused our resources on time—and time on the ones that we know are significant threats.

Along with that, we have—it is our—in our work to do to formulate this better to have—but we have been approaching it from an umbrella standpoint that gives us a framework for us to respond to diseases, and part of our task going forward is to put that—develop that framework more fully so that gives us an opportunity to quickly develop a response plan if we get—if we come across the disease that haven't seen in a long period of time, but it's important, and we haven't—we want to keep it on the list, but it gives us the opportunity to do that so that we're not trying to develop and maintain a large number of plans that sit on a shelf and don't—and gather dust. We want to make sure that we are focusing on the greatest risk and dealing with those currently.

And I'll end with one last example on that. If you look at high path AI in dairy, that's not a provincially reportable—it's not in our list of diseases. Influenza is, so we can kind of cover it under there. But I use that as an example for the committee because I want to make sure my team is focusing on emerging disease issues as well as our reportable disease issues. And if we're going to spend time developing a plan for a disease we might not see in a decade, yet not having a plan for one that's not on that list but is an immediate threat, I think you can see where I want to focus the resources on.

Mr. Bouvier: I'd just like to add, as well, that we have a request for proposals going forward. It is likely to be on MERX next week, but it's this month we anticipate it will be on. And what is—what that will do is that will provide us with a framework for—we'll do a disease risk assessment beyond what we've been able to do in house and through our partnerships, you know, with Animal Health Canada or CFIA and the commodity associations. But we also—we want to do that with the commodity groups, so we want to engage expertise to help us do that so that it is, you know, a very objective, you know, neutral sort of, I guess, facilitator to allow us to do it.

So that will create a—the risk assessment that will help us also create plans. Our—we'll have the consultant do a framework for a disease response that we can use as a template for the diseases of highest risk, and we're going to have them do up to five plans from their work based on that, on the diseases of highest risk.

But I have to say, PED, African swine fever, we—I mean, we've got plans for those. Those are major risks for us. We are working, certainly, towards the foot-and-mouth disease—you know, actually, we'll, I think, utilize our African swine fever plan to really—as a template at this point. But we're confident that we will shore up, you know, even more disease-specific plans.

But we do recognize that we won't have specific plans for all—that entire list. I don't think that we will, nor that would be the best use of resources. But we do need for the high risk, high impact diseases.

The Chairperson: MLA Compton, did you have a follow-up?

MLA Compton: No, I'm—

The Chairperson: Okay.

We'll go to MLA Brar.

Mr. Brar: I have a question about recommendation No. 4, but before that I want to say thank you to all the professionals working at CFIA and food safety branch with Manitoba Agriculture. We thank you so much for all the great work that you are doing for all Manitobans.

My question here is about recommendation No. 4, where the finding was that working relationship between Manitoba Agriculture and CFIA needs to be improved. And when I see the last column, it says implemented/resolved.

So what changed? Are we still working to improve the relationship, or it has been improved already? So please reflect a bit on that, please.

Mr. Bouvier: Okay, I will start.

A relationship always has to be worked on, so we do appreciate that. But it has improved. It's improved and it's—and it has more formal markers for, you know, for demonstrating that, you know, that we are working with CFIA and we continue to communicate with CFIA.

Dr. Duizer can give you some examples of the kind of work that we do with CFIA, but certainly, you know, meeting with the leadership in western Canada of CFIA, meeting with our director general who is based out of Manitoba, really is one of the formal pieces that we do. And we raise issues, they raise issues, we work afterwards if we need to resolve things and we continue to work on that relationship with CFIA.

I find it very positive. It's a sharing relationship. It's a sharing relationship when it is difficult for CFIA working across all the provinces to, you know, to be able to share information in a—well, in a quick way, you know, on a continuous kind of basis. But I think we've made some really good inroads in that, and we have a solid relationship with CFIA.

But I'd ask Dr. Duizer to give more detail to that.

Mr. Duizer: There are—I will start by perhaps covering it off at a series of different levels.

So first of all, from my position, there's the Council of Chief Veterinary Officers, which includes Dr. Ireland, the chief veterinary officer from the CFIA for Canada. So that is one place where we've been integrated.

Our—the expertise within the department is part of a series of national and regional working groups on different topics, from depopulation to surveillance to disposal that CFIA has led or that we were a part of with CFIA.

Then there's western area, as Maurice has indicated. The director general is from Manitoba, and we connect not only on that level but across the different components of western area CFIA's work in a regional perspective, where we're working with the other western provinces and CFIA in the west to address significant risks. And that is not just happening at a higher level, but it is happening across the staff underneath my office, as well as those staff with other—within other CVOs in the west and western area.

* (14:20)

And then there is the regional level, which is the Manitoba CFIA region, and that is the—Maurice mentioned earlier that we have weekly meetings. That's the weekly meeting. We are meeting with CFIA on a weekly basis. It's us; it's Manitoba Health; it's them, as well as the food safety group within Manitoba Agriculture to cover off any issues—anything that we're—so we're just not missing anything, so we're not allowing things to develop without each other's knowledge.

The Chairperson: MLA Brar, on a follow-up.

Mr. Brar: Shout-out to Dr. Duizer and Maurice for your leadership in the department.

Thank you.

The Chairperson: Thank you, MLA Brar.

We'll go over to MLA Devgan.

MLA JD Devgan (McPhillips): The Auditor General noted that some legislation creates hurdles in quickly responding to some emergencies.

I wonder if you could shed some light on how so and if that's more on legislative duplications or if that's an issue of jurisdiction.

Mr. Bouvier: Thank you for the question.

From a provincial perspective, we did look at our legislation, and we didn't see the—you know, the—any hurdles to respond to provincially reportable diseases. We do review that regularly as new diseases become prevalent or new risks come forward on diseases, so that would be one piece of it.

