



Meeting with
Honourable Theresa Oswald
Minister of Health

April 7, 2009

Table of Contents

Executive Summary.....	3
Departmental Issues.....	7
1. Health Practitioner Recruitment, Training and Retention.....	7
2. Manitoba’s RHA System.....	11
3. Removal of Community Capital Contributions for Health Facilities.....	12
4. Funding for Regional Palliative Care.....	15
General Issue.....	16
1. Alternative Revenues for Municipalities and Infrastructure Investment.....	16
Appendix A – Active Resolutions.....	20

Executive Summary

Departmental Issues

1. Health Practitioner Recruitment, Training and Retention

- The Province remains the order of government responsible for health care and must ensure all communities have access to an appropriate supply of medical professionals.
- However, municipalities are being forced into the position of having to bid for physicians to work in their communities by offering financial or other incentives.
- As well, the Province must ensure Manitoba has an adequate supply of physicians in training to meet the growing demands as physicians retire.
- Recently, the number of rural students has been rising along with overall enrolment and this positive trend must continue since rural students are more likely to practice in rural areas.
- The AMM also appreciates the Province's effort to hold regional training programs outside of Winnipeg since these initiatives lower the cost of education and maintain student links to rural communities. The creation of a School of Medicine at Brandon University would further expand regional opportunities.
- Municipalities also support other innovative approaches such as enhancing training for other medical professionals including nurse practitioners, physician assistants and midwives.
- The AMM was pleased with the Province's commitment to increase spaces in the International Medical Graduate assessment process and looks forward to future improvements in international recruitment efforts.
- For instance, the Province should identify international medical schools whose graduates will be granted licensure without undergoing further testing.
- The Province must also ensure that Manitoba's high standards for medical professionals are not compromised following the implementation of the Agreement on Internal Trade.
- Municipal efforts to welcome medical professionals and provide local services cannot be the only incentives to remain in Manitoba and greater action is required to retain all designations of medical professionals.

Therefore the AMM urges the Provincial Government to expand its strategy to train, recruit and retain medical professionals in order to provide access to health care services for all Manitoba communities.

2. Manitoba's RHA System

- A constant issue for municipalities is the current regional health authority system.
- Of primary concern for many municipalities is the lack of accountability and transparency in the system. RHAs should be the local voice in the health care system, however more and more Manitobans are feeling shut out of the process. When the

- local RHA is not available, municipal officials are left to respond to local concerns. Municipal officials should not be expected to answer for RHAs.
- This issue is particularly significant in the Assiniboine RHA.
 - The AMM was pleased to have the opportunity to meet with the RHA review committee and discuss many of the issues facing rural communities when it comes to health care and the current inadequate system.
 - The RHA Review Committee has completed its report and we have been eagerly anticipating a change to the system to improve service. However this has yet to come.

Therefore, the AMM requests the Province take immediate action on the RHA Review Committee report and move forward with improvements to the RHA system in Manitoba to make it transparent and accountable to all Manitobans.

3. Removal of Community Capital Contributions for Health Facilities

- Health care is one of the most unambiguously provincial responsibilities, yet there are policies and practices in place that demand municipal involvement.
- Several Provincial Health Ministers have committed to reviewing this policy, however no changes have been implemented since the policy originated over 10 years ago.
- Regardless of whether it is the municipal government or the local residents that make the direct contribution, this policy still amounts to downloading a financial burden from the Provincial Government.
- Municipalities recognize the current shortage of health resources, including facilities and medical professionals, and therefore would not request new facilities based on artificial needs.
- The AMM appreciated the Province's inclusion of health capital projects in the recent Throne Speech announcement of a four-year \$4.7 billion investment plan, however, the recent Provincial Budget did not appear to allocate any additional funding for new capital projects.
- Eliminating this policy also ensures municipal resources are available for other local initiatives.
- For instance, municipalities indirectly support the health care system by investing in recreation and physical activity opportunities.

Therefore, the AMM urges the Provincial Government to eliminate the policy of community contributions to health capital projects and accept full responsibility for health care services.

4. Funding for Regional Palliative Care

- Offering a full range of health care services to Manitobans necessarily includes resources to meet the needs of those nearing death.
- Although Regional Health Authorities (RHAs) employ a palliative care regional coordinator or director in an attempt to meet the demand for palliative care, there is no dedicated funding for service provision.
- As a result, RHAs can only provide palliative care services through funding gleaned from other equally important health care services.

