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**Iqaluit**

**Speaker: The Honourable Simeon Mikkungwak, M.L.A.**

## Legislative Assembly of Nunavut

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**Iqaluit, Nunavut****Wednesday, February 19, 2020****Members Present:**

Hon. David Akeeagok, Mr. Tony Akoak, Ms. Pat Angnakak, Hon. Jeannie Ehaloak, Hon. George Hickes, Hon. David Joanasie, Mr. Joelle Kaerner, Ms. Mila Kamingoak, Mr. Pauloosie Keyootak, Mr. Adam Lightstone, Mr. John Main, Hon. Simeon Mikkungwak, Ms. Margaret Nakashuk, Hon. Patterk Netser, Mr. David Qamaniq, Mr. Emiliano Qirngnuq, Mr. Paul Quassa, Mr. Allan Rumbolt, Hon. Joe Savikataaq, Hon. Elisapee Sheutiapiq, Ms. Cathy Towtongie.

>>*House commenced at 13:30***Item 1: Opening Prayer**

**Speaker** (Hon. Simeon Mikkungwak) (interpretation): Before we proceed, I ask Member Qirngnuq to say the opening prayer.

>>*Prayer*

**Speaker** (interpretation): Thank you very much for saying the opening prayer, Member Qirngnuq.

People of Baker Lake and Nunavut, as the House reconvenes, please feel welcome.

**Money Message**

(interpretation ends) I wish to advise that I recommend to the Legislative Assembly of Nunavut the passage of the following bills during the Second Session of the Fifth Legislative Assembly:

- Bill 39, *Appropriation (Operations and Maintenance) Act, 2020-2021*; and
- Bill 40, *Supplementary Appropriation (Operations and Maintenance) Act, No. 3, 2019-2020*.

Sincerely, Nellie T. Kusugak,  
Commissioner of Nunavut

(interpretation) Continuing on with the orders of the day. (interpretation ends)  
Item 2. Budget Address. (interpretation)  
Hon. Minister of Finance, Minister Hickes.

**Item 2: Ministers' Statements****Minister's Statement 354 – 5(2):  
Budget Address 2020-21**

**Hon. George Hickes:** Thank you, Mr. Speaker and colleagues. It is my privilege to rise today to present our government's proposed budget for 2020-21 to the Assembly, but first I would like to acknowledge the hard work that has gone into developing this budget. The discussions I've had with my colleagues and the support we have received from our officials have been invaluable.

I would also like to thank my colleagues in this Assembly for your recent committee work. Your detailed review last month of each department's proposed spending is an important part of our government's overall approach to budgeting. Your active engagement is a concrete example of the most important characteristics of our consensus approach to government: civility, respect, and accountability to this Assembly as a whole.

## Overview

When I introduced last year's budget, I highlighted the great debt we owe to the elders whose vision continues to guide and inspire us. This is debt that we must acknowledge and respect but can never repay.

In my prior Budget Address I also noted the many areas in which we have achieved success over the years: a growing economy, higher rates of high school graduation and a near doubling of the number of Inuit Government of Nunavut employees, nearly 2,000 housing units constructed since 2001, and \$2.4 billion invested in capital projects that include new schools, learning and health centres, and the Qikiqtani hospital.

In the past year we have trained 73 Inuit employees to be able to fill senior positions within government through our leadership and internship programs and have supported 44 Inuit through education leave, helping them advance their education. Further, we have reduced the number of casual positions by direct appointing Inuit into indeterminate positions that they have long held. Our new, stand-alone Department of Human Resources has been leading the work in providing Inuit with workplace training and employment opportunities within the civil service.

These types of achievements and public investments are key to the future of Nunavut. That future will depend to some extent on how we meet our challenges. We are all well aware of our need for better housing, better health care, including mental health care and medical travel, better education

outcomes, and better job opportunities for our young people, as well as a higher standard of care for the aging members of our population.

We will not triumph over these and other challenges easily or right away, but we have successfully met them over the last 20 years and have improved our prospects of overcoming them in the future. One reason for this is the determination, resilience, and unity we have shown in working to realize the vision of our founders and to achieve the goals set out in our government's mandate, *Turaaqtavut*.

Another reason is the strong economic growth we are currently experiencing. According to the Conference Board of Canada, Nunavut's economic growth rate will lead the country over the next few years. The conference board's newest forecast released just two weeks ago suggests our economy could grow by as much as 13 percent over the year. This growth is driven primarily by the mining sector and could result in many more jobs in Nunavut. We intend to continue to work hard in the coming years to prepare Inuit and other Nunavummiut to fill these and other jobs so that the benefits of this economic surge stay in Nunavut.

We remain Canada's youngest territory, but Nunavut has moved well beyond its early years and is now growing into young adulthood. Like many young adults, we still rely on the support systems that helped guide us through our adolescence. However, as a government and society we have gained important skills, experiences, and confidence over the past two decades. Mr. Speaker and members, these attributes, coupled with

the ambition and determination Nunavummiut have always demonstrated, are the tools we will use to achieve our goal of becoming more self-reliant as we mature as a territory.

In short, by persevering and working together, we have found our feet and are poised to step into the future with greater self-assurance. Our budget for the year 2020-21 is therefore a people-oriented budget of optimism about what the future holds for us. This budget will make key investments in social services like education and job training to help prepare our youth to carry forward the work of building a stronger and more self-reliant Nunavut.

>> *Applause*

This budget seeks to ensure that our forward movement stays true to our original vision of Nunavut as a distinctive arctic territory that balances modernity with our Inuit culture and traditions. It looks to social wellness, physical, mental and spiritual, at the individual and community level to better support Nunavummiut today and to help prepare them for tomorrow.

### **Fiscal Situation**

Mr. Speaker and members, our fiscal situation is better than it has been for several years. I am pleased to report that our projected revenues for 2020-21 are almost \$2.35 billion. Federal transfer payments account for most of this positive situation. The largest is the Territorial Formula Financing transfer that will provide us with \$1,712,000,000, 4.3 percent more than last year. We are mindful, though, that future growth rates may slow.

A further \$124.5 million will come to us through a variety of other federal transfer payments, such as the Canada Health Transfer. This is of particular significance to me in my other role as Minister of Health.

A total of \$144.9 million will be raised through taxes. With the projected growth of our economy and our emphasis on improved education and skills training, our goal is to help Nunavummiut find good-paying jobs and to support businesses to create more of them. As our economy expands so too will our tax base.

The Government of Nunavut also received approximately \$90 million from other sources, such as the net income from both the Petroleum Products Division and the Nunavut Liquor and Cannabis Commission, as well as staff housing recoveries, prior year recoveries, and miscellaneous revenues.

Mr. Speaker and members, at this time we expect that funding from specific third party agreements could add a further \$262 million to our revenues. I should note that this forecast is likely to change over the year as these funds depend on in-year project spending and federal funding decisions.

In terms of spending, we will seek to appropriate just over \$1,816,000,000 for the core operations and maintenance of our government departments in 2020-21. This is above and beyond the \$143 million already appropriated for capital spending in the fall.

When we consider all the other expenses we expect to take on over the year like spending through third party agreements



or to account for wear and tear on our infrastructure, we project total operations expenses of about \$2.33 billion.

As in past years, we are setting aside money from the start so it remains available to use during the year for unforeseen events or additional spending needs that may arise. For 2020-21, this contingency fund will be \$50 million. Assuming we spend this contingency fully, our government is projecting an operating deficit of about \$30 million, just over 1 percent of our revenues.

We have projected this deficit using accrual accounting instead of the cash accounting approach used in previous years. Simply stated, cash accounting tells you what you have in your bank account but does not tell you how you will spend it over the long term. The accrual method looks not only at our in-year spending but also considers the expenses we expect at year end. This allows us to provide a more complete picture of our finances.

Mr. Speaker and members, planning to spend more than we expect to receive in a year is not a comfortable feeling. It is also not something that we want to repeat year over year. However, given the many pressing issues that this budget seeks to address, our government believes that planning for a small deficit in 2020-21 is a necessary and worthwhile measure to allow us to meet the growing need for better programs and services for Nunavummiut.

I should add in this context that our credit rating continues to be excellent. Thanks to our fiscal discipline, we are rated as one of the most creditworthy

provincial and territorial governments. Let us all remember that when we started our journey as a territory in 1999, we were already far behind other provincial and territorial governments in terms of our ability to deliver the programs and services that our people need.

The current federal financing formula provides us with significant funding each year, but it is still not enough to allow us to deliver the range and level of public services that other governments are able to provide. The good news is that we have gotten much better at using every federal nickel that we get our hands on. We just need more of them, something we will discuss with the Government of Canada as we move forward.

Mr. Speaker and members, before I discuss our spending plans, let me add that the figures I have mentioned reflect the projected expenditures of our government's core departments. Once we consolidate all of our financial data for our year-end financial statements, we will be able to provide information about additional revenues and expenses from arms-length bodies such as the Qulliq Energy Corporation.

### **Budget Priorities**

Mr. Speaker and members, let me describe how we propose to target the dollars available to us this fiscal year. In keeping with the priorities we set for ourselves in *Turaaqtavut*, this budget aims to foster individual and community wellness, particularly in health care and support to families and individuals in crisis.

## Inuusivut

Our way of life depends on healthy, self-reliant and active people. When Nunavut was created, our population was only 27,000 but has now increased by over 35 percent to 39,000. Nearly one in three Nunavummiut is under the age of 15 and the number of our elders has doubled in the last 15 years. These are good signs. Our families are growing. We have many young people who will one day fill the new jobs we are working to create and make the important decisions that will set the direction for our continuing evolution as a territory.

In a society like ours that values and relies on the wisdom of elders, the fact that more of them are living longer, healthier lives can only be seen as an encouraging sign.

A growing population also means a growing demand for housing, jobs, health care, elder care, and social services of all kinds. I think we all agree that we need to allocate more financial resources and devote greater efforts to improve the quality of life for all Nunavummiut.

Our main challenge is that the costs of providing services have outpaced our ability to provide them, let alone make improvements and enhancements to them. Simply put, while we're able to make mortgage payments on our home, we will never have enough to renovate it. This is particularly the case with health care. A key reason for this is that the Canada Health Transfer, the federal government's main way to support health care delivery across Canada, does not reflect Nunavut's high costs or unique needs.

For example, we lack the health care infrastructure and population density needed to offer the full range of health care services that our growing population deserves. As a result, about \$1 out of every \$5 we spend on health care is for medical travel. Instead of investing this money to improve the health of Nunavummiut, we are forced to spend it just to get Nunavummiut to medical treatment that cannot be provided in Nunavut.

This has a serious impact on our finances. Unlike the situation in every other jurisdiction in Canada where over 20 percent of health care costs are covered by the Canada Health Transfer, the federal transfer to Nunavut accounts for only 9 percent of our health care costs. This is unacceptable.

We should not have to choose between offering Nunavummiut levels of medical care comparable to the rest of Canada while at the same time trying to balance a budget based on federal transfers that take insufficient account of the service delivery challenges in our vast territory. Resolving this issue will require in-depth discussions with the Government of Canada.

Mr. Speaker and members, until those discussions occur, I will be asking you to approve a total of \$37.9 million in new funding for this fiscal year to help our health care system to keep up. We propose to allocate a total of \$17.6 million to supplement the medical travel budget, while nearly \$5.1 million will be required for out-of-territory mental health treatment. We will also seek a further \$4 million to offset some of costs borne by the Government of Nunavut related to employee medical travel.

Another \$6.3 million will be devoted to meeting the increasing costs of service contracts for physicians.

However, not everything we are doing to improve health requires such large investments to produce positive results. For instance, building on discussions we've had in this Assembly about the importance of a positive, productive and healthy workplace, the Department of Human Resources is seeking \$720,000 this year to create a new employee wellness division. It will act to establish a wellness strategy, improve employee engagement and other initiatives which over time will lead to more productivity, improved employee health, and better retention. We are also making incremental improvements to other aspects of the territorial health care system that will improve efficiency.

Last year we implemented a three-year plan to enhance capacity across emergency, operating room, public health, diagnostic imaging and environmental services. This year we will commit \$630,000 to add another registered nurse, an ultrasonographer, a central sterilizing room technician, and a hospital maintainer to our roster of health care professionals here in Iqaluit.

One of our major health care challenges is the high rate of tuberculosis (TB) in Nunavut. Despite the 2018 pledge by the Government of Canada to eliminate half of all cases of active TB in Inuit Nunangat by 2025 and to eliminate the disease entirely by 2030, we continue to grapple with high TB rates.

According to the Public Health Agency of Canada, the average TB infection rate in Canada's provinces is less than 5 out

of every 100,000. The most recent statistics for Nunavut for 2017 show an infection rate of 265.8 per 100,000. This cannot be allowed to continue.

However, one of the immediate challenges is that the funding for TB elimination provided by the federal government through NTI and ITK has not rolled out as quickly or efficiently as anticipated. We have completed three successful community-wide TB screenings so far. We are now waiting for further funding and support from our federal and Inuit partners on the Inuit Public Health Task Force to continue these efforts when the regional TB action plan is released later this year.

In the meantime we remain firm in our determination to tackle the underlying social conditions like poverty and residential overcrowding that negatively influence health outcomes in Nunavut, but we also know that without a real commitment by the Government of Canada to address the housing shortfalls and related issues that contribute to TB, this will take time. We cannot wait to take action. We will continue our own efforts by allocating \$854,000 more this year to hire new staff as part of our TB community capacity-building program. Three public health nurses will be hired for Resolute Bay, Baker Lake, and Chesterfield Inlet and three public health assistants will be assigned to Arctic Bay, Sanikiluaq, and Whale Cove.

We will continue to take steps to improve the delivery of other health services. For example, across the territory, community health centres face enormous challenges due to their workload and administrative needs. In response the Department of Health will

conduct an evaluation of the ongoing Supervisors of Administrative Services Pilot Project with a view to expanding it territory-wide. An expanded program would allow clinicians to focus more on core clinical duties. To this end, we will request an additional \$44,000 on top of the \$166,000 already approved for 2019-2020 to hire a supervisor of administrative services for Baker Lake and another for Rankin Inlet.

As I mentioned, this budget will also assist individuals and families in crisis. Our government will seek almost \$8.4 million in new funding for the Department of Family Services.

>>Applause

This will enable it to advance its crucial work supporting homeless and family violence shelters, youth in crisis, and foster parents.

Just over \$2.1 million will go to hire four new workers to facilitate the planning and opening of shelters in Kugluktuk and Rankin Inlet, support the ongoing operations of a low-barrier shelter in Iqaluit, and enhance homelessness outreach services.

Stable and supportive placements are key to ensuring better outcomes for children and youth in foster care. To this end, we will inject \$1.3 million this year to increase foster care per diems that have remained unchanged since 2004.

Protecting Nunavummiut most at risk of experiencing family violence is a key commitment of our government. We will therefore seek just over \$1 million to expand emergency supports for existing family violence shelters and to facilitate

the planning and opening of shelters in Gjoa Haven, Baker Lake, Pangnirtung, and Pond Inlet.

>>Applause

Mr. Speaker and members, I am pleased to announce that we also intend to allocate \$645,000 to hire five additional staff to strengthen the Community Coordination for Women's Safety Initiative. This will assist our communities in their ongoing efforts to develop collaborative and effective ways of responding to violence against women.

We are equally committed to protecting our young people, for the future of Nunavut will one day be in their hands. We will therefore invest \$300,000 to develop a program for temporary overnight safe spaces as one way of ensuring the safety and well-being of young Nunavummiut who find themselves in crisis.

>>Applause

Nunavummiut with complex needs that cannot easily be addressed in their homes will also be supported through an investment of \$2 million in existing residential care facilities. We will also continue to support those who need out-of-territory complex care until we are able to provide these services here in Nunavut.

Mr. Speaker and members, promoting and strengthening social wellness is a clear priority for our government. To that end, we will seek \$1.1 million to hire five new regional directors in the Family Wellness Branch of the Department of Family Services. This

will increase the effectiveness of our regional coverage and enhance service delivery throughout Nunavut.

Problematic substance use and addictions impact the physical and mental health of many Nunavummiut, and together pose significant challenges to social wellness. We are determined to help Nunavummiut who struggle with drug and alcohol dependencies. With this goal in mind, we are developing plans to construct a culturally relevant treatment centre to help Nunavummiut to recover from problematic substance use and trauma using Inuit traditional counselling and healing programs.

>> *Applause*

Mr. Speaker and members, our government recognizes the challenges of providing policing in small, remote communities. Not only are the police in the frontlines when it comes to ensuring individual and community safety; they are often first responders to critical and life-threatening incidents. In recognition of the important role they play and in response to community requests for more, not less police presence, we will seek \$1.5 million to fund six new regular RCMP members across Nunavut this fiscal year and another six over the next two years.

At the same time and to bolster the capacity of the RCMP to better serve Nunavummiut, we propose to fund the RCMP's hiring of four Inuktitut-speaking civilian officials within their operational command centre.