I would say that perhaps a barrier—and it's not necessarily a legislative barrier—is sharing data and the smooth sharing of data and predictable sharing of data.

We are—we share. We—that is our—you know, our philosophy. We obviously don't want to compromise the private data of—you know, of producers and such, but in order to effectively manage disease, we need to share information; we need to share data, and we need to utilize our tools such as, you know, our GIS systems for mapping that Dr. Duizer spoke about earlier.

But it's—we haven't seen that. You know, we certainly recognize that multiple outbreaks in Canada, you know, at one time stresses, you know, either provinces or the federal—CFIA in order—regarding response. And our approach has been we work together to figure out how we fill those gaps. It's not a—you know, it's not an approach that—that's your jurisdiction. Yes, there are jurisdictions, but we are very much collaborative on how we work with CFIA and other provinces too.

Mr. Duizer: Just to—thank you.

Just to add for—to those comments, the legislation itself is strong. The regulatory components that we've been able to add in have improved that as well, and I think those are some of the pieces that have come forward since the OAG report or were in development at the time of the OAG report to address some of those issues.

I will end off by saying the challenge always will be for any disease legislation—animal disease legislation in particular—to deal with an emerging issue,

because you can't build laws and regulations for something you don't know.

And so I do think that we've come to the point that we can have a response to those as best as possible. But functionally speaking, it would be very difficult to have any legislation or regulations to address unknown risk. We just need the flexibility there in order to address them.

Mr. Bouvier: I'd add that our approach utilizing the incident command system is a really important feature of our disease response, and I think that's what kind of creates the level playing field for us in terms of response.

The Chairperson: MLA Devgan.

MLA Devgan: No follow-up.

The Chairperson: No?

MLA Stone.

Mrs. Stone: Yes. Thank you.

So I represent an ag region in Manitoba. We have cow producers; we have feed lots; we have chicken barns, hog barns, dairy barns—the gamut. So disease response is incredibly important for my producers, and I just want to recognize all the work that the individual producers are doing to ensure the care of their animals and their operations so that if there were a disease outbreak that they, themselves, also have the ability to contain that as well, and many of those producers are implementing and putting significant investments into their own operations to ensure that spread does not happen or come into their own operations if that were to be the case.

But my question is related to recommendation No. 1 on the frequency of risk assessments for animal diseases in Manitoba. So I'm curious of how often risk assessments are currently performed and if there are any plans for the department to undertake more frequent risk assessments in the future, and if that's the case, what do you foresee being that frequency?

Mr. Duizer: We do a risk assessment for every disease that we've identified as a risk. But I want to be, I want—carefully lay out what that is. It is often a group of us with expertise reviewing all of the information that is available to us, looking at the surveillance data that we have through our own systems, as well as—and own networks, as well as the networks that we participate in, speaking to—a lot of communication with other areas that might be experiencing the disease.

So we do that qualitative risk assessment every time we're dealing with a risk. We want to formalize that better. We want to be able to do those more frequently. And the proposal that Maurice has mentioned earlier is one of our ways of doing that. It will frame out a more solid approach for us to do that in a go-forward basis so that we'll have a framework that we can use on—a framework and a tool that we can use on a regular basis when we are dealing with specific diseases.

Our approach has worked fairly well to date, but we see the opportunity to improve on that, which is part of what that proposal will allow us to do.

The Chairperson: We'll go to MLA Oxenham.

Mr. Logan Oxenham (Kirkfield Park): I'd like to thank you both for your expertise, and you've—I've learned a lot from both of you today when it comes to preparing for diseases should they come into the province.

My question is a little more from a consumer confidence kind of perspective. I recall mad cow disease and how that affected the cattle producers. I lived in Alberta at the time, and it was something that really affected producers. And I'm wondering if there's a communication strategy or some kind of an education strategy to—you know, if something like that does come to Manitoba, how can we inform the general public and not scare them; give them the correct information.

Mr. Bouvier: Thank you for the question.

The—I think in all of our communication planning—and it's very disease-specific. I mean, we can think about, you know, an overall approach to communication, but we do think about it in terms of specific diseases, African swine fever as one example. We have a very robust communication plan on that, that has as one of its pillars is about the safe, you know, the nature of safe food, so that it isn't a disease of risk to humans as a result.

If there are risks, or if there are unknowns or significant unknowns around it, then we're—we have to be very careful about how that's communicated. But it is certainly considered in all of our communication plans related to disease responses. And perhaps—

The Chairperson: Dr. Duizer.

Mr. Duizer: Just to build off of that, and going back to when we do—if and when we do have an outbreak, one of the very first things that we do is identify the—is the disease got a significant human health component

to it, and then immediately engage Manitoba Health if that is the case.

So there is that direct connection. They are brought in, or we are notifying them, or vice versa, they are notifying us if there's an animal component, so that communication is through them immediately, as they would be the ones that would be communicating mostly out to the public on the significant human health issues and food safety issues. Although our branch would be doing some of that as well.

That's the general piece. In the incident itself—and we've talked to you about the incident command structure system, and one of the reasons—one of its strengths from my standpoint is its strength in communication. There is a whole pathway and branch inside of that structure in an emergency that allows information to flow fast for both the public as well as producers that are being impacted.

* (14:30)

And the streams are sorted as to what information needs to go where, so when we are responding to an information—or sorry, to an emergency, there's an information officer in our system that is right there, getting the information on a timely way and creating the structure to flow that out to the necessary contacts that need that to move forward.

The Chairperson: All right, seeing no further questions, I will now put the question on the animal disease preparedness reports.

Auditor General's Report—Animal Disease Preparedness, dated January 2021—pass.

Does the committee agree to complete consideration of the chapter Animal Disease Preparedness within the Auditor General's Report—Follow Up of Previously Issued Recommendations, dated February 2024? *[Agreed]*

We will now consider the reports on drinking water safety.

