



ASSOCIATION OF MANITOBA MUNICIPALITIES

MEETING WITH

Honourable Theresa Oswald
Minister of Health

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Executive Summary

Departmental Issues

1. Health Practitioner Recruitment, Training and Retention

- The AMM welcomes the Province's plan to ensure that every Manitoban has access to a family doctor by 2015.
- 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.
- Manitoban's access to health care must not be determined by their municipality's ability to pay.
- 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 enrollment 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.
- Municipalities also support other innovative approaches such as enhancing training for other medical professionals including nurse practitioners, physician assistants and midwives, and the establishment of Quick Care clinic and primary-care health-bus pilots.
- The AMM was pleased with the increase in spaces in the Medical Licensure Program for International Medical Graduate and looks forward to future improvements in international recruitment efforts.
- The Province should identify international medical schools whose graduates will be granted licensure without undergoing further testing.
- 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. Medical School in Brandon

- Providing rural training opportunities is an innovative and effective method of addressing gaps in health care services, such as the physician shortage in rural Manitoba.
- The AMM membership adopted a resolution in 2009 calling for a rural medical school at Brandon University.
- There is no doubt the possibility of a medical school in Brandon needs to be investigated further and we appreciate the commitment by the Province to conduct a broad study on health care issues in rural and northern Manitoba.
- The study must proceed in a timely manner and the public must be kept informed.

Therefore, the AMM encourages the Province to move forward in a transparent and open manner with the review of the feasibility of a rural medical school at Brandon University.

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.

- 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. Centralization of Rural Ambulance Service

- When a community loses ambulance service it creates uncertainty as residents are unsure they will be attended to in times of need.
- Now not only are people waiting longer for an ambulance to arrive because it is traveling further, but those driving the ambulance are often unfamiliar with the area which only further increases wait times.
- The AMM fully appreciates the need to ensure those responding to emergencies are of the highest standard and fully trained and acknowledge that in some communities these highly trained people are simply not available.
- However in some communities these people are available, yet have lost their ambulance service.
- Many communities have invested precious resources into training emergency responders and it is critical that their emergency services remain.

Therefore, the AMM requests the Province allow those communities with adequately trained personnel to retain their ambulance service.

General Issue

The Core Challenges for Municipalities

- Municipal government plays a greater role in the lives of Canadians than any other time in history and the new realities facing municipalities have serious repercussions as they diligently try to balance growing responsibilities with stagnant revenues.

- The core challenges facing municipalities have become overwhelming, and the lead up to this year's provincial election provides an opportunity for all political parties, candidates and citizens to engage in a thoughtful discussion about how these challenges should be addressed.
- Municipal infrastructure is the very foundation of a community, yet its current state leaves communities with little hope for prosperity. Nationally the municipal infrastructure deficit is in excess of \$123 billion and provincially it is estimated at over \$11 billion, or a staggering \$10,000 per Manitoban.
- As well, municipal responsibilities continue to grow, either through the intentional or unintentional offloading of responsibilities or new unfunded mandates being forced on municipalities.
- Because of these challenges municipalities must have access to new sources of revenues. Options include the Province collecting a one cent municipal tax to be allocated to municipalities for infrastructure, a rebate of the Provincial Sales Tax paid by municipalities, or an increase to existing revenue sources such as VLTs.
- Manitoba municipalities are more reliant on provincial and federal grants than any other province in Canada and while in some cases these types of programs are necessary it leaves municipalities having to compete against each other for limited dollars and restricts a municipality's ability to properly plan for much needed investment.
- 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. This is the only way municipalities will be able to even begin to address the core challenges they face.
- The AMM is therefore asking every political party to make municipal funding a top priority for this year's provincial election. Now is the time for each party to lay out its vision for the future of municipal government in Manitoba and how these core challenges can be addressed. The health of our communities is at stake.