>> *Applause*

They will work directly with the dispatchers to answer calls, for this is often when Nunavummiut need help the most, and will assist the police in a way that better serves the language and cultural needs of Inuit.

>> *Applause*

In all of these investments in our future, we have not forgotten the past, those whose vision and efforts helped give shape to Nunavut. Of course I refer to our elders, the keepers of our traditional values, culture, and language.

As we are all aware from past discussions, Nunavut does not have sufficient elder care facilities capable of attending to the needs of those who may need around-the-clock care. The result is that many older Nunavummiut must live in a facility in Ottawa. We must do all we can to ensure their health and to keep them in Nunavut, the place that formed them and which they formed in turn, and we will. Our plans are now well advanced to build long-term care centres for our elders in each of Nunavut's three regions. This will begin with the proposed construction of a 24-bed, long-term care centre in Rankin Inlet next summer. The next phase of our elder care plan will include a long-term care facility in both the Kitikmeot and Baffin regions.

### **Pivaallirutivut**

Mr. Speaker and members, this budget also looks to continue to grow our economy and enhance the infrastructure on which our future rests. Unlocking our economic potential in accordance with our cultural values is essential if we are to continue to grow and prosper. To that

end, we need more than money. We need to foster social wellness because healthy, nurturing and supportive relationships are the glue that holds families and society together.

Our acute lack of housing is a matter of particular concern because social wellness is undermined by inadequate housing. This is particularly the case with children and adolescents.

Worldwide research shows that their healthy growth and development depend in large measure on the standard of their housing. Given the emphasis we are placing on educating our young people and preparing them for the future, our future, we are committed to giving them the best chance possible to succeed in life. We must take action to make sure that they have safe, secure and healthy homes.

There are far too many overcrowded houses and houses in need of repair in Nunavut and far too many people who are essentially homeless and forced to continually seek temporary shelter. Last year we pressed the Government of Canada to play a stronger role in helping us deal with this problem. We fully intend to keep these discussions focused on our housing challenges as we go forward.

Until we can reach a satisfactory resolution with the Government of Canada that will enable us to address our housing shortfall, we will increase funding to the Nunavut Housing Corporation. Allocating an additional \$6.4 million will permit it to keep up with the costs of maintaining public and staff housing units.

Mr. Speaker and members, our 25 communities are the lifeblood of our territory. Nunavut is only as strong as its component parts and we intend to help make them stronger. We will therefore assist communities to develop their capacity for local decision-making by investing an additional \$1.74 million in the Municipal Funding Program.

We will also strengthen local community economic development initiatives by nearly doubling the amount of funding that can be administered from Department of Economic Development and Transportation regional offices from \$6.7 million to \$12.5 million.

>> *Applause*

Strengthening community capacity in this way will allow for greater local decision-making and increase program efficiency.

Nunavut lacks adequate transportation infrastructure. To enhance the crucial links among our communities and with other jurisdictions, the Department of Economic Development and Transportation will reallocate \$1.14 million to enhance airport operations and is seeking to supplement this with an additional \$1.5 million in new money.

Importantly, we are also expanding our involvement in the design and development of Nunavut's marine infrastructure. We will be seeking \$200,000 in new funding so we can better shape upcoming federal investments in this area. This way, when we finally do get the harbours and ports Nunavummiut have been asking for, we can ensure that they are designed to meet our needs.

We must have a coordinated approach if we are to benefit from the strength of our mining sector and provide employment to younger Nunavummiut. In response, we propose to invest \$250,000 to fund the development of a Nunavut Mine Training Strategy.

>> *Applause*

Once completed, it will help us to coordinate the available funding and other forms of support required to enable a greater number of Nunavummiut to participate in this growing sector of our economy.

### **Sivummuqaqalliagjutivut**

Mr. Speaker and members, key to all of our efforts is the need to help ensure better educational outcomes for Nunavummiut. The coming generations are vital for our future. They will one day take our places and must be prepared for the leadership roles they will assume.

One way to support better educational outcomes is to ensure that all of our students get the support they need to succeed at their studies. At present the Department of Family Services manages the Financial Assistance for Nunavut Students program in support of our students during their post-secondary studies.

To sharpen its focus on education and increase internal efficiencies, we plan to transfer the FANS program to the Department of Education in April. We will also enhance the program with an additional allocation of \$1.9 million.

Mr. Speaker and members, ensuring the learning success of our school-age children also means in-school support services, such as occupational and physical therapies and speech-language pathology in grades K through 12. We will therefore allocate a further \$1 million so that every school in Nunavut has access to these support services. Our goal is to make sure that every student has the support they need to succeed at their studies.

Our emphasis on educating young Nunavummiut is complicated, and we are working through a number of issues. They include things like language of instruction, what should be taught as part of school curricula, and how to recruit and train more teachers, particularly Nunavummiut with Inuktitut language skills.

Clearly we need to keep increasing our high school graduation rates to maintain our forward momentum as a territory and ensure we have enough educated Nunavummiut to take on, create, and benefit from more and better paying jobs.

Mr. Speaker and members, in 2011 Statistics Canada reported that our high school graduation rate was only 35 percent, far below the national average. Despite the impressive progress we have made in Nunavut in improving school graduation rates since then, we are still not graduating enough students to fill the skilled jobs currently available in the public and private sectors. We simply need more skilled Nunavummiut; otherwise we will continue to be reliant on external expertise and workers from outside Nunavut.

Education is important for other reasons. The Public Health Agency of Canada identifies educational attainment as a key determinant of health. Given the health care funding challenges I have identified, promoting better educational outcomes in Nunavut must also be an essential component of our continuing efforts to improve the health outcomes of all Nunavummiut.

### **Inuunivut**

Mr. Speaker and members, importantly, this budget also aspires to help solidify our sense of who we are and what we have to offer to the diversity of Canada as a distinct territory with a vibrant Inuit culture.

Let us recall that one of the main driving forces behind the creation of Nunavut was our collective desire to protect our distinctive culture and language. For that reason, new Inuktitut resources are being developed and have been made available in our schools to support the use of the Inuit language in learning.

For example, to improve literacy outcomes in Inuktitut, the Department of Education has created Inuktitut Titiqqiriniq, a comprehensive, balanced literacy program that includes materials for both students and teachers. To date the department has developed over 600 student books and teacher resources in Inuktitut and over 250 student books and teacher resources in Inuinnaqtun.

>> *Applause*

I take this occasion to note that the United Nations has declared an International Decade of Indigenous Languages that will begin in 2022. The

UN goal is to draw attention to the urgent need to take action to preserve, revitalize, and promote indigenous languages worldwide.

Through our *Official Languages Act* and the *Inuit Language Protection Act*, Nunavut has become a role model for the protection of indigenous languages on the national and world stages. However, the relentless pressure exerted on Inuktitut by more widely spoken languages like English means that we must do more. It is not enough that we be able to speak our language at home or in casual settings. The reality is, to increase the number of Nunavummiut capable of using Inuktitut as a language of learning, work, and service delivery, more financial support will be necessary.

We are now seeking to renew the Canada-Nunavut Agreement on French Services and Inuktitut Language. It provides financial support that is critical to enable us to meet our legal obligations under federal and territorial statutes. Last year we received \$5.1 million from the Government of Canada for this purpose, but we need more. This is yet another area where we will continue to engage in discussions with the Government of Canada so we may have the resources required to protect and to promote Inuktitut now and for the future.

A glimmer of hope has been offered by the passage by Parliament last year of the *Indigenous Languages Act*. One of its main goals is to support indigenous peoples to reclaim, revitalize, maintain, and strengthen their languages. Under this legislation, the Minister of Canadian Heritage is required to consult with indigenous organizations about the federal funding needed to support our



languages. Once these consultations occur, we are hopeful that, working with Nunavut Tunngavik Incorporated, we will be able to access another source of funds for our efforts to strengthen Inuktitut in Nunavut.

### **Katujjiqatigiinnivut**

Mr. Speaker and members, of course an essential goal of our proposed budget allocations is to strengthen our unity as we review and tighten our relationships with federal, Inuit and commercial partners.

In the same way that we have matured as a territory so have our relationships. Not that long ago the reality of our northern location, infrastructure needs, and inability to derive revenues from most of Nunavut's lands and resources was overlooked or downplayed by the Government of Canada when it made decisions affecting us. A good example was the 2016 federal announcement of an indefinite moratorium on offshore oil and gas development. This was done without consultation with either Nunavut or the Northwest Territories.

However, since then there seems to have been a change of attitude on the part of the Government of Canada. Our recent experience helping to develop the Arctic and Northern Policy Framework in partnership not only with Inuit but also with a variety of indigenous groups, six territorial and provincial governments, and the Government of Canada shows that a new way of working together may be on the horizon.

The recognition by the Minister of Crown-Indigenous Relations that made-in-Ottawa policies are not the way to

address the long-standing issues and inequalities between the north and the rest of Canada is encouraging. We look forward to building on this initiative and to moving forward to address the issues.

Mr. Speaker and members, I have already mentioned on a more solid base of increasing partnership and collaboration with the Government of Canada. One area where this emerging partnership will be put to the test is in connection with Territorial Formula Financing. Without a strong tax base or resource revenues like those that fuel the economies of our provincial and territorial neighbours, we need to find another way to adequately fund our government operations.

Given the high costs of building infrastructure and delivering services to the many communities in our vast territory, a financing formula that recognizes Nunavut's unique expenditure needs would help us better deliver the public services that Nunavummiut, as Canadians, deserve. The goal of this formula should be to enable Nunavut to catch up, not just keep up, but no matter which financing model results from the discussions we intend to have with the Government of Canada, we must no longer be put in the position of having to go hat in hand to Ottawa for the funds required for our very existence.

That said, there is one area where our discussions with the Government of Canada have already made progress. As we are all aware, our devolution negotiations are underway and have resulted in an agreement in principle. Looking ahead, our focus will remain on securing the best outcomes for Nunavut

and for Nunavummiut. To this end, we will continue to work diligently to complete these negotiations.

Mr. Speaker and members, balancing our need for revenues derived from our lands and resources with our traditional Inuit values and the need to protect our fragile environment will not be easy. It will require that we work together with our closest partner, Nunavut Tunngavik Incorporated. No partnership is more crucial to our future success.

When we worked to develop the Arctic and Northern Policy Framework, we had many partners and necessarily so, for the Arctic encompasses many different peoples in many jurisdictions whose needs and aspirations must be reflected in this agreement, but to ensure the future we all want for Nunavut, the importance of working closely and collaboratively with Nunavut Tunngavik Incorporated cannot be overstated. We have too much in common and too much at stake to allow anything to come between us. If we are truly to move forward as Inuit and as a territory, we must do so together.

In this vein I am pleased to report that Nunavut Tunngavik Incorporated and the Government of Nunavut have renewed their commitment to work together.

>>Applause

This most recent agreement, the Katujjiqatigiinni Protocol, sends a strong signal about our unity and collective strength of purpose as we enter the next phase of our relationship. Under our renewed protocol I foresee a new era of cooperation as we pursue

mutual goals, particularly as it concerns language and culture, land use, and resource development.

The bilateral mechanisms created with Nunavut Tunngavik Incorporated under this protocol will enable us to pursue shared goals, particularly those related to the design of social and cultural programs and services under Article 32 of the *Nunavut Agreement* and the joint development of implementation and information-sharing policies.

Mr. Speaker and members, this agreement can only make us stronger and more united as a territory and bodes well for the positive future that this budget envisages.

### Conclusion

Before I close, Mr. Speaker and members, I want to return to something I said earlier in the Budget Address when I listed some of the challenges that we face. The truth is that most of them remain unresolved and have been addressed in every budget by every Minister of Finance, and every year there is never enough money to deal with them, but I also said that this was a budget of optimism about the future. That optimism rests on more than the slight increase in the transfer payments we received from Ottawa this year or the current economic surge we are experiencing. It rests on something far more solid. It rests on who we are and how far we have come over the last 20 years. More and more it also rests on *Turaaqtavut*, the roadmap we have given ourselves for our future growth.

Mr. Speaker and members, all this contributes to our strength and maturity

as a government. We are no longer young. We are able to stand on our own two feet and to work together with our major partners. Of course we have much left to accomplish by working together in partnership with our chief funder, the Government of Canada. As you have heard me say throughout this address, we have much to discuss with the federal government, including the TFF, the Canada Health Transfer, housing assistance, education, and devolution, but from now on when we have these discussions, I predict that it will be in the context of a true partnership, something promised to us over 20 years ago by the former Prime Minister Jean Chrétien. On the first day of our existence as a territory he told our first Assembly, “I want to assure you of the Government of Canada’s commitment to being an active partner in your work and ensuring a new passage to the new millennium.”

We are now well into the new millennium and I look forward to continuing to hold the Government of Canada to its original commitment to work together with us. Our partnership in getting the Arctic and Northern Policy Framework off the ground is a good example of what we can achieve, but there is a lot more work to be done. Some of that work is laid out in this budget and we are readier than ever to get on with it. I know I am.

I still have the work boots I wore when I gave last year’s Budget Address and plan to keep them on this year as we continue the hard work of moving our territory forward. Thank you, Mr. Speaker and members.

>>Applause

**Speaker** (interpretation): Thank you very much, Minister Hickes. Continuing on with the orders of the day. Ministers’ Statements. Government House Leader, Minister Sheutiapik.

**Minister’s Statement 355 – 5(2):  
Minister Absent from the House**

**Hon. Elisapee Sheutiapik** (interpretation): Thank you, Mr. Speaker. Good afternoon. Mr. Speaker, I rise today to advise our fellow members that Minister Lorne Kusugak will be absent from the House today. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you very much, Minister Sheutiapik. Members, you have been advised that our Minister of Community and Government Services will be absent from the House today.

Continuing on with the orders of the day. Members’ Statements. Member for Arviat North-Whale Cove, Member Main.

**Item 3: Members’ Statements**

**Member’s Statement 553 – 5(2):  
Unemployment Rates in Nunavut**

**Mr. Main** (interpretation): Thank you, Mr. Speaker. Good day. I say “good day” to my constituents in Arviat and Whale Cove.

Mr. Speaker, I rise today to talk about this matter that is a big concern to everyone everywhere in Nunavut, which is the lack of employment. We all know that there are too many unemployed people in Nunavut. I asked the Department of Economic Development

through a letter to get the numbers from the communities. We have the number of unemployed people and I thank the department for that.

These numbers are very worrisome: 40 percent, 39 percent, and 34 percent for Arviat; 26 percent for Whale Cove. These numbers look very unsightly. The other jurisdictions within Canada get worried when the unemployment rate is 7 percent. They consider that very worrisome. Meanwhile here we are in Nunavut with over 30 percent unemployment.

We know that there are close to 15,000 income support recipients in Nunavut. This has to be considered more when the government is considering where to put their finances. Please consider the unemployed people more in the capital planning process. Think about the unemployed people. We know they're not working. I don't know if our government is working effectively to address these numbers and if the unemployed people are fully engaged. That's not clear to me at the moment.

At the appropriate time I will be asking questions on this matter to the Department of Economic Development. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Members' Statements. Member for Aggu, Member Quassa.

**Member's Statement 554 – 5(2):  
Recognition of Igloolik's Angela  
Amarualik**

**Mr. Quassa** (interpretation): Thank you, Mr. Speaker. Today I want my colleagues to join me in congratulating

an individual. From my community, Angela Amarualik is a very good singer.

Even when some people are still young, they go all over the place now. She's touring in the Quebec area and going to the schools, promoting a good lifestyle and how they can set up their lives for the future. She is a real singer and she even teaches singing down in Northern Quebec. She's going to be visiting all the communities down there.

I want my colleagues to join me in congratulating Angela Amarualik from Igloolik. You can listen to her CDs as well if you have a CD player. Thank you, Mr. Speaker.

>> *Applause*

**Speaker** (interpretation): Members' Statements. Member for Cambridge Bay, Member Ehaloak.

**Member's Statement 555 – 5(2):  
Traditional Knowledge  
Workshops in Cambridge Bay**

**Hon. Jeannie Ehaloak** (interpretation): Thank you, Mr. Speaker. (interpretation ends) Good afternoon, Nunavummiut and my constituents of Cambridge Bay.

I just want to mention a couple of groups that have been working in my community on teaching the traditional skills and empowering individuals to capture and be proud of their heritage and culture, and that's the Kitikmeot Heritage Society, which is doing the Kiihimajuq kammak-making course, they're on their second program, and also Aliak Consulting, which is holding a traditional tool workshop that will be coming up. They're also doing a "Talk

& Sew” with some of the women in our community. Thank you, Mr. Speaker.

>>Applause

**Speaker** (interpretation): Thank you. Members’ Statements. I have no more names on my list. Continuing on with the orders of the day. Returns to Oral Questions. I’m sorry. Member for Iqaluit-Tasiluk, Minister Hickes.

**Member’s Statement 556 – 5(2):  
Congratulations to Team Nunavut  
Curlers**

**Hon. George Hickes:** My apologies, Mr. Speaker. I didn’t make myself known well enough.

Mr. Speaker, I just wanted to take a moment to read a title from one of the newspaper articles that I was reading last night, *Nunavut shocks the Scotties with upset of contending Northern Ontario*.