Is there leave for a brief recess while the staff from the Department of Environment and Climate Change prepare for questioning? *[Agreed]*

All right, we will recess for five minutes. Thank you.

The committee recessed at 2:31 p.m.

The committee resumed at 2:36 p.m.

The Chairperson: We will now consider the reports on drinking water safety.

Does the Auditor General wish to make an opening statement?

Mr. Shtykalo: First, I'd like to introduce the staff member I have with me today. I'm joined by Jonathan Stoesz. He was engagement leader on our drinking water audit.

Mr. Chair, while Manitoba has not had any major outbreaks of waterborne diseases recently, it's important to remain vigilant by managing potential risks through the enforcement of appropriate laws and regulations.

We conducted this audit to determine whether the Province was adequately overseeing drinking water safety. We concluded that the department needed to do more to ensure drinking water safety. Health Canada publishes guidelines for Canadian drinking water quality.

During our audit, we found Manitoba's Drinking Water Quality Standards Regulation includes only 18 of the 72 health-based parameters, or potential contaminants, included in the 2017 guidelines.

The department did not have a document—did not have documented analyses supporting why the other 54 parameters were excluded from the regulation. Without reviewing and updating the regulation to reflect the Canadian guidelines, there is a risk that Manitoban—Manitoba's standards do not ensure water safety.

A new 2019 guideline lowered the acceptable level of lead in drinking water and recommended testing at the tap. It's also recommended that schools and daycares be prioritized for monitoring.

In Manitoba, tests of drinking water taken from the tap have shown levels of lead above the acceptable level but we found the Province did not require schools and child-care centres to test for lead.

During our audit, we also found insufficient licensing of water systems. A water system licence communicates to the system operator what they must do to meet regulatory requirements, including water quality standards and the frequency of testing required. Despite this, we found only 20 per cent of known water systems had been issued a licence.

We also found poor monitoring of licensed water systems. Half of identified water systems, for example, did not have a certified requirement for very small,

semi-public water systems. It's important that all water systems, no matter the size, have an operator who has received appropriate training and understands the system and safety requirements.

During our audit, we also found the Province used a number of stand-alone Microsoft Access databases for the majority of its information technology needs. These databases were not linked nor did they have adequate reporting capabilities.

With a new, more sophisticated IT system, management would be able to remain—or without a new, more sophisticated IT system, management will remain unable to run meaningful reports that allow for both effective and efficient monitoring of operations.

The original port had 18 recommendations. In our March '23 follow-up report, we noted that six recommendations had been implemented or resolved. I'd like to thank the officials with the Office of Drinking Water that we met with during our audit for their co-operation and assistance. And I'd like to thank my audit team for its hard work on the audit.

I look forward to the discussion today.

The Chairperson: I thank the Auditor General for his opening comments.

Does the deputy minister of Environment and Climate Change wish to make an opening statement and would you please introduce your staff joining us here today.

* (14:40)

Ms. Jocelyn Baker (Deputy Minister of Environment and Climate Change): So good afternoon to everyone. I've newly been appointed a deputy minister, so I'm very grateful to have colleagues with me today.

So I also want to thank the committee for—the standing committee here on Public Accounts for the opportunity to speak today about the department's response to the provincial oversight of drinking water and the drinking water safety report.

So I'd like to introduce my amazing staff—that's written right in my notes. So Elliott Brown is the assistant deputy minister of water stewardship, and Sacha Janzen is the acting director of the Office of Drinking Water.

The Office of Drinking Water has been instrumental in advancing a whole-of-government approach to addressing the report's recommendations and

preparing related progress reports for the Office of the Auditor General.

Access to reliable, safe drinking water is fundamental. Many of us turn on our taps without wondering if the glass of water is safe to drink. Many of us have little thought of where the water comes from or how long it may or may not have been treated along the way.

Whether your water is sourced from Shoal Lake No. 40 on Treaty 3 territory, as is the case for Winnipeg, or from one of the—Manitoba's many lakes and rivers, or whether your water is from a large municipal water system or from a private well, Manitobans expect that their water is safe to drink and will be for generations to come.

For this reason, my department plays a critical role in oversight of drinking water safety, and the prevention of widespread illness—waterborne illness in Manitoba.

Staff in the Office of Drinking Water are essentially our boots on the ground for keeping Manitobans safe by licensing and monitoring drinking water systems across the province. Under the authority of The Drinking Water Safety Act, which was proclaimed in 2002 in response to the tragic water contamination incident in Walkerton, Ontario, where seven people died and over 2,000 became ill, the Office of Drinking Water is mandated to administer and enforce the act, and to provide guidance and education on drinking water safety to water suppliers and the public.

In September of 2020, as was mentioned, the Auditor General publicly released its drinking water report, which examined the adequacy of our licensing and monitoring processes for drinking water systems, and our related strategic planning measures. The report also looked at staffing and resources within the Office of Drinking Water, relative to the growth in the number of water systems that it is charged with overseeing.

Overall, the audit found that we could do more as a province to provide even more confidence in the safety of Manitoba's drinking water supplies. As was mentioned, there were 18 recommendations that were made to the department, and one of the recommendations is the lead in drinking water in schools and child-care centres that was highlighted.

Since 2020, the department has prepared two progress reports and provided information to the Office of the Auditor General on work undertaken to

implement recommendations and to resolve the identified risks. In March, 2023, as part of our follow-up report, it was deemed that six of the 18 recommendations were implemented and resolved, and I'm pleased to share today that, with our most recent progress report, which was submitted in October of 2024, we've identified substantial work, and we believe that this addresses 13 of the 18 original recommendations.