Therefore, the AMM would like to see a commitment from each political party to:

- 1. Make a greater investment in municipal infrastructure**
- 2. End the downloading of responsibilities to municipalities and require that any new mandates come with new funding**
- 3. Provide new growth revenues to municipalities**

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 AMM welcomes the Province's plan to ensure that every Manitoban has access to a family doctor by 2015. However, the AMM must reiterate that the Provincial Government needs to 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 recent budgets. 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. In addition, the new return-of-service grant program available to Manitoba medical students will help to address affordability of medical training and rural health care needs, especially as locally trained professionals are more likely to continue practicing in Manitoba. Nevertheless, 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 2010 Provincial Budget to continue to recruit and retain physicians and nurses, especially in rural and northern Manitoba. One of the specific avenues that should be pursued is to focus the increasing medical student enrollment 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 and northern students has been rising along with overall enrollment and this positive trend must continue. The AMM also 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.

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 AMM supports the proposed Quick Care clinic pilots staffed by nurse practitioners and the primary-care health-bus pilot to provide mobile services to remote communities. 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 increase in spaces for the Medical Licensure Program for International Medical Graduates (MLPIMG) in 2009 and would like to see further increases in the coming years. The AMM is also 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. In addition, changes to the Provincial Nominee Program will allow more international graduates who have spent at least two years at a Manitoba institution to apply to remain in the province.

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 improve 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. Medical School in Brandon

Providing rural training opportunities for medical students is an example of the kind of innovative approaches needed to address gaps in health care services, such as the physician shortage in rural Manitoba. A medical school in a rural area such as Brandon will train more doctors to practice in a rural setting and these doctors will be more likely to remain in rural areas.

The AMM membership adopted a resolution in 2009 calling for a rural medical school at Brandon University, which could follow several potential models. There is no doubt the possibility of a medical school in Brandon needs to be investigated further and we appreciate the commitment by the Province to conduct a broad study on health care issues in rural and northern Manitoba, including the feasibility of a medical school in

Brandon. It is important that the study proceeds in a timely manner, and that the public remain informed of its timelines and results.

Therefore, the AMM encourages the Province to move forward in a transparent and open manner with the review of the feasibility of a rural medical school at Brandon University.

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 well 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 putting some communities with legitimate needs at a disadvantage if they have 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 has raised this issue at previous meetings with Manitoba Health representatives, however it appears there are no changes forthcoming. Eliminating this policy will 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. Centralization of Rural Ambulance Service

The loss of service is always a difficult issue for a community, and when a community loses ambulance service it creates uncertainty as residents are unsure they will be attended to in times of need. Where once you had the security of knowing the ambulance was just down the road now this vital service is being delivered from neighbouring communities or beyond. Now not only are people waiting longer for an ambulance to arrive because it is traveling further, but those driving the ambulance are often unfamiliar with the area which only further increases wait times.

The AMM fully appreciates the need to ensure those responding to emergencies are of the highest standard and fully trained. We also acknowledge that in some communities these highly trained people are simply not available. However in some communities these people are available, yet have lost their ambulance service. Many communities have invested precious resources into training emergency responders and it is critical that their emergency services remain.

The AMM is very concerned that recent moves to reassign ambulance locations have left some communities too far from service. A prime example of this is the RM of Reynolds where ambulance service is regularly required along the Trans-Canada highway. Despite this reality ambulance service was relocated further away from the highway.

Therefore, the AMM requests the Province to allow those communities with adequately trained personnel to retain their ambulance service.

General Issue

The Core Challenges for Municipalities

Today's municipal government plays a greater role in the lives of Canadians than any other time in history. Municipalities no longer simply plow the streets and pick up the garbage. Certainly today's municipal corporation still cleans the streets and collects garbage (and recyclables), but it also is sustainably managing growth through

everything from state of the art transit systems to environmentally conscious land use and water planning. The pioneers of municipal government would be astonished to see today's council agenda where elected officials are doing everything from recruiting doctors from around the world to providing funding for daycares.