**An Hon. Member:** Hear, hear!

>>Applause

**Hon. George Hickes:** Mr. Speaker, I know we are all proud of all of our sports teams across this, but this is such a huge stage where our team is not only doing very well but has beaten one of the leading competitive teams in the entire bonspiel.

I just want to take this moment to recognize Alison Griffin, who is also an employee of the Department of Health, I am proud to say, Sadie Pinksen, Kaitlin McDonald, and skip Lori Eddy. I want to really pass on all of our congratulations to them and how proud

we are that they are bringing Nunavut to that national stage. Thank you.

>>Applause

**Speaker** (interpretation): Thank you very much, Minister Hickes. We encourage our sports teams, we are proud of them, and we join in their celebration. Go get ‘em!

Members’ Statements. I have no more names on my list. Continuing on with the orders of the day. Returns to Oral Questions. There are none. Continuing on with the orders of the day. Recognition of Visitors in the Gallery. Member for Aggu, Member Quassa.

**Item 5: Recognition of Visitors in the  
Gallery**

**Mr. Quassa** (interpretation): Thank you, Mr. Speaker. Just so that all my fellow MLAs will know, I would like to recognize my constituency assistant in the community, Moses Iqqaqsaq, and his brother-in-law, who are in town right now on medical travel. I’m very proud of Moses because he has been a Ranger for many years in our community. The Rangers provide a lot of help with search and rescue, and I’m very proud of Moses and his abilities. He has never stopped helping our community and so I would like my colleagues to join me in congratulating him. Thank you, Mr. Speaker.

>>Applause

**Speaker** (interpretation): Thank you very much. Please feel welcome in the Legislative Assembly of Nunavut as you are beneficiaries of Nunavut.

As a personal statement, I have been a part of search and rescue and I know how important it is to try to save our fellow Nunavummiut. I am very proud of you. Please feel welcome.

Recognition of Visitors in the Gallery.  
Member for Tununiq, Member Qamaniq.

**Mr. Qamaniq** (interpretation): Thank you, Mr. Speaker. I would like to recognize Maggie Qillaq. We used to live in the same community, but she now lives in Iqaluit and she had a casual job at the Legislative Assembly. I think she has moved on to another position. I would like to say I am proud of her for having a position now in the capital of Nunavut and for having worked in the Legislative Assembly. Thank you, Mr. Speaker.

>>Applause

**Speaker** (interpretation): Thank you. Welcome to the gallery as beneficiaries of Nunavut. People of Nunavut, please feel welcome to come to the gallery when we are sitting. You will be warmly welcomed.

Recognition of Visitors in the Gallery.  
Continuing on with the orders of the day.  
Oral Questions. Member for Netsilik,  
Member Qirngnuq.

### Item 6: Oral Questions

#### Question 752 – 5(2): Water Tank Float Situation

**Mr. Qirngnuq** (interpretation): Thank you, Mr. Speaker. I would like to direct my questions to the same minister I directed my questions to yesterday, the

Minister responsible for the Housing Corporation.

Mr. Speaker, I was concerned to note the report on CBC news about the situation in Taloyoak involving water tank floats that are in a number of public housing units. I will read from the news report so that people are aware of the situation.

(interpretation ends) “Nunavut woman surprised to learn lead device was in her tank for ‘over 20 years.’ Health Department advises public housing tenants to get their blood tested. Rhoda Nanook, right, and her daughter Karen Nanook in front of the water tank in their home, where workers with the Taloyoak Housing Authority discovered the floating device that measures the amount of water in their tank contains lead.  
(Submitted by Karen Nanook)

Rhoda Nanook was alarmed when officials from the local housing authority started testing her home water tank for lead with little warning or explanation.

‘After all these years, why now?’ she asked. ‘It’s kind of shocking to learn that you might have lead in your water supply.’”

(interpretation) Mr. Speaker, according to the news report, some water tank floats in a number of public housing units in the community were recently discovered to contain lead, which is a dangerous substance.

Can the minister update the House today on how the housing corporation has worked with the Taloyoak Housing Authority to address this issue? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Before the minister responds, I would like to advise all members to mute your cellphones while we are in session.

The Hon. Minister responsible for the Nunavut Housing Corporation, Minister Netser.

**Hon. Patterk Netser** (interpretation): Thank you, Mr. Speaker. I also thank you for that question. When we heard that our housing units in Taloyoak contained lead, all of the water was removed from the water tanks and we are making sure that all of our public housing units don't have those devices. They are all being checked. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your first supplementary question, Member Qirngnuq.

**Mr. Qirngnuq** (interpretation): Thank you, Mr. Speaker. The question was responded to, but I would like to make it even clearer. (interpretation ends) Mr. Speaker, I believe that the NHC must also ensure that comprehensive inspections are done in Nunavut's other communities, including Kugaaruk, to ensure that this situation is not repeated. Can the minister clarify how the NHC is working with local housing organizations in Kugaaruk and other communities to address this issue? (interpretation) Thank you, Mr. Speaker.

**Speaker** (interpretation): Hon. Netser.

**Hon. Patterk Netser** (interpretation): Thank you, Mr. Speaker. (interpretation ends) As a precautionary measure, all public housing unit water tanks have been examined for the presence of lead

weights in the floats of our water tanks. The NHC is also working closely with the Office of the Chief Medical Officer and the Department of Health to ensure the safety of all public housing units. (interpretation) Thank you, Mr. Speaker.

**Speaker** (interpretation): Your second and final supplementary question, Member Qirngnuq.

**Mr. Qirngnuq** (interpretation): Thank you, Mr. Speaker. I also thank the minister for his response. I would also like to get clarification on this, so I'll ask this question, Mr. Speaker.

(interpretation ends) I recognize that private homeowners are responsible for the maintenance of their own houses. However, it would be very helpful if the Nunavut Housing Corporation could publish clear information to help Nunavut homeowners identify if their water tanks have floats that contain lead. Will the minister commit to doing this? (interpretation) Thank you, Mr. Speaker.

**Speaker**: Minister Netser.

**Hon. Patterk Netser**: Thank you, Mr. Speaker. I commit to that. I will ensure that our staff reaches out to all the homeowners to ensure that they don't have these floats in their water tanks. (interpretation) Thank you, Mr. Speaker.

>>Applause

**Speaker** (interpretation): Oral Questions. Member for Rankin Inlet North-Chesterfield Inlet, Member Towntongie.

**Question 753 – 5(2): Marine Infrastructure**

**Ms. Towtongie** (interpretation): Thank you, Mr. Speaker. My question is for the Minister of Economic Development and Transportation regarding marine infrastructure.

I'm sorry, but I'll be speaking English, Mr. Speaker.

(interpretation ends) As the minister will be aware, Chesterfield Inlet's local leadership has been working hard to advance the goal of achieving modern marine infrastructure for the community. I want to take this opportunity to applaud the community for its determination, energy, and initiative. However, constructing a deep sea port for the community will require major investments.

Can the minister indicate what support his department is providing to the community in respect to developing this project? Thank you, Mr. Speaker.

**Speaker** (interpretation): Minister of Economic Development and Transportation, Minister Akeeagok.

**Hon. David Akeeagok** (interpretation): Thank you, Mr. Speaker. I also thank you for that question. While we were in Ottawa attending the Northern Lights Conference, I was able to meet the mayor and local economic development officer where they presented the project that they wanted to pursue for their deep sea port. In our discussions, I informed them that I wanted to review their plan and that we would consult all the communities on the (interpretation ends) *Oceans Protection Plan Act*

(interpretation) wherein I also informed them about the details that would be provided once the consultation commences as to what kind of plans would be developed. I also reiterated my desire to review their plan. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your first supplementary question, Member Towtongie.

**Ms. Towtongie** (interpretation): Thank you, Mr. Speaker. As the minister will recall, the federal government issued an announcement on August 26, 2019 indicating that it plans to designate an area in size of approximately 93,000 square kilometres as a new Oceans Act Marine Protected Area. This area covers the near-shore waters around Southampton Island and Chesterfield Inlet.

Mr. Speaker, it is my understanding that the community of Chesterfield Inlet has expressed concerns about this plan and its impact on the development of marine infrastructure and the fisheries industry. Can the minister clarify what the Government of Nunavut's role in this process will be, and can he confirm that it will only support the plan if it has the full endorsement of the community of Chesterfield Inlet? Thank you, Mr. Speaker.

**Speaker**: Minister Akeeagok.

**Hon. David Akeeagok** (interpretation): Thank you, Mr. Speaker. I also thank you. The Oceans Protection Plan was introduced recently by the Department of Fisheries and Oceans. Both the Premier and I have informed them that we should partner on the development of



the plans and they should consult us prior to submitting their plan.

>> *Applause*

As the government, it allows us to submit alternatives as our constituents may be most impacted and we have to represent all residents. It becomes imperative to discuss certain details, but without knowing the details included and when we are informed that the community will just proceed with their plans, it makes it doubly difficult to determine whether to support the local initiative or not until we determine what the impacts will be. Without knowing the details, when the consultation tour commences, we have tasked officials to be involved in the development of the plan and we have maintained that when communities wish to pursue such initiatives, we should be involved. This is what we need to find out before we will support any new initiative or not, which is not what I can ascertain today. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your second and final supplementary question, Member Towtongie.

**Ms. Towtongie** (interpretation): Thank you, Mr. Speaker. In looking at Chesterfield Inlet, they want a deep sea port. You are aware, Mr. Speaker, that Baker Lake has a mine and the number of ships is increasing in the ocean right in front of Chesterfield Inlet. Looking at the other aspect, harvesters need a harbour. There are two issues there.

(interpretation ends) The Department of Economic Development and Transportation administers the Community Transportation Initiatives

Program. The 2017-18 annual report on the program indicated that \$8,000 was provided for a dock installation and removal project in the community of Chesterfield Inlet. Can the minister confirm how much funding was provided to the community of Chesterfield Inlet during this past summer of the 2018-19 fiscal year under this program, and can he tell us when he will be tabling the program's 2018-19 annual report? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Economic Development and Transportation, Minister Akeegok.

**Hon. David Akeegok** (interpretation): Thank you, Mr. Speaker. I would like to table the 2018-19 report that my colleague alluded to in the House this winter. To your question, in the 2019-2020 fiscal year we have given \$80,000 to Chesterfield Inlet to build a road. Thank you, Mr. Speaker.

**Speaker** (interpretation): Oral Questions. Member for Iqaluit-Niaqunngu, Member Angnakak.

#### **Question 754 – 5(2): Long-term Strategy for Long-term Care**

**Ms. Angnakak** (interpretation): Thank you, Mr. Speaker. (interpretation ends) I would like to direct my question to the Minister of Health and Minister responsible for Seniors.

Mr. Speaker, as the minister will be very aware, especially after considerable debate in the House during the fall sitting, the issue of long-term care for our elders, which he briefly mentioned in his budget speech today, is an

important and emotional one for all MLAs.

My first question is: can the minister provide an update on the government's long-term strategy for providing long-term care for elders and seniors in Nunavut? Thank you, Mr. Speaker.

**Speaker** (interpretation): Minister of Health, Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Speaker. I thank the member for the question. Mr. Speaker, there was a lot of debate on this in the fall. Our plan is, as we got approved, to build a facility in Rankin Inlet and we are also forwarding projects for the Kitikmeot and for the Qikiqtaaluk here in Iqaluit. Thank you.

**Speaker** (interpretation): Your first supplementary question, Member Angnakak.

**Ms. Angnakak:** Thank you, Mr. Speaker. I recognize that there are a number of facilities in Nunavut which currently provide level 1 to 3 care for elders. I firmly support the ongoing operation of these community-based long-term care residences.

Recently an RFP was issued for the design and construction of a new 24-bed long-term care facility in Rankin Inlet. Can the minister clearly describe what levels of care will be provided at the Rankin Inlet facility and, specifically, if there will be services for individuals with dementia? Thank you, Mr. Speaker.

**Speaker:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Speaker. The facility that we're looking

at completing in Rankin Inlet is a 1 to 4 level. With the medical services that are available in the community, we're not able to fully do the level 5, which is what we're anticipating the facility here in Iqaluit to accommodate. It depends on what level of dementia, Mr. Speaker. If it goes up to level 5, unless it's aged in place and on the cusp, it would be very challenging to be able to provide that service in Rankin Inlet. Thank you.

**Speaker** (interpretation): Your second and final supplementary question, Member Angnakak.

**Ms. Angnakak:** Thank you, Mr. Speaker. I note that the government's long-term plan for addictions and trauma treatment in Nunavut consists of three components called pillars, which are community-based services, the design and construction of a 32-bed recovery centre facility, and third, the development of an Inuit workforce with specific skills in counselling and healing.

Can the minister clarify whether the government's long-term strategy for delivering long-term care to elders in Nunavut includes plans to train and certify Nunavummiut to provide long-term care and dementia care? Thank you, Mr. Speaker.

>> *Applause*

**Speaker:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Speaker. Absolutely. Thank you, Mr. Speaker.

>> *Applause*

**Speaker** (interpretation): Oral Questions. Member for Uqqummiut, Member Keyootak.

**Question 755 – 5(2): Marine Infrastructure**

**Mr. Keyootak** (interpretation): Thank you, Mr. Speaker. I want to direct my questions to the Minister of Economic Development and Transportation because he didn't get enough questions yesterday.

>> *Laughter*

Mr. Speaker, my questions concern the issue of marine infrastructure.

As the minister will recall, I have been addressing the need for modern marine infrastructure in the communities of Clyde River and Qikiqtarjuaq since the beginning of this Assembly.

When I raised this issue in the House during the recent fall sitting, the minister indicated his willingness to work with the Qikiqtaaluk Corporation to re-examine the proposal for a new marine facility in Qikiqtarjuaq. Can the minister update me today on the status of this work? Thank you, Mr. Speaker.

**Speaker** (interpretation): Minister of Economic Development and Transportation, Minister Akeeagok.

**Hon. David Akeeagok** (interpretation): Thank you, Mr. Speaker. I also thank the member for raising that question. Indeed, yesterday I really wanted to have questions directed to me about that, so I thank you for directing your questions to me today and I anticipate further questions later on.

Any news on development is welcomed by communities, and we also want to keep our communities informed about these types of developments. Further, as members, you are the voice of your constituents. With that being the case, I want to provide support for your communities.

The original plan was submitted to the (interpretation ends) National Trade Corridors Fund (interpretation) as part of our proposals. The plan was quite an expensive project for Qikiqtarjuaq as originally laid out. Since the proposal was denied by the federal government, the funding set aside as our portion was then deferred. However, I anticipate that another proposal will be developed to submit when more funding is allocated to the (interpretation ends) National Trade Corridors Fund. (interpretation) They have already identified another \$400 million specifically for the arctic regions that they want to add under that fund. With that being the case, I expect another submission for the project in Qikiqtarjuaq by developing it with them.

As of today, we have a smaller amount of funds available through the (interpretation ends) Oceans Protection Plan (interpretation) that the federal Minister of Transport Canada announced, which was the \$65 million left over from two years ago that all arctic regions can apply to, such as from Labrador to the Yukon. We were told that they are open to proposals and we will be submitting a proposal for a small craft harbour. That is what we are looking at for Clyde River to fund some aspects of the studies that we are reviewing today.

At this time I have officials conducting consultations on the small craft harbour needs of our communities that I have asked for a report on. They are on the consultation tour currently. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your first supplementary question, Member Keyootak.

**Mr. Keyootak** (interpretation): Thank you, Mr. Speaker. I believe he answered part of my question. As the minister is aware, the federal government has committed funding towards the construction of a new small craft harbour in Clyde River as part of the Tallurutiup Imanga and Tuvaijuittuq agreements. This is a good thing for the community. Can the minister clarify the extent to which his department is involved with this project? Thank you, Mr. Speaker.

**Speaker**: Minister Akeeagok.

**Hon. David Akeeagok** (interpretation): Thank you, Mr. Speaker. I also want to thank my colleague for reminding me that the federal government is initiating construction of a new small craft harbour in Clyde River under agreements that are in place. The Department of Fisheries and Oceans and the Qikiqtani Inuit Association will be collaborating on issues regarding Tallurutiup Imanga and Tuvaijuittuq. The Government of Nunavut is not involved. The Department of Fisheries and Oceans will be solely working on the project being constructed in Clyde River. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your final supplementary question, Member Keyootak.

**Mr. Keyootak** (interpretation): Thank you, Mr. Speaker. I also thank the minister for that response. The minister has already responded to part of my next question, but I would like to ask it. The proposal for a new marine facility in Qikiqtarjuaq was submitted to the federal government under its National Trade Corridors Fund program, but the proposal was not accepted. Can the minister describe what discussions he has had with his federal counterpart concerning the renewal of the National Trade Corridors Fund? Thank you, Mr. Speaker.