Policies and procedures have been strengthened and streamlined; the backlog of unlicensed water systems identified by the OAG has been addressed; training programs have been developed and implemented to support water system operators; and inspection monitoring and enforcement actions have been reprioritized to align with risk factors that can impact public health.

I'm very proud of the work that has been advanced to date to meet these recommendations and recognize that, although some recommendations remain outstanding, a significant amount of work to advance them is under way.

For example, the Lead in Drinking Water Grant is available to schools and licensed child-care centres to address sources of lead in their drinking water until March 31 of 2025. This work is fundamental to protecting children from the harmful effects of lead exposure, which is the key risk noted in the report relative to recommendation No. 5.

Over a thousand schools and child-care centres have participated in the program so far, and efforts are being co-ordinated across multiple departments to ensure participation rates are maximized while grant funding is available. This work—important work will continue into 2025.

The department also would like to thank the office of the Auditor General for all their time and effort taken to produce a report that has directed our efforts in many positive ways, resulting in improvements in the functioning of the Office of Drinking Water and enhancing public trust in drinking water safety.

So my staff and I are here and happy to answer any related questions.

Thank you very much.

The Chairperson: I thank the deputy minister for your opening comments.

MLA Devgan: Thank you for being here this afternoon.

You noted that 13 of the 18 recommendations have been completed or followed through thus far. Of the remaining, are there any unforeseen hurdles that are preventing the completion of those or anything that may take longer than expected originally?

Ms. Baker: I'll pass that over to my assistant deputy minister.

Mr. Elliott Brown (Assistant Deputy Minister, Water Stewardship, Department of Environment and Climate Change): Thank you for the question.

Of the remaining recommendations, I would note that for all 18 recommendations, there has been substantial work completed, and so all of them are works in progress if they're not identified by us as completed or already identified by the OAG as completed or implemented and resolved.

Some of those recommendations relate to information technology changes. IT is enterprise-wide, and so, although within the department, Office of Drinking Water has done all of the necessary work to be ready for that change to scope what it would look like to address—is it three or four of the recommendations—we are a part of that broader IT procurement. And so as we move forward with that, those will become resolved.

In the meantime, process changes that have been identified—process and business enhancements, as they call it—have been made, and so we've been able to address many of the concerns in parallel, but the final resolutions for a new IT system is still pending. So those would be key examples.

One other I'd flag is on the Certification Advisory Committee. So for the certification of operators, we did work through the department—through other colleagues in the department with the Manitoba Environmental Industries Association to collect and get a report back on potential changes to address certification. This is a large issue; it's a widespread issue; it's not just a Manitoba issue, but to look at how best to improve access to training, how best to help operators achieve success in training and help to rightsize those requirements.

So there's a lot of recommendations in that report. It was submitted relatively recently. So that work is ongoing as well. And so those would be the key ones identified as—will still be outstanding but where there has been work and progress to date.

MLA Jim Maloway (Elmwood): In 2019, Health Canada came out with new guidelines for the amount

of lead that's allowed in water. And in the city of Winnipeg, it was determined by the City, I guess, that 23,000 homes have—about a third of them have levels higher than the guidelines. And in Elmwood-East Kildonan area, 2,755 homes have these lead pipes, that they go from the basement—you can see them in the basement—to the waterline, okay?

And the problem is that people in these houses don't know they have these lead pipes, okay? And the only people that know are the City of Winnipeg. And the City of Winnipeg, when the MLA contacts them, they will not give the MLA the information, okay? They only respond to the owner. So it's kind of a cat-and-mouse game because I send out my leaflets, and then the City will not respond to my office. The homeowners, themselves, have to contact to find out that they have these pipes, okay?

And so I'd like to know why we can't have the department—like, you guys should be in a position where you can contact the City and say: Why don't we send out a joint letter? At least inform the owners that they have these pipes, right? And some people have replaced them.

* (14:50)

Now, the United States, just so you know, that the problem there was so severe that under the America's Job Plan, President Biden, he ordered the 100 per cent replacement of lead water pipes in 10 million US homes—that's a lot—and 400,000 schools and daycares. And this was all part of the America job—America's Job Plan.

So this is certainly an issue out there. And, you know, the only way people—over time, I mean, people are going to find out that they have these lead pipes when the little, you know, water starts coming out their lawn; that's when they're going to find out. But, meanwhile, they're drinking lead in their water.

Now, the—what's the City's solution? Well, run the tap, they say. So what are we supposed to do? Every day, we run the tap before we drink the water, right?

And I don't know who's doing any testing or what's going on. All I know is there's a bottleneck here, and I think you guys can help solve the problem by just contacting the City, because they've got the list.

Ms. Baker: So first, ADM's going to respond, and then the director has some additional comments.

Mr. Brown: I'll step back a little bit from the City of Winnipeg and I'll talk about the standard and the

residential lead monitoring and compliance planning across the province, because it goes beyond Winnipeg.

The new standard that was introduced about halved the level of lead that was acceptable for drinking water. It also changed—I'll try—it also changed how the tests were done.

So instead of testing at the plant, it recognized that the majority of lead in drinking water comes from either, as you've identified, service lines or older fixtures in homes. And so testing at the tap is the new standard for lead, as opposed to at the plant, which is far more common for our drinking water—health-based drinking water guidelines.

So in implementing that, it's a significant change in the how. It's also a change in the what.

The City of Winnipeg has been implementing—it was one of the first to implement, and it's taken a number of steps. First of all, it does have Residential Lead Monitoring Program. There is testing available, and they use that testing to determine and to scope the problem. It is between the City and the homeowner, but it's part of this broader program.

Secondly, the City does utilize chemical treatment within the drinking water to minimize the leaching of lead from lead surface plates, pipes and other fixtures, and that's a treatment that they've been undertaking for—I think decades would be the—a fair way to put it. And further, they do offer guidance—public guidance on steps that homeowners, individuals, can take to mitigate. One of them is running taps before usage.

