



Minister of Health
Ministaat Aanniaqtailinirmut
Ministre de la Santé

867-975-5151
867-975-5051

While Health does not provide guidance on staffing, training, insurance, etc. Health staff can provide support to hamlets or organizations interested in establishing this service at the community level. For example, Health staff can provide information on Non-Insured Health Benefits (NIHB) funding and reimbursements, as payment for emergency ground transportation services is funded through NIHB or connect hamlet leadership with other hamlets who have successfully implemented the service. Interested hamlets would submit a proposal for emergency ground transportation directly to NIHB for review and approval.

Cancer Treatment & Cost

In-territory cancer treatments are available at the Qikiqtani General Hospital (QGH) in Iqaluit, which include Trastuzumab (Herceptin), used for breast cancer, and Pembrolizumab, used for metastatic melanoma and non-small cell lung cancer. In addition, other biologics, such as Remicade, are used for cancer treatment, as well as several other conditions.

Radiation is not currently available in-territory. To offer radiation, a significant expansion to the QGH would be required, as well as expensive radiation equipment, with costs in

Members expressed interest in the cost estimate in a business case that Health had previously submitted to expand cancer care at QGH. The scope of the business case included additional human resources [8 person years (PYs)]; funding for ongoing operations, maintenance, and education; as well as one-time funding for infrastructure (e.g., hazardous sterile compounding area in the pharmacy; retrofitting non-clinical space to clinical treatment space; and specialized equipment). The total request was for \$4,305,000.

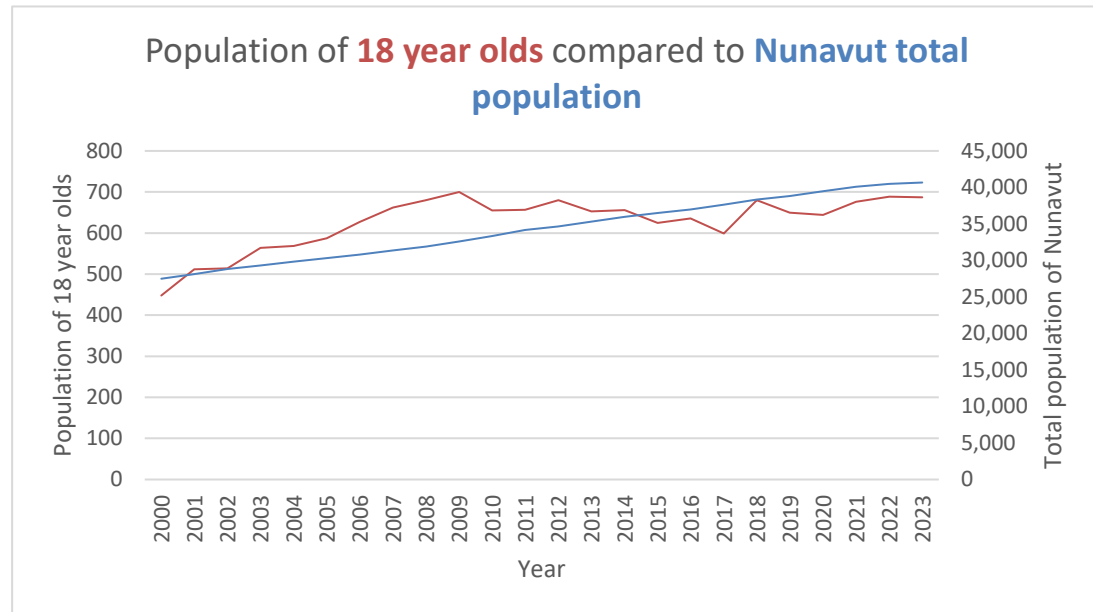
During the appearance, Members expressed their concern with Elders unable to reach the Nurse on Call in the communities of Kugaaruk and Taloyoak. I would like to assure Members that we take these concerns seriously and appreciate them being raised.

It is important to note that, particularly after hours, callers may reach an automated system. The recorded message is available in both Inuktitut and English and, when followed fully, connects callers to the Nurse on Call. However, during times of high call volume calls may go to voicemail. The Nurse on Call responds as quickly as possible.