These new realities are having serious repercussions for municipalities as they diligently try to balance growing responsibilities with stagnant revenues. Every day municipalities are facing new demands from both citizens and other orders of government and must try to balance these with existing priorities and scarce revenues that remain overly reliant on the ebb and flow of grant programs. The current challenges facing municipalities are overwhelming and there must be a greater effort to address these if we want to see strong vibrant communities throughout our province.

While municipal concerns cut across every provincial department, there are two core issues that are most pressing for municipalities today - the ballooning municipal infrastructure deficit and the growing mandate of municipal government, either through intentional and unintentional offloading of responsibilities from other orders of government and unfunded mandates. These two challenges are crippling municipal government and keeping Manitoba communities behind.

The lead up to this year's provincial election provides an opportunity for all political parties, candidates and citizens to engage in a thoughtful discussion about how these core challenges should be addressed.

Municipal Infrastructure Deficit

It is no secret that municipalities are facing nearly insurmountable infrastructure challenges. We only need to take a look around our communities to see the deteriorating state of our infrastructure. Roads that are nearly impassable due to potholes and heaving, drafty libraries with crippling heating bills, recreation complexes with leaking roofs and water and sewer treatment plants that are running beyond capacity. These are the very foundation of a community, yet their current state leaves

communities with little hope for prosperity. For Manitoba communities to thrive in the future these swelling infrastructure challenges must be addressed.

In Canada the municipal infrastructure deficit was estimated in 2007 to be in excess of \$123 billion for current needs. Most alarming is how quickly the deficit has been compounding, as it has doubled over the previous 5 years. Equally alarming, the \$123 billion is only for the upgrade and repair of current municipal infrastructure, with another \$115 billion required for new infrastructure.¹

These national trends hold true for Manitoba as well. The City of Winnipeg has recently calculated its infrastructure deficit at \$3.8 billion for existing infrastructure and \$3.6 billion for new strategic infrastructure.² Historically the municipal infrastructure deficit outside of Winnipeg has been double that within Winnipeg so it is fair to extrapolate that the deficit outside Winnipeg for existing infrastructure is over \$7.5 billion, putting the total municipal deficit for existing infrastructure in Manitoba in excess of \$11 billion, or a staggering \$10,000 per Manitoban. It is certainly an insurmountable amount for municipalities to tackle on their own since the total municipal taxes levied in 2008 were just over \$760,000,000.³

There is no doubt the current infrastructure deficit is crippling Manitoba's economy. Adequate infrastructure is an obvious prerequisite for economic development and unfortunately it is greatly lacking in many communities. FCM has investigated this principle in depth and found 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, which

¹ Mirza, Saeed, "Danger Ahead: The Coming Collapse of Canada's Municipal Infrastructure", November 2007 (available at www.fcm.ca)

² City of Winnipeg Administrative Report, "Infrastructure and Possible Funding Options" Tabled at July 22nd, 2009 Council Meeting (available at www.winnipeg.ca)

³ Province of Manitoba, "Statistical Information 2008 – Municipalities of the Province of Manitoba", P.17

would be felt in industries from labour and material suppliers through to architects and engineers.⁴

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 there is 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.⁵

While the numbers are staggering, of far greater concern is the very real impact this infrastructure deficit is having on the people who live in Manitoba. Manitobans are experiencing longer commutes to work either because of impassable roads or slower speeds. We are also spending more time traveling to neighbouring communities to access recreation opportunities. Many have seen the outmigration of neighbours and friends who tire of dealing with these daily challenges.

Municipal councils want to create vibrant, welcoming communities, but this is nearly impossible with the state of infrastructure today. For example, there remain 167 boil water advisories in Manitoba, many in Manitoba municipalities.⁶ This means today, thousands of Manitobans do not have access to safe drinking water when they turn on the tap. It is unreasonable to think these communities can realistically compete with the rest of Manitoba and Canada if they do not have this essential infrastructure.