The other is a home filter that will remove lead from drinking water, either through a pitcher-style filter or a whole-home filter from the primary—or one attached to the primary drinking water faucet. And they do that through public communication.

So there's always room for improvement, but there are steps that have been taken by the City of Winnipeg and by other communities as well, as this new standard has rolled out.

And I'll note lastly just that we have a number of communities across Manitoba on a risk basis, that have moved. It started with six: Winnipeg, Brandon, Dauphin, Morden, Portage la Prairie and Thompson, which were '21-22. In 2023, another 24 communities were added. In 2024, 57 communities were added, and 86 have been notified to start in 2025. So we are rolling through this guideline on a risk basis across the

province, and in many of those communities, you're going to be seeing that public communication.

I'll just ask if Sacha would like to add anything.

Ms. Sacha Janzen (Acting Director, Office of Drinking Water, Department of Environment and Climate Change): That's a very good question.

When the lead guideline was introduced and Manitoba adopted it in 2020, we recognized, as Elliott said, that it was a substantial change from the initial guideline, and we developed the Residential Lead Monitoring Program.

So with that, we provide guidance to the City of Winnipeg and other communities that are implementing the program, which, as Elliott noted, will be just over 170 come next year. The City was the first to start to start the program. A key part of that program involves public communication. Communicating about the guideline, communicating about lead in drinking water and what residents can do to minimize their exposure to lead in drinking water, because it takes time to address it.

The City is also taking steps to address lead in drinking water through corrosion control. Public communications which are rolling out, they have a lead in drinking water website which has information as well as data in terms of the results that they have collected. As Elliot said, it's always a work in progress, but we do support the City in their public communications and their outreach, so this is certainly something that we can look into on the suggestion for enhanced public communication.

The Chairperson: MLA Maloway, on a follow-up.

MLA Maloway: Well, no, I'm okay.

Mr. Nesbitt: Good afternoon to the department.

So the Auditor General found that Manitobans' drinking water quality standards only recognized 18 of possible 72 contaminants as set out by Health Canada in 2017.

I'm just wondering, does the department have a process for establishing new drinking water standards, and if you're not adopting many more of those 72, is there rationale being documented as to why you're not?

Mr. Brown: That's an excellent question.

I'll start by noting that since that time, the numbers have changed slightly. Health Canada has adopted more standards, as has Manitoba. So currently

there are 93 standards. Manitoba has adopted 33 of those standards as of, well, this fall, I'll say loosely.

And there's—I think what the audit identified is that we had not properly documented the rationale for that. There's always been a process; it's always been risk-based. And, just to use an example, Manitoba has adopted seven of seven—all of the microbiological parameters. We have adopted one of nine radiological parameters.

So Health Canada develops parameters that are appropriate for particular places based on source water. Not all of those are applicable in Manitoba. So there's areas of Manitoba where we're not concerned about uranium in water because it's not present in the source water, and for that reason, we don't adopt. In those cases, if we did find a system—a licensed system—had some exposure, we would adopt something similar through the specific licence for that system to achieve the same health outcome without adopting something that's not broadly applicable to Manitoba. So that's just to step back and talk about the numbers.

In terms of the process, Health Canada develops these health-based guidelines. They do so in consultation with provinces and territories. So there's an established federal-provincial-territorial committee that collaborates on those, and so Manitoba's input is part of that, and then once they're passed, we assess. And I think directly in response to the findings of the 2020 Auditor General's report, we've now documented and—both the process and the rationale for each of the decisions that's been taken. So the ones we've adopted and the ones that haven't been adopted, those have been documented and rationale there, again, just to ensure that consistency and surety of process that I—that was identified.

The Chairperson: All right. Just a general reminder that all questions and answers be posed through the Chair.

We'll go to MLA Brar.

Mr. Brar: I'm interested to know about the monitoring system and sampling plan and public health education out of those discussions. Sorry if I missed anything here.

Who is actually responsible for sampling those—like, those homes? How do—is it the City? Is it the homeowners? I'm just empathizing—my people in Burrows, a homeowner on Burrows who lives on Selkirk street, how do they get this information that there could be potential risk in their water systems?

So do they go out—they sample and it's—onus is on them? Or the City has a plan?

So if we are sampling, what kind of sampling it is? Is it random sampling all over the city, or do we focus on certain neighbourhoods, which is, like, maybe homes built in '70s or '50s? So what's the sampling plan?

And how this public health education happens? Pardon my ignorance if I don't know and I'm supposed to. Like, do we use TV? Do we send out letters to make people aware about, hey, there is a risk. So how does this all happen?

* (15:00)

Mr. Brown: So, a few pieces to that.

So first of all, the responsibility for meeting the drinking water standard is the system. So we set the standard. It's part of our regulation, and it's set in the licenses for the system. So they do the sampling, much as they do for microbiological testing or other chemical testing.

So that responsibility is the system owner and the system itself. So in the city of Winnipeg, it would be the City of Winnipeg. And what they have to have is a plan on how they're going to do that sampling so they can understand whether or not they're meeting the standard.

So in this case, it's not quite random sampling, but it is representative sampling. So it's not every house everywhere, but there are certain areas of the city where we know there are lead service lines because of the age of the development.

Similarly, we know that houses of a certain age are more likely to have fixtures that may contain lead or more than acceptable lead, as they were done prior to the late 1980s, I think, is when that really changed.

And so the sampling focuses on those areas, and it's also system by system, community by community in response to those risks. So if you have seen communications from the City of Winnipeg, they do ask for volunteers. You can go on their website and say: I would like to have this tested. But their public information does speak to in these specific areas, there is elevated risk—if your home is older than this age, there's elevated risk.