Therefore, the AMM urges the Provincial Government to dedicate funding to RHAs to support a Regional Palliative Care program.

General Issue

1. Alternate Revenues for Municipalities and Infrastructure Investment

- Today's municipal council must balance community economic development, land use planning and infrastructure renewal and development with an eroding tax base and an increased reliance on application-based grants.
- The message the AMM is hoping to convey is not that the provincial or federal government has completely forgotten about municipalities, but rather that despite their efforts municipalities still face enormous challenges and more is needed.
- A new approach is needed, and for this reason we are asking the Province of Manitoba to share one percent of the Provincial Sales Tax with municipalities for infrastructure. This will provide municipalities with in excess of \$200 million a year.
- What should not be lost is the positive impact infrastructure investment would have for the provincial and national economy.
- A study by the Federation of Canadian Municipalities found that an increase in municipal infrastructure spending of \$1 billion in 2008 (at nominal prices and allocated to a representative mix of infrastructure) would increase the size of the real economy by roughly 0.13 percent or \$1.3 billion in nominal terms.
- Municipalities are not looking for new revenue sources to store money away for a rainy day. The storm has arrived.
- Providing municipalities with new revenue sources will not only begin to address the growing infrastructure deficit, but will help build and strengthen our economy.
- For municipal government to be sustainable into the future, and for Manitobans to have access to the quality of life they deserve, municipalities need to have access to sustainable growth revenues.

Therefore the AMM is asking the Province to undertake a serious review of the roles, responsibilities and resources of municipal government in Manitoba and in the short term provide municipalities with one percent of the current PST to help address the growing municipal infrastructure deficit.

Departmental Issues

1. Health Practitioner Recruitment, Training and Retention

Throughout Manitoba, ongoing shortages of health care professionals present challenges that must be addressed through a comprehensive Provincial strategy focused on training, recruitment and retention. Even with existing Provincial funding and programming there continues to be major gaps in health care services across Manitoba, which has led to an increased municipal involvement in the health care system. However, the Province remains the order of government responsible for health care and must ensure all communities have access to an appropriate supply of medical professionals.

The reality is that municipalities are now actively participating in the recruitment and retention of medical professionals. It is reasonable to expect that municipalities will participate in retention efforts by creating a welcoming environment for new health professionals and facilitating the relocation process. However, municipalities are also forced into the position of having to bid for physicians to work in their communities by offering financial or other incentives. This creates a significant disadvantage for communities that lack the financial resources to attract physicians yet continually experience shortages of health care professionals. The Provincial Government must therefore expand efforts to train, recruit and retain medical professionals to ensure that Manitobans' access to health care services is not determined by a municipality's ability to pay.

The AMM appreciates that a number of steps have been taken to improve health care training, starting with the additional funding allocated to educate and hire more doctors and nurses in the 2008 Budget. Municipalities are also looking forward to hearing the full impact of the recent Provincial Budget commitment to expand training for nurses in Manitoba. Strengthening existing programs such as the Medical Student/Resident Financial Assistance Program and geographic premiums for northern doctors will certainly assist in addressing Manitoba's long-term health care needs. As well, locally trained professionals are more likely to continue practicing in Manitoba, particularly with the variety of return-for-service agreements that is now available. For these long-term strategies to be effective, the Province must also consider the trend towards an aging physician population. This trend has led to predictions that the shortages of health care

professionals will only worsen over time. Training levels must respond to these forecasts for the Province to ensure Manitoba has an adequate supply of physicians in training to meet the growing demands as physicians retire.

One of the more difficult challenges is attracting health professionals to rural and northern Manitoba and targeted efforts are required to mitigate these challenges. Although some progress has been made, the Province has a responsibility to provide high quality health care in all areas and these efforts must be strengthened. For this reason, the AMM was pleased to see a commitment in the 2009 Provincial Budget to continue to recruit and retain physicians, especially in rural and northern Manitoba. One of the specific avenues that should be pursued is to focus the increasing medical student enrolment on the inclusion of more rural and northern students and those expected to practice family medicine. Such target groups are essential since rural students are more likely to practice in rural areas and family physicians are in high demand throughout rural and northern Manitoba. Recently, the number of rural students has been rising along with overall enrolment and this positive trend must continue. As well, the AMM appreciates the Province's effort to hold regional training programs outside of Winnipeg, such as the LPN to registered nurse program in Portage la Prairie, Morden/Winkler, Gimli and Neepawa. These initiatives have the dual benefit of lowering the cost of education by taking courses closer to home and maintaining student links to rural communities. The AMM has also heard that preliminary discussions have started on creating a School of Medicine at Brandon University, which will only further enhance training opportunities in the province. Municipalities strongly support efforts to make health education more accessible and the Province should continually seek ways to expand these beneficial programs.

