



ASSOCIATION OF MANITOBA MUNICIPALITIES

MEETING WITH

Honourable Theresa Oswald
Minister of Health

April 29, 2010

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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.
- 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. Medical School in Brandon

- One of the ways to reduce the need to recruit doctors is to train more in Manitoba.
- Recently there has been discussion about a medical school in Brandon.
- At our 2009 Convention the AMM membership adopted a resolution 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 willingness of your government to look into this issue.

Therefore the AMM encourages the Province to move forward quickly 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. 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.
- This lack of support again drew the attention of our members who passed another resolution at our 2009 Convention calling on the Province to fully fund palliative care.

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

5. 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.
- 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.
- 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.

Therefore the AMM would like to see:

- 1. A greater investment in municipal infrastructure by all levels of government**
- 2. An end to the downloading of responsibilities to municipalities and a requirement that new mandates come with new funding**
- 3. A commitment to provide new alternate 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 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 recent budgets. 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 are 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. The AMM appreciates the increase of up to \$500,000 per year for 10 students to enter into the Northern Remote Physician Practice Initiative, which will certainly help address shortfalls in the north for the short term. 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.

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 in 2008 and the increase to 20 spaces in 2009. 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.

Another aspect of the recruitment process is attracting health practitioners from other parts of Canada which has been enhanced with the Province's recent signing of the Agreement on Internal Trade (AIT). While the AIT offers new opportunities municipalities are encouraging the Province to proceed with caution. Communities respect the caliber 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 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

One of the ways to reduce the need to recruit doctors is to train more in Manitoba. Recently there has been a good deal of discussion about the potential to create a medical school in Brandon. There are different models that could be used and recently at our 2009 Convention the AMM membership adopted a resolution 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 willingness of your government to look into this issue.

Therefore the AMM encourages the Province to move forward quickly 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 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.

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. This lack of support again drew the attention of our members who passed another resolution at our 2009 Convention calling on the Province to fully fund palliative care.

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.

5. Centralization of Rural Ambulance Service

The loss of service is always a difficult issue for a community. 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 street now this vital service is being delivered from neighbouring communities or beyond.

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.

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. Sure 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. Everyday 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.

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 is in excess of \$123 billion for current needs. Most alarming is how quickly the deficit has been compounding, as it has doubled over the last 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 is over \$7.5 billion, putting the total municipal infrastructure deficit 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 2007 were just over \$730,000,000.³

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 Saeed Mirza, "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 2007 – 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 travelling 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 137 boil water advisories in Manitoba, many in Manitoba municipalities.⁶ This means in 2010 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" – January 11th, 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, most often where they work and sometimes 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 sacrificing 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 leaves 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.

A new approach is needed, and for this reason we are asking the Province of Manitoba to collect 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.

The AMM is also asking for other revenues 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 with corresponding financial support.

The sad reality is that while the Province of Manitoba has been leaders 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.

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

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.

Therefore the AMM would like to see:

- 1. A greater investment in municipal infrastructure by all levels of government**
- 2. An end to the downloading of responsibilities to municipalities and a requirement that new mandates come with new funding**
- 3. A commitment to provide new alternate revenues to municipalities**

Appendix A – Active Resolutions

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 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 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 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 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.

AMM Resolution Number 50 - 2000

Topic: Funding for Regional Palliative Care

Sponsor: RM of Louise, RM of Morris, RM of Thompson (Central District); City of Selkirk, RM of Rockwood (Interlake District)

Department: Manitoba Health

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.