So that's the responsibility of the system. In the same way, it's their responsibility to test the water coming out of their water plant to make sure it meets

bacteriological standards, other health-related guidelines.

Is there more on sampling you'd like to—*[interjection]* Thank you. That's an excellent point, and sorry for that.

It's also permission-based, and so homeowners need to agree to have the sampling done. They need to accept that. And that is sometimes a challenge, and sometimes it's a knowledge challenge or sometimes it's just a—people don't want people in their homes, and that's a real thing too. And so we're respectful of that.

But the end objective of that sampling is less the individual homeowner and more the system meeting the regulation. And certainly, homeowners who are in an area of potentially elevated risk or are curious about that can certainly apply to have sampling done through the City, which would be at the City's cost. Private sampling is an option or available.

Or in my own home and for my own son, we just know what age of house we live in, and we filter the water. We run the water in the morning, and we try to be as careful with that as possible, because it's safe drinking water if you do that.

And so that's—again, those are options available. But we're always looking for ways to improve public communication and knowledge about this and always looking for ways to assist drinking water systems in meeting that very important critical guideline.

The Chairperson: We'll go to MLA Compton and then MLA Stone and then MLA Oxenham.

MLA Compton: I have a question around the licensing of water systems because, at least when the Auditor General's report was done, it was saying about 40 per cent of the public and semi-public water systems had licences. And that may be better now. It'd be great if it is. But I'm just curious if there are specific barriers or resistance from communities to getting the licence, because my understanding is the licence isn't—it's more of a—you know, either you have potable or you don't have potable water service, and then here's the recommended way that, you know, people access the water. Like the licensing is as much about the health and safety and utilization of it.

So is there—has that number increased? Is there education component that needs to be improved? I'd like to learn a little bit more about that if possible.

Mr. Brown: There were sort of two recommendations—probably more—but two in particular that spoke to the licensing of systems.

So recommendation 2 spoke of a backlog of systems that was awaiting licensing that was going through our process. That was a—bottleneck was the word used, and that's a good word. That was a bottleneck in our ability to process those licences, and that was addressed. The department has eliminated the backlog for public water systems.

And some of the steps that were taken—so in addition to adding temporary additional positions to the licencing capacity, starting to stagger licence renewals. This is a new act, so many systems were licensed at the same time. They all come due at the same time. So by staggering licence renewals, we are better able to manage that cascade, as it were, sort of through time.

We did also for semi-public water systems—and these are serving between two and 14 connections—they're smaller, they're less technologically advanced, and they have lower certification requirements. So just recognizing that we've simplified the operating licence template, tried to make it simpler for people to get a licence and get into compliance with that by making it user-friendly. We've established an online application.

So those were some of the barriers to licensing, and those have been addressed. So as I said, there's no backlog for public, and I think we're still reviewing five semi-publics out of the 848 semi-publics that exist in our regulated categories.

So substantial progress in that, and indeed the Auditor General's report in—progress report in 2023 did recognize that as implemented/resolved. Again, always a work in progress, and certainly there will always be systems not licensed because they're new or they're being established or they're being licensed. But that's where we want to keep it.

First recommendation, recommendation 1, spoke more to how we license unique water systems, and this is a category that—mostly in the semi-public sort of category, but recognizing that—and I believe this was mentioned in the Auditor General's opening remarks, that 20 per cent of semi-publics at that time did not have a licence.

So as of today, out of public water systems, 98 per cent are licensed. Out of semi-public water systems, 98 per cent are licensed. And where we're still working through that process is for—what people build does not always match what was envisioned in regulation. People do interesting things on the

landscape and sometimes we have to contend with that.

So the majority of what we're looking at there are some that are pending. So I just talked about—they're in the process of becoming licensed, and that would be about 1 per cent, or 15 systems. And then we have 20 systems that are operating as registered non-potable systems, and 25 that are operating under an interim private non-consumptive designation, which is an effort to recognize—and the key example for these would be remote lodges, where the ability to meet sampling requirements and the expectation that people have to drink the water is not there, but we need to reconcile that with our regulatory authorities and requirements, and we need to have a process that works for that. And that does take time.

So in the meantime we've done our best to ensure that public health is protected, that water users are informed, and that any risk to public health is mitigated. But those were the numbers, and so those were the big gaps on licensing that have been addressed with significant progress.

MLA Compton: Just a quick—so, wow. So you're saying, you guys, you've gone from the 40 per cent to 98 per cent licence—that's amazing. I just wanted to say wow. Like, that's very impressive and, like, great job.

So that—it wasn't really so much a question as I just wanted to say good job.

So thank you.

Ms. Baker: I also want to say, since I joined the department in—about three weeks ago as the deputy minister, I've inherited a wonderful team that have been—have done some amazing work over the last period of time, and the Office of the Auditor General supported and sort of helped us get to that point.

So I also wanted to extend congratulations to the department.

Mrs. Stone: The department already answered part of my question, as it was similar to my colleague's here. But, so kind of switching gears from the certification to the inspection standpoint, and you had mentioned the two to 14 connections. Just curious of how the department is prioritizing some of those smaller, high-risk water systems when it comes to inspections.

Ms. Janzen: We've developed an inspection policy in response to the audit report and the recommendation related to that issue, which sets out certain criteria that

we have where we look at a water system in terms of its operational factors as well as the source water type.

So if a water system is sourcing water from a lake, it is higher risk than if it's sourcing from ground water, as well as the population served, so the number of people that a system serves.

So it's based on that, not so much whether it's a semi-public water system or a public water system. The risk factors that we're looking at are based on population served, operational factors and again, the source water type.

So based on that, when we're running through our analysis of this, we're setting inspections accordingly. We're monitoring accordingly, so now the response to a higher risk system is to inspect more frequently than, say, a lower risk system. And so the inspection frequencies are set and tracked and assigned drinking water officers are conducting those inspections in accordance with that policy now.