Rural and remote training opportunities are one example of the new approaches needed to address the current gaps in health care services. Another innovative approach is to facilitate the training of other medical professionals such as nurse practitioners, physician assistants, and midwives. Each of these professions received some Provincial support over the past year and this investment must continue. Coordinated teams that include these medical professionals are particularly effective in rural areas where family physicians are scarce. There is also a need to invest in training for diagnostic staff such as laboratory and x-ray technicians, since a lack of

these skilled professionals contributes to emergency room closures. Municipalities support investments in education programs for such medical professionals since they are increasingly recognized as a solution for alleviating service gaps and decreasing wait times. The Province should continue to pursue these alternative strategies that complement physician resources throughout Manitoba.

A comprehensive strategy to address the shortage of medical professionals must also include recruitment and retention initiatives. Manitobans are entitled to knowledgeable, qualified physicians and the integrity of the selection process must be maintained. One aspect of this is the recruitment of International Medical Graduates (IMGs). These individuals play an important role in the provision of health care services in Manitoba and attracting the best possible individuals is a priority. Therefore, the AMM was pleased with the Provincial commitment to add 10 additional spaces to the IMG assessment process. The AMM is aware of the potential to enhance IMG recruitment by targeting particular international medical schools. The College of Physicians and Surgeons already maintains a list of some North American medical schools whose graduates are granted licensure without further testing, and it is logical to apply the same process to approved international medical schools.

Another aspect of the recruitment process is attracting health practitioners from other parts of Canada, and municipalities have some concerns with the Province's recent signing of the Agreement on Internal Trade (AIT). Communities respect the calibre of graduates from Manitoba's medical training programs and are therefore concerned with the Province's ability to maintain these high standards under the AIT. Cases may arise where individuals do not have the credentials required for a Manitoba license and choose to seek the same qualification in a province with less stringent prerequisites. Although municipalities want to encourage health professionals to practice in Manitoba, health care services must not be put at risk at any cost. The Province must ensure that Manitoba's high standards for medical professionals are not compromised following the implementation of the AIT.

As well, the importance of efforts to retain medical professionals in Manitoba cannot be understated. Training and recruitment initiatives must be complemented with action to ensure

medical professionals remain in Manitoba. Yet municipal efforts to welcome medical professionals and provide local services cannot be the only incentives to remain in Manitoba. For this reason, the AMM appreciates the Province's implementation of new programs such as the northern and remote family-medicine-streamed residency program. Communities are hopeful that such programming will services and enhance retention rates, ultimately increasing the number of medical professionals practicing in Manitoba. However, ongoing shortages suggest the need for greater action to retain all designations of medical professionals in Manitoba, including physicians, nurses, nurse practitioners and physician assistants.

Improved access to health care is an important aspect of achieving vibrant communities throughout the province. This cannot be accomplished without an adequate supply of medical professionals providing a variety of health care services to all Manitobans.

Therefore the AMM urges the Provincial Government to expand its strategy to train, recruit and retain medical professionals in order to provide access to health care services for all Manitoba communities.

2. Manitoba's RHA System

A constant issue for municipalities is the current regional health authority system. The AMM has just completed a round of regional meetings with mayors, reeves and CAOs and across the board we found concerns with local Regional Health Authorities (RHAs). The districts voicing the most concerns were those located in the Assiniboine RHA and there are significant issues that must be resolved in that area.

Of primary concern for many municipalities is the lack of accountability and transparency in the system. RHAs should be the local voice in the health care system, however more and more Manitobans are feeling shut out of the process. When the local RHAs are not available, municipal officials are left to respond to local concerns. Municipal officials should not be expected to answer for RHAs.