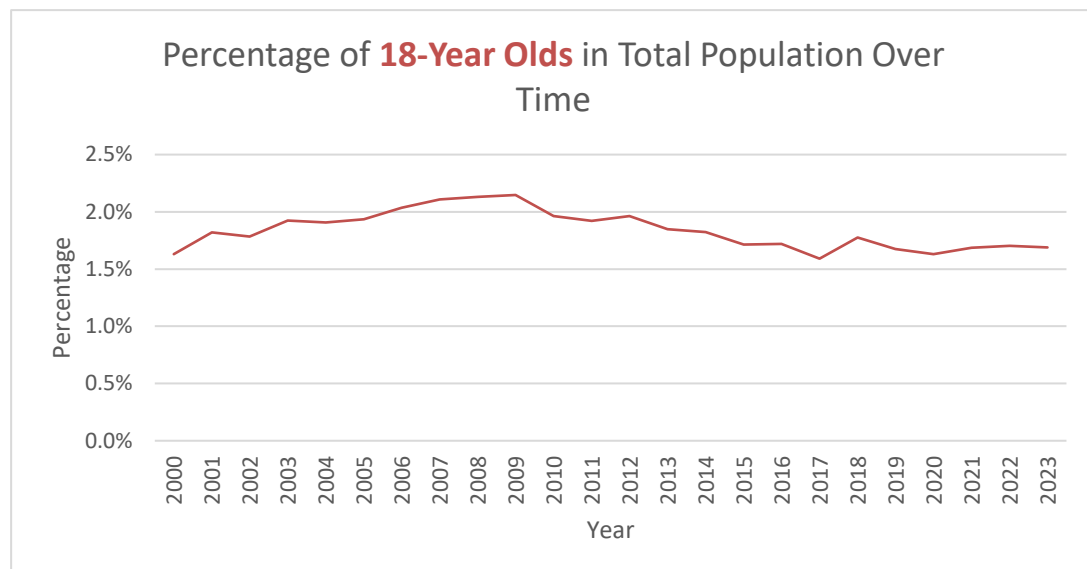
To follow-up with health centre staff or the SHP, or to contact the Office of Patient Relations, please use the following contact details:

Office of Patient Relations:
1-855-438-3003
patientrelations@gov.nu.ca

The following chart compares the population growth of 18-year-olds to the total population of Nunavut:



While the 18-year-old population appears more variable, it is within expected fluctuation levels when accounting for sample size differences. The smaller population size of the 18-year-olds makes its fluctuations appear more pronounced. There would be similar fluctuations across any age group. These average out over the much larger population when all ages are combined.



The fluctuations in the 18-year-old age group may be due to birth cohort effects, migration, or other demographic factors.

During the appearance, Members expressed interest in the security services at health centres and asked whether there were any other security companies that had bid for the tender. Five companies bid on *RFP 2023-64 Security Services for 16 Nunavut Health Centres*. The successful bid was Scarlet Security and Risk Group (SSRG).

During the appearance, Members asked how many security staff working in community health centres are non-Nunavummiut.

In March 2025, the contractor, SSRG, had 49 full-time and 97 part-time Enhanced Guards assigned to Nunavut communities (146 total). Although SSRG works to recruit retiring and former Royal Canadian Mounted Police and provincial and municipal law enforcement officers who are Inuit, there are very few individuals who meet this criterion.

Community Health Centres Contract

- 36 SSRG-employed Community Guards
 - All reside in Nunavut and 33 are Nunavut Inuit.
- 140 Enhanced Guards
 - None reside in Nunavut and all are non-Inuit

- 3 SSRG-employed Community Guards
 - All reside in Iqaluit and are non-Inuit.
- 6 Enhanced Guards
 - None reside in Iqaluit and all are non-Inuit

During the appearance, Members asked whether a retired or long-time Conservation Officer would qualify for the security contractor, Scarlet Security and Risk Group's (SSRG) Enhanced Guard, 15-years' experience with law enforcement criterion.

The 15 years of service minimum is with an accredited Canadian law enforcement agency. The term “accredited” refers to a public service agency, as opposed to a private sector firm, and the example of a Conservation Officer with the Government of Nunavut’s (GN) Department of Environment may qualify. As per SSRG, this qualification would entail determining what enforcement activities the agency does to see if it qualifies as “enforcement.” Additionally, any applicant, whether from a policing, correctional services, sheriff’s department or, in this case, a Conservation Officer background, are not screened in or out until SSRG reviews each applicant individually to determine their experience with their respective enforcement agency. For example, if an applicant had 15 years of experience working for the Canadian Border Services Agency – an accredited law

Previous law enforcement experience forms part of SSRG's contractual obligation to the Department of Health. After ensuring an applicant meets the 15-years of service in law enforcement, SSRG also ensures that an applicant has extensive experience dealing with people. Dealing with people in an enforcement capacity provides the necessary experience in two-way communication: anticipating people's reactions, reading body language, and often being able to prevent situations from escalating before they do, and de-escalating a situation that was not anticipated.

During the appearance, Members asked Health what processes are in place to assist non-GN mental health professionals to be able to provide their services and be compensated via the NIHB program.

As a result, the GN created the Healing by Talking program, funded by NIHB. This program follows the same criteria required for clinicians, with a few modifications, to increase cultural sensitivity and training. Clinicians deliver NIHB-funded mental health services and are hired based on service gaps identified through community requests and data analysis, ensuring the program meets real mental health needs across Nunavut.

