



**Nunavut Canada**

**LEGISLATIVE ASSEMBLY OF NUNAVUT**

**2nd Session**

**6th Assembly**

**HANSARD**

Official Report

**DAY 70**

**Wednesday, February 28, 2024**

**Pages 4343 – 4431**

**Iqaluit**

**Speaker: The Honourable Tony Akoak, MLA**

## Legislative Assembly of Nunavut

### *Speaker*

**Hon. Tony Akoak**

(Gjoa Haven)

**Hon. David Akeagok**

(Quttiktuq)

*Minister of Economic Development and Transportation; Minister of Justice; Minister responsible for Labour*

**Hon. P.J. Akeagok**

(Iqaluit-Niaqunnguut)

*Premier; Minister of Executive and Intergovernmental Affairs; Minister responsible for Immigration; Minister responsible for Indigenous Affairs*

**Bobby Anavilok**

(Kugluktuk)

**Janet Brewster**

(Iqaluit-Sinaa)

**Hon. Pamela Gross**

(Cambridge Bay)

*Deputy Premier; Minister of Culture and Heritage; Minister of Education; Minister of Languages; Minister responsible for Seniors*

**George Hickes**

(Iqaluit-Tasiluk)

*Deputy Speaker and Chair of the Committee of the Whole*

**Hon. David Joanasie**

(South Baffin)

*Government House Leader; Minister of Community and Government Services; Minister responsible for the Utility Rates Review Council*

**Joelie Kaerner**

(Amittuq)

**Mary Killiktee**

(Uqqummiut)

**Hon. Lorne Kusugak**

(Rankin Inlet South)

*Minister of Finance, Chair of the Financial Management Board; Minister responsible for the Nunavut Housing Corporation*

**Adam Lightstone**

(Iqaluit-Manirajak)

**Hon. John Main**

(Arviat North-Whale Cove)

*Minister of Health; Minister responsible for the Qulliq Energy Corporation; Minister responsible for Suicide Prevention*

**Solomon Malliki**

(Aivilik)

*Deputy Chair, Committee of the Whole*

**Hon. Margaret Nakashuk**

(Pangnirtung)

*Minister of Family Services; Minister responsible for Homelessness; Minister of Human Resources; Minister responsible for the Status of Women; Minister responsible for the Workers' Safety and Compensation Commission*

**Karen Nutarak**

(Tununiq)

**Hon. Daniel Qavvik**

(Hudson Bay)

*Minister of Environment; Minister of Energy; Minister responsible for Nunavut Arctic College*

**Joanna Quassa**

(Aggu)

**Inagayuk Quqqiaq**

(Netsilik)

**Alexander Sammurtok**

(Rankin Inlet North-Chesterfield Inlet)

**Joe Savikataaq**

(Arviat South)

*Deputy Chair, Committee of the Whole*

**Craig Simailak**

(Baker Lake)

### *Officers*

Clerk

John Quirke

Deputy Clerk  
Stephen Innuksuk

Law Clerk  
Michael Chandler

Sergeant-at-Arms  
John Topic

Hansard Production  
Innirvik Support Services

*Box 1200*

*Iqaluit, Nunavut, X0A 0H0*

*Tel (867) 975-5000 Fax (867) 975-5190 Toll-Free (877) 334-7266*

*Website: [www.assembly.nu.ca](http://www.assembly.nu.ca)*

## Table of Contents

Opening Prayer.....	4343
Ministers' Statements .....	4343
Members' Statements .....	4347
Returns to Oral Questions .....	4351
Oral Questions.....	4353
Tabling of Documents.....	4373
Consideration in Committee of the Whole of Bills and Other Matters .....	4374
Report of the Committee of the Whole .....	4430
Orders of the Day .....	4430

**A.**

**Daily References**

Wednesday, February 28, 2024 .....4343

**B.**

**Ministers' Statements**

371 – 6(2): Pink Shirt Day and Bullying Prevention in Nunavut Schools (Gross) .....4343

372 – 6(2): Training and Orientation of Municipal Council (Joanasie) .....4344

373 – 6(2): Child Abuse and Neglect Response Agreement (Nakashuk) .....4345

374 – 6(2): Kitikmeot Trade Show (Akeegok, D) .....4345

375 – 6(2): South Baffin Island Caribou Abundance Survey (Qavvik) .....4346

376 – 6(2): Tobacco Reduction Month (Main) .....4346

**C.**

**Members' Statements**

498 – 6(2): Abuse by Teachers (Malliki) .....4347

499 – 6(2): Recent Visit from Minister Qavvik to Baker Lake (Simailak) .....4348

500 – 6(2): Teacher Behaviour (Sammurtok) .....4348

501 – 6(2): Recent Developments in Pond Inlet (Nutarak) .....4349

502 – 6(2): Stomach Flu Spreading in Kugluktuk (Anavilok) .....4349

503 – 6(2): Ministerial Visit to Cambridge Bay (Gross) .....4350

504 – 6(2): Suicide Prevention in Rankin Inlet (Kusugak) .....4351

**D.**

**Returns to Oral Questions**

Return to Oral Question 725 – 6(2): Vacant Positions in Petroleum Products Division (Joanasie)  
.....4351

Return to Oral Question 724 – 6(2): Petroleum Products Stabilization Fund (Joanasie) .....4352

**E.**

**Oral Questions**

745 – 6(2): Review of Decentralization (Malliki).....	4353
746 – 6(2): Increase to Nunavut Household Allowance (Hickes).....	4354
747 – 6(2): Out-of-Territory Remote Hiring Policy (Brewster).....	4355
748 – 6(2): After School Employment Program (Sammurtok) .....	4358
749 – 6(2): Coppermine River (Anavilok) .....	4359
750 – 6(2): Birth Documents (Killiktee) .....	4361
751 – 6(2): Staffing at the Petroleum Products Division (Savikataaq) .....	4363
752 – 6(2): Inclusive Supports for Schools (Nutarak).....	4364
753 – 6(2): Kivalliq Intercommunity Road (Simailak) .....	4366
754 – 6(2): Increase to Nunavut Household Allowance (Lightstone).....	4368
755 – 6(2): Accessing Income Assistance Benefits (Quqqiaq) .....	4370
756 – 6(2): Issues with Medical Travel (Kaernerik) .....	4371

**F.**

**Tabling of Documents**

242 – 6(2): Minimum Wage Annual Report 2022 and 2023 (Akeegok, D).....	4373
243 – 6(2): 2019-2023 Nunavut-Western Canada Annual Report Amalgamated from April 1, 2019 to March 31, 2023 (Joanasie).....	4373
244 – 6(2): Inuktitut-speaking Teachers Receiving Bilingual Bonus in 2023 (Lightstone).....	4373
245 – 6(2): Correspondence from the Mayor of Taloyoak Inviting Minister of Health to Attend Council Meeting (Quqqiaq) .....	4374

**G.**

**Bills**

Bill 37 – Appropriation (Operations & Maintenance) Act, 2024-2025 – Health – Consideration in  
Committee.....4375

**Iqaluit, Nunavut****Wednesday, February 28, 2024****Members Present:**

Hon. David Akeeagok, Hon. P.J. Akeeagok, Hon. Tony Akoak, Mr. Bobby Anavilok, Ms. Janet Brewster, Hon. Pamela Gross, Mr. George Hickers, Hon. David Joanasi, Mr. Joeline Kaerner, Ms. Mary Killiktee, Hon. Lorne Kusugak, Mr. Adam Lightstone, Mr. Solomon Malliki, Hon. John Main, Hon. Margaret Nakashuk, Ms. Karen Nutarak, Hon. Daniel Qavvik, Ms. Joanna Quassa, Mr. Inagayuk Quqqiaq, Mr. Alexander Sammurtok, Mr. Joe Savikataaq, Mr. Craig Simailak.

>>*House commenced at 10:00***Item 1: Opening Prayer**

**Speaker** (Hon. Tony Akoak) (interpretation): Good morning. Before we proceed, Mr. Malliki, can you say the opening prayer, please.

>>*Prayer*

**Speaker:** *Ullaakkut*, everyone. (interpretation) I say “good morning” to all Nunavummiut and the people of Gjoa Haven who are watching the proceedings and my family, whom I will be seeing very soon. I say “good morning” to all of you.

(interpretation ends) Item 2. Ministers’ Statements. Hon. Minister of Education, Ms. Gross.

**Item 2: Ministers’ Statements****Minister’s Statement 371 – 6(2): Pink Shirt Day and Bullying Prevention in Nunavut Schools**

**Hon. Pamela Gross:** Thank you, Mr. Speaker. Today I thank Members of this House for gathering earlier with Premier Akeeagok, where we proudly wore our bright pink shirts and pins to support Pink Shirt Day and its critical message. Today we are united as we stand up to bullying, promote compassion, and celebrate our diversity. We also join our communities, schools, and constituents in saying no to bullying and yes to healthy, inclusive communities.

Mr. Speaker, today schools across Nunavut are participating in Pink Shirt Day to show Inuuqatigiitsiarniq, respect and caring for each other, and to demonstrate that bullying should not be tolerated, not in school, at home, the office, online, and in our communities.

Mr. Speaker, this year once again, my department distributed “Ajunngittugut! Pink Shirt Day: School Resource Guide” to assist schools in promoting positive environments. This guide provides numerous activities for schools to select from to guide them on this important day.

Mr. Speaker, the Department of Education continues our bullying prevention efforts. We have partnered with the Canadian Red Cross to provide students and staff with bullying prevention training programs and resources. We are also organizing and delivering this year’s annual Nipivut Youth Conference, which focuses on resiliency, healthy relationships, suicide prevention, positive coping skills/self-care, and self-advocacy.

Mr. Speaker, my department is also developing the Makittatiarniq Bullying Prevention Handbook, which we aim to

implement during the 2024-25 school year.

To our youth, if you or anyone you know is being bullied or struggling with mental health, please talk to a parent, teacher, or someone you trust to get in touch with the Nunavut Kamatsiaqtut Help Line or check out the GN website for a list of mental health resources and support services.

I look forward to providing this House with updates on our activities as we continue to nurture and promote safe, caring and supportive school environments for all students and staff.  
*Quana*, Mr. Speaker.

>> *Applause*

**Speaker:** Ministers' Statements. Hon. Minister of Community and Government Services, Mr. Joanasie.

**Minister's Statement 372 – 6(2):  
Training and Orientation of  
Municipal Council**

**Hon. David Joanasie** (interpretation): Thank you, Mr. Speaker. Good morning, members and Nunavummiut. I hope you enjoyed the unveiling of Team Nunavut's uniform last night.

Mr. Speaker, I rise today to announce that municipal elections were held in all Nunavut communities on October 23, 2023. Mayor and council elected will serve a four-year term. Many mayors and councillors previously serving were re-elected and a good number were elected for their first time.

To support Nunavut mayors and councillors, my department's community

development staff have been providing orientation and council training to the newly elected councils. Over the coming months, the team anticipates that training will be delivered to all Nunavut communities.

Mr. Speaker, the training provided by my department aims to both support mayor and council and also to ensure they have the information and tools necessary to fulfill their role as an elected official. Ensuring that mayor and council have a clear understanding of their role and the responsibilities of council while serving as an elected official and that they exercise good governance practices is a focal point of the training.

(interpretation ends) Mr. Speaker, topics covered during the training sessions include council roles and responsibilities, municipal finances, council procedures, conflict of Interest, community governance, policy management, and meetings of council.

Finally, Mr. Speaker, during the course of the municipal elected officials' four-year term, the community development staff will continue to be readily available and committed to ongoing support, refresher orientation and training to Nunavut mayors and councillors. I want to recognize and thank each of you for stepping up to play a pivotal role in your community. Your leadership is of the utmost significance to the leaders of tomorrow and the residents you serve.  
(interpretation) Thank you, Mr. Speaker.

>> *Applause*

**Speaker:** Sorry, colleagues. I'm just letting you know that we don't have any

pages for now, so bear with us. Thank you.

Ministers' Statements. Hon. Minister of Family Services, Ms. Nakashuk.

**Minister's Statement 373 – 6(2): Child Abuse and Neglect Response Agreement**

**Hon. Margaret Nakashuk**

(interpretation): Thank you, Mr. Speaker. Good morning, my fellow MLAs and Nunavummiut.

(interpretation ends) Mr. Speaker, I am honoured to stand before you today to inform the House of the successful renewal of the Surusinit Ikajuqtigiit - Child Abuse and Neglect Response Agreement, which outlines our collective commitment to addressing and responding to child abuse across Nunavut.

The agreement was finalized in 2021 by territorial partners, which include Family Services, Health, Education, Justice, Community and Government Services, RCMP, and the Arctic Child and Youth Foundation. In 2023 the partners reviewed and revised the agreement, reinforcing the shared commitment to support the safety and well-being of children.

The new agreement will continue to ensure efforts to protect children from abuse and neglect are integrated, effective, culturally competent, and sensitive to the needs of children. My department will lead the renewed implementation of this agreement to ensure it is operationalized efficiently and effectively. (interpretation) Thank you, Mr. Speaker.

>> *Applause*

**Speaker:** Ministers' Statements. Hon. Minister of Economic Development and Transportation, Mr. David Akeegok.

**Minister's Statement 374 – 6(2): Kitikmeot Trade Show**

**Hon. David Akeegok:** Thank you, Mr. Speaker. I recently attended the Kitikmeot Trade Show with the Premier and couple of my colleagues.

This year marked the 23rd anniversary of the annual affair. The theme was "Inspiring Opportunities" and it was a success. We had about 210 registered delegates and 52 exhibitors from across the territory and Canada. I am happy to announce that they raised more than \$110,000 from the charity auction that will be going to the five food banks in the Kitikmeot.

Mr. Speaker, the Kitikmeot Trade Show is important for economic development in the region. It allows business owners, government officials, and community members to come together, learn about opportunities for economic growth, and showcase the strong entrepreneurial spirit found in the region. My department is proud to be a sponsor each year.

This year I want to highlight the youth delegates that were invited to the event. The youth had the opportunity to learn from exhibitors and delegates. They got to meet dignitaries from Kitikmeot Inuit Association and the Government of Nunavut. They also did a presentation of what they have learned and hosted a question period. It was great to see their involvement and the immense support

they received. Our youth are our future and I commend their courage.

Mr. Speaker, my colleague that represents Cambridge Bay constituents sure kept us busy too in her fine community and met with the hamlet, elders, both schools, and apparently I have a twin brother, Mr. Bobby Greenly, President of the Kitikmeot Inuit Association, who we almost met with his board members. *Quana*, Mr. Speaker.

>> *Applause*

**Speaker:** Ministers' Statements. Hon. Minister of Environment, Mr. Qavvik.

**Minister's Statement 375 – 6(2): South Baffin Island Caribou Abundance Survey**

**Hon. Daniel Qavvik:** Thank you, Mr. Speaker. Good morning, colleagues and to the people of Nunavut.

Mr. Speaker, I rise today to provide an update on a research program that our government is leading to monitor the recovery of Baffin Island caribou. An abundance survey of South Baffin Island is planned for March 2024, and we are planning similar surveys for North and Central Baffin in the coming years. This survey will collect information on the distribution of caribou across South Baffin Island and will lead to an updated abundance estimate for the South Baffin area.

This caribou herd experienced a decline in numbers and the population was estimated to be around 4,600 in 2014. In response to the decline, a total allowable harvest of 250 male-only tags was put in place in 2015. We have worked with our

co-management partners to increase this harvest. For the 2023-24 harvest season, harvesters have been allowed to take up to 80 females from the total allowable harvest of 400.

Both traditional knowledge and scientific reports show that caribou recovery can take decades, but the rate of recovery may be faster in some regions and slower in others. At this time, based on the annual composition surveys and hunter observations, there are positive and encouraging signs of possible recovery in some South Baffin areas. These indicators show that the collective management actions we have taken to promote population recovery are working.

A health monitoring program for Baffin caribou is in place and we rely on our harvesters to provide samples so we can investigate and document current caribou health and observe any changes over time. I would like to acknowledge our hunters for their commitment in providing samples and sharing their experiences and knowledge with us. Thank you, Mr. Speaker.

>> *Applause*

**Speaker:** Ministers' Statements. Hon. Minister of Health, Mr. Main.

**Minister's Statement 376 – 6(2): Tobacco Reduction Month**

**Hon. John Main** (interpretation): Thank you, Mr. Speaker. Good morning, my colleagues.

Mr. Speaker, this past January, Tobacco Reduction Month, was a time to celebrate the path toward healthier

living. Health recently concluded a month-long series of quit tips on Facebook, which saw 1,660 Nunavummiut comment, share stories, like, or simply share a tip with their friends. *Ma'na* to everyone who interacted and joined us in taking steps towards a smoke-free lifestyle.

Mr. Speaker, Piliriqatigiinniq, the Inuit value of working together, is especially relevant to the challenge of quitting tobacco. (interpretation ends) Whether it's partnering with a quit buddy, seeking nicotine replacement therapies from a health care provider, or getting support through phone calls, texts, or emails from the Nunavut Quit Line, it's clear that Piliriqatigiinniq can lead to great things.

Health's Tobacco and Cannabis Program is building new resources and strategies to fight the significant health concerns around smoking and tobacco use. Our team is now working on creating materials on vaping, which is a growing trend that affects Nunavummiut. This initiative aligns with the new *Tobacco and Smoking Act* aimed at reducing Nunavut's high tobacco use rates and protecting the health of Nunavummiut.

Through training, capacity building, and direct outreach, the Tobacco and Cannabis Program have provided health care providers, community health representatives, and the public with information on the health risks associated with tobacco, cannabis, and vaping. Our NU Quits website and the Tobacco Has No Place Here Facebook page, ensure that evidence-based and Nunavut specific quit information is readily available. Counselling services are available toll-free at 1-866-368-7848

in all four official languages, providing support to those seeking to quit or reduce their smoking habits.