* (15:10)

Mrs. Stone: So on a follow-up to that, once the inspection has taken place, is there any enforcement of—or any repercussions if there's a failure of the inspection, and how does the department deal with that?

Ms. Janzen: Absolutely. That's a great question.

So following an inspection, there's always a letter that's provided to the water-system owner—the system that's been inspected. And that letter will set out what has been found to be in compliance with your licence requirements, as well as areas that have been found to be deficient or where they're not in compliance with recommendations as to how to come into compliance, and deadlines are associated with that.

So this is all set out in a letter that a drinking water officer provides to the water system following an inspection. And then it's the drinking water officer that is monitoring to ensure compliance. It's the water-system owner at that point that's responsible for that.

We also have a compliance planning process. We recognize that sometimes it's going to take lots of funding and time that may go beyond the deadlines that are set in a letter, and so we encourage communication from a water-system owner with the drinking water officer, and a compliance plan can be submitted. It just sets up the steps that that system intends to take. Might go beyond the deadline that was provided.

But basically, it's through those means and open communication that the drinking water officer is monitoring, ensuring that the inspection's completed, and then again, we follow up on that at the next scheduled inspection.

And this also corresponds with our enforcement policy, which was developed in response to another recommendation. So if there is non-compliance and those deadlines aren't met and it's a safety issue, then we will be enforcing in line with the enforcement policy.

Mr. Oxenham: My colleague actually kind of delved into a little bit of what I was going to ask in terms of enforcement.

And I see in recommendation No. 11 here, it says: The Auditor General recommends that the department use its enforcement activities when there is continued non-compliance or serious violations by any water system.

And I know that the, you know, strong-arm approach is not always the best approach, but I'm just wondering if this is an issue that's prevalent, if this is a concern or a growing issue—non-compliance. And is there a fine associated? What are the consequences for not? Like, can you lose your licence? What are the steps? What does that look like?

Mr. Brown: Maybe I'll start with sort of the audit recommendation and some of the pieces that came out of that for compliance and enforcement, and then are you able to speak to the specific fines and all that's related to that.

Part of what was found, I think, by the Auditor General was a need to ensure that we were documenting our compliance and enforcement process.

And so, to step back from that, it is a compliance-oriented process. It's first to inform. It's first to—then to help people understand what they need to do in compliance, as was mentioned in a previous answer. And, ultimately, to avoid enforcement wherever possible through that process that allows people to come into compliance.

So that work to ensure that there are policies in place on enforcement, that there's consistency and that there's good documentation of when we're working through a compliance process or through an enforcement process has been enhanced.

Those policies have been updated. And again, this was one I believe the OAG did recognize as implemented/resolved in the follow-up report in 2023.

But elements of that included establishing a deviation process. So when we're doing something and we've not enforced in a way that our policy would suggest we enforce, we document that. It's all verifiable.

It's all something we can go back and assess. It does allow for flexibility and discretion, especially when we're trying to move through a compliance process, while still giving us that rigour and that ability to continue to enforce if we need to later.

Drinking Water office also participated in some training. One was through the Northwest Law Enforcement Academy, which is familiar to anybody that knows conservation officers as it's a fairly wide-prevalent source of training for people in enforcement capacities.

That was in 2021, and then, again, we did some additional training last year in 2023, just recognizing that we've had new officers, retirements and new acquisitions. So just part of our ongoing training process is to ensure that enforcement is understood in all of that.

And then the last thing I'll note here is that the preset fines of offence descriptions regulations, which I did have to read, was updated to include 18 ticketable offences under The Drinking Water Safety Act and regulation, as well as the water and waste water facility operators regulation.

And so when it comes time to do enforcement, there's additional tools in the toolkit through the fine process as opposed to long-form enforcement, which can be both time consuming and difficult.

The Chairperson: Thank you, Assistant Deputy Minister.

MLA Oxenham, want to follow up?

Mr. Oxenham: No, thank you for your information.

The Chairperson: All right. We'll go to MLA Devgan.

MLA Devgan: I'm a little bit curious about—so, the constituency I represent includes the RM of West St. Paul, and there are a lot of homes there that are on well water.

So in terms of, I guess, not enforcement, but ensuring that water systems are safe and also be—or, reducing the risks or the potential for contamination, whether it's industrial or agricultural runoff, I'm wondering if you can maybe put some—shed some light on your approach to that as a department, and

how you deal with that, particularly considering that there's been significant growth in a lot of these bedroom communities around the capital region. So I'm curious to hear a little bit more about that.

Mr. Brown: So The Drinking Water Safety Act itself is established to regulate drinking water systems, and so that's public systems that serve 15 or more connections and semi-public systems serving two to 14, as well as facilities that do serve the larger public that have their own water: a school or a daycare or certain food handling facilities.

The Drinking Water Safety Act does not regulate private drinking water systems, and by that we mean private wells and private cisterns. We do recognize that as an important source of water, particularly in areas of rural Manitoba, and sometimes in not so rural Manitoba.

And so there are other areas of the department that do, and other pieces of legislation that look at protecting that source water and protecting our understanding of aquifer management and elements of that water.

But a couple of things directly tied to drinking water that would be noted: We think we have between 140 and 170 thousand private wells across Manitoba. By and large, where these are sourced from true drinking water, not drinking water that's directly under the influence of surface water, these are safe. Drinking water is a—ground water is a relatively safe source of water compared to surface water.

So while we don't regulate them, 10 per cent of Manitobans still rely on it. One program the Office of Drinking Water offers is subsidized testing. We recommend that private well and cistern owners test annually or after any flooding event that may have compromised the integrity of their well.