The AMM was pleased to have the opportunity to meet with the RHA Review Committee and discuss many of the issues facing rural communities regarding health care and the current inadequate system. The RHA review committee has completed its report and we have been eagerly anticipating a change to the system to improve service. However this has yet to come.

Therefore, the AMM requests the Province take immediate action on the RHA Review Committee report and move forward with improvements to the RHA system in Manitoba to make it transparent and accountable to all Manitobans.

3. Removal of Community Capital Contributions for Health Facilities

There are increasing concerns regarding municipal involvement in provincial responsibilities and the policy for capital health care projects is a prime example. Health care is one of the most unambiguously provincial responsibilities, yet there are policies and practices in place that demand municipal involvement. For instance, in 1998, the Provincial Government implemented a policy requiring local communities to contribute funding to health capital projects. The AMM has repeatedly lobbied to change this policy, as it is inequitable and inappropriate for local communities to contribute to the provision of health care services. Several Provincial Health Ministers have committed to reviewing this policy, however no changes have been implemented since the policy originated over 10 years ago.

The policy states that communities are required to fund at least 10 per cent of all local health capital projects. Although it does not specify that municipalities must be the only local contributor, municipalities are typically expected to make a portion of the local contribution. Regardless of whether it is the municipal government or the local residents that make the direct contribution, this policy still amounts to downloading a financial burden from the Provincial Government.

In particular, this policy is inequitable since communities must commit to a project whose design and costs are entirely determined by the Province. Municipalities have no input, yet are inextricably connected as a result of a Provincial mandate. Furthermore, communities are required to fund 100 per cent of any change order related to the health capital project, even if the project did not initially require a community contribution. This creates obstacles for municipal budgeting since additional costs can arise unexpectedly. These policies do not allow for any local input or consideration of ability to pay, thereby disadvantaging communities with legitimate needs and insufficient resources to contribute a 10 per cent share.

The Province insists this policy ensures demands for facilities will only come from communities that are genuinely in need, however there is no evidence that communities are competing to open

new facilities. Municipalities recognize the current shortage of health resources, including facilities and medical professionals, and therefore would not request new facilities based on artificial needs. Moreover, Regional Health Authorities (RHA) have a responsibility to deliver services based on actual needs and therefore have a role in identifying community health care needs. The Province provides funding to the RHA for operating and capital projects, and places the RHA in a position to endorse or reject any facility application based on statistical data. Regardless of whether the community is willing to raise 10 per cent of the required costs, the Province must still ensure that the project has merit based on local and regional requirements. To shift blame to municipalities is an abdication of the Provincial responsibility to provide health care to those in need.

The AMM appreciated the Province's inclusion of health capital projects in the recent Throne Speech announcement of a four-year \$4.7 billion investment plan. Many health facilities are in need of additional investment and municipalities were looking forward to learning more about how this program will improve these essential assets. However, the recent Provincial Budget announcement did not appear to allocate any additional funding for new capital projects. This is disappointing to communities that require new investment and the Province must respond to widespread health care needs of all Manitobans.

After our meeting in 2008, the AMM appreciated the opportunity to meet with departmental staff to discuss this matter. However, with no changes forthcoming, the AMM is still seeking the elimination of the policy requiring community contributions in order to reverse this downloading of responsibilities. Eliminating this policy will also ensure municipal resources are available for other local initiatives. For instance, municipalities indirectly support the health care system by investing in recreation and physical activity opportunities. These types of projects ultimately reduce pressure on the health care system by improving the overall health of citizens. Municipalities will be able to maintain their focus on these priorities if the Provincial Government fulfills its responsibility for health care provision.

Therefore, the AMM urges the Provincial Government to eliminate the policy of community contributions to health capital projects and accept full responsibility for health care services.

4. Funding for Regional Palliative Care

Offering a full range of health care services to Manitobans necessarily includes resources to meet the needs of those nearing death. Municipalities value local palliative care services due to the distinctive focus on achieving comfort and respect for patients while maximizing quality of life during their final moments. Ensuring these resources are available in a patient's home community also facilitates care and support for the families involved. Palliative patients require a range of services provided by a multidisciplinary team of caregivers who can assist in hospitals, hospices, communities and homes. These caregivers must be equipped with a unique skill set to effectively address individual medical requirements as well as the emotional needs of patients and families.