Mr. Speaker, by reducing tobacco and vaping use, we not only tackle immediate health risks but also foster a healthier, smoke-free environment in Nunavut for future generations. (interpretation) Mr. Speaker, whether it's during the annual quit month or any month, I would like to remind Nunavummiut there are resources, staff members, therapies, and other supports to help them reach their personal healthy living goals and quit using tobacco. Thank you, Mr. Speaker.

>> *Applause*

**Speaker:** Item 3. Members' Statements. Member for Rankin Inlet North-Chesterfield Inlet...sorry. Member for Aivilik, Mr. Malliki.

### **Item 3: Members' Statements**

#### **Member's Statement 498 – 6(2): Abuse by Teachers**

**Mr. Malliki** (interpretation): Thank you, Mr. Speaker. Good morning, my fellow MLAs and my constituents.

(interpretation ends) Mr. Speaker, I rise today to support my colleague from the Aggu constituency in her concerns over abuse by teachers towards students.

Mr. Speaker, my colleague's concern is not a one-off incident. I, too, have heard from parents and youth about the abusive behaviour of teachers.

Not only that, Mr. Speaker, but when a member of the school staff tried to

intervene during an incident where a teacher was abusing a student, the intervener was punished and suspended.

Mr. Speaker, I do understand that staff shortages and the need to fill teaching positions puts pressure on the Department of Education to hire teachers. However, it is very important that suitable people are employed to educate, instruct, and guide our children.

If our children are to understand that abusive behaviour is unacceptable, then we need to show them, through swift and decisive action, that it will not be tolerated in our schools. Abusive behaviour should not be tolerated, not from principals, not from teachers, not from staff, and not from students. Thank you, Mr. Speaker.

>> *Applause*

**Speaker:** Members' Statements.  
Member for Baker Lake, Mr. Simailak.

**Member's Statement 499 – 6(2):  
Recent Visit from Minister Qavvik  
to Baker Lake**

**Mr. Simailak** (interpretation): Thank you, Mr. Speaker. Good morning, my fellow MLAs and good day to the people of Baker Lake.

Mr. Speaker, I would like to extend my appreciation to the Minister of Environment, who is also the Minister responsible for Nunavut Arctic College. He was able to visit Baker Lake from February 5 to 7. We had invited him to visit our community of Baker Lake.

During the minister's visit, he went to the high school and we met with the

students. We also met with the hunters and trappers organization and members of the municipal council. We also met with Ami Tootoo, who is the Manager of Peter's Expediting Ltd. Lastly, with my parents, Jean and David Simailak, we went to have coffee and tea at their place.

I'll switch to English. (interpretation ends) Mr. Speaker, I believe this trip by the Minister responsible for Nunavut Arctic College was quite beneficial. I believe he learned that a lot more could be done with the Baker Lake Community Learning Centre for Arctic College. He has seen that there is one room that has been sitting empty. It could be utilized for more college courses, specifically leaning towards servicing the mining sector.

I very much look forward to welcoming him in Baker Lake once again, hopefully very soon; I believe it's going to be very soon. Thank you, Mr. Speaker.

>> *Applause*

**Speaker:** Members' Statements.  
Member for Rankin Inlet North-Chesterfield Inlet, Mr. Sammurtok.

**Member's Statement 500 – 6(2):  
Teacher Behaviour**

**Mr. Sammurtok** (interpretation): Thank you, Mr. Speaker. (interpretation ends) I rise today to join the member from Aggu in raising concerns about how teacher behaviour can impact our youth.

Mr. Speaker, a constituent recently contacted me regarding the behaviour of a long-time teacher in their school. The student was very concerned at the

language used to describe residents of another community and the judgmental opinions that the teacher expressed about them. Abusive language about groups of people can be very harmful to our young, impressionable students.

Mr. Speaker, another inappropriate behaviour shown by a teacher is their lack of respect or effort when it comes to the Inuit language, especially if they are teaching such courses as Aulajaaqtut. Teachers working in Nunavut should be culturally aware and respectful of the culture and language.

Teacher behaviour has an impact on our youth. Many young Inuit are struggling with their identity in our rapidly changing world. Respect for individuals, for communities, for culture and language should be demonstrated by our teachers at all times.

Physical abuse, verbal abuse, and mental abuse has no place in our classrooms. Thank you, Mr. Speaker.

>> *Applause*

**Speaker:** Members' Statements.  
Member for Tununig, Ms. Nutarak.

**Member's Statement 501 – 6(2):  
Recent Developments in Pond Inlet**

**Ms. Nutarak** (interpretation): Thank you, Mr. Speaker. Good morning to the people of Pond Inlet and I rise with the children in the schools who will be wearing pink.

Mr. Speaker, I am very pleased to announce today that in my community, there are things developing very fast with the municipal council. They are

working very hard and doing very good work. I would like to talk about what they have developed. They had opened a women's shelter last year and a wellness centre which I found difficult to find the Inuktitut word for. This year at the end of March there will be a fitness centre opening and they will be working on the men's homeless shelter. They have received funding geared towards the youth and they will be doing their work.

The councillors are busy working on and developing different programs in Pond Inlet. I'm very appreciative of that fact. Those programs that have been established in the community are very beneficial and I appreciate the work of the municipal councillors. Thank you, Mr. Speaker.

>> *Applause*

**Speaker:** Members' Statements.  
Member for Kugluktuk, Mr. Anavilok.

**Member's Statement 502 – 6(2):  
Stomach Flu Spreading in  
Kugluktuk**

**Mr. Anavilok** (interpretation): Thank you, Mr. Speaker. I say "good morning" to my fellow MLAs and Nunavummiut.

I wish to make this statement to the people of Kugluktuk. People should be washing their hands frequently as the stomach flu is going around. I would like to ask the people to not visit quite so often to prevent the stomach flu from spreading. Thank you, Mr. Speaker.

**Speaker:** Members' Statements.  
Member for Cambridge Bay, Ms. Gross.

**Member's Statement 503 – 6(2):  
Ministerial Visit to Cambridge  
Bay**

**Hon. Pamela Gross:** *Quana*, Mr. Speaker. Good day, Iqaluktuuttarmiut and Nunavummiut.

Two weeks ago, I was honoured and privileged to welcome our Premier, Minister Akeegok, and Minister Joanase to Cambridge Bay along with Government of Nunavut staff, where we had the opportunity to visit the community and see many different wonderful buildings and places filled with people.

Mr. Speaker, it was a joy to welcome both the Premier and ministers to our schools, the Kullik Ilihakvik and the high school, where we had the opportunity to see the students in action, visit their science classroom, which was a highlight watching them create a science project and interact as they were learning how to create these science projects, and we participated with them in the schools, in both the high school and elementary.

We also had the opportunity to visit the elders at the Kitikmeot Heritage Society, where it was such a pleasure to see them in action and hear from the elders and the staff there.

We also went and met with the hamlet council. I thank the mayor, Wayne Gregory, and the councillors and everyone that was there for the dialogue that we had.

I would also like to thank the Kitikmeot Inuit Association. A couple of the board

members we got to meet and staff, as well as the Kitikmeot Corporation.

Mr. Speaker, while we were there, we also went and visited our elders at the continuing care centre. I would like to thank all of the staff that work hard to ensure the well-being of the elders, who are well taken care of, and it was really nice to interact with those who are there.

Mr. Speaker, we also got to go and visit our public servants that are working in the offices in Cambridge Bay. We thank them very much for their hard work and dedication, not only to the work that they do but to our community and territory. Thank you all for hosting us and having us in your workspaces.

I would also like to say a big special thank you to the organizers of the Kitikmeot Trade Show.

Mr. Speaker, I ask for unanimous consent to conclude my statement.

**Speaker:** The member is seeking unanimous consent to conclude her statement. Are there any nays? There are none. Please proceed, Ms. Gross.

**Hon. Pamela Gross:** *Quana*, colleagues.

Mr. Speaker, I would also like to thank the organizers of the Kitikmeot Trade Show, the Kitikmeot Chamber of Commerce Executive Director Talia Maksagak and the chief administrative officer with the hamlet, Jim MacEachern, and those that are on the steering committee for the Kitikmeot Trade Show for putting on a very wonderful event for the region.

As Minister Akeegok mentioned, there was over \$110,000 raised from the silent auction for the five foodbanks in the region, which is a huge milestone for the trade show, as I believe it surpassed way over what they normally fundraise.

I would like to thank everybody for attending, those who attended, all of the businesses and organizations that came to Cambridge Bay, as well as everyone who was there from the community for making such a memorable and great event. Thank you, Mr. Speaker.

>> *Applause*

**Speaker:** Members' Statements.  
Member for Rankin Inlet South, Mr. Kusugak.

**Member's Statement 504 – 6(2):  
Suicide Prevention in Rankin Inlet**

**Hon. Lorne Kusugak** (interpretation):  
Good morning, Mr. Speaker and Nunavummiut.

Mr. Speaker, I would like to extend my appreciation to the people of Rankin Inlet. When we talk about suicide prevention, there are many goals that we face.

Mr. Speaker, our young people and elders make sure that there are recreational activities happening in our community. I want to thank the many volunteers who work in this area to help with recreational activities, such as soccer, baseball, and hockey. There are many parents who volunteer for recreational activities and I thank them very much for working very hard. They meet in Rankin Inlet, they go sewing, and they work on traditional skins.

There's an entity being developed where men meet together instead of drinking. They work on making ulus and they're all doing it on a voluntary basis, Mr.

Speaker. Yesterday there was fundraising because there will be a big tournament in Alaska. There will be teams of young people from Rankin Inlet going there. They don't always have enough money, so they do a lot of fundraising so that they can send teams from Rankin Inlet to the big tournament.

Thank you for all of the people that do that and all of the people who donate things and food to help the people of Rankin Inlet. They do it without any pay, they fundraise to benefit their community, and I give them a big thank you. I know that the people they help really appreciate them. Thank you, Mr. Speaker.

>> *Applause*

**Speaker:** Item 4. Returns to Oral Questions. Hon. Minister of Community and Government Services, Mr. Joanasie.

**Item 4: Returns to Oral Questions**

**Return to Oral Question 725 – 6(2):  
Vacant Positions in Petroleum  
Products Division**

**Hon. David Joanasie:** Thank you, Mr. Speaker. I rise today to supplement an answer I gave during question period on February 26, 2024, No. 725 – 6(2). The Member for Arviat requested information on the vacant management positions in the Petroleum Products Division.

Mr. Speaker, there are a total of seven management positions within the

Petroleum Products Division. The positions are director, comptroller, manager of revenue operations, manager of finance, manager of field operations, manager of contract development, and manager of technical and environmental services.

Mr. Speaker, as of February 26, 2024, three of the positions are filled with indeterminate staff, four are vacant. Of the four vacant positions, three are being filled with acting assignments.

Mr. Speaker, of the management positions, one of these positions, a new hire, is currently working outside of the community of Rankin Inlet, while the individual transitions into the community and their new position, which is scheduled to take place before this winter sitting adjourns. Thank you, Mr. Speaker.

**Speaker:** Item 4. Returns to Oral Questions. Minister of Community and Government Services, Mr. Joanasié.

**Return to Oral Question 724 – 6(2):  
Petroleum Products Stabilization  
Fund**

**Hon. David Joanasié:** Thank you again, Mr. Speaker. I have a return to oral question No. 724 – 6(2) asked by the Member for Iqaluit-Tasiluk on February 26, 2024 concerning the Petroleum Products Stabilization Fund.

Mr. Speaker, this return is quite more detailed than my previous one, and I have filed it with the Clerk for transcribing into the *Hansard* for the public record and for distribution to all members.

Mr. Speaker, I rise today to provide additional details in response to the enquiry posed by the Member for Iqaluit-Tasiluk on February 26, 2024 regarding the impact of accounts receivable on the Petroleum Products Stabilization Fund.

Mr. Speaker, my department is currently working to reduce the payments owed to the Petroleum Products Division and have made significant progress over the past few months. The Petroleum Products Division makes an annual allowance for doubtful accounts that is estimated based on the level of accounts receivable. The division is currently tracking accumulated doubtful accounts totalling approximately \$20 million. I will continue to keep members informed of our progress in this area.

Mr. Speaker, the stabilization fund is similar to that of a retained earnings account in a private sector company. It serves as a mechanism for accumulating the profits and losses of the Petroleum Products Revolving Fund and it enables the fund to absorb nominal changes in fuel prices on global markets.

Mr. Speaker, adjustments to stabilization and revolving fund limits are vital for responding to rising global oil prices, ensuring the Petroleum Product Division's fuel procurement and price stabilization in a volatile market. With current fuel prices and existing costs, the Petroleum Products Division anticipates returning to a surplus position in 2024-25.

Mr. Speaker, in 2022 unfavourable sourcing conditions during the post-COVID global economic recovery and the war in Ukraine contributed to going

below -\$20 million by the end of the 2022-23 fiscal year. The Petroleum Products Division had accumulated losses of -\$12.8 million, and the December 2022 price increase was insufficient to cover the spike in fuel landed costs. However, a late resupply that lasted until November 2022 meant the full cost picture was not entirely determined at the time of the decision, with a \$31 million understatement in the cost of goods and sold estimates. Thank you, Mr. Speaker.

**Speaker:** Item 5. Recognition of Visitors in the Gallery. Item 6. Oral Questions. Member for Aivilik, Mr. Malliki.

#### **Item 6: Oral Questions**

##### **Question 745 – 6(2): Review of Decentralization**

**Mr. Malliki** (interpretation): Thank you, Mr. Speaker. I would like to direct my questions to the Premier of Nunavut in regard to the decentralized communities.

Mr. Speaker, both communities that I represent have no jobs at all available locally other than the teachers and health centre staff. There are very few businesses in the communities I represent and there is a certain expectation of jobs coming from the Nunavut government.

My question to the Premier is: has there been a review of decentralized communities? Does the Premier have an update available now? Thank you, Mr. Speaker.

**Speaker:** Hon. Premier of Nunavut, Mr. Pauloosie Akeeagok.

**Hon. P.J. Akeeagok** (interpretation): Thank you, Mr. Speaker. I thank my colleague. Quite recently, we appointed an independent organization to review the jobs that have been transferred outside of the larger communities. I expect to receive that report in May. Thank you, Mr. Speaker.

**Speaker:** Your first supplementary, Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Speaker. I will be expecting that then. Can the Premier explain to us what sort of planning there is about the review or what the plans look like? Thank you, Mr. Speaker.

**Speaker:** Premier of Nunavut, Mr. Pauloosie Akeeagok.

**Hon. P.J. Akeeagok** (interpretation): Thank you, Mr. Speaker. Thank you for continually asking this very important question about jobs for Nunavummiut. The review will look at how decentralization has worked up until now, what has worked well and what has not worked well, and all of those will be reviewed. The review has started, but I can't say exactly how it's going. I expect to have a proper conversation with the member after the report has been brought out and we can make certain considerations with the member afterwards. Thank you, Mr. Speaker.

**Speaker:** Your second and final supplementary, Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Speaker. The smaller communities in Nunavut are skipped when jobs are distributed, but there are very able people in these communities. After the

Remote Work Policy had been enacted, is there an office that can try to look for Inuit who are able to work? There are ideas of producing jobs in the communities, but they don't have any office space available. It would be good if even a few jobs could be distributed to the decentralized communities. That's what I encourage the Premier to consider. Thank you, Mr. Speaker.

**Speaker:** Premier of Nunavut, Mr. Pauloosie Akeegok.

**Hon. P.J. Akeegok** (interpretation): Thank you, Mr. Speaker. Thank you again. I completely agree with the member. We're not just waiting for the review of the report. What the member said is true. We're not just sitting there. We're always trying to brainstorm and think of how we can create jobs for all Nunavummiut.

With the Nunavut-wide policy that the member referenced, Minister Nakashuk has been working hard on that file to date. We are always trying to see how and where we can create new jobs. We're not just waiting around, but we are waiting for that report to see what has run well and what has not run well. We have to learn from what has been experienced. Thank you, Mr. Speaker.

**Speaker:** Thank you. Before I go on to the next member, everyone wants to ask questions, so be mindful of your preambles and get to the point.

Member for Iqaluit-Tasiluk, Mr. Hickes.

### **Question 746 – 6(2): Increase to Nunavut Household Allowance**

**Mr. Hickes:** Thank you, Mr. Speaker. I would like to direct my questions to the Minister of Finance today.

My "Curious George" factor got kicked in at quite a high velocity yesterday by the statement of the Minister of Finance concerning the increase to the Nunavut Household Allowance, which was a major announcement.

With a not insignificant impact on the government's budget, I am fully in support of the increase, but I am curious as to why the minister did not mention it in this formal Budget Address. Thank you, Mr. Speaker.

**Speaker:** Hon. Minister of Finance, Mr. Kusugak.

**Hon. Lorne Kusugak:** Thank you, Mr. Speaker. (interpretation) The reason I did not mention the new housing allowance is because the funding for the program is in the new year and it has not been approved yet. Thank you, Mr. Speaker.

**Speaker:** Your first supplementary, Mr. Hickes.

**Mr. Hickes:** Thank you, Mr. Speaker. My next question is: how was the amount of the increase determined? It's a significant increase from \$400 to a \$1,000, which is a 150 percent increase. How was the increase determined, and how many current eligible employees receive the allowance? If the minister has an estimate on the increase on the government's annual budget. Thank you, Mr. Speaker.

**Speaker:** Minister of Finance, Mr. Kusugak.

**Hon. Lorne Kusugak:** Thank you, Mr. Speaker. I will try to very quickly answer all three of the questions.

Mr. Speaker, it has been a long time since the increase. I have been through three governments in this Assembly and every time it has been asked by the government's members to increase that allowance. Taking a look at the cost of living increases over the years, we felt that a thousand dollars was a very good number to reach at and fair and something that this government could handle.