Ever Increasing Responsibilities

A second core challenge for municipalities is ever increasing responsibilities. Municipalities are continually being asked to do more and more, either through the intentional or unintentional offloading of responsibilities from other orders of

⁴ Sonnen, Carl, "Municipal Infrastructure- Macroeconomic impacts of spending and level-of-government financing" May 31, 2008 (available at www.fcm.ca)

⁵ Brox, James A. "Infrastructure Investment: The Foundation of Canadian Competitiveness - IRPP Policy Matters 2008" August, 2008 (available at www.irpp.org)

⁶ Province of Manitoba "Provincial Boil Water Advisories" – October 19th, 2010

government or through new unfunded mandates being forced on municipalities by the provincial and federal government. These new responsibilities do not come with new revenue sources and result in municipal budgets being stretched thinner and thinner. The sad reality is that as municipalities are being forced to take on more, the core municipal responsibilities suffer.

Municipal officials believe in their community. This is where they live, where they raise their families, where they work and for many where they were born. They care greatly about their community and when they see a need they will do everything they can to address it. Many times municipal officials are their own worst enemy, as they step in and act where other orders of government have abdicated their responsibilities. Municipalities step up and do repairs on provincial roads, they recruit physicians from all corners of the world, and they help fund community health facilities. In some cases municipalities are just filling gaps in service unintentionally left by other orders of government and other times municipalities are stepping in because the provincial and federal governments have made it clear their community will not get the service or investment unless they do.

Compounding this is the growing trend of unfunded mandates being heaped on municipalities by the provincial and federal governments. Too often new rules are implemented without adequate thought to how they can possibly be implemented. These unilateral decisions leave municipalities in the untenable position of either scarifying core programs and services or being in non-compliance of provincial rules. Unfortunately we are hearing more and more from municipalities that they are being forced to opt for the latter.

Municipalities cannot keep pace with the rapid increase in the offloading of responsibilities and unfunded mandates. These challenges are pushing municipalities further and further behind.

Alternate Revenues

Now more than ever municipalities need new tools to deal with new responsibilities and new expectations. Currently Manitoba municipalities are more reliant on provincial

and federal grants than any other province in Canada⁷. While in some cases these types of programs are necessary (for example large-scale infrastructure projects), it leaves municipalities having to compete against each other for limited dollars and restricts a municipality's ability to properly plan for much needed investment. The amount allocated to grant programs like the recent Municipal Rural Infrastructure Fund or community infrastructure funding under the Building Canada Fund is nowhere near the total demand, meaning there is no guarantee much-needed projects will ever receive funding.

Over-reliance on grants and transfers leave municipalities without the tools required to meet demands. Many municipal issues, when stripped down to their core, are really issues of access to revenue. 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 base, 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 government contributions to municipalities are not forgotten. Federally, municipalities have benefited from a GST rebate, the sharing of the federal gas tax and the Building Canada Fund as well as Stimulus Funding. Provincially, municipalities have benefited from the sharing of provincial income tax, the Building Manitoba Fund, and supports in several other areas. We also appreciate the Province stepping up with their one-third share of recent federal programs. 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. Municipalities are struggling to deliver core services as their budgets begin to crack under increased demands.

⁷ Slack, Kitchen, McMillan, Vaillancourt, "Roles, Responsibilities, Resources and Relationships – Report to the Provincial and Territorial Municipal Associations" June 15th, 2007.

The reality is the property taxation system cannot meet the new demands facing municipalities. Municipalities have been increasing taxes to try to meet these demands however they are falling further and further behind. Over the last 10 years municipalities outside the City of Winnipeg have increased their own taxes levied by over 4 percent a year on average. In 2009 only 13 municipalities outside Winnipeg decreased taxes, while 183 increased taxes, 22 municipalities by over 10 percent. Every year municipalities are going to citizens in their communities and asking them for more and more, yet the infrastructure deficit and budgetary demands continue to rise.