**Speaker**: Minister Akeeagok.

**Hon. David Akeeagok** (interpretation): Thank you, Mr. Speaker. Yesterday our Premier spoke and we had a meeting in Ottawa and Nunavut was part of the discussion about the fact that there needs to be more infrastructure funding made available within Nunavut. We have many requests and needs. I am in discussions with my federal counterpart, Minister Garneau, and have stated that we don't want them to forget that we are a part of this nation. I also mentioned that Qikiqtarjuaq is a part of our nation. I stressed that we need to be included. In our proposal to the National Trade Corridors Fund, we identified that we have many needs, including those of the member's community. I was very pleased that our Premier was present during this engagement with our federal counterparts. It is exciting to know that there will be a future and in the future the federal government will be more inclusive of the north. Thank you, Mr. Speaker.

**Speaker** (interpretation): Oral Questions. Member for Amittuq, Member Kaernerck.

**Question 756 – 5(2): Compensation for Elders**

**Mr. Kaernerck** (interpretation): Thank you, Mr. Speaker. I will direct my question to the Minister of Family Services again concerning elders. It's a unique experience to have been raised by elders, which is what I would like to ask about.

Elders need to be given the proper recognition for their contributions to Nunavut. They laid the foundation for us and they should not be a forgotten part of our population. When I was asking questions in the fall, I requested that the compensation elders receive is increased.

My first question is: what is the status of your review on this matter? Is it going to be increased? Will it stay the same? What is the current status? Thank you, Mr. Speaker.

**Speaker** (interpretation): Minister of Family Services, Hon. Sheutiapik.

**Hon. Elisapee Sheutiapik** (interpretation): Thank you, Mr. Speaker. I also thank you for your question. It is always nice to hear the questions because they matter, especially when it comes to our budgets, so I thank you for asking that question. My ministerial colleague, the Minister of Education, spoke about elders and our officials are working on getting the elders proper recognition. I hope there is progress with that.

I can also say today that in Iqaluit we are trying to hire an elder to start this process. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your first supplementary question, Member Kaernerck.

**Mr. Kaernerck** (interpretation): Thank you, Mr. Speaker. It's good to hear that and it would be good if you could do that for my constituency of Amittuq.

(interpretation ends) Mr. Speaker, as I noted during my member's statement the other day, I feel it is important that our elders receive ongoing support for the work they do. We rely on them as a resource and it is important that their contribution is recognized as such.

Can the minister provide an update on what consideration has been given to establishing paid positions for elders in our communities who provide assistance and support to community social workers, families, children, and parents who are addressing situations under the *Child and Family Services Act*? (interpretation) Thank you, Mr. Speaker.

**Speaker**: Minister Sheutiapik.

**Hon. Elisapee Sheutiapik** (interpretation): Thank you, Mr. Speaker. (interpretation ends) I do believe I responded and, that is, currently we are working and we are having initial discussions with Culture as to how to best incorporate elders into our delivery. In Iqaluit we as a department have started the process of hiring an elder to support our department. That is the start of it. (interpretation) Thank you, Mr. Speaker.

**Speaker** (interpretation): Your second and final supplementary question, Member Kaerner.

**Mr. Kaerner** (interpretation): Thank you, Mr. Speaker. Indeed, the context of *Inuit Qaujimaqatugangit* is the only avenue the government seems to be focusing on, but a more tangible impact may be to hire elders as more knowledge is being provided for government operations and I want our elders to be acknowledged as experts by being hired for funded positions.

Are you able to do a project in the Amittuq where you can create a temporary position with social services to address language issues faced by Nunavut with parenting courses offered in Inuktitut, proper social skills and social cohesion? I wonder if my constituency of Amittuq could serve as a pilot to create a position that deals with care and placement of children, keeping families together, and proper parental care. I want to try to create these positions as part of my advocacy for our elders. Are you able to initiate a pilot project in Amittuq to determine this? Thank you, Mr. Speaker.

**Speaker** (interpretation): Hon. Sheutiapik.

**Hon. Elisapee Sheutiapik** (interpretation): Thank you, Mr. Speaker. What I can state here is that in some of the smaller communities, the social workers use the elders' assistance to determine those cases, but at this time I cannot state which communities they are.

(interpretation ends) When it comes to services of family services, through the

budget process, we have increased income support. This budget is foster care. We are certainly looking at different employment opportunities, or we don't say "honoraria" or "per diems." Certainly we're looking at that across the board when it comes to recognizing the important services provided in the communities. We certainly look at the whole spectrum in our department. (interpretation) Thank you, Mr. Speaker.

**Speaker** (interpretation): Oral Questions. Member for Arviat North-Whale Cove, Member Main.

### **Question 757 – 5(2): Addressing High Unemployment Rates of Youth**

**Mr. Main** (interpretation): Thank you, Mr. Speaker. I rise to ask questions to the Minister of Economic Development regarding the lack of employment opportunities in Nunavut.

Mr. Speaker, this again constitutes a major concern amongst my constituents, especially by parents and business owners. I will use myself as an example. I am extremely disconcerted by the lack of employment opportunities and able-bodied workers who face barriers constantly.

In reference to the written question I asked on this subject, the unemployment rate in all Nunavut communities is between 20 and 40 percent. What's noticeable is that there is (interpretation ends) real unemployment. (interpretation) For instance, there are far too many unemployed people based on the population. That's the way I understand the numbers.

Therefore my first question to the minister is: since this is a major concern for me in consideration of my constituents, how much of a concern is the lack of employment opportunities in Nunavut from the minister's perspective? Thank you, Mr. Speaker.

**Speaker** (interpretation): Minister of Economic Development and Transportation, Hon. Akeegok.

**Hon. David Akeegok** (interpretation): Thank you, Mr. Speaker. I also thank you for that question. This is one of the major concerns of this government and we look for innovative ways to create various employment opportunities.

When the Minister of Finance delivered the 2020-21 Budget Address and the fiscal and economic indicators, he identified that the \$6 million in funding that can be administered from Department of Economic Development and Transportation regional offices was increased to \$12 million. Our communities and the regions are familiar with the factors that can help us develop economically.

We believe this as a government, so we have turned to this avenue whereby the communities determine what can provide more opportunities to develop our regions. This is what we are prioritizing, which we will try to have approved for funding through this budget. We will require the assistance of our colleagues towards this goal. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your first supplementary question, Member Main.

**Mr. Main** (interpretation): Thank you, Mr. Speaker. Thank you, minister. Here on page 3 of the response, I will read it in English. (interpretation ends) On page 3 of the response to written question it says here, "The Department of Economic Development and Transportation (EDT) does not formally target communities or community projects based on measures of unemployment."

Mr. Speaker, I found this statement to be very surprising because my understanding is the whole purpose of economic development is to create employment, so the Department of Economic Development does not formally target communities with high unemployment.

I do acknowledge that further on in the written question the department says, "...the department will explore formalizing consideration of community unemployment rates when evaluating economic development proposals." My next question for the minister is: when will the department formalize their consideration of unemployment rates in deciding where they expend their money? (interpretation) Thank you, Mr. Speaker.

**Speaker**: Minister Akeegok.

**Hon. David Akeegok**: Thank you, Mr. Speaker. The formalization is starting now. I have directed my staff, whenever they are reviewing through these criteria, to look at the unemployment rates for the communities as part of our grants and contributions. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your second and final supplementary question, Member Main.

**Mr. Main** (interpretation): Thank you, Mr. Speaker. (interpretation ends) Also on the same page of that return to written question it mentions “targeted support activities” that the department undertook in response to loss of employment at Baffinland Iron Mines Corporation. Reading this information, it sounds like a very worthwhile and helpful initiative, and I would like to give the department credit for that. However, my community was not part of that targeted support initiative.

My last question for the minister is: can he commit to providing similar “targeted support activities” for these communities, starting with the communities with the highest unemployment, including Arviat and Whale Cove, in the near future? (interpretation) Thank you, Mr. Speaker.

**Speaker:** Minister Akeeagok.

**Hon. David Akeeagok:** Thank you, Mr. Speaker. We will take into consideration any targeted areas. We understand that the Hamlet of Arviat is at the top of the unemployment side, and I want to commend the community, especially the hamlet, for submitting numerous proposals not just to our department, but to a variety of departments. Our department has been funding a variety of training, such as heavy equipment or readiness programs.

All the proposals that the hamlet has brought forward, a majority of them do get supported because we do see the results in Arviat. It is a very progressive

community from my standpoint. The unemployment rate that is showing shows how much the community cares and how much they look for opportunities, and I encourage all of our communities to do that.

Especially with the Hamlet of Arviat, I want to thank them and continue to encourage them to find proposals and contributions towards this. Thank you, Mr. Speaker.

**Speaker** (interpretation): Oral Questions. Member for Aggu, Member Quassa.

**Question 758 – 5(2): Mould Infestation in Elementary School in Igloolik**

**Mr. Quassa** (interpretation): Thank you, Mr. Speaker. I would like to direct my question to the Minister of Education.

We hear quite frequently about mould infestation in many public housing units, but we have found that there is mould also growing in other types of buildings in addition to public housing.

In my community of Igloolik, Ataguttaaluk Elementary School has the smell of mould in the school now. We also hear about children who are getting sick and even the teachers are feeling discomfort because of the smell of mould, especially kindergarten to grade 3 classes. It has an effect on the safety of the children and of the staff.

I would like to ask the Minister of Education about what they have done so far to address this problem. The people of Igloolik are listening, so I would like to get an update on what is being done



for the Ataguttaaluk Elementary School. Thank you, Mr. Speaker.

**Speaker** (interpretation): Minister of Education, Hon. Minister Joanasia.

**Hon. David Joanasia** (interpretation): Thank you, Mr. Speaker. I also thank the member for the question. Mr. Speaker, on December 1, 2019 the Ataguttaaluk Elementary School in Igloolik had one of the pipes burst and there was water damage around that area. There are eight classrooms that were affected by that spillage as well as part of the office. We have done an additional assessment on what types of possible effects it may have on the school.

We worked with the Department of Community and Government Services to assess the matter and whether or not there is mould. If there is mould, it will be removed. The work started on December 10 and it is ongoing. The affected area has been closed temporarily. If anyone is affected by the mould or has breathing issues, we have informed the school staff to ensure that the health centre is notified so that they can be seen by a nurse. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your first supplementary question, Member Quassa.

**Mr. Quassa** (interpretation): Thank you, Mr. Speaker. I also thank the minister. It's nice to hear the news on what your department is doing, but with the temporary closure, there are usually many signs that it is hazardous and that they wear appropriate clothing and facemasks. It was also saying (interpretation ends) "authorized

personnel only," (interpretation) and to wear appropriate safety clothing. I am sure that the district education authority wasn't given safety clothing or proper clothing for our students and teachers. I'm sure that it's not the first time that we see such matter in a school.

With the need for due diligence on the matter, can the minister tell us whether there are proper assessments of all schools? It seems like nothing is done unless they are informed. Do they conduct proper assessments? Thank you, Mr. Speaker.

**Speaker**: Minister Joanasia.

**Hon. David Joanasia**: Thank you, Mr. Speaker. I thank the Member for Aggu for his questions. When the Ataguttaaluk Elementary School experienced the flooding situation in December, there was some pre-existing mould that was discovered in several locations, mostly behind walls or beneath floor finishing. As a precaution, these areas have been closed down to ensure that health and safety is taken into account.

We do ongoing health and safety measures to ensure that, whether it is the air quality or the structures of our building are safe and usable for our staff and students. This is ongoing work that we do throughout the year. This also helps us to present ongoing lifecycle projects that look at health and safety issues that need to be addressed in an expedient manner. Those are taken into account with the processes that we have in place. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your second supplementary question, Member Quassa.

**Mr. Quassa** (interpretation): Thank you, Mr. Speaker. I also thank the minister for his attentiveness. I'm sure that corrective measures will be taken if there are any situations or safety issues in any of the schools. The new high school has not been officially opened yet, even though it has been completed. For that reason, our elementary school and the middle school are in an overcrowded situation. Once the high school opens, it will help alleviate the overcrowding issue. That's just a comment, Mr. Speaker. Our children have to be in a safe environment and not to be exposed to hazardous materials, especially in the schools. Thank you, Mr. Speaker.

**Speaker:** Minister Joanasié.

**Hon. David Joanasié** (interpretation): Thank you, Mr. Speaker. That new school in Igloolik is almost complete and we expect it to be occupiable this year. We know that the people of Igloolik have been waiting for that high school for a long time. We also know that the students can be spread out more when there are three different schools. We're continuously working on addressing the concerns about the flood that occurred at the Ataguttaaluk School in Igloolik. There will be ongoing monitoring and air quality tests will be done. Thank you, Mr. Speaker.

**Speaker** (interpretation): Oral Questions. Member for Iqaluit-Manirajak, Member Lightstone.

#### **Question 759 – 5(2): Enforcement of Court-ordered Restrictions on Alcohol**

**Mr. Lightstone:** Thank you, Mr. Speaker. My questions today are for the

Minister of Justice and I would like to revisit the issue of ensuring that our government does its part in helping to better protect public safety through better enforcement of court-ordered restrictions on alcohol.

Mr. Speaker, I was pleased to note in a recent news report concerning the Royal Canadian Mounted Police's appearance before the City of Iqaluit in which the police indicated that they're increasing enforcement efforts concerning court-ordered conditions on individuals, such as restrictions on the possession and consumption of alcohol. Mr. Speaker, I applaud the RCMP for doing this in Iqaluit and I hope that they will be doing the same in other communities. Mr. Speaker, I would also like to point out that in the article it actually states that the RCMP are planning on doing in-home visits of special interest individuals that do have court orders against them.

Mr. Speaker, my first question for the minister is: can she confirm that the Nunavut Court of Justice administration, which falls under her responsibility, provides up-to-date information to the Royal Canadian Mounted Police concerning what court-ordered conditions, including restrictions on the possession and consumption of alcohol, have been imposed on individuals? Thank you, Mr. Speaker.

**Speaker** (interpretation): Minister of Justice, Hon. Ehaloak.

**Hon. Jeannie Ehaloak** (interpretation): Thank you, Mr. Speaker. (interpretation ends) Yes, the Department of Justice, the court system, and the RCMP collaborate together. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your first supplementary question, Member Lightstone.

**Mr. Lightstone:** Thank you, Mr. Speaker. My next question for the minister is in relation to the Government of Nunavut's report that was tabled in 2016 titled *Taking Steps to Reduce Alcohol-Related Harm in Nunavut*. Mr. Speaker, this is not something new. This is a report that has been quoted a number of times within the last several months.

Mr. Speaker, I would like to reiterate one aspect in that report. "Sometimes the courts, justices of the peace, RCMP or other mechanism of Nunavut's justice system limit, restrict or prohibit an individual from accessing alcohol...to better reinforce these restrictions and limit future alcohol-related harm to the individual or others, the Government could potentially support such court-ordered restrictions by not issuing an alcohol import permit to the individual."

Mr. Speaker, it takes less than a few minutes to walk from the Nunavut Court of Justice to the Nunavut Liquor and Cannabis Commission's office. I would like to ask: will the minister commit to ensuring that the court administration provides the details of all court-ordered restrictions on alcohol to the Nunavut Liquor and Cannabis Commission? Thank you, Mr. Speaker.

**Speaker:** Minister Ehaloak.

**Hon. Jeannie Ehaloak** (interpretation): Thank you, Mr. Speaker. (interpretation ends) I can't commit at this time, but I will certainly look into it. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your second and final supplementary question, Member Lightstone.

**Mr. Lightstone:** Thank you, Mr. Speaker. I have been very disappointed with the Department of Finance's response to date on this issue. I want to make it absolutely clear that the recommendation in the government's own report does not in any way state that the Nunavut Liquor and Cannabis Commission should act on the basis of rumour or hearsay about any given individual.

What I and many others have been saying is that when a court imposes conditions on an individual concerning their ability to possess or consume alcohol, our government should not undermine those conditions by continuing to sell alcohol to the individual at the beer and wine store or allowing them to legally purchase a liquor import permit.

Will the Minister of Justice commit to working with the Minister responsible for the Nunavut Liquor and Cannabis Commission to ensure that our government does its part in supporting court-ordered restrictions on alcohol? Thank you, Mr. Speaker.

**Speaker:** Minister Ehaloak.

**Hon. Jeannie Ehaloak** (interpretation): Thank you, Mr. Speaker. (interpretation ends) Again, I won't commit, but I'm willing; I'm sure Minister Hickes would be willing to have a discussion with me. Thank you, Mr. Speaker.

**Speaker** (interpretation): Oral Questions. Member for Tununiq, Member Qamaniq.

**Question 760 – 5(2): Inuktitut Books for Public Libraries**

**Mr. Qamaniq** (interpretation): Thank you, Mr. Speaker. I say “good day” to my constituents of Tununiq and to my colleagues here.

The month of February is Inuit Language Month. During the Minister of Finance’s speech, he stated that the Department of Education has developed over 600 books in Inuktitut.

I would like to ask the Minister of Education if they can give these books to local libraries at no cost so they can be read by people in the communities. That is my first question. Thank you, Mr. Speaker.