Although Regional Health Authorities (RHAs) employ a palliative care regional coordinator or director in an attempt to meet the demand for palliative care, there is no dedicated funding for service provision. As a result, RHAs can only provide palliative care services through funding gleaned from other equally important health care services. For instance, palliative care coordinators must attempt to use funding from areas such as the Home Care Program in order to support regional requirements. Therefore, funding is drawn away from other critical health care programming and RHAs must rely on community contributions and volunteers to support palliative care. The absence of dedicated Provincial funding suggests a serious lack of support for the wide range of services required for patients nearing death.

Manitoba's aging population and increasing number of seniors will only intensify demand for alternative services, including care that supports an individual's decision regarding their final moments. The health care system must develop a mechanism to support Manitobans' health care needs throughout the entire life cycle such as a Provincially-funded Regional Palliative Care program.

Therefore, the AMM urges the Provincial Government to dedicate funding to RHAs to support a Regional Palliative Care program.

General Issue

1. Alternative Revenues for Municipalities and Infrastructure Investment

The lack of revenue is not a new problem for municipalities. In fact a strong argument can be made that from its inception municipal government has not had the resources required. You need only look back to the resolutions from the founding meeting of the Union of Manitoba Municipalities in 1905 to see municipal revenues were front and centre.

But now more than ever municipalities need new tools to deal with new responsibilities and new expectations. Municipalities are playing an ever greater role in the lives of Manitobans, as the days of simply collecting garbage and plowing roads are long gone. Today's municipal council must balance community economic development, land use planning and infrastructure renewal and development with an eroding tax base and an increased reliance on application-based grants. This has left many municipalities to question whether the current system is tenable any longer.

Currently, Manitoba municipalities are more reliant on provincial and federal grants than any other province in Canada. While in some cases these types of programs are necessary (for example large-scale infrastructure projects), it leaves municipalities having to compete against one another for limited dollars and restricts a municipality's ability to properly plan for much needed investment. The amount in grant programs like the recent Municipal Rural Infrastructure Fund is nowhere near the total demand, meaning there is no guarantee much needed projects will ever see funding.

Overreliance on grants and transfers leaves municipalities without the tools required to meet demands. Many issues raised by municipalities are really issues of access to revenue when stripped down to their core. For example, the need to remove education tax from property is really a municipal revenue issue, as municipalities see education tax as eroding the property tax, which is the single greatest source of municipal revenue. Over the last number of years we have seen more and more municipalities speaking out on the need for greater municipal revenue sources.

It is important that the federal and provincial governments' contribution to municipalities are not forgotten. Federally, municipalities have benefited from a GST rebate, the sharing of the federal gas tax and the new Building Canada Fund. The recent Federal Budget has made an unprecedented investment in infrastructure, which will benefit municipalities. Provincially, municipalities have benefited from the sharing of provincial income tax, the Building Manitoba Fund, and supports in several other areas. The message the AMM is hoping to convey is not that either order of government has completely forgotten about municipalities, but rather that despite these efforts municipalities still face enormous challenges and more is needed.

Municipalities must have access to new revenue sources. A greater reliance on property taxes and provincial and federal grants has created an ever-widening chasm between municipal revenues and needs, leaving future generations with what is quickly becoming an insurmountable infrastructure deficit.

A new approach is needed, and for this reason we are asking the Province of Manitoba to share one percent of the Provincial Sales Tax with municipalities for infrastructure. This will provide municipalities with in excess of \$200 million a year. For a community of 1,000 people, this means an investment of roughly \$185,000 in their local infrastructure, or \$370,000 for a community of 2,000 people. A community such as Thompson could see close to \$2.5 million while Winnipeg would expect to see over \$117 million. Although these amounts alone will not erase the infrastructure deficit in Manitoba, it would be a positive first step.

The AMM understands that providing additional revenues to municipalities may become more difficult as the economy continues to fluctuate. While economic projections can never be taken as absolute fact, they are often a prophetic divining rod on economic times. However what should not be lost is the positive impact infrastructure investment would have for the provincial and national economy.

The Federation of Canadian Municipalities has investigated this principle in depth and has found in their 2008 study "Municipal Infrastructure- Macroeconomic impacts of spending and level-of

government financing” that an increase in municipal infrastructure spending of \$1 billion in 2008 (at nominal process and allocated to a representative mix of infrastructure) would increase the size of the real economy by roughly 0.13 percent, or \$1.3 billion in nominal terms. While this would erode slightly over time with consistent investment, over a four year period it would still result in meaningful gains to the economy, dropping to a 0.6 percent increase in the final year.