For that, as of 2023, the total amount of people receiving this was around 685 plus or minus, and the total amount of this cost is an increase of about \$5.4 million overall, Mr. Speaker. Thank you.

**Speaker:** Your second and final supplementary, Mr. Hickes.

**Mr. Hickes:** Thank you, Mr. Speaker. I appreciate that information, and I do realize I snuck in a few questions there, and I appreciate the minister accommodating me.

Mr. Speaker, my colleague from Iqaluit-Sinaa reminded us the other day that two of the Government of Nunavut's major collective agreements are expiring soon.

To what extent is the recent increase in the Nunavut Household Allowance expected to impact the Nunavut Northern Allowance rates that all employees, regardless of homeownership, are eligible to receive? Thank you, Mr. Speaker.

**Speaker:** Minister of Finance, Mr. Kusugak.

**Hon. Lorne Kusugak:** Thank you, Mr. Speaker. We are still trying to figure out the final impact that it will have on that as we speak. Thank you, Mr. Speaker.

**Speaker:** Oral Questions. Member for Iqaluit-Sinaa, Ms. Brewster.

### **Question 747 – 6(2): Out-of-Territory Remote Hiring Policy**

**Ms. Brewster:** Thank you, Mr. Speaker. My questions are for the Minister for Human Resources and they concern the Government of Nunavut's new out-of-territory Remote Hiring Policy. As the minister will recall, this policy came into effect October 12, 2023, just over four months ago.

Mr. Speaker, the policy provides that eligibility is limited to specialized hard-to-fill positions and cabinet approval is required to advertise positions as eligible for out-of-territory remote work. This policy is an interim measure to address critical capacity challenges within the Government of Nunavut and out-of-territory remote work will only be approved for a set term.

Mr. Speaker, can the minister confirm how many individuals have been hired to date under the provisions of this new policy? Thank you, Mr. Speaker.

**Speaker:** Hon. Minister of Human Resources, Ms. Nakasuk.

**Hon. Margaret Nakasuk** (interpretation): Thank you, Mr. Speaker. I also thank you for asking that question. (interpretation ends) That's a

very good question. In the previous governments, we understand that there were some GN employees that worked remotely outside of the territory. The department has been trying to track the numbers because that was more of a departmental function. With the new remote work policy that we have in place, the Department of HR wants to have a better control of people working outside of the territory.

With the new policy, we have put in some strict operations in terms of ensuring that we have employees outside of the territory only for a short period of time and they have to be approved by deputy ministers. Also, we do have a committee in place of deputy ministers from different departments to review the applications.

For the employees that are outside of the territory at this current time, we do have the numbers and we have put a deadline in terms of when their term would end, and that would be in the fall. For the new applications that we have seen, there are none that have been approved. At this current time, we have five applicants that have been refused to work outside of the territory and none have been approved at this time. (interpretation) Thank you, Mr. Speaker.

**Speaker:** Your first supplementary, Ms. Brewster.

**Ms. Brewster:** Thank you, Mr. Speaker. I admit that I'm a little bit confused by that response. We hear that there are a number of people who are currently hired out of territory. I wasn't sure what that number was because I didn't hear a number of people who are currently hired outside of territory.

Mr. Speaker, in an earlier line of questioning to the Minister of Finance, I noted that the government's most recently published quarterly employment report indicates that close to 2,000 Government of Nunavut positions are vacant.

I fully appreciate the urgency to explore all options to enhance our capacity in critical areas, and I also share concerns raised by a number of my colleagues regarding the extent to which human-focused positions in such fields as social work can be effectively performed by employees in Toronto, St. John's, or Vancouver, as examples.

Can the minister clarify what criteria are used to determine whether or not a given position can and should be eligible for out-of-territory work? Thank you, Mr. Speaker.

**Speaker:** Minister of Human Resources, Ms. Nakasuk.

**Hon. Margaret Nakasuk** (interpretation): Thank you, Mr. Speaker. I also thank you for asking another question. (interpretation) When I had referred in terms of how many are outside of the territory that are working remotely, I'm referring to those that were approved prior to this government. I don't have the exact numbers of those, but like I had mentioned, since this new policy came out, we don't have any approved remote workers at this time. We have received some applications, but none of them have been approved to date.

When we're talking about what positions we're talking about, there's quite a number on that list, but we also need to

ensure that those are hard-to-fill, highly specialized positions as well as professional positions, but we always try to ensure that those positions are not positions that could be filled within Nunavut in terms of more of what we can hire within the territory. A lot of the positions are more medical positions that I'm referring to, but I could certainly bring forward more numbers in terms of how many positions we're talking about at a later date. (interpretation) Thank you, Mr. Speaker.

**Speaker:** Your second and final supplementary, Ms. Brewster.

**Ms. Brewster:** Thank you, Mr. Speaker. Again, I admit that I am confused by the response from the minister. We just received a return to an oral question from the Minister of Community and Government Services today that states, "Mr. Speaker, of the management positions, one of these positions, a new hire, is currently working outside of the community of Rankin Inlet," and the minister just stated that none had been approved recently.

Mr. Speaker, an emerging issue facing us is what I will refer to as the "Inuit diaspora." The last time I looked at Nunavut Tunngavik Incorporated's list of eligible voters living outside of Nunavut, I took some time to consider the implications of so many of us living in major urban centres.

If memory serves, there were approximately 600 Inuit living in Ottawa, approximately 300 Inuit living in Winnipeg, and over 150 Inuit living in Edmonton. Mr. Speaker, that's over a thousand potential Inuit applicants who might be interested in remote work

positions that benefit the Kitikmeot, Kivalliq and Qikiqtani regions.

Can the minister describe what actions her department is taking to ensure that Inuit-focused community organizations are publicizing opportunities under this new policy? Thank you, Mr. Speaker.

**Speaker:** Minister of Human Resources, Ms. Nakashuk.

**Hon. Margaret Nakashuk**

(interpretation): Thank you, Mr. Speaker. I also thank you for that follow-up question. (interpretation ends) In terms of what we can do to hire Inuit outside of the territory, we have talked about that a number of times, but we also have to ensure that they fit into the position and also have the experience and education that we are trying to hire with the government.

There are positions that we have that are outside of the territory, such as the client liaison officers that I always refer to, with the Department of Family Services that do site visits to our clients as well as other homes, but those are things that we are still talking about. We still haven't defined what jobs could fit in urban cities or outside of the territory, so those are things that we still have to talk about.

We do want to hire a lot more Inuit definitely within the territory and outside of the territory, but we still haven't gotten to that point yet. (interpretation) Thank you, Mr. Speaker.

**Speaker:** Oral Questions. Member for Rankin Inlet North-Chesterfield Inlet, Mr. Sammurtok.

**Question 748 – 6(2): After School Employment Program**

**Mr. Sammurtok** (interpretation): Good morning to the people of Chesterfield Inlet and Rankin Inlet.

(interpretation ends) Thank you, Mr. Speaker. My questions are to the Minister of Community and Government Services.

As the minister will recall, his department recently announced a new after-school employment program. The announcement indicated that the program is “aimed at supporting pre-employment goals for students.”

Mr. Speaker, I strongly support programs such as this. However, I am concerned that the program is currently only open to students living in Iqaluit.

Can the minister provide a clear timeline for when the program will be expanded to regional centres such as Rankin Inlet and smaller communities such as Chesterfield Inlet? Thank you, Mr. Speaker.

**Speaker:** Hon. Minister of Community and Government Services, Mr. Joanasie.

**Hon. David Joanasie:** Thank you, Mr. Speaker. I thank the member for the question. I believe that there is a lot of interest in this pilot project. As a pilot, we’re just testing it out to see what level of interest there is and how it could employ our youth and getting them prepared for the professions in our department and getting their foot in the door, so to speak.

Mr. Speaker, in terms of what the next steps will be and timelines on how we will be evaluating this, we’re still rolling this out and again, I think there’s a high level of interest in it. I look forward to reporting to the House on how effective and useful it has been at the tail end. Thank you, Mr. Speaker.

**Speaker:** Your first supplementary, Mr. Sammurtok.

**Mr. Sammurtok** (interpretation): Thank you, Mr. Speaker. (interpretation ends) I believe that there will be a lot of interest in Rankin Inlet.

Mr. Speaker, as the minister is aware, his department’s Real Property Division has recently been issuing announcements concerning the closure of the Chesterfield Inlet hamlet office building due to a frozen water line. This facility hosts a number of government offices in the community.

Mr. Speaker, my colleague from Uqqummiut spoke recently about the importance of training more Inuit plumbers, more Inuit electricians, and more Inuit carpenters. I completely agree with her.

Can the minister describe how his department’s after-school employment program will support young people entering a career in the skilled trades? Thank you, Mr. Speaker.

**Speaker:** Minister of Community and Government Services, Mr. Joanasie.

**Hon. David Joanasie:** Thank you, Mr. Speaker. I again thank the member. Mr. Speaker, in my department, we do have scholarship opportunities and there’s

another avenue where we try to encourage young people to pursue professional studies in technical fields, whether they want to become an engineer or that type. These positions are spread across the territory, and again, we're doing outreaches to schools. We want to have access to career fairs to try to promote this program and get more students involved, and we hope to see good progress on it. Thank you, Mr. Speaker.

**Speaker:** Your second and final supplementary, Mr. Sammurtok.

**Mr. Sammurtok:** Thank you, Mr. Speaker. The minister's announcement indicated that "successful applicants will be hired on a part-time basis." Can the minister confirm if the rate of pay for participants in the program will be the same as the government's Summer Student Employment Equity Program? Thank you, Mr. Speaker.

**Speaker:** Minister of Community and Government Services, Mr. Joanasie.

**Hon. David Joanasie:** Thank you, Mr. Speaker. In short, the students that are taking part in this project would be paid relative to the studies that they're in, just as though they're in that work or in that field. Mr. Speaker, the way it's set up too around... . The students, of course, are in schools for most of the day, but if they can, we try to arrange flexible hours, whether it's in the evenings or on weekends, if that's permissible. Mr. Speaker, we try to be flexible around hours. Thank you, Mr. Speaker.

**Speaker:** Oral Questions. Member for Kugluktuk, Mr. Anavilok.

### **Question 749 – 6(2): Coppermine River**

**Mr. Anavilok** (interpretation): Thank you, Mr. Speaker. My questions today are for the Minister of Environment and they concern the issue of the health of the Coppermine River.

As the minister is aware, the Coppermine River is extremely important to my constituents in Kugluktuk. The river has always been a source of drinking water and food for Inuit, and it is essential that the river be clean, healthy, and free from pollution and contaminants.

In 2002 the Coppermine River was nominated to the Canadian Heritage Rivers System.

Can the minister describe how his department works with the hunters and trappers organization and federal partners to monitor the health of the Coppermine River? Thank you, Mr. Speaker.

**Speaker:** Hon. Minister of Environment, Mr. Qavvik.

**Hon. Daniel Qavvik:** Thank you, Mr. Speaker. I thank the member for raising the issue. Mr. Speaker, the Kugluktuk Coppermine River is adjacent to Kugluk Park, but the river is not part of the park. We have no control or information on what is happening upriver from the park.

Mr. Speaker, in regard to how we work with the federal government in terms of water testing and water quality, it is the responsibility of the Department of Fisheries and Oceans Canada.

The drinking water quality falls under the Department of Health. Water testing from time to time can be challenging to reach the federal government. Thank you, Mr. Speaker.

**Speaker:** Your first supplementary, Mr. Anavilok.

**Mr. Anavilok** (interpretation): Thank you, Mr. Speaker. Thank you for your response. (interpretation ends) As the minister will be aware, the federal government made a decision in the year 2015 to reject a request by the Kitikmeot Inuit Association for the Nunavut Impact Review Board to conduct a review of a project related to diamond mining in the Northwest Territories.

Concerns have been raised with me that the mining activity in the region is adversely impacting the health of the Coppermine River. For example, the number of char that are being harvested appears to have declined. From my experience before the mine started more than 20 years ago, we used to be able to catch 20 to 40 char; last year I was lucky to get three.

Can the minister describe how his department works with the Government of the Northwest Territories and the relevant environmental monitoring and regulatory agencies to address transboundary impacts of mining in the Kitikmeot? (interpretation) Thank you, Mr. Speaker.

**Speaker:** Minister of Environment, Mr. Qavvik.

**Hon. Daniel Qavvik:** Thank you, Mr. Speaker. Thank you for the question. Mr. Speaker, the responsible party for

fish and fish research in the river that comes to Kugluktuk from Lac de Gras is the Department of Fisheries and Oceans Canada.

In terms of how we work with our neighbouring jurisdictions of the Northwest Territories, the mining and the dumping of tails into tail pits, the Government of the Northwest Territories is responsible for environmental assessments. Thank you, Mr. Speaker.

**Speaker:** Your second and final supplementary, Mr. Anavilok.

**Mr. Anavilok** (interpretation): Thank you, Mr. Speaker. (interpretation ends) I am concerned that hunters who rely on the Coppermine River for their harvesting activities are suffering losses through no fault of their own.

I will be inviting the Minister of Environment to come to Kugluktuk sometime in June to speak with the community as they fish on different parts of all of the river, and possibly Fisheries and Oceans.

Can the minister clarify who is responsible for compensating harvesters who have suffered losses as a result of environmental damage? (interpretation) Thank you, Mr. Speaker.

**Speaker:** Minister of Environment, Mr. Qavvik.

**Hon. Daniel Qavvik:** Thank you, Mr. Speaker. I thank the member for inviting me to his beautiful community of Kugluktuk. I can work with the member to identify the possibility of visiting Kugluktuk.

In terms of the compensation of the loss from harvesting, I do not have that level of detail with me. I can get back to the member in writing with more details to provide to the member. Thank you, Mr. Speaker.

**Speaker:** Oral Questions. Member for Uqqummiut, Ms. Killiktee.

### **Question 750 – 6(2): Birth Documents**

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

Mr. Speaker, as you know, there are no birthing services in the smaller communities. Mothers have to travel out of their community and sometimes they have to travel to the south for the birth of their child to places like Winnipeg, Ottawa, and Yellowknife. (interpretation ends) When this happens, mothers don't always get the 'registration of birth' documents from the jurisdiction where they gave birth. By saying that, later on, it becomes a big problem as they pay fee after fee trying to get the appropriate documents, often without success.

Mr. Speaker, can the minister explain what agreements are in place with other jurisdictions to provide support to Nunavummiut who are born outside of the territory to receive their birth registration and birth certificate documents? (interpretation) Thank you, Mr. Speaker.

**Speaker:** Hon. Minister of Health, Mr. Main.

**Hon. John Main** (interpretation): Thank you, Mr. Speaker. I also thank the member for asking that question. If there

are any agreements between our government and other jurisdictions in regard to that, I can't tell you if there are any agreements, but we do have our registration office in Rankin Inlet for those who are born in Nunavut. If they're born outside of Nunavut, for example, before Nunavut was created on April 1, 1999, and if they were born in the Northwest Territories, they have to request that information from the Government of the Northwest Territories. That's how it is currently set up.

Mr. Speaker, I have experienced this personally, as one of our sons was born in Alberta and he's registered under that jurisdiction. My wife and I approached the Alberta government and they sent us the documentation. There are means of getting the documentation. It depends on where the child is born. They do have offices in other jurisdictions and there's information available on the Internet, including registration forms. Thank you, Mr. Speaker.

**Speaker:** Your first supplementary, Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Speaker. I also thank you for your response. For those Nunavummiut who were born before 1999 in the area that is now Nunavut, their birth certificates were (interpretation ends) issued by the vital statistics department of the Northwest Territories. I was recently informed that the old birth certificates are no longer valid and people are being told that they have to renew their birth certificates.

From learning that, can the minister confirm whether Nunavummiut born in

1999 are now being required to renew their birth certificates and whether his department will provide assistance to Nunavummiut in accessing replacement birth certificates from the Northwest Territories? (interpretation) Thank you, Mr. Speaker.

**Speaker:** Minister of Health, Mr. Main.

**Hon. John Main** (interpretation): Thank you, Mr. Speaker. This is the first time that I hear about this and I thank the member for that. It's concerning to hear that the old birth certificates may no longer be valid. We do know that when we request for replacement or new birth certificates from the Government of the Northwest Territories, the fees are higher than they are in Nunavut. The fee is \$10 here in Nunavut and I think it is \$25 or \$22 in the Northwest Territories. I'll look into this further and I will have dialogue with my staff and see exactly what is happening. If our assistance is required, we will be available. Thank you, Mr. Speaker.

**Speaker:** Your second and final supplementary, Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Speaker. I'm glad to hear that. It's something that's very important. For those of us who were born many years before 1999, we are applying to renew our birth certificates.

We heard about people experiencing problems with the application process in the news. Our Member of Parliament also assisted people applying for Canadian passports. Passport applications were being returned, which could be due to the old birth certificates no longer being recognized. The service

provided by the vital statistics office in the Northwest Territories is very slow and their system seems very outdated. This is concerning and it needs to be improved. I urge you to put more focus on this.

Furthermore, I would like to get clarification from the minister. He said that this is the first time he has heard of this change. I think I heard that there is a registration office in Rankin Inlet that has been issuing birth certificates for people born on or after April 1, 1999. I would like confirmation on whether or not that is the case. If that is not the case, a new vital statistics office should be opened in Nunavut so that Nunavummiut can get the services they are entitled to and access their birth certificates in a more efficient way. Thank you, Mr. Speaker.

**Speaker:** Minister of Health, Mr. Main.

**Hon. John Main** (interpretation): Thank you, Mr. Speaker. I also thank the member for asking those questions for the benefit of the listening public. For people who were born on or after April 1, 1999 in Nunavut, they are able to access their birth certificates from the registration office in Rankin Inlet and their toll-free number is 1-800-661-0833 or they can visit the website where there are application forms available. There are government liaison officers in all communities and they can provide assistance in getting birth certificates. They are available. Thank you, Mr. Speaker.