A new approach is needed, and for this reason we are advocating for a one-cent municipal tax to be allocated to municipalities for infrastructure and split equally among municipalities on a per capita basis. This will provide municipalities with in excess of \$200 million a year. For a community of 1,000 people, this means roughly an investment of \$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 this funding alone will not erase the infrastructure deficit in Manitoba, it is a positive first step.

While the AMM is not necessarily asking for a new tax, there is support among Manitobans for a new tax dedicated to municipal infrastructure. Polling done by AMM in 2008 found that 94 percent of Manitobans see infrastructure as a high priority, including a 94 percent positive response rate in Winnipeg. The poll also found that 55 percent of Manitobans think that municipalities do not have the revenue sources needed to cover infrastructure costs alone, including 50 percent in Winnipeg. Most interestingly, the poll found that 54 percent of Manitobans, including 51 percent of Winnipeggers, support an additional one percent municipal tax dedicated to infrastructure renewal projects⁸. As the infrastructure deficit continues to grow, support for this will only increase.

⁸ Probe Research “Public Attitudes on Infrastructure Renewal Funding in Manitoba” September, 2008.

The AMM is also asking for other revenue sources for municipalities, such as a rebate of the Provincial Sales Tax as well as increases to existing sources such as VLT revenues. We would also ask that any new mandates for municipalities be accompanied by corresponding financial support.

The sad reality is that while the Province of Manitoba has been a leader in some municipal areas, it has not been enough. We have the opportunity to visit every municipality in Manitoba within the four year election cycle and it is clear our communities are struggling and we are falling behind.

We understand 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. Furthermore, delaying investment in these critical infrastructure projects will have serious long-term consequences for Manitoba's economy.

Municipalities are not looking for new revenue sources to store money away for a rainy day. The storm has arrived. With a national municipal infrastructure deficit in excess of \$123 billion, and Manitoba's share in excess of \$11 billion, there is no shortage of work to be done. If municipalities are 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. This is the only way municipalities will be able to even begin to address the core challenges they face.

The AMM is therefore asking every political party to make municipal funding a top priority for this year's provincial election. Now is the time for each party to lay out its vision for the future of municipal government in Manitoba and how these core challenges can be addressed. The health of our communities is at stake.

Therefore, the AMM would like to see a commitment from each political party to:

- 1. Make a greater investment in municipal infrastructure**
- 2. End the downloading of responsibilities to municipalities and require that any new mandates come with new funding**
- 3. Provide new growth revenues to municipalities**

Appendix A – Active Resolutions

AMM Resolution Number 21 - 2010

Topic: Regional Health Authority Boards

Sponsor: RM of Pipestone (Western District)

Department: Manitoba Health

WHEREAS health care is an important service to Manitobans;

AND WHEREAS health care is the single largest expenditure in the provincial budget;

AND WHEREAS The Regional Health Authorities Act provides for the directors to be elected or appointed;

AND WHEREAS the board must have some geographic representation from each area of a region;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Province of Manitoba to establish elections for regional health authority boards of directors;

AND BE IT FURTHER RESOLVED that where warranted elections be based on ward systems to achieve geographic representation.

AMM Resolution Number 20 - 2010

Topic: Amend The Mental Health Act

Sponsor: LGD of Pinawa (Eastern District)

Department: Manitoba Health

WHEREAS The Mental Health Act currently requires a peace officer to escort a patient and remain with the patient until seen by a qualified mental health worker;

AND WHEREAS this may take as long as 14 hours or longer before a qualified mental health worker is available to see the patient;

AND WHEREAS during that time, the RCMP members are not available to perform policing services in their region;

AND WHEREAS this is an inefficient use of RCMP members' time who are trained to provide policing services in their region;

AND WHEREAS this adds cost to policing services in the region;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Province of Manitoba to amend The Mental Health Act to facilitate the orderly and timely transfer of custody at the mental health facility to free up peace officer time, while at all times maintaining the patient's care as the highest priority.