The resulting investment would be felt in the employment sector as well, since a great number of industries would benefit. A \$1 billion investment in 2008 would add 11,500 new jobs, in industries from labour and material suppliers through to architects and engineers.

Giving municipalities access to additional revenues, will translate to stronger investment in our communities. The Institute for Research on Public Policy has shown that providing adequate infrastructure has both direct and indirect benefits for private-sector manufacturing.

Infrastructure is an intermediate input into the production process, with businesses locating where they have access to water, hydro and transportation. New roads reduce fuel costs and haul times. Access to high quality (and adequate) water reduces input costs. There is also evidence that increased investments in public infrastructure allow private companies to use labour inputs more intensively, translating into more jobs.

Municipalities are not looking for new revenue sources to store money away for a rainy day. The storm has arrived. The national municipal infrastructure deficit is in excess of \$123 billion for current infrastructure with another \$115 billion needed for new infrastructure to keep pace with other developed nations. Left to deal with this ballooning deficit alone armed only with property taxes and grants, it will continue to grow exponentially. Alternatively, providing municipalities with new revenue sources will not only begin to address this growing deficit, but will help build and strengthen our economy.

The time has come for a new approach to municipal funding. The expectations of today’s municipalities are greater than any time in history. Regrettably so are the financial challenges facing municipalities. For municipal government to be sustainable into the future, and for

Manitobans to have access to the quality of life they deserve, municipalities need to have access to sustainable growth revenues.

Therefore the AMM is asking the Province to undertake a serious review of the roles, responsibilities and resources of municipal government in Manitoba and in the short term provide municipalities with one percent of the current PST to help address the growing municipal infrastructure deficit.

Appendix A – Active Resolutions

AMM Resolution Number 30 - 2008

Topic: National Lifeguard Service Certification

Sponsor: Town of Gladstone (Midwestern District)

Departments: Manitoba Health and Healthy Living; Manitoba Culture, Heritage, Tourism and Sport

WHEREAS seasonal municipal swimming pools are a main source of physical recreation for all ages and a tourism attraction;

AND WHEREAS Manitoba's Public Health Act states that no person shall be a lifeguard unless 16 years of age or older;

AND WHEREAS seasonal municipal swimming pools are having difficulty attracting and sustaining staff;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Province of Manitoba to work with the National Lifeguard Service to lower an individual's age to 15 years in order to qualify for National Lifeguard Service certification and enable individuals to become gainfully employed in the calendar year of their 16th birthday.

AMM Resolution Number 31 - 2008

Topic: Incineration Services

Sponsor: RM of Ste. Rose, Town of Russell (Midwestern District)

Departments: Manitoba Health and Healthy Living

WHEREAS Regional Health Authorities currently operate a number of incinerators throughout Manitoba dealing with the disposal of hazardous waste generated at health facilities;

AND WHEREAS the Province is proposing the establishment of three centralized incinerators with the current waste being trucked from the point of origin to a centralized region;

AND WHEREAS the centralization of the incinerators will result in greater transportation costs, increased green house gas emissions and increased public risk due to the transportation of hazardous waste on highways;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Province of Manitoba to change this policy and not centralize incineration services but maintain incinerators in the current locations.

AMM Resolution Number 19 - 2007

Topic: Removal of Community Contributions from Health Care Facilities

Sponsor: RM of Rosedale (Midwestern District)

Departments: Manitoba Health and Healthy Living

WHEREAS 10 per cent of community contribution for health care facilities are a financial hardship for the municipalities;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Province of Manitoba to remove the 10 per cent community contribution on any health care facilities.