**Speaker:** Oral Questions. Member for Arviat South, Mr. Savikataaq.

**Question 751 – 6(2): Staffing at the Petroleum Products Division**

**Mr. Savikataaq** (interpretation): Thank you, Mr. Speaker. I say “good morning” to the people of Arviat on this chilly day.

(interpretation ends) Mr. Speaker, I would like to direct my questions to the Minister of Community and Government Services regarding the return to oral and the seven-manager positions, which seems awful high, so a quarter of the positions are management positions, 7 out of 35, which seems high to me, but that’s not my question.

My first question is: in the return to oral, it says that “a new hire, is currently working outside of the community of Rankin Inlet, while the individual transitions into the community and their new position...” How is this possible when the Minister of Human Resources said that no new out-of-territory hires were approved? Thank you, Mr. Speaker.

**Speaker:** Hon. Minister of Community and Government Services, Mr. Joanasie.

**Hon. David Joanasie:** Thank you, Mr. Speaker. Regarding the return to oral, I do believe that the Petroleum Products Division and the management, we are trying to fill those positions and it did go through the competitive process in that the vacancy was filled and is now transitioning to the position. It’s going through that process, Mr. Speaker. Thank you.

**Speaker:** Your first supplementary, Mr. Savikataaq.

**Mr. Savikataaq:** Mr. Speaker, I didn’t ask how the person was hired. I didn’t ask if it went through the competition process. I didn’t ask that question, so I’m not sure why the minister replied to that. My question to the minister was, in his return to oral, “Mr. Speaker, of the management positions, one of these positions, a new hire, is currently working outside of the community of Rankin Inlet, while the individual transitions into the community and their new position...”

Mr. Speaker, the Minister of Human Resources just stated this morning in this House that no positions have been approved to work out of territory. If there are no positions approved to work out of territory, how was this happening? How can the Petroleum Products Division hire someone that’s not in Rankin Inlet when no positions have been approved to work out of the territory? Thank you, Mr. Speaker.

**Speaker:** Minister of Community and Government Services, Mr. Joanasie.

**Hon. David Joanasie:** Thank you, Mr. Speaker. The position is based in Rankin Inlet and the position is filled and the person filling the position is transitioning into the... I don’t know where they are hired from, to be honest, but based on the level of detail that my colleague asked for, I presented the facts. We continue to fill these positions, again, through the competitive or otherwise and when a hire does go through, there are transition stages that an employee goes through. Thank you, Mr. Speaker.

**Speaker:** Your second and final supplementary, Mr. Savikataaq.

**Mr. Savikataaq:** Thank you, Mr. Speaker. The process seems to be circumventing the system. The Minister of Human Resources clearly stated that no positions have been approved to work outside of the territory. Now, I'm not sure if this new hire is working outside of the territory, but this new position is definitely not working in Rankin Inlet. In the normal competitive process, when a person is hired for a job and they accept that position, there is a start date and normally that start date is, they start in that community. That's the normal process, but it seems like it is very improper.

This new hire that's working outside of the community, is the new hire not a resident of Rankin Inlet? Is this new hire from the south? I'm not sure if the minister would have that detail, but I would like that detail before the end of this sitting whether this new hire was hired from out of the territory or within the territory or Rankin Inlet specifically. Thank you, Mr. Speaker.

**Speaker:** Minister of Community and Government Services, Mr. Joanasie.

**Hon. David Joanasie:** Thank you, Mr. Speaker. In my department, we are continuing to and committed to working with Human Resources on their policies. Again, I think the Remote Work Policy is something that can be a good tool for our government to make sure that there is work getting done, whether or not they are in the communities.

Mr. Speaker, to the question, again as I said, I didn't know where they were coming from, so I'll have to get back to the member on that. Thank you, Mr. Speaker.

**Speaker:** Oral Questions. Member for Tununiq, Ms. Nutarak.

### **Question 752 – 6(2): Inclusive Supports for Schools**

**Ms. Nutarak** (interpretation): Thank you, Mr. Speaker. (interpretation ends) I would like to direct my questions to the Minister of Education.

Mr. Speaker, Part 6 of Nunavut's *Education Act* provides for inclusive education for students across the territory. The department's most recent annual report lists a number of student services that may be provided in schools, including speech language therapy, occupational therapy, deaf and hard-of-hearing education, and school-based mental health.

Can the minister provide an overview of how her department's education and student support services program determines what specific inclusive supports they will provide in specific schools or communities? Thank you, Mr. Speaker.

**Speaker:** Hon. Minister of Education, Ms. Gross.

**Hon. Pamela Gross:** Thank you, Mr. Speaker. Thank you to the member for the question. Our schools are very well equipped with resources for our students to access. We work with our schools to also work with new incoming students if they are entering into kindergarten within a few years and they have challenges that they need support with.

If we have students that are either deaf or hard of hearing or low visibility or any type of support that is needed for an

extra support to come in and work with the students, we can assist that process, whether they are coming into the school or they are already in the school. We can task the school principal to work directly with the family to get that person, the child or the student, the support that they do need.

We also have supports for things such as emotional and mental health support and various other supports that our Student Services Division works very closely with our school leaders to work on to support the students' needs. Thank you, Mr. Speaker.

**Speaker:** Your first supplementary, Ms. Nutarak.

**Ms. Nutarak:** Thank you, Mr. Speaker. Thank you, minister, for your reply. Mr. Speaker, one type of support service that is not mentioned in the Department of Education's annual report is supports for students with low vision or those who are blind. One of my constituents has recently proposed a training program to provide low vision education for students in our schools.

Can the minister confirm that she has received this proposal from my constituent and can she describe what steps are being considered to provide low vision education training to Nunavut educators? Thank you, Mr. Speaker.

**Speaker:** Minister of Education, Ms. Gross.

**Hon. Pamela Gross:** Thank you, Mr. Speaker. Thank you to the member for the question and working with your constituents to support the students that will need assistance.

Mr. Speaker, we are working with Mittimatalik to ensure that there are training workshops to help address the needs of students with low vision in the constituency. The staff of the Department of Education is also aware of children that might need additional supports and needs for either attending school or entering school soon and will work with the families and the staff to provide the services that they will need.

We also have a long-standing memorandum of understanding with the Government of Manitoba where we have the services of a coordinator for their blind and visually impaired unit. We currently have students who are blind and are low vision receiving support from a coordinator who visits our communities and will ensure that we do that work and work directly with Mittimatalik, and that goes to any other community as well. Thank you, Mr. Speaker.

**Speaker:** Your second and final supplementary, Ms. Nutarak.

**Ms. Nutarak:** Thank you, Mr. Speaker. Thank you, minister. Mr. Speaker, the schools in my constituency have indicated that they want more specialist visits to provide support in such areas as speech therapy, physiotherapy, and audiology and optometry services.

Section 47 of the *Education Act* provides that if a school team decides that specialist services or supports are required, the minister shall ensure they are provided.

While I recognize and appreciate that almost 350 students received individualized support services in 2021-

22, there are still needs for inclusive education support services which are not being met.

Will the minister commit to looking into the need for additional specialist services and assessments in Pond Inlet's schools and ensure that they are provided?

Thank you, Mr. Speaker.

**Speaker:** Minister of Education, Ms. Gross.

**Hon. Pamela Gross:** Thank you, Mr. Speaker. Thank you to the member for the question. Yes, I can commit that we have worked with the community and when we do have instances that come up, we work to ensure that the needs of the students are being met. We have increased our support with the core funding that we now have for the Department of Education to enhance this part of our division and we will work to increase other supports if they are needed. If they do come through the channels through the school leaders or the district education authorities or our colleagues, if they have community members bringing those concerns forward, we do work to ensure that those needs are being addressed. I thank anyone in this House or others who do bring those issues forward. Thank you, Mr. Speaker.

**Speaker:** Oral Questions. Member for Baker Lake, Mr. Simailak.

**Question 753 – 6(2): Kivalliq Intercommunity Road**

**Mr. Simailak:** Thank you, Mr. Speaker. My questions this morning are for the Minister of Economic Development and Transportation. I want to follow up

today on the subject of the Kivalliq Intercommunity Road.

I was very honoured to have had the opportunity to attend the community consultation meeting that was held in Baker Lake a few weeks ago. Dozens of my constituents took the time to attend and share their views on this important project. It's so important to members of my community that some of them even left the hockey game in the rink next door to go listen and take part in the community consultation.

When the minister updated the House on this project last week, he indicated that the report from his department's current study "should be available later in the year." Hopefully it's not too much later in the year but sooner.

Mr. Speaker, as the minister is aware, Members of the Legislative Assembly have expressed frustration at the long delays in tabling his department's updated Nunavut Airports Capital Needs Assessment and the marine scoping study.

Will the minister assure the House today that copies of his department's Kivalliq Intercommunity Road study will be provided directly to the region's Members of the Legislative Assembly and the Kivalliq Inuit Association immediately following its completion? Thank you, Mr. Speaker.

**Speaker:** Hon. Minister of Economic Development and Transportation, Mr. David Akeagok.

**Hon. David Akeagok (interpretation):** Thank you, Mr. Speaker. I'm very pleased that the community is enquiring

about that and that they want to work with us, even leaving the hockey game and going to the consultation meeting, and I thank them for that.

Once the information has been gathered from the community consultation, I'm already planning to give the report to my colleague and I will urge my staff to complete it as soon as possible. Thank you, Mr. Speaker.

**Speaker:** Your first supplementary, Mr. Simailak

**Mr. Simailak:** Thank you, Mr. Speaker. Thank you, minister, for that. I'm sure we will be very anxious to see that.

The minister had indicated that his department's consultations have identified caribou migration as one of the impacts that will need to be mitigated. Can the minister describe how he is working with the Department of Environment, along with the Beverly and Qamanirjuaq Caribou Management Board, to begin the process of developing mitigation plans in this area? Thank you, Mr. Speaker.

**Speaker:** Minister of Economic Development and Transportation, Mr. David Akeeagok.

**Hon. David Akeeagok:** Thank you, Mr. Speaker. This is the reason why we're doing a study is so that all stakeholders can gather the information and, if there are concerns like caribou migration, we need to figure out how we will be mitigating that. The very stakeholders that my colleague just mentioned are the key stakeholders that we will be in discussions with as we do the study. Thank you, Mr. Speaker.

**Speaker:** Your second and final supplementary, Mr. Simailak.

**Mr. Simailak:** Thank you, Mr. Speaker. As the Minister of Economic Development and Transportation is aware, the federal Minister of Environment recently stated that the Government of Canada will no longer fund road projects in the country.

Mr. Speaker, as the House is aware, nation-building projects such as the Kivalliq Intercommunity Road and the Kivalliq Hydro-Fibre Link will likely need significant federal investments to succeed.

Will the Minister of Economic Development and Transportation here join me in condemning the federal Minister of Environment's comments and can he assure this House that he is making every effort to ensure that the Government of Canada does not back away from supporting the Kivalliq Intercommunity Road project? Thank you, Mr. Speaker.

**Speaker:** Minister of Economic Development and Transportation, Mr. David Akeeagok.

**Hon. David Akeeagok:** Thank you, Mr. Speaker. On Friday I was fortunate to participate on the federal-provincial-territorial meetings of transportation ministers. As I was not able to be there in person, I was able to meet virtually. I want to assure my colleagues that all of the transportation ministers from the provincial-territorial ministers were calling on the federal government to enhance and restart the National Trade Corridors Fund, the Oceans Protection Plan, the two major programs that help

build roads and ports and that we will continue to advocate for.

Whether another federal minister says otherwise, I'm targeting the folks, the ones that work in building infrastructure for this fine county, and I will continue to be a very strong advocate to making sure that these federal programs benefit our territory and we need them. I can't stress more than that, so I want to thank my colleague for raising this with me and I appreciate it. Thank you, Mr. Speaker.

**Speaker:** Oral Questions. Member for Iqaluit-Manirajak, Mr. Lightstone.

**Question 754 – 6(2): Increase to Nunavut Household Allowance**

**Mr. Lightstone:** Thank you, Mr. Speaker. My questions today are also for the Minister of Finance in relation to his minister's statement that was provided to the House yesterday regarding the increase to the Nunavut Household Allowance.

Mr. Speaker, the announcement that was provided by the minister yesterday came with much applause in this Chamber and most likely in Government of Nunavut offices across the territory, and for that, I would like to thank you.

Mr. Speaker, I have identified the inequity between staff housing and this homeowner allowance since my initial campaign platform in 2017 and in fact, this was the very first issue that I raised in this House at the beginning of the Fifth Assembly.

Mr. Speaker, for my first question, I would like to ask the minister to provide

some information about the tax implications. It's great that the household allowance will be increased from \$400 a month to \$1,000, but a significant portion is currently withheld due to income tax deductions. For my first question, I would like to ask the minister how much of that \$1,000 on average can Government of Nunavut employees expect to receive. Thank you, Mr. Speaker.

**Speaker:** Hon. Minister of Finance, Mr. Kusugak.

**Hon. Lorne Kusugak:** Thank you, Mr. Speaker. I appreciate my colleague for having raised this issue with me and I'm glad that this House supports Nunavummiut who own their own homes and rent from the private market. I, too, believe that this is going to go a long way.

Mr. Speaker, in short, this allowance will be given out on the first two paycheques of each month. That will have a big impact on your taxes because I believe that the tax implications are based on your first paycheque of each month. Instead of giving \$1,000 on that month, the tax deductible will be less if we put \$500 in the first pay period and then in the second pay period, you will get the second one. It will be on the first two pay periods of each month. In some months a couple of times a year, I believe we get three paycheques and in the same month; you wouldn't get it in the third one. Thank you, Mr. Speaker.

**Speaker:** Your first supplementary, Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Speaker. I would like to thank the

minister for that response. I'm grateful that tax implications were considered in the planning and development of this new updated policy.

Mr. Speaker, the previous Nunavut Household Allowance Policy did have a sunset clause set for April 1, 2024. I would like to ask if the new policy will also have a sunset clause or review period built into it so that government employees will not have to wait another 16 years to see an increase. Thank you, Mr. Speaker.

**Speaker:** Minister of Finance, Mr. Kusugak.

**Hon. Lorne Kusugak:** Thank you, Mr. Speaker. I spoke yesterday and today and again, I say that we have increased the household allowance. We were able to do that by changing the line item in terms of a monthly housing allowance. It did not require changing the policy as such and right now, we are working on taking a look at the policy and where we could make improvements on it and I hope that we can come up with that soon. We are looking at the policy, where we could make changes and how we could make improvements, but this does not affect the policy directly. As we work towards that, in the very near future, in the next few weeks, I'm sure we will consider those comments by my colleague. Thank you, Mr. Speaker.

**Speaker:** Your second and final supplementary, Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Speaker. I appreciate the minister's response and taking my comments into consideration.

Mr. Speaker, one of the recommendations that I made in this House in the past was tying this housing allowance to CPI or indexing the amount so that it does receive regular adjustments as the cost of living increases.

Mr. Speaker, the \$1,000 a month household allowance is quite generous compared to the previous amount of \$400 a month, but it still does not quite equate to the subsidy provided to employees in staff housing or public housing or the housing allowance that is provided to employees of other organizations across the territory.

The next question I would like to ask is: does the government have further plans in place to have longer term adjustments to see more equity provided into this household allowance? Thank you, Mr. Speaker.

**Speaker:** Minister of Finance, Mr. Kusugak.

**Hon. Lorne Kusugak:** Thank you again, Mr. Speaker. I thank my colleague for the questions. Mr. Speaker, it was important for this government to put out definitely an increase and I believe a very significant 150 percent increase on the current allowance. Mr. Speaker, this will give us some time to take a look to see if this is in fact adequate and, if not, how much more do we need and what kinds of timetables should be in there to ensure that this amount does increase in the future on a timely basis and not based on other things than that. Give us a chance to work through that and we will come up with some figures and work on where we go from there, Mr. Speaker. I'm sure

we will find something that is supportive of all, but I do believe that this is a significant step in that direction. Thank you, Mr. Speaker.

**Speaker:** Oral Questions. Member for Netsilik, Mr. Quqqiaq.

**Question 755 – 6(2): Accessing Income Assistance Benefits**

**Mr. Quqqiaq:** Thank you, Mr. Speaker. I would like to direct my questions to the Minister of Family Services.

Mr. Speaker, I wrote to the minister on this issue some time ago, but as I have not received a response, I hope she will be able to provide some answers today.

Mr. Speaker, one of my constituents was an income assistance client for some time, but for about five months, was denied income assistance. Mr. Speaker, even though his documents were all on his file, the new income assistance worker insisted that he provide identification which he did not have. Mr. Speaker, he needed \$35 to get the new identification. With no income, he could not afford identification. With no identification, he could not access any income.

Mr. Speaker, can the minister clearly explain what kind of supports should be provided to individuals to assist them in applying for income assistance? Thank you, Mr. Speaker.

**Speaker:** Hon. Minister of Family Services, Ms. Nakashuk.

**Hon. Margaret Nakashuk** (interpretation): Thank you, Mr. Speaker. I also thank the member. I

apologize if I didn't respond to your letter. I try to respond right away to any correspondence that I receive.

The income support worker is supposed to be able to help update the client's identification if they didn't have that or their birth certificate. The government liaison officers are also available to help get identification or birth certificates if they haven't filled out an application.

Income support workers don't make people wait five months for income support assistance. The people who are trying to get income support are supposed to update their identification and birth certificates before they go to income support. Although income support workers can help their clients on how to do that, it's unfortunate that someone had to wait that long. Thank you, Mr. Speaker.