Additionally, any clinician can apply directly to Indigenous Services Canada (ISC) to become part of its Residential School Counsellor Program, which provides ISC-funded compensation independently of the GN.

Beyond government initiatives, several community-based organizations like Ilisqsvik, Pulaarvik Kablu Friendship Centre, and the Department of Healthy Living in Cambridge Bay also offer mental health services. These organizations often receive funding from both ISC and the GN, and their clinicians are employed directly by the organizations, not the GN.

Evaluation of *Inuusivut Anninaqtuq* Action Plan 2017-2022

In October 2024, Health tabled the *Inuusivut Annirnaqtuq Action Plan 2024-2029*. During the appearance, Members asked Health if an evaluation of the previous 2017-2022 suicide prevention action plan has been conducted and, if so, if the evaluation would be tabled.

The *Inuusivut Anninaqtuq Action Plan 2017-2022 Final Report* was tabled on May 29, 2023, in the Legislative Assembly. This report focuses on the collective work, achievements and progress made by the collective partners between January 2020 and March 2022, which compliments a midterm progress report that was released in 2021 that focused on the first two years of the Action Plan. It can be found on the Legislative Assembly of Nunavut website, file number: 144-6(2).

Dental Review Officer

During the appearance, Members asked Health why there has been a delay in appointing a Dental Review Officer, following the amendment of the *Dental Profession Act* in Spring 2024.

Following the amendment of the *Dental Profession Act* during the 2024 Spring Sitting of the Legislative Assembly, Health staff from several program areas worked to develop a Public Service Announcement, which was released in January 2025. The delay was due to staff turnover and misunderstanding as to which division was to finalize its content, prior to being sent to the Health Communications Division. A Review Officer has since been appointed.

Oral Health

During the appearance, Members asked Health a series of questions regarding the department's oral health programs. Specifically, a line of questioning was raised about preventative efforts taken by Health to increase oral health promotion in-territory, as well as why challenges persist, and whether Health has evaluated why prevention programming is not working.

Oral health coordinators in the communities lead preventative efforts. An evaluation of this program was conducted in 2023. Following the evaluation, there was a departmental realignment and as such some of the recommendations are no longer applicable and are outdated. The main recommendations from this evaluation are to:

- Strengthen Engagement
- Support Improvements for Program Management
- Improve Reporting and Monitoring
- Increase Local Capacity; and
- Enhance Partnerships

In 2024/25, the Oral Health Program completed 23 screening trips to the communities. Although some data has not yet been analyzed, data from providers' trip reports indicates a total of 2,273 children were screened from Arviat, Baker Lake, Coral Harbour, Rankin Inlet, Gjoa Haven, Taloyoak, Cambridge Bay, Kugluktuk, Iqaluit, Igloolik, Sanirajak, Kinngait, Clyde River, Kimmirut, Pangnirtung, and Sanikiluaq. Six daycares in Iqaluit received dental screening.

In addition to the questions on prevention and programming, Members expressed interest about nutrition education campaigns, and if these campaigns contain any information on different foods and their impact on oral health.


Another comment was made during the appearance for Health to consider parents who have taken their children for oral surgery to be proponents of oral health. This suggestion will be considered by the department.

During the appearance, Members asked Health how many Enforcement Officers (EOs) have been appointed to date, as well as the kind of training these employees are offered in their role.


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The work of Health's Tobacco Reduction Program is intended to reduce the negative health outcomes caused by tobacco use in Nunavut. While specific information on the cost of tobacco-related illnesses – be it monetary and/or in loss of life – is difficult to quantify, it is known that lung cancer is the leading cause of cancer deaths among Nunavummiut, with a rate four times higher than the national average. Smoking tobacco, especially starting at a young age, and exposure to second-hand smoke are factors that increase an individual's chance of getting lung cancer, with smoking causing more than 85% of the lung cancer cases in Canada. Health is committed to de-normalizing smoking in Nunavut, encouraging and assisting Nunavummiut in their quitting journey, protecting Nunavummiut from second-hand smoke, and preventing Nunavummiut from starting to use tobacco and smoking products.

The campaign is designed to inform Nunavummiut about the new laws under the *Tobacco and Smoking Act*, with a focus on smoke-free public housing, Government of Nunavut staff housing, and motor vehicles. The deliverables include the development of a culturally relevant and language appropriate mass media strategy; creation of radio, video, print, and social media materials in Inuktitut, Inuinnaqtun, English, and French; production and distribution of posters, flyers, information cards, magnets, signage, and digital assets for communities across the territory; and delivery of evaluation and performance metrics to assess campaign reach and engagement. This mass media campaign has not yet launched although it is anticipated this will occur in Spring 2025. Once the campaign is launched, it will be evaluated using:

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cc: Members of the Committee of the Whole
Stephen Innuksuk, Legislative Assembly of Nunavut
Megan Hunt, Deputy Minister of Health