**Speaker** (interpretation): Minister of Education, Hon. Joanasie.

**Hon. David Joanasie** (interpretation): Thank you, Mr. Speaker. I also thank the Member for Tununiq for asking that question. The publications that we developed are curriculum materials to teach reading and writing. We have been producing them and we have made them available to all of the schools.

Some communities do have libraries and they get funded by the Department of Culture and Heritage. I wanted these publications to be made available to local libraries and I asked the department directly if they are available to the libraries. The response I got was that anybody in Nunavut is able to request these publications. We want them to be

made available to local libraries so that people can learn how to read. We want to continue with that.

At the end of last week in Iqaluit the people who developed these reading materials held an event and sold some books here in Iqaluit. I saw my fellow MLAs, Mr. Lightstone and Mr. Quassa, who were there. Those books are available for anyone who wants to purchase them. We want to see more and more of them being published and available for the people of Nunavut. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your first supplementary question, Member Qamaniq.

**Mr. Qamaniq** (interpretation): Thank you, Mr. Speaker. I also thank you for the response. I would therefore like to ask if community libraries have to submit a request in order to receive them, meaning that they will not receive them if they don’t submit a request. Thank you, Mr. Speaker.

**Speaker**: Minister Joanasie.

**Hon. David Joanasie** (interpretation): Thank you, Mr. Speaker. No, I have directed the Department of Education to ensure that these publications are made available to the communities. The communities do not need to submit a request for them. I have already directed my department to do that. Thank you, Mr. Speaker.

**Speaker** (interpretation): Your second and final supplementary question, Member Qamaniq.

**Mr. Qamaniq** (interpretation): Thank you, Mr. Speaker. I also thank the minister for directing his staff to do that because we really need to make more Inuktitut reading materials available in the communities, and it is a priority of the Government of Nunavut.

This is the last question I would like to ask. I know the Department of Education is making plans for early childhood education. There are preschools in some communities. Since they are separate from the schools and they provide preschool programming, can they also be given these reading materials to use as learning resources for children before they start kindergarten? Thank you, Mr. Speaker.

**Speaker:** Minister Joanasié.

**Hon. David Joanasié** (interpretation): Thank you, Mr. Speaker. I also thank you for the question. Mr. Speaker, we have people responsible for daycare under the Department of Education and they provide publications that are specifically for private daycares or preschools. We have signed a three-year agreement with the federal government for early childhood education to ensure that preschool students have materials that they can use before they start kindergarten and we give them out to all the daycares. If a school has a preschool program, we provide them to the school as well once they are completed. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Members, please note that the time for question period has expired. Continuing with the orders of the day. Written Questions. There are none. Continuing on. Returns to Written Questions. There

are none. Continuing on. Replies to Opening Address. Continuing on. Replies to Budget Address. Continuing on. Petitions. Continuing on. Responses to Petitions. Continuing on. Reports of Standing and Special Committees on Bills and Other Matters. Continuing on. Tabling of Documents. There are none. Continuing on. Notices of Motions. Member for Arviat North-Whale Cove, Member Main.

#### **Item 14: Notices of Motions**

**Motion 065 – 5(2): Extension of Review of Bill 35, Medical Profession Act – Notice**

**Motion 066 – 5(2): Extension of Review of Bill 36, Mental Health Act – Notice**

**Mr. Main** (interpretation): Thank you, Mr. Speaker. (interpretation ends) I give notice that on Friday, February 21, 2020, I will move that the period of time for the standing committee to report Bills 35 and 36 back to the House be extended by a further 120 days.

Mr. Speaker, at the appropriate time I will seek unanimous consent to deal with my motions today. (interpretation) Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Notices of Motions. Continuing on. Notices of Motions for First Reading of Bills. There are none. Continuing on. Motions. Member for Arviat North-Whale Cove, Member Main.

#### **Item 16: Motions**

**Mr. Main** (interpretation): Thank you, Mr. Speaker. I seek unanimous consent

to deal with my motion today. Thank you, Mr. Speaker.

**Speaker** (interpretation): The member is seeking unanimous consent to deal with his motion today. Are there any nays? There are no nays. You may proceed, Member Main.

**Motion 065 – 5(2): Extension of Review of Bill 35, Medical Profession Act**

**Mr. Main** (interpretation): Thank you, Mr. Speaker.

(interpretation ends) WHEREAS Bill 35, *Medical Profession Act*, received second reading on October 23, 2019;

AND WHEREAS the bill has been referred to the Standing Committee on Legislation for consideration;

AND WHEREAS Rule 68(1) provides that bills referred to a standing committee shall not be proceeded with until the Assembly receives the report of the committee or 120 calendar days pass from the day the bill was given second reading;

AND WHEREAS the standing committee has been giving careful consideration to the bill;

AND WHEREAS the standing committee requires additional time in which to complete its work;

NOW THEREFORE I MOVE, seconded by the Hon. Member for Rankin Inlet North-Chesterfield Inlet, that the period of time for the standing committee to report Bill 35 back to the House be extended by a further 120 days.

(interpretation) Thank you, Mr. Speaker.

**Speaker** (interpretation): The motion is in order. To the motion. Member Main.

**Mr. Main** (interpretation): Thank you, Mr. Speaker. As the Chair of the Standing Committee on Legislation and as the mover of the motion, I am pleased to take this opportunity to speak briefly in support of the motion that is before the House today.

Mr. Speaker, as I noted in my motion, Bill 35... I'll speak in English.

(interpretation ends) The proposed new *Medical Profession Act* was referred to the Standing Committee on Legislation for consideration following its second reading during the recent fall sitting. I am pleased to report that the standing committee has met to undertake an initial review of the bill and anticipates a productive dialogue with the sponsoring minister.

This important piece of proposed new legislation is lengthy and complex, and additional time is required to complete the work. Consequently I ask all members to support the motion that is before us today. (interpretation) Thank you, Mr. Speaker.

**Speaker** (interpretation): To the motion.

**An Hon. Member:** Question.

**Speaker** (interpretation): All those in favour. All those opposed. The motion is carried.

Motions. Member for Arviat North-Whale Cove, Member Main.

**Mr. Main** (interpretation): Thank you, Mr. Speaker. I again seek unanimous consent to deal with my motion today. Thank you, Mr. Speaker.

**Speaker** (interpretation): The member is seeking unanimous consent to deal with his motion today. Are there any nays? There are no nays. You may proceed, Member Main.

**Motion 066 – 5(2): Extension of Review of Bill 36, Mental Health Act**

**Mr. Main** (interpretation): Thank you, Mr. Speaker.

(interpretation ends) WHEREAS Bill 36, *Mental Health Act*, received second reading on October 31, 2019;

AND WHEREAS the bill has been referred to the Standing Committee on Legislation for consideration;

AND WHEREAS Rule 68(1) provides that bills referred to a standing committee shall not be proceeded with until the Assembly receives the report of the committee or 120 calendar days pass from the day the bill was given second reading;

AND WHEREAS the standing committee has been giving careful consideration to the bill;

AND WHEREAS the standing committee requires additional time in which to complete its work;

NOW THEREFORE I MOVE, seconded by the Hon. Member for Rankin Inlet North-Chesterfield Inlet, that the period of time for the standing committee to

report Bill 36 back to the House be extended by a further 120 days.

(interpretation) Thank you, Mr. Speaker.

**Speaker** (interpretation): The motion is in order. To the motion. Member Main.

**Mr. Main** (interpretation): Thank you, Mr. Speaker. As the mover of the motion and the Chair of the Standing Committee on Legislation, I am again pleased to take this opportunity to speak briefly in support of the motion that is before the House today. My comments are essentially the same as those I made a few moments ago with respect to Bill 35.

(interpretation ends) Bill 36, the proposed new *Mental Health Act*, was also referred to the Standing Committee on Legislation for consideration following its second reading during the recent fall sitting. I am again pleased to report that the standing committee has met to undertake an initial review of the bill and anticipates a productive dialogue with the sponsoring minister.

This important piece of proposed new legislation is also lengthy and complex, and additional time is required to complete the work. (interpretation) Consequently I ask all members to support the motion that is before us today. Thank you, Mr. Speaker.

**Speaker** (interpretation): To the motion. All those in favour of the motion. All those opposed. The motion is carried.

Continuing on. First Reading of Bills. Minister of Finance, Minister Hickes.

**Item 17: First Reading of Bills****Bill 39 – Appropriation (Operations & Maintenance) Act, 2020-2021 – First Reading**

**Hon. George Hickes:** Thank you, Mr. Speaker. I move, seconded by the Hon. Member for Arviat South, that Bill 39, *Appropriation (Operations and Maintenance) Act, 2020-2021*, be read for the first time. Thank you, Mr. Speaker.

**Speaker** (interpretation): The motion is in order. To the motion.

**An Hon. Member:** Question.

**Speaker** (interpretation): All those in favour of the motion. All those opposed. The motion is carried.

Second Reading of Bills. Minister of Finance, Minister Hickes.

**Item 18: Second Reading of Bills****Bill 39 – Appropriation (Operations & Maintenance) Act, 2020-2021 – Second Reading**

**Hon. George Hickes:** Thank you, Mr. Speaker. I move, seconded by the Hon. Member for Arviat South, that Bill 39, *Appropriation (Operations and Maintenance) Act, 2020-2021*, be read for the second time. Thank you, Mr. Speaker.

Mr. Speaker, this bill authorizes the Government of Nunavut to make operations and maintenance expenditures for the fiscal year ending March 31, 2021.

**Speaker:** The motion is in order. To the principle of the bill.

**An Hon. Member** (interpretation): Question.

**Speaker:** All those in favour. Opposed. The motion is carried and Bill 39 is referred to the Committee of the Whole.

Second Reading of Bills. (interpretation) Continuing on. Consideration in Committee of the Whole of Bills and Other Matters. Bill 39 with Mr. Rumbolt in the Chair.

Before we proceed to the Committee of the Whole, we will take a 20-minute break.

Sergeant-at-Arms.

>>*House recessed at 15:42 and Committee resumed at 16:06*

**Item 19: Consideration in Committee of the Whole of Bills and Other Matters**

**Chairman** (Mr. Rumbolt): Good afternoon, members. I would like to call the committee meeting to order. In Committee of the Whole we have the following item to deal with: Bill 39. What is the wish of the committee? Mr. Main.

**Mr. Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) We wish to commence with Bill 39 and start with the review of the 2020-21 main estimates for the Department of Health. (interpretation) Thank you, Mr. Chairman.



**Chairman:** Thank you, Mr. Main. Are we in agreement that we first deal with Bill 39 and the Department of Health?

**Some Members:** Agreed.

**Bill 39 – Appropriation (Operations & Maintenance) Act, 2020-2021 – Health – Consideration in Committee**

**Chairman:** Thank you. I would now like to ask Minister Hickes: do you have officials that you would like to appear before the committee? Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Yes, please.

**Chairman:** Thank you. Does the committee agree for the officials to go to the witness table?

**Some Members:** Agreed.

**Chairman:** Thank you. Sergeant-at-Arms, if you could please escort the witnesses in.

Thank you. For the record, Minister Hickes, if you could please introduce your witnesses and then continue on into your opening comments. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman and members. I am pleased to present the Department of Health's main estimates for fiscal year 2020-21. With me here today are Deputy Minister Ruby Brown and Executive Director of Corporate Services Greg Babstock.

For the 2020-21 fiscal year, the Department of Health proposes a budget of \$468.9 million. This represents an

increase of \$37.93 million, or 8.8 percent, from last fiscal year. It includes the creation of 39 new positions, with a net increase of 35.4 person years, the majority of which are utilizing third party leveraged funds.

Mr. Chairman and members, the department embraces the commitments and priorities set out in *Turaaqtavut*. Through Inuusivut, the department's focus will be on the enhancement of health care services for all Nunavummiut and the promotion of healthy communities.

The main estimates and business plan before you today outline how we will continue to meet the growing demand for safe and quality care, enhancing Inuit care providers, and delivering care closer to home where possible. Health's budget proposal includes financial commitments by this government to fill in the gaps in services and support growth in health care service delivery, continued enhancements to frontline staff capacity at the Qikiqtani General Hospital, and support the efforts to combat tuberculosis within the territory.

**Provision of Health Care Services**

Mr. Chairman and members, the Department of Health is continually seeking new ways to improve access to health care services for Nunavummiut as demand for services increases and opportunities to fill in the service gaps arise. For fiscal year 2020-21, Health is requesting continued support for the following health care initiatives approved within the 2019-2020 main estimates.

### Tuberculosis Elimination in Nunavut

The first such initiative is tuberculosis (TB) elimination in Nunavut. Nunavut continues to have the highest incidence of TB in Canada despite continued TB control efforts by the Department of Health. Almost all cases of TB in Nunavut are among Inuit.

Substantial work remains to address underlying conditions that influence Inuit health outcomes, specifically in relation to social determinants of health. Reducing the disparity in health outcomes between Inuit and other Canadians can reduce TB in Nunavut. This is a priority of the Government of Nunavut.

Building off of the community-wide TB screening clinics in Qikiqtarjuaq and Whale Cove, the government continued with aggressive actions to address and mitigate the spread of the disease by holding a third community-wide screening clinic in Cape Dorset in the winter of 2019. Operational for three months between February and May 2019, the Cape Dorset clinic actively screened 1,203 community residents, representing in excess of 80 percent of the population. The department is currently completing an assessment of this clinic and is in discussion with Health Canada as to future approaches to screening efforts.

Mr. Chairman and members, in support of Health's ongoing TB and public health programming, \$854,000 is requested in fiscal year 2020-21 to fund the staffing of six additional community-based PYs, a mix of three public health nurses, with one in each of Resolute Bay, Baker Lake, and Chesterfield Inlet,

as well as three public health assistants covering Arctic Bay, Sanikiluaq, and Whale Cove. These positions are not only uniquely situated to assist with TB elimination efforts, but they will also assist with other public health situations, including syphilis control, well child care, and other screening efforts.

The department will continue to work with the Government of Canada, Inuit Tapiriit Kanatami, and Nunavut Tunngavik Incorporated to accelerate our plans using federal resources. However, the elimination of TB in Nunavut will require continuing long-term investments from all levels of government.

### Iqaluit Health Services Capacity Growth

Mr. Chairman and members, the second health care initiative identified by Health is for the Iqaluit Health Services capacity growth. With Nunavut's demographic change, the demand for health services in the Qikiqtaaluk region and within Iqaluit as a regional and territorial centre has continued to increase.

Beginning in fiscal year 2019-2020, Iqaluit Health Services is proposing to move to year 2 of a three-year targeted capacity enhancement to programming delivered in the Qikiqtaaluk region by the Department of Health with the hire of 10 new PYs. A nurse practitioner and a public health nurse were approved in the current 2019-2020 fiscal year.

Health is requesting \$630,000 in fiscal year 2020-21 to fund four new PYs at Iqaluit Health Services, including one registered nurse, an ultrasonographer, a central sterilization room technician, and

a hospital maintenance worker. An additional four new PYs are to be requested in fiscal year 2021-22.

Acquiring these 10 additional staff over the three-year time frame will enable the continuation of health services as per increasing demand and encourage health care delivery within the territory. Acquiring additional staff will also promote the reduction in hospitalizations and medevacs, foster an increase in physician staff retention, provide support to prevention and screening programs, and finally, enhance the provision of safe, efficient and effective health care within the territory.

#### **Administrative Managers in Health Centres Pilot Project**

Mr. Chairman and members, another program cited to continue in fiscal year 2020-21 is the Supervisor of Administrative Services Pilot Project.

The supervisor of health programs is responsible for supervision of health staff in the community, local management of health services, and general administration of their respective health centre. Increasing numbers of staff and human resource considerations in each community, consistently high and often irregular service volume pressures, and a demanding administrative burden underscores the need for there to be a supervisor of administrative services within community health centres to help alleviate some of this burden from local supervisors of health programs and clinicians.

Supplementing the \$166,000 and two PYs approved in fiscal year 2019-2020,

Health is seeking an additional \$44,000 in 2020-21 to fully fund salary requirements and continue the pilot project. Commencing two years ago in Kugluktuk, the pilot is now expanding into Baker Lake and Rankin Inlet with two lead administrative positions.

The department will consider a future business case to implement this approach, if effective, in health centres where similar support may be required. It is anticipated that these positions will reduce the supervisor of health programs' administrative workload and allow clinicians to focus more on core clinical duties.

#### **Children's Oral Health Program – Third Party Funded Staffing**

Mr. Chairman and members, the oral health of Nunavummiut youth remains a significant priority of the Department of Health. The Territorial Health Investment Fund (THIF) provided by Indigenous Services Canada includes provision for community oral health programming through the Children's Oral Health Project. Health is using these leveraged third party funds to create community oral health coordinator and supervisor positions across all Nunavut communities.

Twenty-nine indeterminate PYs, or person years, all of which will be staffed by Nunavut Inuit, have been added within Health for fiscal year 2020-21 in support of the Children's Oral Health Project. These include 25 community oral health coordinator PYs servicing every community within the territory and four regional oral health coordinator positions, with one PY in each of Cambridge Bay and Rankin Inlet for the

Kitikmeot and Kivalliq regions respectively and two PYs in Iqaluit to cover North Baffin and South Baffin separately.