**Speaker:** Your first supplementary, Mr. Quqqiaq.

**Mr. Quqqiaq:** Thank you, Mr. Speaker. I am very glad that there are kind people in the community who help one another. Mr. Speaker, another individual paid the \$35 for my constituent to get a new piece of identification, but when he returned to the income assistance office, the new worker told him that he also needed a birth certificate and his application was denied once again.

Mr. Speaker, can the minister clarify how many pieces of identification are required to apply for income assistance and clearly explain why someone who has already been a client for some time needs to go through the identification process again and again? Thank you, Mr. Speaker.

**Speaker:** Minister of Family Services, Ms. Nakashuk.

**Hon. Margaret Nakashuk**

(interpretation): Thank you, Mr. Speaker. I also thank you for that supplementary question. As to how many pieces of identification are required, as I said, they need to bring in a birth certificate and/or health care card and other identification for people in the household. They need the children's birth certificates as well. However, if the person is living alone, I may be wrong, but they need to give two or three pieces of identification to get income support.

Workers have told me that we sent a response to you on December 15. That person was assisted by staff. Thank you, Mr. Speaker.

**Speaker:** Your second and final supplementary, Mr. Quqqiaq.

**Mr. Quqqiaq:** Thank you, Mr. Speaker. I appreciate that income assistance workers have to follow a process to ensure that people are not taking advantage of the system. However, it seems that my constituent is being repeatedly denied and is not offered any support to help him progress with his application.

Mr. Speaker, it is my understanding when the person is denied income assistance, they can appeal the decision. Mr. Speaker, the income assistance worker is supposed to help clients fill out and submit the appeal. This does not seem to be happening.

Mr. Speaker, will the minister commit to reviewing the process being followed by income assistance workers in the

Netsilik constituency and make sure that the current processes are being followed? Thank you, Mr. Speaker.

**Speaker:** Minister of Family Services, Ms. Nakashuk.

**Hon. Margaret Nakashuk**

(interpretation): Thank you, Mr. Speaker. I also thank you for that follow-up question. It's regretful that the person had to wait that long, but there has to be proper documentation and sometimes that causes problems. It's really unfortunate that the person was not accommodated and not welcomed.

For people who are denied, there is an appeal board for income support. I'm sure that case has been reviewed and that person who requested or who appealed has been responded to by letter. It's unfortunate that you were not aware of it and the forms that are available in our offices, but a response was provided. Thank you, Mr. Speaker.

**Speaker:** Oral Questions. Member for Amittuq, Mr. Kaernerker.

**Question 756 – 6(2): Issues with Medical Travel**

**Mr. Kaernerker** (interpretation): Thank you, Mr. Speaker. Good day, people of Amittuq and Nunavut.

Mr. Speaker, my question is directed to the Minister of Health regarding medical patients who are sent to Iqaluit, Ottawa, Edmonton, and Winnipeg.

I would like to know how the health department has made corrections or rectified issues for services that are provided. When elders and disabled

people are informed at the last minute that they have to leave for their appointment, they might say, “I can’t leave at the moment because I wasn’t given enough notice, so I’ll decline the travel for now.” A lot of money is probably being used to make adjustments to medical travel.

I would first like to know what actions have been taken by the health department to rectify issues with medical travel. Thank you, Mr. Speaker.

**Speaker:** Hon. Minister of Health, Mr. Main.

**Hon. John Main** (interpretation): Thank you, Mr. Speaker. I also thank my colleague for that question. We’re constantly seeking solutions to problems with medical travel, especially for patients requiring medical attention.

The Medical Travel Policy is still being reviewed. We have informed Nunavut Tunngavik that in accordance with the partnership policy and Article 32 of the *Nunavut Agreement*, we are constantly looking for solutions to problems with the operation of medical travel, but we know that the policies that are in place also need to be adjusted and updated. Thank you, Mr. Speaker.

**Speaker:** Your first supplementary, Mr. Kaernerck.

**Mr. Kaernerck** (interpretation): Thank you, Mr. Speaker. I do realize that the medical travel personnel do their due diligence to have patients see their appointments.

Article 32 of the *Nunavut Agreement* has a heavy influence on policy

development, which includes the Department of Health and Nunavut Tunngavik Incorporated, for the benefit of Nunavummiut. How have you reviewed this? Are you looking to increase employment so that patients are informed weeks in advance of their appointments? I would like you to inform Nunavummiut of what aspects of the policy have been reviewed. Are we going to see positions being created in Nunavut’s 25 communities? Thank you, Mr. Speaker.

**Speaker:** Minister of Health, Mr. Main.

**Hon. John Main** (interpretation): Thank you, Mr. Speaker. I can’t say at this time whether or not more jobs would be created in accordance with the policy. However, I can say that when we have requested more positions, it has been supported by this House for a number of years. The medical travel clerks increased in numbers in order to better serve Nunavummiut.

(interpretation ends) Mr. Speaker, areas of focus during this Medical Travel Policy review include enhanced communications tools, examining the structure of the medical travel program, as well as clarifying escort entitlements, eligibility and responsibilities. That’s a few of the areas of focus. (interpretation) Thank you, Mr. Speaker.

**Speaker:** Your second and final supplementary, Mr. Kaernerck.

**Mr. Kaernerck** (interpretation): Thank you, Mr. Speaker. I would like to see a position that works solely on this.

Do you have a scheduled date as to when the review report will be tabled here in

the House in view of the Nunavut patients who travel? Is there a set date for the tabling of the report? Thank you, Mr. Speaker.

**Speaker:** Minister of Health, Mr. Main.

**Hon. John Main** (interpretation): Thank you, Mr. Speaker. We don't have a set date for the new policy to be tabled here in the House. There was a delay in some of the areas which is unfortunate. Mr. Speaker, although we support and work hard towards this, for the 2024-25 fiscal year, we will continue on this work.

We will have to find solutions to issues with medical travel. There are some instances where Nunavummiut who have been issued tickets do not show up to travel on scheduled departure dates. We have to figure out what is causing "no-shows" because that is one obstacle that we will need to consider and find a solution to, as this is a problem for many people. Thank you, Mr. Speaker.

**Speaker:** Members, be aware that the time allotted for question period is now over. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Speaker. I seek unanimous consent to extend question period. Thank you, Mr. Speaker.

**Speaker:** The member is seeking unanimous consent to extend question period. Are there any nays? There is a nay. Item 7. Written Questions. Item 8. Returns to Written Questions. Item 9. Replies to Opening Address. Item 10. Replies to Budget Address. Item 11. Petitions. Item 12. Responses to Petitions. Item 13. Reports of Standing and Special Committees on Bills and

Other Matters. Item 14. Tabling of Documents. Hon. Minister of Justice, Mr. David Akeeagok.

#### **Item 14: Tabling of Documents**

##### **Tabled Document 242 – 6(2): Minimum Wage Annual Report 2022 and 2023**

**Hon. David Akeeagok:** Thank you, Mr. Speaker. I am pleased to table the Minimum Wage Rate 2022 and 2023 Annual Report. Thank you, Mr. Speaker.

**Speaker:** Item 14. Tabling of Documents. Hon. Minister of Community and Government Services, Mr. Joanasie.

##### **Tabled Document 243 – 6(2): 2019- 2023 Nunavut-Western Canada Annual Report Amalgamated from April 1, 2019 to March 31, 2023**

**Hon. David Joanasie** (interpretation): Thank you, Mr. Speaker. Today I am pleased to table in the House the Nunavut-Western Canada Annual Report Amalgamated from April 1, 2019 to March 31, 2023. Thank you, Mr. Speaker.

**Speaker:** Item 14. Tabling of Documents. Member for Iqaluit-Manirajak, Mr. Lightstone.

##### **Tabled Document 244 – 6(2): Inuktitut- speaking Teachers Receiving Bilingual Bonus in 2023**

**Mr. Lightstone:** Thank you, Mr. Speaker. Today I would like to table the current number of bilingual Inuktitut-speaking teachers in our education

system which are receiving a bilingual bonus, broken down by community and school.

I encourage all members to review this item with care and I will be asking questions about this in the near future. Thank you, Mr. Speaker.

**Speaker:** Tabling of Documents. Member for Netsilik, Mr. Quqqiaq.

**Tabled Document 245 – 6(2):  
Correspondence from the Mayor  
of Taloyoak Inviting Minister of  
Health to Attend Council Meeting**

**Mr. Quqqiaq:** Thank you, Mr. Speaker. Today I wish to table correspondence from the Mayor of Taloyoak inviting myself and the Minister of Health to attend a council meeting in the community.

As noted in the letter, the Taloyoak Hamlet Council and the community as a whole has a great interest in health care delivery in the community and would like to share their knowledge and experience with us.

I sincerely hope that the minister will be agreeable to visiting the community of Taloyoak with me and to meeting with the mayor and council. Thank you, Mr. Speaker.

**Speaker:** Item 15. Notices of Motions. Item 16. Notices of Motions for First Reading of Bills. Item 17. Motions. Item 18. First Reading of Bills. Item 19. Second Reading of Bills. Item 20. Consideration in Committee of the Whole of Bills and Other Matters. Bills 37, 38, 39, and 40 with Mr. Savikataaq in the Chair.

Before we proceed with the Committee of the Whole, we will break for lunch and come back at 1:30 p.m.

Sergeant-at-Arms.

>>*House recessed at 11:59 and  
Committee resumed at 13:31*

**Item 20: Consideration in Committee  
of the Whole of Bills and Other  
Matters**

**Chairman** (Mr. Savikataaq): Good afternoon. I would like to call the committee meeting to order.

Just before we proceed, I would like to make our special guests welcome for today. These are the first-year students from the Arctic College interpretation and translator course. I'll be sorry if I don't pronounce your last name right:

- Tommy Kakka
- Lindsay Hainnu
- Amanda Ningeochiak
- Corrine Tugak
- Margaret Nowdlak
- Jade Paneak

Welcome to our Assembly and have a good...

>>*Applause*

...and put the headsets on and take a few notes from the professional interpreters that we have here.

>>*Applause*

In Committee of the Whole, we have the following items to deal with: Bills 37, 38, 39, and 40. What is the wish of the committee? Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. (interpretation ends) We wish to continue with the review of the 2024-25 operations and maintenance main estimates of the Department of Health, followed by the Department of Community and Government Services. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. (interpretation ends) Are we in agreement first to deal with Bill 37?

**Some Members:** Agreed.

**Bill 37 – Appropriation (Operations & Maintenance) Act, 2024-2025 – Health – Consideration in Committee**

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

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. Yes, I do. Thank you.

**Chairman** (interpretation): Thank you. (interpretation ends) Does the committee agree to let the minister's officials appear before you?

**Some Members:** Agreed.

**Chairman:** Sergeant-at-Arms, please escort them in.

Minister Main, for the record, can you please reintroduce your officials and then we will continue from where we left off yesterday. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. Joining me here to

my right is Deputy Minister Megan Hunt and to my left is Greg Babstock, Executive Director of Corporate Services. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. We will continue with my list of names from yesterday. Up next is Ms. Nutarak.

**Ms. Nutarak** (interpretation): Thank you, Mr. Chairman. Yesterday when I was asking questions, I forgot to mention something. My constituents in Pond Inlet and the hamlet council have spoken about a pilot project when the population was smaller where we had a doctor based in Pond Inlet. Since we have a growing population, I think it's the right time to get another doctor in our community. At times there are two or three medevacs to Iqaluit. Is it possible for your department to look at providing more physicians or doctors outside of Iqaluit? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of physicians being located in a community, that's something we can support, but it's largely driven by a physician's desire to be posted in a specific community. The community would have to be large enough to support the physician because we have physicians who cover multiple communities at a time. It's something that is possible, but it's largely driven by a physician's desire to be stationed in one particular community.

Another factor we would have to deal with is around availability of housing,

which is a constraint when we're looking at a lot of physicians, such as nursing and other health professionals.

(interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Nutarak.

**Ms. Nutarak** (interpretation): Thank you, Mr. Chairman. I think it would be beneficial and it would be a cost-saving measure if there was a physician located in Pond Inlet. There are smaller outlying communities that can be serviced by the physician who is based in Pond Inlet. For example, there was an emergency case in Grise Fiord that had to wait for over 24 hours. Sometimes the medevac aircraft are quite busy, which can lead to longer wait times.

If there was a doctor based in Pond Inlet, it would be a cost-saving measure, and I can tell you that there are a lot of vacant government housing units available in our community and we will be receiving more government housing units. Thank you. That's it for me.

**Chairman** (interpretation): Thank you. I think that was just a comment. I believe the minister wants to comment on that. Minister Main.

**Hon. John Main** (interpretation): We can look at this with medical affairs and have dialogue with health staff and the chief of staff. In emergency cases, we can also provide virtual care that is being used more and more. (interpretation ends) We now have virtual care equipment in all of the emergency care areas of health centres. In terms of the member's question, it is something that's increasingly becoming an option for

emergent needs. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Nutarak.

**Ms. Nutarak** (interpretation): Thank you, Mr. Chairman. I would like to re-emphasize that even if there is virtual care, we have many cases of medevacs. Some of them are seen immediately and then they are taken to the boarding home. They are usually seen and then go back home. If there was a doctor or physician located in Pond Inlet, I can assure you it would be a cost-saving measure and that's the wish of the hamlet council. Thank you for saying that you are going to take a look at it. That's just a comment. Thank you.

**Chairman** (interpretation): Thank you. Next name on my list: Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman, for recognizing me once again. I would like to welcome the minister and his officials.

With the nurses in the communities, we have had problematic areas in the communities that I represent. They would call the health centre because they wanted to be seen immediately outside of working hours. It's usually the nurse on call who sees those patients. When they are called, there are some nurses that say they don't want to see anybody at this time. What can we do to rectify this problem? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends)

When it comes to after-hour care and advice that can be given to patients or residents calling in, in some cases, if the assessment of the health professional on the other end of the line is that the health issue is not emergent, they do have the ability to refer them to the next available time to see a professional. It's based on the assessment that's made at the time. There are some cases where after-hour calls absolutely do need to be seen, specifically for younger children, and that's something that's followed closely, but it's a case-by-case basis and it comes to the symptoms and the specific issues that are being identified.

One example of a call that could be deemed non-emergent would be somebody calling the health centre and asking for Claritin because they're having an itchy rash on their wrists. That might be something where it would be determined that this is not an emergency. I'll just throw that out there as an example. There are all kinds of different reasons that people would call a health centre after hours and our staff make efforts to ensure that people are seen as soon as possible based on need. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you, Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. We hope to make sure that patients are taken care of before it's too late or possibly die in cases where they're refused to be seen by the nurse. Can the minister indicate what is considered an emergency so that the people out there will know when and when not to call? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you, Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I agree completely with the member. We want to be providing care where it's needed and we don't want to provide care or be too late in terms of emergent situations, absolutely. After-hours care is intended for urgent and emergency situations. The specific conditions or the specific symptoms that would be looked for, that's based on the assessment of the health care professional. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you, Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. It seems like the minister is refusing to answer my question. Do you have anything in writing that outlines what is considered an emergency so that we will be informed about what is considered an emergency and what is not? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you, Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of answering these questions, I'm not a health professional myself neither is my deputy and neither is Mr. Babstock, so I'm just trying to be careful in terms of how I respond here.

It's based upon a clinical assessment of what is an urgent or emergent situation and that can vary depending on the client, depending on if the client has underlying health issues, or depending

on the age of the client, but in terms of clarifying publicly around what constitutes an emergency and what doesn't constitute an emergency, it's something we can follow up on in terms of communicating with the public. It's a good suggestion. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Following my list of names, Mr. Hickes.

**Mr. Hickes:** Thank you, Mr. Chairman. Just to follow up on Mr. Malliki's question, I think it may be of assistance to provide how a patient is triaged. I think that might help alleviate some of the confusion around here. Whether it is by phone or in person, maybe if the minister would be able to describe that process, it may give some people that are listening some further information. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I think best suited to explain this would be my deputy, if you will allow. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Hunt.

**Ms. Hunt:** Thank you. Thank you to the member for the follow-up question. There are a couple of different ways that community members, after hours, as the members asked, can seek health care, seek assessment, or seek information. You can call the health centre and the after-hours nurse or the paramedic that's on that may be covering can have a

conversation with the patient or the family member or the parent of a child that will ask and assess with questions about what the individual is experiencing and what they're observing.

From there, they may ask the patient to come in for further hands-on assessment and from there, there may be more diagnostics. There may be additional treatment. They may need to make decisions to have them taken out of community for higher levels of care or support. They may end up seeing the virtual nurse. They may bring on a virtual physician or virtual pediatrics from one of our southern partners or even virtual psychiatry. They may also determine that the issues can wait until the morning and identify a time and provide a scheduled appointment for the individual to be able to come in and see the nurse or other health care professional as required. Thank you.

**Chairman** (interpretation): Thank you. Mr. Hickes.

**Mr. Hickes:** Thank you, Mr. Chairman. For this next question, you can defer me to the more appropriate page, but I still think it is directly related to the directorate.

With the continued and increased use of paramedics in health centres and the decision to go that route, has it added to any complexities regarding increased medevacs or increased calls to the Iqaluit doctors, as an example, here? We all know sometimes you're sitting in the emergency room here in Iqaluit and there may be two people in there and you still could be there for four hours. I myself understand that the doctors are in

the back probably helping whether it be a community health nurse or a paramedic in a community through a potentially dangerous situation, so I have the patience to understand that and the knowledge to understand that, but it is difficult when you're sitting there for four hours and there are only two people in the waiting room. You think, "What the heck is going on here?"

Has there been an increased demand on those types of services, such as medevacs or virtual communications with doctors, with the increased use of paramedics in the communities? Thank you.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I think it's fair to say that bringing paramedics on and having them as part of the teams, depending on the community, has added some complexities around scope of role that paramedics have a much more narrow scope in terms of the duties that they can fulfill. We have made adjustments along the way throughout the paramedic project. It has been a success from our perspective in terms of avoiding closures and keeping health centres open. When we look at paramedics, they're very good at stabilizing patients who are in emergent situations, preparing them to travel. However, they don't have the ability to prescribe medication, for example. That's not within their scope. It definitely has added complexities.