And so that is subsidized through a contracted provider, and certainly in times of widespread flooding, that has expanded to be a fully subsidized testing—so major flood events, either province-wide or at specific areas.

So that's important. We also, through the department, or through ODW and through the ground water management area, do provide well owners with guidance on how to operate their well, what to do with their well, how to shock their well if they believe it's become contaminated; frequency of testing, et cetera.

So there are resources out there that we promote to private well owners and we promote with

municipalities and watershed districts to private well owners to try and help them better understand their source of water and better manage any risks there may be there.

No, that was it.

The Chairperson: MLA Devgan on a follow-up?

MLA Devgan: Not a follow-up, but would I be able to pivot?

The Chairperson: Absolutely.

MLA Devgan: Okay, on recommendation 18, to work to develop strategies and set targets for reducing long-term drinking water advisories, I'm curious if there's any collaboration with the federal government specifically for reserve drinking water systems.

Mr. Brown: So when it comes to on-reserve drinking water systems, those are owned, operated and the responsibility of the federal government, so we do not regulate them directly.

What we have learned, I think especially in recent years, is how closely those communities are often connected to Northern Affairs communities that may be adjacent, and certainly there's growing recognition of the importance of source water protection, which may or may not be within federal or on Indigenous-owned lands, but way well be lands under provincial jurisdiction.

* (15:20)

And so we do collaborate. We, as a Province, do source water protection through watershed planning, through other water management regulations and authorities, but also in the drinking water space, really looking for opportunities for communities to work together, especially when they're side by side.

We've seen some great examples of communities that are able to share testing resources, where a First Nation has what they call a TECTA—it's a test in a box, basically—to do bacteriological testing. If a Northern Affairs community can have access to that testing, they're far less likely to have boil water advisories, because samples time out.

So when you're trying to transport a sample across Manitoba, especially in inclement weather or if there's disruption of normal shipping, then that can help ensure that those people, those residents, do not need to go through boil water advisory. So those are great forms of collaboration.

Similarly, there's cases in Manitoba and elsewhere where communities on- and off-reserve do

share a drinking water system or share access to a drinking water system, and most often to our benefit as provincial jurisdiction as—through Municipal and Northern Relations system owners.

And so while it's not our jurisdiction, there's lots to learn, and then the last thing I note there is the federal experience of doing circuit rider training for operators, which it's both to support operations but also to support certification.

It was something we've been able to learn from and which Municipal and Northern Relations has been able to build into their programming to address specific recommendations in the audit.

MLA Maloway: As I mentioned, since these new Health Canada guidelines came out regarding lead in 2019, I mentioned that I've—of the 23,000 homes in Winnipeg, about 2,755 are in Elmwood, and they're usually houses that are older than, like, 1950, around in there.

The reality is that these people don't know they have the lead pipes. They just—oblivious to it. And increasingly, more and more of them are becoming rental units, right? So—and the City won't deal with anybody other than the owner. So the owner doesn't, like, figure it out.

So one other suggestion I have for you is that perhaps we could approach the—you guys could approach the Real Estate Board and require that owners who sell those houses have to disclose, as part of the real estate disclosure, that they have lead pipes there so that the buyers go into it with their eyes open, knowing they're buying a house with lead pipes in there.

It's only like \$4,000 to replace these pipes, but there's a problem here because the City will only respond to the owner. Soon as the owner finds out there's lead pipes there, they don't want to talk about it, because they want to sell the house, right? So don't want to be stuck spending \$4,000, sometimes it's higher; it could be even \$10,000 to replace these pipes.

So nothing's moving. They're hiding behind the City rules. Unless you guys get involved in there and, like, have some communication directly with the owner and just inform them so then they can make a decision as to what they want to do.

So I'm concerned about the tenants. We know they don't know what's there, right? And, certainly, a—

going to the Real Estate Board and asking for a disclosure so when you're selling one of these houses you have to disclose. People want to buy them with the lead pipes, then go right ahead and do it, but at least you're going to know about it.

Mr. Brown: As noted, there's always room for improvement, the communication of this, and certainly appreciate the suggestion about some specific ways we could look at doing that.

For the department, at the end of the day, we regulate drinking water systems, so would be looking for connections with other areas of government to understand what some of those levers might be. But I do appreciate the suggestion on how better to ensure people are informed.

The only other thing I'd note in terms of lead service line replacement and what communities across the province have recognized, best time to do a lead service line replacement for the on-property is when they're doing a main replacement where the main may also contain lead.

So doing both at the same time is both operationally sensible, and, certainly, the City of Winnipeg does offer an offsetting financial support for homeowners who have to do that for the portion of their property, which is a best practice, and we support that.

The Chairperson: All right. Hearing no—

Floor Comment: Chair.

The Chairperson: —further—oh, sorry. Deputy Minister.

Ms. Baker: That's all right.

I also could add that I appreciate the recommendation about connecting with the Real Estate Association, and I am prepared to do that.

I actually have a little bit of an in; they asked me to be a speaker at their recent conference, and so I was. So I know some people, so I can have a conversation.

The Chairperson: Thank you, Deputy Minister.

Hearing no further questions or comments, I will now put the question on the drinking water safety report.

Auditor General's Report—Provincial Oversight of Drinking Water Safety, dated September 2020—pass.

Does the committee agree to complete consideration of the chapter, Provincial Oversight of Drinking Water Safety within the Auditor General's Report—Follow-Up of Previously Issued Recommendations, dated March 2023? *[Agreed]*

That's the end, right?

Before the committee rises for the day, I would ask that all members please leave behind their copies

of the reports so that they may be used again at future meetings.

The hour being 3:26, what is the will of the committee?

Some Honourable Members: Rise.

The Chairperson: Committee rise.

COMMITTEE ROSE AT: 3:26 p.m.

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