Community oral health coordinators are hired locally and are trained to support the oral health project by providing ongoing preventive services, dental education for both children and parents, as well as administrative support.

### **Compensation and Benefits Budget Supplement**

Mr. Chairman and members, starting in fiscal year 2010-11, the practice of increasing departmental compensation and benefits budgets in line with annual Nunavut Employees Union Collective Agreement wage increases was discontinued. Departments were directed to use savings from unfilled, budgeted positions to absorb or offset the cost of collective wage increases.

Mr. Chairman and members, as a frontline service department with a mandate to provide health care to Nunavummiut, Health cannot permit staffing below required safe service levels. When indeterminate staff are not available, vacancies are often filled through alternate methods, such as casual staffing actions or other supplemental staffing options. Without adequate budget from vacant positions, the impact on Health's budget of mandated salary increases has been an increasing erosion of the department's ability to manage compensation and benefits expenses within identified appropriations, contributing significantly to ongoing annual deficits.

To help offset the deficit in health compensation and benefits expenses as a result of ongoing Nunavut Employees Union Collective Agreement salary revisions, the department is requesting \$8.00 million annually to supplement salary expenditures.

### **Uncontrollable Cost Budget Allocation**

Mr. Chairman and members, the department has been managing budgetary allocations in some program areas that are insufficient as a result of increasing and uncontrollable health care delivery costs. Such deficits result in repeated, sizable annual supplementary appropriation requests and necessitate the department to restrict delegations on controllable expenditures within budgets to mitigate the excess financial need. Health continues to identify and pursue options to help manage and promote cost effectiveness in the delivery of health care services to Nunavummiut.

Mr. Chairman and members, to address these key shortfalls, Health is requesting an additional \$28,965,000 for the following uncontrollable health care delivery expense categories:

- Medical travel - \$17,596,000
- Physician services contracts - \$6,293,000
- Out-of-territory mental health and addictions treatment - \$5,076,000

As has been reported in prior years, the cost and the demand for health care delivery continues to increase annually across Nunavut. In 2018 the Canadian Institute of Health Information (CIHI) reported that Nunavut was to spend \$15,832 per capita on health care. This

represents a 5.66 percent increase over 2017 per capita spending within the territory if service remains at status quo. The increased cost year over year stems from the continued inflationary pressures, high costs of operating in remote and northern locations, enabling more Nunavummiut to receive health care services closer to home, and adding services to fill in the gaps.

### **Conclusion**

Mr. Chairman and members, in conclusion, a continuing priority for the Department of Health in the coming year and beyond is to promote and foster the well-being of all Nunavummiut and help to nurture healthy and vibrant communities. This means working on a variety of solutions for those who are at their most vulnerable and require treatment for their addictions, it means helping Nunavummiut who have varied mental health treatment requirements, it means continuing to be innovative in response to tuberculosis, it means being nimble and responsive to emergent medical needs and ensuring that appropriate and efficient services are provided to all Nunavummiut by an increasingly strong and capable complement of health care professionals.

Mr. Chairman and members, while we may face many unique challenges brought on by our geography, demographics, and technological constraints, it is always important to recognize the advances made by the Department of Health staff on behalf of all Nunavummiut. Our aim is to continue to build a well-governed, integrated, collaborative health care system that is innovative and responsive to the needs of all Nunavummiut. The department

envisions a health care system that embraces Inuit societal values and empowers Nunavummiut to live healthy lives.

Mr. Chairman and members, that concludes my opening comments. Thank you.

**Chairman:** Thank you, Minister Hickes. Does the chair of the standing committee have any opening comments? Ms. Nakashuk.

**Ms. Nakashuk** (interpretation): Thank you, Mr. Chairman. (interpretation ends) The Members of the Standing Committee on Social Wellness have reviewed the 2020-21 Main Estimates and Business Plan of the Department of Health.

The standing committee notes that the proposed 2020-21 operations and maintenance budget for the Department of Health is approximately \$469 million, which represents 25 percent, exactly one quarter, of the Government of Nunavut's entire operations and maintenance budget.

The Department of Health is requesting an increase of nearly \$38 million more than was allocated for its 2019-2020 budget. Standing committee members note that the proposed increase in funding is primarily linked to an increase in staffing positions. The actual costs of delivering health care services in Nunavut have historically been higher than projected budgets and members anticipate that supplementary appropriation requests will continue to be brought forward to cover budget shortfalls in various different service areas.

Mr. Chairman, the cost of medical travel remains one of the greatest expenditure items within the Department of Health's budget and consistently exceeds budget allocations. Members do appreciate that there are a number of factors which impact medical travel costs. The efficient coordination of airline travel and medical appointments relies on adequate staffing as well as ongoing training in such systems as the MEDITECH system.

Medical travel policies must be effectively communicated to health professionals as well as clients. The role of escorts must be clearly and effectively addressed. In addition, the expectations of medical clients and their family members with respect to medical travel and medical services must be realistic. Members look forward to future updates on systemic issues related to medical travel as identified by such entities as the Office of Patient Relations as well as the results of future accreditation audits.

The standing committee welcomes departmental initiatives which will focus on providing more services at home in Nunavut while acknowledging that this approach may at times prove to be somewhat more costly than accessing similar services in other jurisdictions. Members note that the telehealth system, which has been established in all communities across Nunavut for a number of years now, remains an underutilized means of accessing health services and encourages the minister and his staff in their efforts to update, improve and expand this technology.

Mr. Chairman, the standing committee appreciates that the minister and his officials work closely with federal

counterparts and such entities as Inuit Tapiriit Kanatami and Nunavut Tunngavik Incorporated to access additional resources to address health care needs across the territory. The standing committee notes that the department is proposing to add a number of new community-based positions to assist with tuberculosis-related activities as well as other public health initiatives. To date three community-based tuberculosis screening clinics have been conducted within the territory and the standing committee looks forward to receiving information on the results of the final clinic assessments as well as plans for future screening efforts. The standing committee fully supports the minister in his ongoing efforts to collaborate with federal and other entities to access those federal resources which were committed to controlling and ultimately eradicating this disease.

Mr. Chairman, the Department of Health's proposed 2020-21 budget includes a number of staffing initiatives to address human resources considerations. Members continue to have concerns regarding the number of transient, agency and casual staff while vacancy rates for indeterminate positions remain high.

Members look forward to future updates on the Department of Health's progress in its Supervisor of Administrative Services Pilot Project which will be established in three community health centres to provide administrative and management support and permit nurses to focus more on patient care and delivery of services. Members anticipate that initiatives such as this will alleviate the heavy workloads of community health centre staff and reduce the

number of clinic closures or reductions in appointment times.

During his appearance before the standing committee to review his department's 2020-21 draft main estimates and business plan, the minister indicated that funding contributions from the federal government would be allocated to a Nunavut-wide Children's Oral Health Project. Members were given to understand that community oral health coordinators would be hired locally in all Nunavut communities and trained to support the oral health project in such areas as preventative service, dental education and administration. Members applaud the department's initiative in this area.

Standing committee members continue to encourage the minister and his staff in their ongoing efforts to explore opportunities for Inuit to receive training within such fields as mental health, counselling for specific health issues such as cancer and addictions, as well as elder and long-term care. The standing committee urges the minister to work closely with his counterpart, who is responsible for Nunavut Arctic College, to enhance health career training and certification options for Nunavummiut.

Mr. Chairman, that concludes my opening remarks. I anticipate that individual members will also have questions and comments as we proceed. (interpretation) Thank you.

**Chairman:** Thank you, Ms. Nakashuk. Before we proceed, I just want to remind members that we are here today to talk about the operations and maintenance budget and business plan for the Department of Health. The only time I

will allow any capital questions is if it's referred to in the business plan, otherwise it will be ruled out of order. Are there any general comments? Ms. Towtongie.

**Ms. Towtongie:** Thank you, Mr. Chairman. I'm very shocked about the tuberculosis. (interpretation) The tuberculosis rate in Nunavut is very high. The minister also stated that "Almost all cases of TB in Nunavut are among Inuit." In the larger countries of the Third World, United States and Canada are not on that list. I can imagine Nunavut being a Third World country with the poverty that can be seen.

The other thing I noted is that there will be elder care facilities in Rankin Inlet, the Kitikmeot, and Iqaluit. What I'm not seeing here is whether Inuit youth will be trained to provide elder care once the facilities are open. This is what I wanted to share. Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Towtongie, for your comment. Mr. Akoak.

**Mr. Akoak:** Thank you, Mr. Chairman, minister and staff. First of all, if you will allow me, Mr. Chairman, my condolences are going out to family members in Kugluktuk where they are burying their own today. I would also like to publicly say "thank you" to the long-term care centre over in Gjoa Haven for looking after that person while he was sick. I would like to publicly say "thank you" to you, minister and your staff, for allowing him to go to Cambridge Bay to go see his daughters and grandchildren before he passed away. Thank you very much.

Just going back to your comments, you talk about TB in the Kivalliq and Baffin, and there's no mention of it in the Kitikmeot. I'm assuming that there is no TB present in the Kitikmeot. It's just a question. Thank you.

**Chairman:** Thank you, Mr. Akoak. We're just under general comments right now. When we get to the page by page, we will give you an opportunity to ask your questions. Okay? Thank you. Mr. Main, general comments.

**Mr. Main** (interpretation): Thank you, Mr. Chairman. I'm very glad to see that your department is working on eliminating the tuberculosis outbreaks in Nunavut. From what I understand, Arviat has one of the largest numbers of people with TB in the territory, but it is being addressed. I would like to see more funding provided to the Department of Health by the federal government.

Since the funding was given to Inuit Tapiriit Kanatami, I haven't quite understood it. The health centre in Arviat is managed by the Department of Health. I still don't know how Inuit Tapiriit Kanatami has helped the people of Arviat in eliminating tuberculosis, so I'm concerned about where the funding is going. They did some work on that in Whale Cove, which was appreciated and it helped.

I also want to speak about the shortage of nurses. On page 3 it states that there will be additional staff, but I was looking forward to seeing more staff for Arviat because we're tired of being told that only emergencies will be seen. I was personally looking forward to a health professional position being placed in

Arviat, which I think is a need, and increasing the number of nurses because they are overworked.

I will have additional questions on these subjects at the appropriate time, Mr. Chairman. Thank you.

**Chairman:** Thank you, Mr. Main. Mr. Qirngnuq.

**Mr. Qirngnuq** (interpretation): Thank you, Mr. Chairman. I would like to welcome the minister and his staff.

Looking at the opening comments, there are some interesting passages and I'm very glad to see that there's a large increase to this year's budget because health problems are always going to be in our communities, an increase of \$37.93 million and a net increase of 35.4 person years. There is also funding identified for medical travel, physician services contracts, and mental health and addictions treatment. Even though these funds have been identified, we usually get emergency cases in Nunavut and \$28,965,000 has been identified, which I'm very glad to hear.

I'm sure that there will be some fresh ideas coming out while we're reviewing your department, Mr. Chairman. Those are the comments I wanted to make. Thank you, Mr. Chairman.

**Chairman:** Thank you. I have no more names for general comments, so we will move on to page by page. I will ask members to look at the main estimates booklet that they have in front of them and we will go to page H-4, which is Directorate for the Department of Health that has a budget of \$56,384,000. Questions? Ms. Angnakak.



**Ms. Angnakak:** Thank you, Mr. Chairman. Welcome, minister and your staff.

I did want to ask a question that is on page 4 of your opening comments where you talk about the \$630,000 to fund four new PYs and including a registered nurse and that. I understand that at the Qikiqtani hospital some areas are quite cramped. There's not a lot of space. I'm wondering if the department has like a strategy with the growing need and the growing need for more physicians, more nurses. How is the department going to accommodate those future needs? Is this something that you're planning now? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Angnakak. Minister Hickee.

**Hon. George Hickee:** Thank you, Mr. Chairman. I appreciate the question. When we're looking at the four positions right now, they don't need offices. Those are frontline people or people who are working around the facility itself.

When we take into consideration future growth, you know, physician visits and specialist visits, that's where the work from our facilities management takes into consideration the office space or clinic space. Right now we're still meeting the needs. With the expansion, obviously, a few years back for the new hospital and then renovating, however long that took for renovating the old hospital, right now we're okay, but it is something that we will have to keep on top of. It was built for the future at the time, so we're okay right now. Thank you.

**Chairman:** Thank you, Minister Hickee. Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. I want to talk a little bit about PYs. Your department plans to add a number of new PYs that we were just talking about here, despite difficulties in filling positions that already exist. A number of new positions appear to be funded by third party agreements. What new positions are being added? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Angnakak. Minister Hickee.

**Hon. George Hickee:** Thank you, Mr. Chairman. The four positions that you mentioned are new, funded Vote 1, then there are the six TB positions that are funded. The remaining oral health positions, the 29 positions, are funded through third party. Thank you.

**Chairman:** Thank you, Minister Hickee. Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. In regard to the TB positions and third party, how is ITK involved? I understand that the federal government has gone through ITK and ITK provides funding to the territorial government. How are they involved when it comes to, as an example, these six positions that you talk about? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Angnakak. Minister Hickee.

**Hon. George Hickee:** Thank you, Mr. Chairman. Just to be clear, we are funding the six TB positions under the GN.

That being said, we don't deal directly with ITK. The announcement came through the federal government to ITK to service Inuit Nunangat. There is a committee that was formed to allocate the funds. From my recollection, our estimate that NTI would be getting close to \$14 million under the TB program from the \$27.5 million that was announced. We have received some money from them to help with a couple of the community screens. We deal directly with NTI, so we don't deal with ITK. Sorry for the acronyms.

That being said, that is where we are working together. We are finalizing the information from the community screening from our chief medical officer and the results and laying out a strategy, more of a longer term. This gave us a really good base. We did a smaller community in Qikiqtarjuaq, then up to a fairly large community of Cape Dorset, and then as the member from Arviat North had mentioned, there is still room to get into the larger communities, but we have to really sit down and take a look at the cost-benefit type analysis.

That doesn't stop anybody from going into a community and into their health centre, and if there is any suspicion that there is TB in the household or that they have been in contact with it, I don't want people to feel like they have to wait for a community screening effort to go through. People can go in and get tested themselves on their own. I hope that answers the member's question. Thank you.

**Chairman:** Thank you, Minister Hickey. Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. Out of the \$14 million, could the minister clarify exactly how much the GN has received to date? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Angnakak. Minister Hickey.

**Hon. George Hickey:** Thank you, Mr. Chairman. I believe it was around \$2 million. Thank you.

**Chairman:** Thank you. Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. Can the minister clarify: when you do a TB clinic, I guess they are not all the same prices when it comes to communities, but on average, how much does it cost to do something like that? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Angnakak. Minister Hickey.

**Hon. George Hickey:** Thank you, Mr. Chairman. If I recall correctly, I believe Qikiqtarjuaq was a little under \$1 million, Whale Cove was a little bit less, and then the Cape Dorset project, if I recall correctly, about \$1.5 million. Thank you.

**Chairman:** Thank you, Minister Hickey. Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. Well, you only got \$2 million out of \$14 million. That doesn't seem very much when it costs so much to do a TB clinic. Has it been explained to NTI about how much it really costs in Nunavut to do such a thing? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Angnakak. Minister Hickee.

**Hon. George Hickee:** Thank you, Mr. Chairman. Maybe I could have clarified a little bit earlier. The \$27.5 million that was announcement is over five years, so it is being phased in. We do meet very regularly with NTI and that's who we're working with to go over the data that we gathered during these community screening clinics so that we can make informed decisions on how to proceed and best utilize the remaining funds. Thank you.

**Chairman:** Thank you, Minister Hickee. Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. Thank you for your clarification. I would like to go to something a little bit different since this directorate deals with staffing. From time to time some of my constituents come and talk to me a little bit about how they felt they were misdiagnosed or they weren't happy with the doctor's performance or something along that line. I'm wondering if the minister can tell us if there have been any professional conduct reviews and, if so, how many. Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Angnakak. Minister Hickee.

**Hon. George Hickee:** Thank you, Mr. Chairman. I'm not aware of any physician complaints that have gone to like the College of Physicians. To my knowledge, there haven't been any. Thank you.

**Chairman:** Thank you, Minister Hickee. Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. If somebody has a problem with, let's say, they had an operation and they weren't very happy with the results, can you explain the process of where somebody who feels that way, what do they need to do to get their complaint heard in a fair way? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Angnakak. Minister Hickee.

**Hon. George Hickee:** Thank you, Mr. Chairman. At a cursory level I would hope that people communicate with their health care provider that they're dealing with to address any immediate concerns with the care that they're getting. Failing that, there is the Office of Patient Relations that does a very good job of advocating on behalf of the patient.

From a clinical standpoint, if the Chair would allow, I would like my deputy minister to respond with the clinical procedure on that. Thank you.