In terms of additional medevacs, we have seen increasing volume over the past couple of years. It's hard to say

whether that is due to the paramedic program or not. There are several other things going on within Nunavut other than just this. There have been other things changing, so to speak; respiratory illnesses coming out of the COVID pandemic restrictions. The facts are there, though. In terms of the numbers of medevacs, the numbers year over year continue to trend up. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Hickes.

**Mr. Hickes**: Thank you, Mr. Chairman. I do realize that there are different levels of scope of practice, from a doctor to a nurse practitioner to a registered to licensed practical nurse to paramedic, and that's kind of where I'm going down this path. I know there was some success in getting some positions created a few years back to increase the complement of nurse practitioners across the territory.

I know I brought this up in the past and I know there have been some challenges in hiring for these indeterminate nurse practitioner positions, but when you're talking about a scope of practice of what a paramedic can do to what a nurse practitioner can do, theoretically, it would actually decrease the number of medevacs because the scope of care would be able to be increased in the community.

I would like to get an update on what progress has been made. Again, I know there are global challenges in health care professionals, but when we're talking increases in medevacs, which it's not a \$400 ambulance ride, it's thousands, if not tens of thousands of dollars per trip. I would like to get an update on where

the department is on nurse practitioner hiring to make sure that we can escalate the level of service in our communities. Thank you.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I thank the member for raising this. It's a really good question and all questions are good, but this is a great opportunity to talk about this.

We've had huge difficulties in filling those nurse practitioner positions. I believe it is four that are currently filled. That's not for lack of trying. We have accessed some nurse practitioners through agencies, which are not our first choice, but when they're available, we will access those resources.

Right now, we have a posting out for nurse practitioners. We're focused on trying to increase the flexibility in terms of the job scheduling for those positions, specifically being able to offer part-time indeterminate employment. That's based on feedback from applicants and employees, and we're hopeful that that's going to assist us. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Hickes.

**Mr. Hickes**: Thank you, Mr. Chairman. While I appreciate that response from the minister, I still think that one of the biggest challenges and not everyone comes north for the adventure, the pay scale or remuneration... I always want to say re-numeration because it makes more sense in my brain, but it just

doesn't make sense right now. I know specifically of nurse practitioners here in the territory that don't work in a nurse practitioner position because they make more money as a nurse. I find that's really unfortunate because you're not able to be able to provide that level of care and you're not expected to provide that level of care, so the appointment process is not smooth to make sure that they're receiving the level of care.

I think the money is one thing and one of those categories that the minister mentioned that needs to be seriously looked at. It has been raised here a number of times. I have raised it myself from both sides of this Chamber. We have given the Department of Human Resources some flexibility to do market adjustments to some salaries. I have been often quoted as the nurse practitioners should be leading that charge.

When Community and Government Services first put forward the method of a market adjustment a number of years back, I thought that would be a perfect segue to get specifically into the nurse practitioners. We're not even competitive with Ontario's pay range, so how the heck are we supposed to attract experienced nurse practitioners?

I would like to ask the minister if that is still on the table and if he has had direct communications with the Department of Human Resources on getting the pay scale structure for nurse practitioners adjusted. Thank you.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) The pay scale issues have been brought to my attention and it is something that we're interested in addressing.

We have been focused on getting our critical staffing measures packages through and getting those implemented. Working with Human Resources on that has been really rewarding and I really appreciate their support in terms of being able to offer tiered bonus structures and incentives, which we're really hopeful are going to stabilize our workforce at the community level. We have some communities where you walk into the health centre and there is not a single full-time health professional working there. It's literally a revolving door facility and it's not a recipe for good health outcomes. A turnover like that just breeds more turnover and it's not something we want to see continue.

With regard to the market adjustment piece, it is something that has been mentioned before, but in terms of specific plans around bringing forward an adjustment, I don't have anything to announce at this time. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Hickes.

**Mr. Hickes:** Thank you, Mr. Chairman. Just before I drop this topic, I think it would be a good idea for the department to speak to nurse practitioners that are licensed to practise in the territory, whether they're working in that scope or not, to get some feedback on what some of the low-hanging fruit that can take to keep those people working in the

territory and allow them to work in their full capability of their licence.

I would like to go to third party funding and positions that are associated with it. In the '24-25 fiscal year there were over 120 positions that are being funded by third party monies. My first question would be: out of those positions, I believe the exact number is 122.5 person years, how many are long-term funded positions and how many are project-specific that there are sunsets to the funding? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Yes, the member is correct; the number is 122.5. In terms of making the differentiation between long-term physicians as opposed to term-limited, we don't have that level of detail here with us today in terms of breaking that number down, but it's something I can commit to following up with in writing. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Hickes.

**Mr. Hickes:** Thank you, Mr. Chairman. I appreciate that the minister doesn't have that level of detail and the point I'm trying to make, I'll let the minister off. I don't really need to know the breakdown right now.

The point I'm trying to make is that oftentimes when third party funding that funds a position runs out, there is still that expectation of that service delivery by the Department of Health across the

territory. Oftentimes those positions are maintained by the department and then become the responsibility of being funded by the department.

When I look at, I think it was a year ago this time, it might have been a little bit longer, where we were talking about unfunded positions and I know some of them are clerk interpreters and just through the demand in certain health centres, but that level of expectation of providing service from some of these third party funds puts extra strain on maintaining that level of service.

I would like to just get some feedback from the minister's position on how the third party funded positions transition over to Government of Nunavut Department of Health funded positions. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) The member raises a really pertinent topic. When we look at some of the ongoing negotiations that we are in with our federal partners when it comes to the Territorial Health Investment Fund (THIF), it's a good example of where we have positions in there tied to issues like tuberculosis. Having the certainty in knowing that that funding is going to be there for five or ten years to come allows us to staff the positions better and allow more job security for the individuals in those positions.

In terms of converting the third party positions to indeterminate, it would be through business cases that we have submitted to the Financial Management

Board for consideration. It has been something that we have done on several occasions and I'm not going to get into specifics around whether they were approved or not, but there is definitely a business case or an argument to be made for making some functions permanent as opposed to having them less stable through third party funding. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Hickes.

**Mr. Hickes**: Thank you, Mr. Chairman. The minister brings up the perfect example of THIF, the Territorial Health Investment Fund. Those are always a theme-specific type of fund and that can change after the length of the contract.

I would just like to go into just some confusion I have got with the staffing. When I look at the three branches in the main estimates with the proposed total for '24-25 of 1,372 PYS, including the increase that's being submitted for the additional four, when I go through the "Towards a Representative Public Service" for June 2023, it indicates that there was a total of 1,324.7 positions for the Department of Health, of which 52 percent filled. However, the three previous Government of Nunavut employment reports, September '22, December '22, and March '23, all indicate over 1,380 departmental positions. Can the minister update me on why this discrepancy is there? Thank you.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) That's a good question in terms of the rollup. There are multiple sources for the information that's included in that report. I know that we did have a number of positions that were tied to the pandemic that had sunset. I'm not sure if that would be part of the discrepancy, but we can commit to reconciling the numbers in terms of the totals that are being reported in that report. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Hickes.

**Mr. Hickes**: Thank you, Mr. Chairman. I thank the minister for that commitment and I look forward to that clarification.

I would like to go back to a topic that I had raised briefly from the Chair yesterday, just getting clarification with regard to the Nursing Program offered through Nunavut Arctic College. We went through a number of different nursing positions that are available through the Department of Health and it was recognized that, for example, community health nurses or some specific nursing positions, the scope of practice is higher than what our nursing grads are able to provide.

When we look at the program through Nunavut Arctic College and the students that are going through there to get their Bachelor of Nursing degree and then ultimately and hopefully get licensed to practise, what is the objective from the Department of Health's or the minister's viewpoint? What is the objective of what type of positions are going to be filled by these nursing grads and are there

opportunities for these grads to go to outlying communities?

Most of them want to work in public health here in Iqaluit, which typically aren't that hard to recruit positions, yet there are many positions across the territory and especially the Inuit students having that knowledge available in the medical field is incredibly valuable. I would just like to get some idea from the minister on what holes are intended to be filled by these nursing grads. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) We would like them to fill all the gaps eventually if we were able to ramp up the quantity of students coming through that program. It's a high-quality degree program that's offered by the college and we really appreciate their partnership.

Through the nursing graduate residence program, we do offer work experience that could build graduates up to the point where they would be capable of taking on a community health nurse role, but really, at the end of the day, it depends on the desire of the student themselves in terms of whether they want to work in public health or where they feel that they have the most inclination to work.

In terms of the mentorship program that has been developed through this support, it's intended exactly to allow graduates to mentor under more experienced staff and then gain experience that would further their careers. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. (interpretation ends) Your last question, Mr. Hickes.

**Mr. Hickes:** Thank you, Mr. Chairman. With the Chairman and with the minister's indulgence, I'm going to try to sneak two in here; one being when we look at previous programs and nursing programs across the country, there used to be a northern nursing program, I believe it was out of Manitoba, that was stopped years ago, that a lot of remote nursing gained their ability to be able to provide that last level of care in a community with just support either virtually or by phone with physicians.

One; is the department looking at or has there been communications with the university that's currently supplying degrees to be able to expand the education component to be able to allow these nursing grads to be able to work in maybe a higher scope of practice right out of the gate, working with the mentorship? That mentorship itself, from what I understand, has been challenged to find mentors to support the graduating students through the one-year mentorship, which from what I understand and it's anecdotal, has caused some of our nursing grads to leave the territory because they weren't able to access a mentor.

Those are the two questions I'm trying to sneak in, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the first question and speaking with the university that offers

or supports in partnership with Nunavut Arctic College, there haven't been any discussions to my knowledge in terms of expanding or making changes to the program. As I understand it, there is a pathway that allows, through the mentorship program, nursing graduates to end up working as community health nurses, for example.

Through the graduate nurse residence program, this is for graduates who have passed the licensing exam, we offer six-month mentorship at the Qikiqtani General Hospital in either the in-patient unit or the emergency department, with an equivalent return of service. We also offer a one-year mentorship opportunity in a community health centre as a community health nurse, public health nurse, mental health or home care nurse, with an equivalent return of service.

I had the opportunity to speak to nursing students recently here at the college and I was so inspired by their passion. We need more and I support every single one of those students who are in that program. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Next name on my list: Mr. Simailak.

**Mr. Simailak** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Good afternoon, minister and to your officials.

Before we go further on, I wanted to bring up something else relating to what I discussed or brought up yesterday. Before I do that, I just wanted to quickly quote from a Nunavut news article that just came out of February 22, I believe. It's regarding a couple in Baker Lake, a

lovely couple named Aquilla Amaruq and his spouse, Darlene Nukik. They have launched a healing, recovery, and sobriety group in Baker Lake titled Mamigiaqta, and I'll just quickly quote the article.

“The pair are ‘not certified counsellors or anything,’ but two residents who just want to help their community, especially in light of some of the challenges around accessing professional help. They also receive support from a mental health worker in BC named Sheila Vaughn (...) and they FaceTime with her during meetings.”

I'll quote the next paragraph. “We know that a lot of people have tried a mental health nurse, but each time they go to their appointments, it's a new nurse,” said Nicky, referencing the turnover in the profession in the North. “So it gets frustrating to repeat why they're there.”

I understand the department may not have as much control with where paramedics or agency nurses such as community health nurse types are being sent, but I would think the department would have more say as to where a mental health nurse will be placed. Usually it is one mental health nurse per community, I believe.

I'm wondering: is the minister able to speak more as to how the department is ensuring an agency mental health nurse returns to the same community? As we all know, it gets more and more frustrating when a patient has to keep reliving, starting from the beginning why they're seeking mental health. I'm wondering if the minister can speak to how his department is ensuring a mental

health nurse will return to the same community when they come back to Nunavut. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the mental health nurse piece and the need for continuity, the member is absolutely correct. It's very important to have continuity of care and to develop a relationship between the care provider and the individual. It's unfortunate that we haven't been able to provide that continuity.

What we're trying to do right now, it's sort of critical staffing measures, is stabilize the teams of health professionals across Nunavut, reduce turnover, and improve retention. That's being approached through a number of different ways. It's not just about money; it's also about the workplace environment and trying to offer things that staff have told us that they want.

In terms of the agency piece, as we discussed yesterday, we do strive for continuity. However, it's not always possible for us to dictate to the contractor in terms of us saying, “We need a mental health nurse for Baker Lake for this period of time. We would prefer it would be this staff member who has been here before.” If that staff member is not available, they might offer another one and we would accept it. We would say, “Well, it's not our first choice, but it's better than having the position empty.” I recognize it's not ideal, but we're trying to make sure that care is available. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Simailak.

**Mr. Simailak:** Thank you, Mr. Chairman. Thank you, minister. I do completely understand the struggles that the department is going through, and I appreciate how the previous mental health nurse that was in a specific community had been allocated to another city even down south somewhere, so they are not available.

Using Qanuqturniq, has the department looked at having the previous mental health nurse that was in Baker Lake have a FaceTime meeting with the new mental health nurse that will be flying into Baker Lake to brief them on the clients they will be seeing in Baker Lake so that they will already have a familiarity with the some of the clients they will be seeing, especially if it's some of the ones that are in dire need that had been seen by mental health nurse multiple times. Has that been looked at, making sure the new mental health nurse will be briefed by the previous mental health nurse that's familiar with the clients' cases? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. I would like my deputy minister to respond to that question. Thank you.

**Chairman** (interpretation): Thank you. Ms. Hunt.

**Ms. Hunt:** Thank you. Thank you to the member for the question. I think it is really important to be able to talk about

these things and where there are strengths but also challenges.

When it comes to health care professionals, when they leave a community and then there's a cycle of replacement, there is what we would refer to as integrated case management or handover, so making sure that there is information, reporting, or a discussion that takes place so that individuals don't fall through the cracks.

When I think about your community in particular, where you had your nurse-in-charge for over five and a half years and your community health nurse for about 18, so they really create a level of stabilization and are the foundation of your integrated case management and are able to provide additional support, orientation, or information about your community, specifically about individuals who are accessing care and some of those nuances that new folks wouldn't know about family and community dynamics. Those are real strengths that a community like yours has.

We know that not all communities have as much of that, so there are some components around equity as well where communities may not have as much stabilization; there's high acuity. A mental health nurse or psych nurse may be going out to a community and then hopefully being able have that cycle come back and that interest coming back to communities that they have been in more regularly, but definitely there's a process of handover so that information is exchanged in the best interest of patient safety and their ongoing circle of care. Thank you.

**Chairman** (interpretation): Thank you. Mr. Simailak.

**Mr. Simailak:** Thank you, Mr. Chairman. I got a bit of an answer, but not really. Who does the handover? She referenced that the head nurse has been there for five and a half years and the other one has been there for over 18 years. Is she saying that those two are the ones that do the handover or is it the previous mental health nurse that had come to Baker Lake? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) It would be from mental health nurse to mental health nurse. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Simailak.

**Mr. Simailak:** Sorry; I missed that. Can the minister repeat, please? Thank you.

**Chairman** (interpretation): Thank you. (interpretation ends) The minister said "mental health nurse to mental health nurse." Mr. Simailak.

**Mr. Simailak:** Thank you. Is that happening for every single time across Nunavut? Thank you, Mr. Chairman

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. I would like to refer this question to my deputy minister if

that's okay with you. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Hunt.

**Ms. Hunt:** Thank you. Thank you, member, for the follow-up question. Ideally, that would happen in every circumstance. We know that there are times where, due to weather, a nurse will go out before another nurse is able to come in and so there can be those challenges. The expectation is that there would at least be written information to be able to provide that handover and also that integrated case management so that there are those are on the ground who are regular in the health centre supporting information exchange, but ideally, it would happen every time.

We know that it doesn't and likely when it doesn't happen, it's because you have a nurse come in or leave the community and flights have been delayed before the next nurse comes in and they're actually in a space face to face, but the client information and client records are there and the expectation would also be that the nurses are reviewing that information to make sure that they're familiar with the individuals in the community and their access to care and their care plan. Thank you.

**Chairman** (interpretation): Thank you. Mr. Simailak.

**Mr. Simailak:** Thank you, Mr. Chairman. Just a last simple request, I think, going by this article and what I quoted from it earlier and what we have all heard where clients have to re-repeat why they're seeing a mental health nurse, it sounds like the program you

have in place is not working to the best it could be where they're handing off information to the new mental health nurse.

I would encourage the department to look at other ways to ensure that every vital piece of information is handed off to the new mental health nurse. None of us want to see a client having to relive as to why they're seeing a mental health nurse, having to repeat from the beginning as to why they're seeking assistance. It's just a simple request to please look at other ways to improve the hand off to a new mental health nurse when they come into Nunavut. I'm done. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. (interpretation ends) That was just a comment, so I'll go on to the next name on my list and I will exercise my discretion as the Chairman and this will be the last person under this branch here. Ms. Brewster.

**Ms. Brewster:** Thank you, Mr. Chairman. I would just like to start off by welcoming my friend, Margaret Nowdlak, to the Assembly. Mr. Chairman, I never attended NS, but I was a vicarious student through my friendship with all the NS students, and I am very happy to see her here today. We have a lot more white hair on our heads than we did the last time we saw each other. Welcome and I welcome all the other interpreter/translator students. It's a very noble career that you're moving towards and I wish you all luck in your studies.