AMM Resolution Number 20 - 2007

Topic: GPS and GIS Funding

Sponsor: RM of Ste. Rose, Town of Ste. Rose du Lac (Parkland District)

Departments: Manitoba Health and Healthy Living; Manitoba Emergency Measures Organization

WHEREAS the Global Positioning System (GPS) has become a vital global utility, indispensable for modern navigation on land, sea and air around the world, as well as an important tool for map-making and land surveying;

AND WHEREAS a Geographic Information System (GIS) is a collection of computer hardware, software, and geographic data for capturing, managing, analyzing and displaying all forms of geographically referenced information;

AND WHEREAS you can link information (attributes) to location data, such as people to addresses, buildings to parcels, or streets within a network with GIS;

AND WHEREAS use of both GPS and GIS are essential to better serve the needs of Manitobans for emergency responsiveness (i.e. ambulance, fire, etc.), utilities, school bus routes, infrastructure requests, etc.;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Province of Manitoba to provide coordination and financing to municipalities, school divisions, public utilities and regional health authorities to obtain compatible GPS and GIS to service the needs of all Manitobans.

AMM Resolution Number 34 - 2005

Topic: Physician Recruitment Strategy

Sponsor: Town of Churchill

Department: Manitoba Health and Healthy Living

WHEREAS Manitoba is experiencing a chronic shortage of medical professionals and doctors throughout the Province, affecting the ability of all Manitobans to access adequate medical services;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Provincial Government to aggressively recruit medical professionals and doctors through marketing, recruiting incentives and all other means available to the Province.

AMM Resolution Number 28 - 2003

Topic: Doctor Training in Manitoba

Sponsor: Town of Arborg, RM of Bifrost (Interlake District), RM of Miniota (Midwestern District)

Department: Manitoba Health and Healthy Living; Manitoba Education, Citizenship and Youth

WHEREAS the non-availability of doctors in rural Manitoba has reached crisis proportions;

AND WHEREAS spaces at our universities are very limited with no guaranteed accessibility for Manitoba students;

AND WHEREAS Manitoba students consequently need to go to other countries to train in the medical profession;

AND WHEREAS Manitoba students who train in other countries are required to write special tests to return to set up practice in Manitoba even though they are permitted to practice in the United States and some other Canadian provinces without these entry tests;

THEREFORE BE IT RESOLVED THAT all necessary steps to ensure and increase spaces at Manitoba universities for doctor training be immediately implemented to adequately address the needs of rural Manitoba;

AND BE IT FURTHER RESOLVED THAT the Provincial Government be aggressively persuaded to help make doctor training more affordable for Manitoba students;

AND BE IT FURTHER RESOLVED THAT if entry tests are deemed necessary for Manitoba doctors trained out of country, that the appropriate governing body ensure that the tests be set up in such a manner that those new doctors can write the tests and have the results within 10 days to alleviate additional expenses incurred attributable to that delay in obtaining results.

AMM Resolution Number 38 -2003

Topic: Funding for Seniors Independent Living Program

Sponsor: Town of Virden (Western District), City of Portage la Prairie (Central District)

Department: Manitoba Health and Healthy Living

WHEREAS there is insufficient funding provided to the Regional Health Authorities by the Provincial Government for Seniors Independent Living Programs;

AND WHEREAS this is a service provided to seniors to allow them to remain living in their own homes;

AND WHEREAS this service costs the Department of Health substantially less than seniors residing in personal care homes;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Provincial Government for additional funding for the Seniors Independent Living Programs across the Province.

AMM Resolution Number 50 - 2000

Topic: Funding for Regional Palliative Care

Sponsor: Town of Morden (Central District)

Department: Manitoba Health and Healthy Living

WHEREAS the Province of Manitoba is constitutionally and legislatively responsible for the provision of health care for all Manitobans;

AND WHEREAS palliative care is the active and compassionate care directed toward improving the quality of life for people who are dying, and toward supporting individuals and families as they incur losses;

AND WHEREAS the Province of Manitoba has recognized its responsibility through the provision of palliative care beds and the provision of funding to regional health authorities for a regional palliative care coordinator;

AND WHEREAS to date there is an absence of adequate formal funding and inequitable distribution of funds allocated for the provision of palliative care services;

AND WHEREAS the service requirements for palliative care services are totally dependent on the population served by Regional Health Centres and Regional Acute Care Facilities;

AND WHEREAS there is an absence of interdisciplinary teams to administer to the needs of the terminally ill and their families;

AND WHEREAS there is an absence of 24-hour crisis response services in palliative care;

AND WHEREAS there are inadequate resources (both human and equipment/supplies) for someone who chooses to die at home, which can be prohibitive to the individual and their family;

THEREFORE BE IT RESOLVED THAT the AMM lobby the provincial government to provide additional financial support for the Regional Palliative Care Program.