**Chairman:** Thank you, Minister Hickee. Ms. Brown, please go ahead.

**Ms. Brown:** Thank you. Regarding the process for listening to patients and hearing them out about their complaints, as Minister Hickee mentioned, the Patient Relations is the obvious place to go. As well, the patient relations and if there are any incidents that occur, we get alerted to them. We hear it in one way or another, either directly through patients or families or through community members or health centre staff. There is a process in place that is required through accreditation where clinical reviews take place. There's a team of clinicians who looks at the

circumstances. They examine it. They talk to the patient and family members to determine if there was anything that could have been done better.

Following that, if they find that there has been something that could have been done better or differently, we are obligated under our ethics and professional conduct rules to be transparent about it and have a meeting with the family and the patients to discuss what had gone wrong and what we're doing to improve it. That information from that committee is an ongoing thing that's used then to share information across the whole system so events like that don't happen again.

We keep track of it. We all get informed in the senior positions about if anything is a near miss or if it is an error that happened and we notify the patients and families and we review it with the clinicians. Thank you.

**Chairman:** Thank you, Ms. Brown. Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. I have two questions based upon your response. One, when you say Patient Relations gets involved, so we're talking about a doctor, is that staff of Patient Relations that interviews a doctor? If Patient Relations is involved, who is involved within the patient relations office? Who is it? Is it a junior person going up and saying, "Hey, doctor, there has been a complaint against you"? I would feel that you would put that staff in a very awkward and unpleasant situation.

You also said that the clinicians review the case. Who? The colleagues, or is it

someone out of Nunavut? Is it somebody more independent? I guess my third question, and I will put them all together: you say you track these incidents, so I would like to know how many incidents on average per year do you hear with regard to complaints? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Angnakak. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I will start with the advisory committee first. It is made up of Nunavut health care professionals. They could be doctors, nurses, or other health care professionals depending upon the medical care procedure or expertise that is needed within that decision-making.

With regard to Patient Relations, they don't deal directly with the physician or the health care professional. That is done through their supervisory positions. If it was a nurse, it would go through the chief nursing officer; if it was a doctor, it would through the chief of staff. At no time would our patient relations office have to deal directly in an uncomfortable situation like that; it is dealt through professionally. Thank you.

**Chairman:** Thank you, Minister Hickes. Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. One of the things that comes to mind is that there has been quite a bit of criticism when it comes to the RCMP investigating themselves, and it sort of sounds like the same thing when it comes to what you have just described. What is your position on that? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Angnakak. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Personally I don't think that is a fair comparison. When you are talking to health care professionals, there are regulatory bodies that they have to answer to. If someone were to cover for another health care professional, they're putting their own licence at jeopardy; it's not just the job. That's their licence; that's their life. They would not be able to practise their profession anymore, so I have no concern of that. Thank you.

**Chairman:** Thank you, Minister Hickes. Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. I'm going to go to something a little bit different. Concerns have been consistently raised about the services provided under various contracts that are held by the Department of Health for such programs as the medical boarding homes. What process does the department follow to ensure that services, conditions, and other obligations are being properly provided by the different contractors?

I would just like to comment on that too. When we talk about boarding homes, I have brought up the fact with the minister before about billet payments being very late. I continue to get these complaints come to me about how payments are very late. Well, I'll leave it at that. I would like the minister to respond. Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Angnakak. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Maybe I'll just do the general response first.

Anytime there's a contracted service, there are regular discussions with the contractor, with the service providers within the different divisions that are responsible for oversight, whether it be continuing care facilities, boarding homes, and any another other contract that we may have. There are conditions of the contract that have to be adhered to, and we do meet regularly with boarding homes, as an example, or continuing care centres.

To address the issue of the billet payments, it is something that we are working with the contractor on. I know this came up during our brief committee meeting where if people can arrange their billeting themselves before they travel for medical travel, if you know you're going to be travelling to Iqaluit and you've got friends or family that you know you can stay with and you make those arrangements, that's done though the Department of Health through medical travel.

When you show up at a boarding home and there is not enough space and then there is not enough hotel space and they use their billet list, they are responsible for the payment of that service. That being said, I do acknowledge that there have been a number of complaints that have been brought to my attention and we're working with the contractor to find a solution to that. Thank you.

**Chairman:** Thank you, Minister Hickes. Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. I would just like to state that when we did have that conversation, I had a Facebook page and I put it out about what you had said, exactly what you just said, and I had some feedback. They said that even going through the medical office, they did that, it has been a long wait. It might be another area that you could look into to see why that might be. I'll just leave that with you.

I would like to talk about elders. My last question is I know that we have talked a little bit today about elders and you mentioned it in the Budget Address today, but I would like to know: in your opinion, how long do you think it will be before we can bring home all of our Nunavummiut who have dementia in Ottawa? How many years are we talking about? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Angnakak. Minister Hickee.

**Hon. George Hickee:** Thank you, Mr. Chairman. Like we all, I wish it was tomorrow. There are too many variables for me to give a definitive answer on that.

We know that the facility here in Iqaluit is going to be the one that's going to truly repatriate people. When you're talking level 5 care needs, we're not going to be able to meet those in the facilities that we currently have or that are currently in the plan. Realistically it would depend on funding partnerships or opportunities. I know I have met with potential stakeholders just even a couple of weeks ago when we were in Ottawa.

I would be wary to give a definitive timeline. I can assure all members that

we've got phase 1 approved with the Rankin Inlet facility. We're still looking at the Kitikmeot option in Kugluktuk, but I can assure members that this is a very high priority. It was brought up in numerous meetings with federal ministers that we had to look at garnering support from the federal level. I met with Inuit corporate leaders when I was in Ottawa. I can't give a timeline, but sooner rather than later would be my preference. Thank you.

**Chairman:** Thank you, Minister Hickee. Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. I must say I was a little taken aback that... We need long-term care centres in every region. I'm not against that, but what really concerns me deeply is our pressing need to help those with dementia, and I can't understand why that wouldn't have been made a priority.

I wouldn't be surprised if we have another five years of sending people to Ottawa. It's just the way the government system works. I wonder sometimes if that was more of a political decision rather than a need decision. I don't understand how dementia was sort of put later on when we have more and more people being sent down south. More and more families are not able to see each other ever again. More and more people are being separated. If I were in your shoes, I would make it first.

I'm not understanding how you came about... I know that you had a consultant group come up from somewhere down south, but did anybody talk to the families? It just baffles me how that could have been overlooked, and as a minister, you don't even know

when you think that this place is going to be built. That's a real concern. I think that the department should have a much clearer picture of when things are going to happen, and I'm just disappointed.

As I have stated before, dementia care is on the rise; families are separated. It's a big thing. It is a big issue and maybe you can shed some light on this. Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Angnakak. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I agree with a lot of what the member is talking about and I know this was a very long discussion that we had in the fall. I didn't realize we were talking about capital again today, but what I will say is that we recognize it's a priority. That's why we're taking the first step. If we were to start off with a large facility, we're used to dealing with quite small, eight-bed or ten-bed facilities. To jump into a 108-bed facility here in Iqaluit overnight would be challenging, for one, to build the capacity.

I agree; the sooner the better. I'm not trying to stall anything out. To be honest, I'm a little insulted that you would say it's a political decision. Thank you.

**Chairman:** Thank you, Minister Hickes. Ms. Angnakak, are you done? You're done? Okay. Thank you. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. Good afternoon and good evening.

I guess my first question will be in relation to the letter that we just received, your written response from the questions raised during the standing committee meetings. The minister indicated in his response that the questions are time-consuming and complex and the response letters will be provided in two parts. My first question is: when can we expect the additional information requested? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Lightstone. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. There are a lot of detailed questions that were asked and the level of detail...they do entail a lot of work. These are the same people who are working on our day-to-day operations and the legislation that we're putting forward. I'll be getting this information to the committee as soon as I possibly can. Thank you.

**Chairman:** Thank you, Minister Hickes. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. One of the requests that we had made in the standing committee meetings was a breakdown of all out-of-territory duty travel, which was not provided. The minister had indicated that the level of detail was not available and required 200 hours of work and coordination to collect this information. It's my understanding that all out-of-territory travel requests go to the DM's office for approval. If all of that information is sent up to the DM's office, why is it not collected and maintained? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Lightstone. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Duty travel doesn't fall under one category and it goes to Finance, so we would have to look through all the travel warrants and everything that was done.

I'm just going to maybe address the situation right here right now. We have approval processes in place, as I stated in the letter, for this so that when duty travel is approved, there are strict conditions on why and when that would happen. I'm not going to go into second-guessing every out-of-territory travel or any duty travel that's done that my deputy minister has approved. It is obviously justified to her or anyone in that position that it was relevant, whether it be to their position or of value to the Department of Health and to the Government of Nunavut overall. That's all I pretty much have to say on that matter. Thank you.

**Chairman:** Thank you, Minister Hickes. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. Whenever supplementary appropriations come forward requesting additional funding, one topic that I continue to raise is the issue of discretionary spending. One area that is probably the most discretionary expense is out-of-territory duty travel when it's not required by a specific professional organization. My question is: why is it that the department is not currently tracking out-of-territory duty travel and will the minister begin to do so in the upcoming fiscal year? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Lightstone. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I do understand where the member is going, but we have never gone over our duty travel. In fact we have used surpluses in that by restricting travel to help offset other shortfalls within the department. This is not a line item to me that is a concern. Thank you.

**Chairman:** Thank you, Minister Hickes. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. Maybe that's an issue that I will raise with the Minister of Finance at another time.

I'll move on to my next line of questioning and it's going to be in relation to the department's Inuit employment plan. I would like to first congratulate the department by increasing the total number of Inuit employment within the department from 330 to 337 within that period of 12 months.

Last year's Inuit employment plan had set a target of 424 Inuit employees as of March 31, 2020. My question is: is the department on track for achieving last year's Inuit employment target? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Lightstone. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I'm just looking at the numbers here.

Of the indeterminate positions that we targeted, the 125 positions, there are



some that are still at the job evaluation for processing. Out of those, we streamlined through direct appointments 13 positions and we have 30 positions that are still being processed. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Hickey. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. The point I was trying to get out there was that last year the department had set a target of 424 Inuit employees, an increase of almost a hundred. This year's employment targets are very similar, seeking to increase Inuit employment by 110 positions. I'm not sure if that is feasible or if the department has the capability of reaching that target, and that leads me to my next line of questioning is the Inuit employment plan itself. Health is not alone in this; almost every department has the same issue.

The fact that the Inuit employment plan is one and a half pages, it's very limited; it has very little substance to it. I will put this recommendation forward to every department that Inuit employment plans be more thorough and have a lot more information provided, including an actual listing of target positions. I think I brought this up last year with the Department of Health, as well as potential positions for succession planning and the amount of transfer assignments that will be made available to Inuit employees, and so on and so forth.

I would like to ask the minister if he would be able to commit to providing some more detailed information in next

year's Inuit employment plan. Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Lightstone. Minister Hickey.

**Hon. George Hickey:** Thank you, Mr. Chairman. I just want to stress that that's a summary of our Inuit employment plan. It's a lot more extensive and there has been a lot of work recently with the new development of the Department of Human Resources. From what I understand, recently, if all the departments' Inuit employment plans and the base one were to be brought forward, I think it's almost 900 pages. There is a lot of detail in there. We do have to wait until it is formally accepted through the Department of HR, obviously, but each department has their own Inuit employment plan that we're in the process of getting approved, in addition to the overarching Inuit employment plan from the Department of HR. I hope that answers the member's question.

**Chairman:** Thank you, Minister Hickey. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. I really do look forward to seeing that master Inuit employment plan and hope that it will be provided to us soon.

I would like to move on to my next line of questioning. In the previous Assembly there was a motion passed for the Government of Nunavut to create a board of management for the hospital here. A short time later the minister at the time returned to the Assembly and informed the Assembly that the department would create an internal

health advisory board for the hospital. I would like to ask: since the minister had committed to doing that, has that actually come to fruition? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Lightstone. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. At the time when I came back to the Assembly in the Fourth Assembly and explained that we wanted to ladder up to a board of directors, starting with an advisory board, I was told at that time that that was not sufficient, so I decided to utilize my policy resources elsewhere. Thank you. Nothing has been done.

**Chairman:** Thank you, Minister Hickes. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. Maybe that's a topic we can return to at another date.

My next question is a follow-up to discussions we had last year and it's in relation to the Community Wellness Fund and specifically the food program funding that's distributed to our communities. Last year I had asked how the department had come up with or determined that \$2 million was sufficient. It's quite obvious that that amount was not sufficient and is not sufficient. I would like to ask if that \$2 million allocation for food programs has been increased. Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Lightstone. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Not directly. We do have

base funding that we have used out of that program to provide food programs at the different schools. In addition to that, when we do have money left over or available within that fund, we have supplemented those funds, which has brought us, I believe, to about \$2.5 million, I think, last year. I have to go over my numbers to be exact, but I think it was around there.

That being said, we are open to other partnerships. We provide that money to the Department of Education to distribute and we look forward to any further suggestions or opportunities to either partner or work to leverage those dollars to enhance the services. Thank you.

**Chairman:** Thank you, Minister Hickes. The next person on my list: Ms. Towtongie.

**Ms. Towtongie:** Thank you, Mr. Chairman. I have to say that I have been grateful to the minister and the Department of Health on a young woman that scared me to death and you were able to help us with that situation and the number of times I have requested assistance for patients, and I really do sincerely appreciate that first of all. I know your department works hard with scarce resources.

However, my question is, the draft 2020-23 business plan indicates that one of the department's priorities for 2020-21 will be to review the health insurance plan, which we use. What does that mean? Will the department be reducing the number of health care services that are covered under the current territorial health insurance plan? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Towntongie. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I apologize if that's the perception that's conveyed in the business plan. That's not the objective. The objective there is to review the service demands on that division, to look at the reporting structure, and to find any efficiencies that we can identify that will help alleviate some of the pressures on the staff but also on the financial part as well too through the staffing and through the reporting to make sure that we can make it as efficient as possible. It has nothing to do with the numbers itself. Thank you.

**Chairman:** Thank you, Minister Hickes. Ms. Towntongie.

**Ms. Towntongie:** Thank you, Mr. Chairman. One of the department's priorities for 2019-2020 was to work with partner departments to determine options to invest in infrastructure for addictions treatment and elder care. My question is: have there been any plans before the elders centres open to train Inuit to take care of elders in these elder facilities? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Towntongie. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I appreciate the question. It's a very good one and it kind of feeds off a little bit of one of the questions that we talked about earlier today.

Whenever we're looking at building a facility such as addictions and trauma or elder care facilities, when you're looking at a substantial staffing need, we're

already in discussions now with the college or with other partners that we can examine to start the training initiative so that as people graduate, the facilities open, so that we have a core cohort of graduates to be able to staff the facilities immediately. That's all part of the planning process. It's not just capital. We will also be bringing forward business cases down the road of different training programs, or working with the college or other partners to make sure that there is staff available when those doors open.

I know I gave a very brief answer. I believe all I said was "absolutely" earlier, but our intent is these facilities are culturally...I know it's an overused term, but culturally relevant. We need Nunavummiut working in these facilities to truly provide culturally relevant care. Thank you.

**Chairman:** Thank you, Minister Hickes. Ms. Towntongie.

**Ms. Towntongie:** I only have two more questions, Mr. Chairman, so thank you for recognizing me. A number of non-government entities have submitted proposals to provide long-term care with fee-for-service contracts with the Department of Health. What's the current status of these proposals? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Towntongie. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I'm only aware of one where we're negotiating right now and I can't speak to it; negotiations are ongoing. Thank you.

**Chairman:** Thank you, Minister Hickes. Ms. Towtongie.

**Ms. Towtongie:** Thank you, Mr. Chairman. My final question is, and this was on my election campaign, the telehealth system. They have been established in all Nunavut health facilities for several years, as you know.

One of the Department of Health's priorities for 2019-2020 this year was to "Continue to monitor and expand the use of Telehealth..." I would like to know what progress has been made to date on integrating telehealth services into the delivery of client care services. It's my final question. Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Towtongie. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I thank the member for the question. It has always been kind of, not a pet project, but it is always something that I have been aware that, mostly through technological advances, we're not utilizing fully. We have increased services with telepsychiatry, or Sick Kids Toronto as an example, where there is more clinical use. It's also greatly used. I had a question earlier yesterday on the coronavirus. We have been using telehealth technology to be able to train all the staff in the health centres and make them aware of, obviously, what the proper protocols here in Nunavut are.

I feel it has a lot of growth. A lot of that is due to technological limitations. There have been some advances in the last few years where all the communities now have had upgraded, through Community and Government Services, in-community

fibre. It's not a link to fibre, but it goes from the satellite, so it's faster. We use it for radiology, as an example, for X-rays in the health centres, so it also has proven to be a benefit with the telehealth. It's still not to the level where a physician could hear a fetal heartbeat, as an example, but it's something I do look forward to a day where we could offer more enhanced services that way.

There were, I'm going to say, approximately 1,900 clinical hours that were done last year, but I will asterisks that. There are still some challenges. I talk a lot about data collection and statistics, and that is one of the gaps as well too with the telehealth technology of tracking all the different usage. We also use it, as an example, at the facility in Ottawa, or if you're at boarding homes, they have the technology there to be able to communicate with friends and family. It's utilized quite extensively, not as much as I would like to see, but the majority of the limitations are technological right now. Thank you.