Mr. Chairman, moving on to the minister, I would just like to follow up on some of the questions that were posed

yesterday and I will start with the *Mental Health Act* and specifically the discussion about the Mental Health Review Board. As noted on page 148 of the business plan, the primary function of the Mental Health Review Board is not fully stated. I would just like to hear from the minister what the primary functions of the Mental Health Review Board will be. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) The Mental Health Review Board will be fulfilling the responsibilities that are assigned to it through the Act. It will have a number of members. As the Act was drafted and approved, it's intended to have a balanced viewpoint of mental health issues, so not just mental health professionals but a range of viewpoints. It includes Inuit cultural advisors and community members. There will be efforts to take a balanced approach to mental health issues through there and we're excited to see the board coming to life through nomination processes, and I appreciate the hard work of everybody to date. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster:** Thank you, Mr. Chairman. I'm still not 100 percent clear on what the primary functions will be. Is there a set of terms of reference for this review board? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation) We're building the board based on what's set out in the Act. There are specific responsibilities assigned to the board through the Act and that's what the board will be fulfilling. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster**: Thank you, Mr. Chairman. Thank you, minister. I don't have the Act in front of me. If you could indulge me to let me know who or what entity that group will be accountable to, will it be strictly to the Department of Health and the Government of Nunavut or is it accountable to a group of stakeholders? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I'm going on memory here based on work on the legislation committee in the last government. I believe the Mental Health Review Board is accountable to the minister under the Act. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster**: Thank you, Mr. Chairman. Thank you, minister, for that response. Just for clarity as well, where does the responsibility for administrative

support to the board lie? Is that within the Department of Health as well? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you. Yes. Thank you.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster**: Thank you, Mr. Chairman. Thank you, minister. Are there specific PYs or positions that will be dedicated solely to working to support the Mental Health Review Board? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) That's a good question in terms of appropriations that have been tied to implementation of the *Mental Health Act*. To my knowledge, there haven't been any new positions created, but it's possible that there may be in the future. My understanding right now is that the Mental Health Review Board would be interacting with existing positions, including health professionals as well as administrative staff within the department. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster**: Thank you, Mr. Chairman. Minister, the reason I asked that question is because I know from experience that there are many

employees within the Department of Health that are currently overworked and that are carrying a number of files off the side of their desks. It concerns me that a group of employees or even one employee might have the additional responsibilities of supporting this review board without having those parameters written into a revised job description, for example, so then it can be very difficult to fulfill responsibilities to such an important entity when one already has responsibilities built into their career within the Department of Health already.

I'll just put that back to the minister to perhaps give us some reassurance that the team will go back and create that clarity and perhaps even create specific positions because the Mental Health Review Board has the potential to have a great impact on the way that mental health services are delivered, not just by the Department of Health but in partnership with the other stakeholders. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I thank the member for raising that really great point in terms of the administrative piece and we can take that under consideration. I can reassure the member that as we're building the board from scratch, one of the very first pieces is around the appointment of members, but also developing protocols, developing training for members of the board, also looking internally in terms of the operations of the board and our processes, how we're going to interact with the board, and staffing and development of resources around the

board. It's something that we are planning around. We just don't have specific answers to all the questions just yet. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster**: Thank you, Mr. Chairman. Thank you, minister, for that response. Is there a possibility that this entity then will have a separate office or a separate division? Just from what the minister's response was just now, this is, I think my grandfather Ernie would say, "A hang of a lot of work ahead." What we know is that for any board to function well and to be able to follow through and to actually research decisions, we want this board to be able to make well-informed decisions, and that means that they need to be given well-informed options on any decisions that they're making. To me, it makes sense to have a specific organizational support. If the minister could respond to that, I would appreciate it.

Sorry I rambled on a bit there. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I don't think the member needs to apologize. I'm a bit of a rambler myself and I apologize for that in response.

In terms of the resourcing around the board and the answers to those questions, will there be an office created, will there be a dedicated secretary, secretarial or managerial support, we're

not there yet in terms of being able to answer those questions, but we will be able to. One of the big considerations around the board is what the anticipated volume of work that's going to be put on the board is because that will determine, I think, a lot of the resourcing issues.

I did want to correct myself a bit. I mentioned there were no positions created, but there was a business case approved in 2022 that included the creation of a community assisted treatment order coordinator position. It's not directly to the board, but it's tied to the Act. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster:** Thank you, Mr. Chairman. Thank you, minister. I will quote you on your assurance that it's okay for me to ramble.

Minister, what division does that position lie in and what other supports are around that coordinator position? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) The community assisted treatment order coordinator is located within the Inuusivut Branch, Mental Health and Addictions Branch, and will have some work with the review board. It is part of their job description, but that's not intended to be the entirety of the position's role. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster:** Thank you. Thank you for that, minister. I'll just move on. There was a question yesterday regarding the mental health regulations and where they are at in their creation. Minister, you mentioned that there are 10 priorities out of the 17 and you did say yesterday that you didn't want to go into those priorities. However, I would like you to go into those priorities for me today. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) The following 10 areas were identified as priority regulations:

1. (d) respecting the selection of a *tikkuaqtaujuq* (selected representative);
2. (f) respecting suicide attempts, including their definition;
3. (g) respecting the information which must be provided under paragraph 17(1)(g);
4. (h) respecting the right to return under subsection 27(1);
5. (j) defining non-governmental organizations and community agencies for the purposes of paragraph 31(2)(b);
6. (l) respecting the rights information to be provided under subsection 32(1);
7. (m) respecting the written reasons to be provided under subsection 38(5);
8. (n) respecting the duty to document under section 57;

9. respecting the content and form of orders and certificates under this Act; and
10. respecting matters that may be subject to an application to the Board.

Those were the 10 priority regulations identified. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster:** Thank you, Mr. Chairman. Thank you, minister, for that response. I will be pulling out the *Mental Health Act*, I guess, this evening to do some research for tomorrow.

I'll move on to begin to follow through on my response to the opening comments related to the development of the action plan on suicide prevention. This is another plan that we have been waiting for patiently and we know as we wait, families and community members are experiencing loss and people are in danger now. I would just like to hear more about why the action plan has been delayed and when in the spring of 2024 does the minister plan to launch that plan. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I understand the member's comments underlining the urgency of this issue and I thank the member for reminding us of the importance of action.

In terms of a specific timeline, we're looking at either April or May for

releasing the Suicide Prevention Strategy Action Plan. The delays to date have been due to issues around achieving consensus. It's a multi-party strategy or action plan and there was a lot of work that went into the previous action plan. Unfortunately not all of the items in the last action plan were achieved, so it was important for us to make sure that this new action plan is going to be effective. Part of that is making sure there are accountabilities set up within the plan for specific organizations and specific entities to be accountable for specific actions.

I think that is about as much detail as I can go into in terms of the reasons for the delays, but I do apologize for the delays. I'm frustrated by the delays. I was hoping that we would have had this thing finalized, released, and moving into implementation by now. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster:** Thank you, minister. I appreciate that response and I do also appreciate that there is a focused approach on creating more accountability. The implementation plan is as important or even more important than an action plan. What I know is that when public servants especially have clear directives, it's easier to put a plan into action.

Looking on the department of Family Wellness's business plan on page 168, it states that "The Division will support the Departments of Health, Education, and Culture and Heritage support reinvesting in suicide prevention and postvention

programs with our partners, with an emphasis on those that address root causes such as child sexual abuse, trauma, bullying, and discrimination.”

Mr. Chairman, I have been flipping through business plans to try to gain an understanding of the degree of collective action that’s being proposed. However, it’s really hard to tease that out. What I would like from the minister today is to not necessarily tell us what the action plan is; however, to give us a better understanding of what those connections are and some of the higher level actions that will be taken. I was so happy to see some of those root causes illustrated in that business plan and I would just like to hear more, and I feel like my time is more than up. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I think the member points out a really interesting point that through the *Katujjiluta* mandate and how we have approached the business planning process, including priorities or action items that are not necessarily owned by the specified department but they have a supporting role in, I know it was a change that started showing up in the business plans, but I believe it’s a positive one because we want to be collaborating across departments. We do not want to see departments working in silos.

Starting with some of those root causes that the member mentioned, we’re looking at social determinants of health. In terms of our partners at Family Services, it could be in areas of food

security and those supports. Malnourishment is proven to have negative health impacts and mental health impacts, but right from the deputies’ level down to the community level between health centres and family services employees, we want to see communication and collaboration. We’re so much stronger together and there is at the community level some very strong linkages. I think of Pond Inlet as a great example where family services staff do have a close, collaborative relationship with the health centre staff and I think that really benefits the clients or the individuals needing care.

I’m rambling and I’m going to stop. (interpretation) Thank you.

**Chairman** (interpretation): Thank you. (interpretation ends) Members, we have been going through the branch summary of health under directorate and a lot of the questions that the members might still have about their health centres and local stuff will still be covered under the Health Care Service Delivery Branch, so there’s lots of opportunity for members to ask about their local concerns with the health centres. We’re done with this branch. Branch Summary. Health. Directorate. Total Operations and Maintenance. \$71,326,000. Agreed?

**Some Members:** Agreed.

**Chairman:** Members, turn to H-5. Public Health. I’ll just give members... . Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. I would like to return to a topic that I seem to be bringing up every single year and that’s the issue related to environmental health inspections.

My first question is going to be in relation to the Minister of Health's *Public Health Act* Annual Report, which was most recently tabled during the fall sitting. It states that one of the priorities of the Department of Health is... . It states that "Health is committed to the protection (...) of public health through (...) regular inspection of facilities..." and does provide information that there were "35 community visits and (...) a total of 594 facility inspections," such as restaurants, pools, daycares, and so on.

The first question I would like to ask is: why does this annual report of facility inspections not provide a summary of infractions that were identified by the health inspectors? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) My understanding of why it doesn't have information on infractions is that it's not required under the Act. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Lightstone.

**Mr. Lightstone**: Thank you, Mr. Chairman. Thank you, minister. The *Public Health Act* does state that the department is statutorily required to produce these public annual reports, but it's my understanding that that sets the bare minimum standard reporting requirements.

My next question for the minister is: is he satisfied with the lowest level of reporting that is set out in the *Public*

*Health Act*? What I'm trying to get at is although this is the minimum threshold, why is the Department of Health not disclosing more information voluntarily? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. (interpretation ends) Minister Main, your position on the matter. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) My position would be that I'm open to considering going beyond the bare minimum and we can consider including information on infractions in future annual reports. For 2023, in terms of infractions for restaurants in particular, there were 110 inspections. There were 62 inspections with no infractions, 43 inspections with at least one infraction, 26 inspections with at least one critical infraction, and the total number of critical infractions was 73. That's the type of information that we can consider including in annual reports. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Lightstone.

**Mr. Lightstone**: Thank you, Mr. Chairman. I thank the minister for that response. I'm glad to hear that you're willing to consider expanding beyond the bare minimum with this *Public Health Act* annual report. The reason why I bring this up again year over year is referring to the Baffin Deli incident where the restaurant had failed health inspections repeatedly over a span of a number of years. It was not made public until CBC utilized the Access to Information Act to get that information. Had CBC not taken that initiative, no

one would have known and that restaurant likely would still be open.

Referring to these 73 critical infractions that were identified in the 110 restaurant inspections, can the minister indicate how closely this issue is monitored by the Department of Health and whether or not these individual restaurants or kitchens have also failed multiple consecutive health inspections similar to the Baffin Deli incident? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Yes, food safety is a serious matter, but I have to admit that the Baffin Deli incident sounds a bit like a Seinfeld episode.

In terms of the number of infractions, the statistics that I quoted just now, the same restaurant inspection can be accounted for more than once. For example, one inspection could have one infraction and two critical infractions. In terms of the member's question, this is an area that is monitored closely by our staff.

However, when you look at infractions, they're not all of equal importance. For example, an infraction could be issued for inadequate storage of paper towels or a cluttered storage room. A critical incident or infraction would be for more serious offences such as food temperatures being off, walk-in freezers being over capacity, or dishwashers not sterilizing properly. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Lightstone.

**Mr. Lightstone**: Thank you, Mr. Chairman. I do appreciate that a significant portion of these infractions are minor. You indicated 62 inspections with no infractions and 43 with one infraction.

It's those critical infractions that I'm concerned about, not the storage of paper towels, but really, the poor employee hygiene is one major concern. Whether not washing hands, dirty and unkempt uniforms, not using hair nets, or having long and dirty fingernails, those are very serious issues that I think all Nunavummiut would take seriously if they were aware of the restaurant that they're going to have these types of practices.

One of the more serious concerns is not taking temperature danger zones seriously and that refers to the time and temperature that food is sitting out and has high risk of rapid bacterial growth, leading to serious food-borne illness. That's why I think that it's so important to have food regulations that are strong and are designed to inform the public as well as keep the public healthy.

In the one calendar year where there were 26 inspections of kitchens that had critical infractions, how many had multiple violations or ongoing concerns beyond the single inspection? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends)

I have shared all the detail that I have here with me today and I would have to go and have staff dig out that additional detail. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. I would just like to reiterate that my concerns and the public's concerns over critical infractions identified during the inspection of restaurants and kitchens are significant and as it has been raised year over year, I would like to encourage the minister to place an emphasis in this area. I'm sure that this matter will be brought up again in the future until such time that the public has full confidence that they're eating in establishments that are safe. It's just a comment. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. That's just a comment, but the minister wants to comment on that. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I thank the member for continuing to raise this issue. Our department is moving towards more transparency. Once the new food safety regulations are in force on May 1 of this year, Health will have the legal authority to disclose inspection reports. We're working on upgrading the software that we use for inspections to include a portal so that when inspection reports are uploaded, they will be available online. We are running into some issues around presenting inspections in more than one language, but we're fully committed to

greater transparency around these inspections. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. (interpretation ends) Just to follow the names on my list, next one on the list is Mr. Hickes.

**Mr. Hickes:** Thank you, Mr. Chairman. I've just got a couple of themes here. I would like to start off with the smoking cessation program that the Department of Health operates. Does the minister have any information on historical impact of increasing costs through taxation on smoking products? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) That's a really good question. It's a question I have asked myself. I mean, I'm not asking myself, but I have posed that question in terms of the taxation numbers and whether there is a measurable impact to increasing tobacco rates.

I haven't received any information to the effect that would show that increasing tax rates in Nunavut has affected smoking rates in Nunavut. There might be information available from other jurisdictions, but one of the most confounding issues around tobacco is that it's incredibly addictive and so that means that the decisions that are made around purchasing it or not purchasing it don't always follow what you would consider normal consumer behaviour. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Hickes.

**Mr. Hickes:** Thank you, Mr. Chairman. I was just noting that the tobacco tax hasn't increased in Nunavut for some time and we just did our Budget Address and we're going through our budget process right now. Any increase in revenue is beneficial, but especially if it's a detriment to people smoking, I think we all understand the health risks that are associated with that.

I would like to go over to the tuberculosis topic for a moment. I understand that the Pagnirtung TB community screening clinic ended in December. I'm sure the department hasn't had a chance to fully analyze all the statistics that came out of that community screening, but just to get a general feel of whether the minister or the department considers the community-wide screening a success and, if so, what was most successful about it or if in the unlikelihood that it is considered unsuccessful, why? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. (interpretation ends) Mr. ...sorry. Minister Main.

**Hon. John Main** (interpretation): Thank you. (interpretation ends) Call me whatever you want, *Iksivautaaq*. It's fine with me.

The officials who were involved with the community-wide screening in Pagnirtung do consider it a success in terms of the target population and the amount of individuals that ended up being screened. It was considered a success. There were some logistical

issues that were encountered, so it was a learning experience in terms of the staffing complement not being able to get into the community for quite some period of time.

I'll hand it to my deputy just in a second, but the partnership that we have established with Nunavut Tunngavik, I think, was a real winning combination in terms of providing support to Panniqturmiut. It's not easy working with other organizations and partnering outside of the Department of Health, but between Nunavut Tunngavik and the incredible support from the hamlet that we got in Pagnirtung, the buy-in right down from the mayor and councillors to community members, it couldn't have happened without their support. I think it further underlined the importance of partnership as well as support at the municipal level to us as the Department of Health.

I'll now hand it to my deputy, if you will allow. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Hunt.

**Ms. Hunt** (interpretation): Thank you. (interpretation ends) Thank you to the member for the question. I would offer that, going in and working with community to support screening, and treatment of tuberculosis is always a good thing.

Part of what I would see as being successes is the ongoing building of trust and confidence in the health system. We know that often those who are found to be detected at late stages are often because they are struggling with

different challenges and mutually multi-factor challenges related to the social determinates of health and racism in the health care system, sometimes mental health, and struggling at times with addiction.

We saw that the community-wide screening really provided an opportunity to build those connections, do community engagement, and work with our partners. It's not something that changes overnight. It really is a marathon and so ongoing education, being able to get connected with folks and getting in to have their treatment and get screened. Thinking about also the transient nature that happens in territories like ours here, we want to make sure that then we are also connecting in with other communities where individuals also may be going.

It's not a one sort of target community approach. It really needs to be a territory-wide approach, a stepwise approach that we are educating community members, building that confidence, getting detection early, supporting people to get treatment, and then also working on the social determinants of health; overcrowding, nutrition, economic development, and family income levels. Those kinds of things all play a key role in helping us to be able to address and eliminate tuberculosis across the territory. Thank you.

**Chairman** (interpretation): Thank you. Mr. Hickes.

**Mr. Hickes:** Thank you, Mr. Chairman. The minister touched on the relationship with Nunavut Tunngavik on how beneficial that collaboration was in this

instance. What is the current status of the government's agreement with Nunavut Tunngavik Incorporated to address the issue of TB in Nunavut? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) We do have in place the information sharing agreement on tuberculosis data with Nunavut Tunngavik. However, that's not the only venue where we work with them. There's also a TB elimination committee that has been established and that committee reports to the trilateral partnership group in terms of Nunavut Tunngavik, Government of Nunavut, and Inuit Tapiriit Kanatami. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Hickes.