AMM Resolution Number 19 - 2010

Topic: Enhanced Province-wide 911

Sponsor: Town of The Pas (Northern District)

Department: Manitoba Health

WHEREAS currently each municipality is required to contract out for a 911 call system;

AND WHEREAS there have been jurisdiction issues with respect to dispatching of emergency calls;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Province of Manitoba for the development and coordination of an enhanced province-wide 911 service to ensure that all residents have common access to emergency and protective services.

AMM Resolution Number 15 - 2010

Topic: Rural Emergency Medical Services

Sponsor: RM of Reynolds (Eastern District)

Department: Manitoba Health

WHEREAS in April 2008 the Provincial Emergency Medical Services Steering Committee and Project Team developed a planning document for the EMS system in Manitoba;

AND WHEREAS the plan calls for the amalgamation of services which will cause greater travel and potentially dangerously long response times;

AND WHEREAS rural communities deserve the same life saving and timely emergency services as the more populated and urban areas;

AND WHEREAS removing the service will create future economic and population decline;

THEREFORE BE IT RESOLVED THAT the Association of Manitoba Municipalities lobby the Province of Manitoba to ensure local ambulance services in rural areas remain so that all Manitobans have timely access to quality emergency medical services.

AMM Resolution Number 22 - 2009

Topic: Palliative Care Program Funding

Sponsor: Village of Dunnottar (Interlake District)

Department: Manitoba Health, Health Canada

WHEREAS palliative care in Manitoba is not fully funded by the Province of Manitoba;

AND WHEREAS the Palliative Care Program is a necessary component of health care in the Province of Manitoba;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Province of Manitoba to provide full funding to the Palliative Care Program.

AMM Resolution Number 21 - 2009

Topic: Funding for EMT Courses

Sponsor: Village of Elkhorn (Western District)

Department: Manitoba Health

WHEREAS many communities in Manitoba are served by volunteer ambulance services;

AND WHEREAS the cost of training individuals is ever increasing;

AND WHEREAS there is little or no assistance from the Regional Health Authority;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Province of Manitoba to subsidize the cost of community volunteers taking emergency medical training courses.

AMM Resolution Number 19 - 2009

Topic: Medical School at Brandon University

Sponsor: RM of Shoal Lake (Midwestern District); RM of Roblin, RM of Pipestone (Western District)

Department: Manitoba Health

WHEREAS Manitoba experienced and continues to experience a serious shortage of physicians and emergency services;

AND WHEREAS recruitment of a sufficient number of physicians to operate clinics, hospitals and emergency services is an ongoing challenge;

AND WHEREAS it is strongly believed that the operation of a rural medical school at Brandon University would produce physicians prepared to practice in rural Manitoba;

THEREFORE BE IT RESOLVED THAT the AMM lobby the Province of Manitoba for the creation and operation of a rural medical school at Brandon University.

AMM Resolution Number 31 - 2008

Topic: Incineration Services

Sponsor: Town of Russell (Midwestern District)

Department: Manitoba Health

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 greenhouse 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 30 - 2008

Topic: National Lifeguard Service Certification

Sponsor: Town of Gladstone (Midwestern District)

Department: Manitoba Health

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 20 - 2007

Topic: GPS and GIS Funding

Sponsor: Town of Gladstone (Midwestern District)

Department: Manitoba Health

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 19 - 2007

Topic: Removal of Community Contributions from Health Care Facilities

Sponsor: RM of Rosedale (Midwestern District); City of Dauphin, RM of Grandview, RM of Shell River, Town of Ste. Rose du Lac (Parkland District)

Department: Manitoba Health

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 34 - 2005

Topic: Physician Recruitment Strategy

Sponsor: Town of Churchill (No District)

Department: Manitoba Health

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 (No District)

Department: Manitoba Health

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.