**Chairman:** Thank you, Mr. Hickes. Mr. Main.

**Mr. Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I'm first going to ask a few questions based on the opening comments. Page 3 of the opening comments, in the Iqaluit Health Services Capacity Growth, right at the bottom of the page it mentions "...three-year targeted capacity enhancement to programming delivered in the Qikiqtaaluk region..." Are there targeted capacity enhancements in other parts of the territory? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Main. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I thank the member for the question. I'm going to say not yet, but I'm going to throw another little asterisk in there. One of the exercises that we as a whole GN have been working under, we have been very diligently trying to avoid adding new PYs. As the discussion came up earlier, we have all these vacancies. The exercise that we have undertaken is to use the positions that we have right now and look at re-profiling or moving around or filling.

As I did state in my opening comments, Health is a little bit of a different beast. We're at 50 percent nursing capacity. We can't operate at 50 percent nursing. We've got to find nurses, whether it be through agencies, through CSAs, or through alternative methods. We have a minimum service delivery expectation, but also the demand. We don't quite have the same luxury that other departments may have of having unfilled positions. We have to fill them somehow and it puts a lot of pressure, as I'm sure when I bring my next bill forward for my supplementary appropriation and we can talk about it in a lot more detail, I'm sure, but like I said, not yet. We're still internalizing our efficiencies as best we can.

I know that it sounds like a real empty comment, but I can assure all members and the public that this exercise has been fruitful on looking at what PYs we have, how they're allocated, and if they're unfilled, why not, and are they really needed, are there opportunities to reprofile, to move. It has been a learning exercise. I know that didn't really

answer the member's question, but thanks.

**Chairman:** Thank you, Minister Hickes. Mr. Main.

**Mr. Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) On the next page it mentions the benefits that these additional staff could be added here in this community will provide. It says on page 4 "Acquiring additional staff will also promote the reduction in hospitalizations and medevacs..." There are all these benefits.

I think it's frustrating for a lot of communities who, like mine, are experiencing these emergency-only closures and the reason is staffing. I know that I'm oversimplifying, but where are the additional staff to go to the community level? I'm sure it's not that simple, but I know the model of care review didn't work out, so you don't have an easy formula to say "This is how many staff each community is supposed to get," but these preliminary numbers on emergency closures... I guess my question is: how do you decide which community or where you will get the most benefit from putting additional staff? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Main. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. There are a couple of ways I will answer this question. One is it is a little bit different when we're staffing positions at the QGH. It does look after not just the Baffin region, but it also has an impact, like we have been bringing

some cases over from the Kivalliq to here for some services.

When you're looking at excess staff, I wish I had some. We're having a heck of a time just staffing our health centres where we do any emergent issues or like flu season. If one community is going through a real struggle and we can reallocate a position there temporarily to help out, we have done that in the past. I'll use Arviat as an example. From the middle of December, there are 11 nurse PYs in the Arviat Health Centre. Seven of them are filled indeterminately and the remaining four are filled with casuals right now. When you look at the demands on a community such as Arviat where you've got an excess of 3,000 people now, like you said, I don't have this magic formula and every community, even with the same population, may have different demands on the health centre. It's not as flexible or as fluid as I would like to see.

How do I put this? It's almost like a Catch-22. I need more positions to be able to disperse them in a more equitable allocation, I guess, if you want to call it that. How it has worked in the past is like Whale Cove gets two nurses, Arviat gets 11 nurses. It almost seems like there wasn't a lot of methodology put into it and that's where we are working, or I know I'm working with my deputy minister on actually quantifying and qualifying some of these allocations so that we can look at... .

I look at the nurse practitioner program that we got approved a few years back. We're having a hard time. I think it's a great program and it has proven effective in the few communities where we have been able to hire nurse practitioners, but

I still can't gauge the results of it because it's not utilized enough. We haven't been able to hire enough nurse practitioners to really fully grasp the benefit and what services it enhances or offsets workloads for other health care professionals in the health centre.

We need to fill the positions we have now. I've said it in more general terms from a GN civil servant standpoint. We need to fill the positions we have now so that we can gauge where our strengths and weaknesses are, but we also need to work within the system to keep the lights on too. It's a bit of a dilemma where I would love to send two more nurses to Arviat, but I have to be able to justify in some respect how to get those two PYs approved, not just by our business case and then through the Assembly, through the budget process.

That's where I was hoping the model of care would be able to give me that formula where I could say Arviat needs this, this, and this, Whale Cove needs this and this. We have to do that off to the side, outside of that model of care review now, but that work is still being done. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Hickey. Mr. Main.

**Mr. Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Just to add to the minister's response if I could, I'll use Arviat as an example. Part of the reason you can't fill the current positions or you can't retain the current positions is because they don't have enough support. It's the chicken and the egg. You add more PYs because you have too many empty PYs. I think we're talking in circles.

Just to clarify, in the business plan under directorate it mentions HR strategy, and then in the back on the Inuit Employment Plan it mentions Inuit Employment Plan strategy plan. That is in there. I'm just trying to clarify: is that the same thing as the HR strategy or are those different documents? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Main. Minister Hickee.

**Hon. George Hickee:** Thank you. If the Chair will just give me a moment, I do believe it is two separate projects, but I'm just going to mute my mic for a second.

Thank you, Mr. Chairman. With our HR strategy, it is separate from our Inuit employment. It has worked hand in hand in a lot of ways and that's the Inuit Employment Plan that we're in the process of finalizing through the new Department of Human Resources. Thank you.

**Chairman:** Thank you, Minister Hickee. Mr. Main.

**Mr. Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Moving on, page 147 of the business plan mentions medical travel review. The second bullet, status update, mentions "There are several Medical Travel Program Review projects underway..." I wonder if we could just get a brief summary of how many projects are underway and what is the status of each. (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Main. Minister Hickee.

**Hon. George Hickee:** Thank you, Mr. Chairman. I wish I had a list in front of me because there are a number of different things like the member mentions. I don't have that level of detail on every different topic that's being looked at. I can say and I have said in the past that pretty much everything and anything is being looked to a degree. There are some things that can occur.

We made amendments last May on amendments to the Medical Travel Policy, again, just using the breastfeeding mothers able to do, but the staffing levels, the case management side of things, boarding home efficiencies, even just how the voucher system works, that has been raised a number of times as well too. We have formalized a training manual for medical travel coordinators in the communities to bring a more consistent level of operations.

Those are just off the top of my head, Mr. Chairman. I'm sorry I don't have the level of detail.

**Chairman:** Thank you, Minister Hickee. Mr. Main.

**Mr. Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I'm still on the medical travel topic, but I'm going to refer to this letter from the minister dated November 21, 2019 and it was sent to a public accounts committee. It mentions a whole bunch of things about medical travel and I do appreciate the information. It mentions that Health has started to track flight no-shows to evaluate why people are missing flights.

I believe it was yesterday the minister mentioned that a lot of the missed flights are on the return leg, so patients have completed their treatment and they're missing the return leg.

I know that it hasn't been that long that you have been tracking this, but initially what are the results in terms of why there are so many missed return flights back to their home community? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Main. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Yes, the member is correct. I believe it's about 55 percent of the no-shows are on the return leg. There are a number of different reasons for that. Some of it is there has been, through the case management, some miscommunication on when somebody is cleared to travel, on when the ticket is booked. There are occasions where people are not at the boarding home, that they're on their own accommodations where they have missed flights. We're still tracking a lot of the main reasons.

I realize it hasn't been that long, but we're already concerned on a number of different...well, just the fact now that there's going to be a fee for no-shows is obviously a concern to us. When we're looking at the information itself, we're gathering some information even from the airlines on what reasons when we're looking at... There are occasions when a flight time is changed, to maybe how the communication goes, or when somebody from a community shows up at the airport and the seat is not available. Those are discussions that we

have with our contracted providers. I don't have a lot of data yet on that, but it is something obviously now, especially with the fees that are going to be incurred, that we are going to be a lot more on top of.

I do appreciate the comments from the chair of the committee on the accountability side of things. There is a lot of work and a lot of effort that goes into scheduling medical appointments. Unless you have a real valid reason, we should all be attending to our appointments. Thank you.

**Chairman:** Thank you, Minister Hickes. Mr. Main.

**Mr. Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I know that we could spend probably a whole week just on medical travel between the groups of us, but I will try to keep it short.

In terms of consequences, I will use myself as an example. If I'm booked on medical travel to Winnipeg and I go to Winnipeg, I go to my appointment, and then my return flight, I miss it and I'm the medical traveller, are there any consequences to me? Obviously the government can't say "No more health services for you." You can't do that, but are there any consequences if the department has evidence that I knew about the flight, the flight was on time, I had a seat, and I still chose to not get on the plane? Are there any ramifications that follow from that? Would I get a letter from the minister that says "This was not good that you missed your flight," or are the department's hands basically tied in terms of what we can do to ensure more people are travelling



when they're supposed to?  
(interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Main. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I wouldn't say that our hands are tied. We haven't been enforcing it right now and that's something, when we're talking about medical travel, that's another component that wasn't in my head until you brought it up again, that it is part of the analysis. We've got to start taking a look at accountability.

I'm going to say the errors have been getting less and less. We talk about people going down to a medical appointment that doesn't exist or finding out that they were supposed to have left two days ago to meet the appointment and they can't make it. Those errors are fewer and fewer with MEDITECH and the eHealth. With the case management services that we are improving quite dramatically on, those errors are fewer and fewer.

Now we're kind of turning to the next step where we've got to start taking accountability into context where, as clients, we have an obligation and a commitment to seek out medical services and we have to honour that obligation from our own standpoint by attending those medical services. Thank you.

**Chairman:** Thank you, Minister Hickes. Mr. Main.

**Mr. Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of this medical transportation

division within the Department of Health, the same letter from November mentions that "Staffing the division continues to be a challenge and directly impacts service delivery and operations." I think it is 11 PYs that you have under the Medical Travel Division. My question is: in terms of the update for the capacity or the staffing situation within medical travel transportation, where is it at currently? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Main. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I don't have the exact number out of those 11 PYs at headquarters, but I would like to take the opportunity to maybe clarify. I can't remember the detail of that letter that you were provided, but there are also medical travel coordinators at the health centres that are involved, obviously more directly with the clientele. The number is obviously a lot larger. I would have to check on the actual staffing levels from the Medical Travel Division here in Iqaluit. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Hickes. Mr. Main.

**Mr. Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of ways to spend less money on medical travel, what options are on the table for the department? I know that some other jurisdictions operate their own aircraft in terms of medevacs. That's just one example. Another thought that comes to mind would be moving to privatization of certain aspects. It could be the medical travel function.

What options are being considered? The minister did mention in his opening comments somewhere in here that they're looking at options to manage and promote cost effectiveness in the delivery of health care services. What options are being considered under this medical travel file? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Main. Minister Hickee.

**Hon. George Hickee:** Thank you, Mr. Chairman. I don't think we will be buying an airplane anytime soon because we need all three different regions covered and through the contracting, I think it's a lot more cost effective.

Some of the components that we are working very seriously at are...case management was one that I mentioned. There are differing case management practices in each region. We're looking at maybe not so much consolidating but coordinating so that the same level of service and the same level of training are provided in each region. We're also looking at more specialist services being brought to the territory. We have increased physician visits to a lot of the communities. We're looking at referrals from southern doctors. Does somebody really need to go down for a 10-minute appointment four weeks after their surgery? We have surgeons here in Iqaluit who can do that. Those are some of the things that we're kind of looking at. Thank you.

**Chairman:** Thank you. Mr. Main.

**Mr. Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I just didn't want to drag this past six

o'clock, so it's giving you an ability to cut me off if you want and I realize you have that at any point, Mr. Chairman.

Just one final question, I mean this is directorate; it's not about medical travel. This week many senior administrative officers from hamlets are here in Iqaluit and they have an annual meeting with the Department of CGS. In terms of the head nurses or the SHPs who oversee the health centres in Nunavut, is there an annual gathering that they go to? Do they have a chance to provide input to the senior management and/or the Department of Health? That's my last question. (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Main. Minister Hickee.

**Hon. George Hickee:** Thank you, Mr. Chairman. I'm actually very happy that the member brought this up as an issue. Last year, I believe, was one of the first ones that have been had in a number of years and the lessons learned from that and the value that was shown has proven that we're going to continue with that. Thank you.

**Chairman:** Thank you, Minister Hickee. Mr. Qirngnuq.

**Mr. Qirngnuq** (interpretation): Thank you, Mr. Chairman. I would like to ask this question. When the airlines merged, there was quite a change in the scheduling going to and from the communities and with medical travel. It has an effect and I'm sure that it's pretty hard on those who are quite ill, for example, patients with cancer or who had surgery a few days ago. Sometimes there's weather that prevents a patient

from going from point A to point B and ending up in a community in between somewhere. What's the Department of Health's position on that? That's my question, Mr. Chairman. Thank you.

**Chairman:** Thank you. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. With the merger, it hasn't had an impact on any complaints. In fact, here in Baffin, maybe it doesn't really benefit the member's community specifically, but it has actually allowed us to have more efficient travel. With the staggered flights, people are able to commute to outlying communities on the same day. Like the member said, if somebody is just recovering surgery or a major health issue, that may put a little bit of strain on them, but if those issues are raised prior to travel, we can always work to find alternative arrangements, whether it be an overnight if needed. Typically most people do want to get home. As soon as they are cleared to get home, they want to get home. We haven't noticed any negative impacts from the merger as of yet. Thank you.

**Chairman:** Thank you, Minister Hickes. Mr. Qirngnuq.

**Mr. Qirngnuq** (interpretation): Thank you, Mr. Chairman. There is a person in my community who had to overnight in a strange community on more than once occasion due to weather. That's why I raised that question.

What thought has been put into where these patients end up if they get diverted due to weather? As an example, our home is in Kugaaruk and if there was bad weather, we would have to go to Cambridge Bay, Gjoa Haven, or

Taloyoak. What comes to mind is how tired the medical patient must be and that they have a health issue. Has any thought been put into where these people can stay if they end up in a strange community since the airline merger? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Qirngnuq. Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Like I said, the merger hasn't really had an impact on that *per se*. It is obviously sometimes more than an inconvenience when you're travelling back home and a flight gets diverted, whether it be through weather, mechanical, or any other purpose. When you're not arriving at your destination that you had planned on arriving in, we do have medical travel people in each region on 24-hour call to deal with issues.

Sometimes the challenge is if the airline lets us know suddenly that they are diverting, it can create a bit of a scramble to try to find hotel rooms or billets, if available. There is very little we can do to plan for the "unplannable" or the unexpected. I do know our medical travel people do their best to try to accommodate, but I do realize and frankly sympathize with somebody who would be travelling back from a major health issue that would be diverted and more than inconvenienced.

I'm not sure what else I can say to that, Mr. Chairman. Thanks.

**Chairman:** Thank you, Minister Hickes. Mr. Akoak.

**Mr. Akoak:** Thank you, Mr. Chairman. At this time I will move a motion to report progress. Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Akoak. There is a motion on the floor to report progress. The motion is not debatable. All those in favour. Opposed. The motion is carried. Sergeant-at-Arms, if you could please escort the witnesses out. I will now rise to report progress to the Speaker. Thank you.

**Speaker** (interpretation): Report of the Committee of the Whole. Member Rumbolt.

**Item 20: Report of the Committee of the Whole**

**Mr. Rumbolt:** Thank you, Mr. Speaker. Your committee has been considering Bill 39 and would like to report progress. Mr. Speaker, I move that the Report of the Committee of the Whole be agreed to. Thank you, Mr. Speaker.

**Speaker** (interpretation): There is a motion on the floor. Is there a seconder? Minister Joanasie. The motion is in order. To the motion. All those in favour. All those opposed. The motion is carried.

Third Reading of Bills. There are none. Continuing on. *Orders of the Day*. Mr. Clerk.

**Item 22: Orders of the Day**

**Clerk** (Mr. Quirke): Thank you, Mr. Speaker. Just a reminder that the Regular Members' Caucus meets tomorrow at ten o'clock in the Nanuq Boardroom.

*Orders of the Day* for February 20:

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Oral Questions
7. Written Questions
8. Returns to Written Questions
9. Replies to Opening Address
10. Replies to Budget Address
11. Petitions
12. Responses to Petitions
13. Reports of Standing and Special Committees on Bills and Other Matters
14. Tabling of Documents
15. Notices of Motions
16. Notices of Motions for First Reading of Bills
17. Motions
  - Motion 62 – 5(2)
18. First Reading of Bills
19. Second Reading of Bills
20. Consideration in Committee of the Whole of Bills and Other Matters
  - Bill 39
21. Report of the Committee of the Whole

22. Third Reading of Bills

23. Orders of the Day

Thank you.

**Speaker** (interpretation): Thank you.

This House stands adjourned until  
Thursday, February 20, at 1:30 p.m.

Sergeant-at-Arms.

>>*House adjourned at 17:52*