**Mr. Hickes:** Thank you, Mr. Chairman. I thank the minister for that response. As the monies from the federal government flowed through Nunavut Tunngavik Incorporated for these TB initiatives, I know there have been a couple of questions that have been asked and answered over the last few years on the status of that fund and how monies are rolled out to support initiatives such as a community-wide screening.

One of the questions that were asked to me but I couldn't answer was that as this money flows through Nunavut Tunngavik Incorporated and as an Inuit organization, are all community members invited to participate in the community screening regardless of

whether they are Nunavut Inuit or not?  
Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you.  
Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends)  
My understanding is that the community-wide screening in Pangnirtung, for example, did not exclude community members. They would screen anyone who presented as long as they were a resident of Pangnirtung. (interpretation) Thank you.

**Chairman** (interpretation): Thank you.  
Mr. Hickes.

**Mr. Hickes**: Thank you, Mr. Chairman.  
I thank the minister for that response, and I'm sure the people that wanted that answer are listening.

As I spoke to earlier, the funding that came from the federal government that's flowing through Nunavut Tunngavik Incorporated to provide tuberculosis initiatives... . For some reason, the number is escaping my head, which doesn't usually happen too often, but I can't remember the exact number that was funded. I know there were some challenges getting the funding for previous community-wide screenings to get those agreements finalized. How much has been accessed of the funds and, if the minister knows, how much is roughly available yet for dispensing?  
Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you.  
Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends)

In terms of the global or total number that went to Nunavut Tunngavik and in terms of the balance within their coffers, I'm not going to attempt to speak to that.

For the contribution agreement around the Pangnirtung community-wide screening, it was in the amount of \$2.5 million, and I think we're fairly certain that the total cost of the clinic came to about \$1.1 million. It's possible that we will be able to allocate the balance of that contribution agreement towards other ongoing tuberculosis activities in communities that have outbreaks. We very much appreciate the funding support as well as the ongoing partnership with Nunavut Tunngavik. (interpretation) Thank you.

**Chairman** (interpretation): Thank you.  
Mr. Hickes.

**Mr. Hickes**: Thank you, Mr. Chairman.  
I would just to get an update on other discussions that are occurring with Nunavut Tunngavik Incorporated to access these funds for any other tuberculosis programming, whether it be community-wide screening or other initiatives to help alleviate and eliminate tuberculosis across the territory. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you.  
Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. I would like to refer this to my deputy minister, if that's okay with you. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you.  
Ms. Hunt.

**Ms. Hunt:** Thank you. Thank you for these further questions. The wonderful thing about the relationship and partnership with NTI is that it has given us an opportunity to look at things like evaluation of community-wide screening. That's an area that is being worked on in partnership. Looking at the other departments across Health, they also do a lot of heavy lifting in this process with the CPHO and our departmental areas around physician TBs, where we're utilizing nursing resources that come out of the regular health budget, so being able to cost recover in some of those areas.

Looking at respiratory illness and influenza and ways for us to partner; looking at local level community positions or champions. I apologize for using the word "TB champion" because I know it sometimes can sound a little bit maybe offside, but seeing the ability to work around positions that really are local level community positions to support education and engagement to further help with the elimination of TB. We are looking at different ways to utilize funding from NTI as well as offers for things like medical equipment that may also help us to improve our local level and community responses. Thank you.

**Chairman** (interpretation): Thank you. (interpretation ends) I hope "TB champion" is not a super carrier. Mr. Hickes.

**Mr. Hickes:** Thank you, Mr. Chairman. I try not to get too hung up on titles either. I have always been flabbergasted by the "Minister responsible for Homelessness," like it's their fault.

Mr. Chairman, I would just get Ms. Hunt to maybe elaborate a little bit further on the process on how discussions occur to bring forward an initiative in partnership with Nunavut Tunngavik Incorporated. There were some committee meetings that were mentioned earlier. What kind of dialogue happens or is it a proposal-based thing that the department has to submit to Nunavut Tunngavik Incorporated to access these federal funds that they managed to leverage? Are there joint initiatives that are being built together or is it done in silos and then to just apply for the money like through other grants and contribution agreements? If I could just get some clarity on how that process works. I'm sure there's kind of a hybrid of both and maybe just some examples of some of the things that we can look forward to. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. (interpretation ends) As we're on the same train of thought, I'll pass this on to Ms. Hunt.

**Ms. Hunt:** Thank you. Thank you for the follow-up question. You are right; there is a lot of dialogue that happens at the trilateral table and of course at the TB elimination table. There is collaboration around joint opportunities, also identifying areas of strength that can be leveraged in terms of asset, knowledge, skills, and tools with different departments or partners. There is a submission that we bring forward to our NTI partners in consideration of the discussions and the joint planning areas that have been identified.

For example, my earlier example of around doing the evaluation of community-wide screening is one of the

areas that is new, and then also looking at the information sharing agreement and how do we glean out information from that that helps us identify further partners and community level roles or programs that may benefit the elimination or improvement of the elimination of TB across the territory. Thank you.

**Chairman** (interpretation): Thank you. Following my list of names, Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. Some of the questions I had were asked by Mr. Hickes, so I thank him for that.

I would like to talk about tuberculosis. When a community is informed of a tuberculosis outbreak, from the time that it is first announced, the community is not well informed about this outbreak. There is an indication of an outbreak in the community and then that's it. After the minister and officials come into the community to announce an outbreak, it takes quite a while to get any kind of action initiated. That's usually the case.

In Naujaat anyway, there were people who were reluctant to go to gatherings and what we wanted to do was a community-wide screening. The hamlet council is setting up a building where the screening is going to be done and the hamlet council is taking the initiative so that there is an elimination of the tuberculosis outbreaks. TB has been in Nunavut for quite a while now and it started from the time during the '40s and '50s when they were sent out to southern sanatoriums to be treated for their tuberculosis.

What happens after a community is identified as having an outbreak? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. In regard to the member's comment, I apologize. Since they announced the tuberculosis outbreak in Naujaat in May 2023, they have been continually working on this. Perhaps they are working behind the scenes. If we need to make more information publicly available, then we will do so. The CPHO is responsible for that and he's working with officials from the Department of Health and he's not working alone.

At this time, we are planning for Naujaat that we do a screening; to say it in English, (interpretation ends) enhanced screening. (interpretation) It will be community-wide screening, but they will lengthen the screening for a longer period. (interpretation ends) The general plan at this point through the leadership of the chief public health officer is for a longitudinal staggered community-wide screening approach, where there will be activities happening over roughly the next seven months.

Specifically, we're working on securing a location for some work, securing the supplies and equipment, the technology, also the staffing, and securing accommodations for the additional staff that will be in the community to conduct this work. (interpretation) Thank you.

**Chairman** (interpretation): Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. In the community of Naujaat, they have been pretty scared to gather together because some government officials did not arrive to our community due to a TB outbreak announcement. I urge the department to make sure that this is done as soon as possible. I know that it's impossible to work rapidly through this. It's just a comment and I will conclude with that. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. That was just a comment. I still have many names on my list, so we will take a 15-minute break at this time.

*>>Committee recessed at 15:21 and resumed at 15:45*

**Chairman**: Good afternoon. I would like to call the Committee of the Whole meeting back to order. We're dealing with Health, Branch Summary, Public Health, H-5, and the next person on my list: Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Chairman. I would like to start off with a question to the Department of Health. They have been working on the colorectal cancer screening program. I don't know how many years they have been working on that to date. What has been the most difficult issue when you're doing colorectal cancer screening and the process of screening in Nunavut's communities? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends)

In terms of the colorectal cancer screening pilot, the pilot was completed in three communities. The screening program was rolled out in those three communities and patient tests were followed up on. We did encounter some significant challenges around the pilot. There were challenges with staffing, challenges with follow-up processes, challenges accessing population-level data and a number of other areas. We are currently discussing next steps to implement colorectal cancer screening across Nunavut. We want it to be territory-wide and sustainable. That is what we are aiming towards.

(interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Chairman. I also thank you for your response. In the three communities that you mentioned regarding the colorectal cancer screening program, you stated the challenges that were faced in delivering the program. Looking at the challenges for territory-wide screening, what are the priorities for the next colorectal cancer screening program? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the issues that we ran into around the pilot project, I think it was valuable in terms of informing the overall rollout to the rest of the territory. One thing that was identified was the importance of having consistent staff in place. It's difficult to roll out a territory-

wide program like this when the staff members in place are fluctuating from time to time. There was an evaluation report that has been reviewed from the project and once we are at a point where we can roll this out territory wide, we will consider including screening for cervical as well as breast cancer, but before we can move on to those additional targets, we need to establish this program in a sustainable way. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Chairman. I also thank you for that response. I know it's evident that there are challenges that have been faced in dealing with this. Even with that, I know that it's very good that you want to continue the screening program and other cancers, as you mentioned other cancers such as cervical and breast cancer. With that, have you identified a date or a target date of when you will be able to work on this program? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. Our chief public health officer is working with other entities. We were working with other entities in regard to this program. (interpretation ends) We were working closely with the Canadian Partnership Against Cancer in terms of planning out around the colorectal cancer screening pilot. That's a key partnership that we have with an organization that has some expertise, experience, and capacity.

There are a number of different areas that we are partnering with them on, including colorectal cancer screening, but also going to work around smoking cessation for medical travel clients and looking at screening programs beyond just colorectal. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you. I would also like to ask a question in regard to the three communities that you had mentioned. I would like to know which communities you have identified. To include another question, the individuals who were unable to get screening that required follow-up, perhaps for those who didn't receive their follow-up, do they do follow-up? Is your response in regard to this? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the screening program, the initial tests were done through what's called a fit test and that was the initial testing for the targeted individuals and then depending on the results of those tests, there could be follow-ups in terms of colonoscopy. That would be the next step for a follow-up and it depends on the initial results. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Chairman. (interpretation ends)

Following the pilot project, (interpretation) which communities are you targeting to do the next screening? What's the reason, whether it be in the north or in Iqaluit? Is that one of the reasons why so that they can do screening not just down south and do it up in Nunavut? I hope that was understandable. Thank you.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) The follow-up or the next steps after the pilot projects, now that they have been completed, will be to develop a territory-wide program that can be rolled out. It wouldn't necessarily mean a new clinic or a new facility, so to speak. It would be rolled out in a manner that is supported by our existing infrastructure and our existing staff resources. There might be some additional staffing that would be required within the public health side in terms of operationalizing it territory wide, but largely, it would be a new service or a new program that's brought into existence within our existing facilities and resources. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Chairman. I also thank you for that clarification once again. I would like to turn to what's listed in the business plan on page 151 as one of your priorities in 2023-24. I would like to ask about the individuals who will be taking on the development training for the existing positions. I don't see any plans

for the 2024-25 priority listing. I was wondering why that is the case and there was an agreement in principle for devolution. That's why I'm asking this question because I had not seen this in your priority lists, even though we need to do it right away. Why isn't it there? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. We are working on different training programs. (interpretation ends) One of the programs that we're working on establishing around capacity building is training for our public health assistant positions. There are 11 of these positions across Nunavut and they're relatively new.

We are working on securing funding for the development and delivery of a public health assistant training program, which will include training on how to contact trace. These positions are targeted for Nunavut Inuit. It's a way for us to have more local capacity and more services available in Inuktitut, ideally, and that's one thing that we're working on.

Another major initiative under training is our basic radiological technician training program. It has been quite successful. It has been well received and we have quite a large number of staff who are currently enrolled in that program as well as a number of graduates.

Those are two examples of capacity building that we are doing. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Chairman. I also thank you for your response. I would like to move on to something else that is also about the priorities that have been outlined in the business plan. (interpretation ends) This is on page 150, “Bring the new *Tobacco and Smoking Act* into force and deliver tobacco programming and resources to inform Nunavummiut of their responsibilities under the new *Tobacco and Smoking Act*.”

(interpretation) When was it? On May 31, 2023, (interpretation ends) the new *Tobacco and Smoking Act* was brought into force at that time last year in spring of May 2023. What consideration has been given to enforcing the legislation, especially with respect to individuals smoking in government-funded housing units? (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In term so the specific issue around housing units, I can say that the Department of Health has supported and provided information to landlords that they can use in terms of encouraging good behaviour in terms of their tenants, but I can't speak specifically to the enforcement actions of specific landlords to specific tenants. That's beyond the Department of Health's responsibilities.

We have an implementation plan for the *Tobacco and Smoking Act* that's being utilized. We are developing a request for

proposals that will lead to a tobacco education and compliance program being developed. We understand that Nunavummiut want to see more enforcement of tobacco rules. That's based on the feedback that led into the establishment of the Act.

We are strengthening resources to reflect the new laws and regulations. We're updating all of our materials so that they reflect the new legislation as well as a tobacco retailer tool kit that has been updated and that's the stores that sell tobacco. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Chairman. When it has been initiated by the health department and it's going to be an Act now, and people who live in rental housing units have to be considered. The question I have now is, like you kind of indicated the people who are the landlords. Has your department met with the landlords or asked them how the situation is going with the smoking? Has there been anything like that? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. We have notified the landlords; we have informed them and spoken to them. As to what they have been doing, I really can't say that because that's their own business.

(interpretation ends) *Iksivautaaq*, the monitoring and evaluation of the

program is based on looking at a number of different indicators, things like looking at tobacco sales in Nunavut and retailer inspections. There are a number of different indicators that are tracked in terms of monitoring the program to make sure that it's working.

We're still in the early stages of implementing this new Act, but we are committed to putting it into force fully and implementing it because the rates of smoking in Nunavut are just really unfortunate. When we look at 73 percent of pregnant women smoking and we know the health impacts for the unborn infants involved, it's really important for us to provide more support and more resources so that we can reduce these numbers in Nunavut. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Chairman. Yes, that's completely true and it needs to be improved in the communities. One of the main reasons for being worried about it is because there are students that are smoking outside the schools and there are non-smoking zones. I believe they need to be improved. They are not really being followed by people, so I think consequences should be made more serious and there should be more collaboration.

Have you been notified of any aspects of the Act that needs to be improved? Have you heard from the stores that sell tobacco that something needs to be improved? I'm done for now as my time has run out. Thank you.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. I'm looking for more numbers for the member and I want to hear more from my staff. After the sitting, I can get back to the member after I get more information from my officials. I will ask them to compile the information. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Following my list of names, Ms. Nutarak.

**Ms. Nutarak** (interpretation): Thank you, Mr. Chairman. I have a question regarding (interpretation ends) health protection. (interpretation) I wonder if it's tied to (interpretation ends) environmental health officers. (interpretation) Some buildings started getting bug infestations. When I was working previously for the health centre, houses were getting infected with bugs. Is this being dealt with by an (interpretation ends) environmental health officer? (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Environmental health officers are largely focused on public places. However, they can conduct inspections in other types of buildings or residences if requested. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Nutarak.

**Ms. Nutarak** (interpretation): Thank you, Mr. Chairman. I also thank the minister. Can the department bring out some information? More and more houses are getting infested with bugs and it's very hard to eliminate them and the numbers are increasing. I wonder how the bugs can be (interpretation ends) controlled (interpretation) and how to keep the household clean. I believe these are things that should be known by our fellow residents as it is an important part of healthy living. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. I'm not sure how to provide a proper response to that regarding bugs or insects. I believe the member is asking about what further education can be provided on bugs. I will ask my officials to look into this. Looking at one year, they deal with about a thousand assessments or studies, so they have a heavy workload, but I'll ask to get more information regarding bugs or insects. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Nutarak.

**Ms. Nutarak** (interpretation): Thank you, Mr. Chairman. I also thank the minister. Moving on to something else, I want to ask about this. (interpretation ends) The business plan notes that Health is working with partners to fill new public health assistant positions in part to enhance community level contract tracing capacity. Which entities will be involved in developing and delivering the Public Health Assistant

Training Program? (interpretation)  
Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you. (interpretation ends) In terms of the Public Health Assistant Training Program, it was funded for fiscal year 2023-24 through the Government of Nunavut Human Resources Training Fund and we are currently looking to secure funding through Nunavut Tunngavik Incorporated to support the ongoing training. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Nutarak.

**Ms. Nutarak** (interpretation): Thank you, Mr. Chairman and minister. What qualifications will the Inuit if the Inuit are going to take over? Are they required to have gone through nurse training first? Thank you.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) These are intended to be entry-level positions, so they're not required to have a nursing degree. The requirements have been set so as to make them as accessible as possible for Nunavut Inuit. It's an exciting new area where we're trying to develop more capacity at the local level. (interpretation) Thank you.

**Chairman** (interpretation): Thank you. Ms. Nutarak.

**Ms. Nutarak** (interpretation): Thank you, Mr. Chairman. Going back to the subject I was speaking to, household bugs, they're in the drywall and they are called larder beetles. They're just multiplying and they're very good at infesting a house. It's just so you will know what I mean by bugs. We call them house lice now.

>> *Laughter*

Houses in Nunavut seem to be getting infested with bugs, which we haven't seen before, and some foods like pasta have bugs in them. What I'm talking about is a larder beetle that comes in the drywall.

This will be my last question and this is in regard to tuberculosis in the communities. Are there any outbreaks at this time? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. There are three communities that have been identified as having tuberculosis outbreaks and we have seen isolated cases of tuberculosis in other communities. There are three communities at this time that have a tuberculosis outbreak. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. (interpretation ends) Just before I go to the next name on my list, the member asked how many communities had outbreaks. How many of the 25 Nunavut communities do have tuberculosis? Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of "do have tuberculosis," I'm assuming you're meaning a single case. It depends. There are different levels that the chief public health officer tracks. I would say all communities are likely to have cases of tuberculosis at one point or another. However, we don't know exactly where cases are at any given time. It's incumbent upon individuals to self-identify and present for testing.

I'll also mention that there is sleeping TB and then there is active TB. In terms of saying that most, if not all communities have tuberculosis, I'm referring to sleeping TB, which is the most common form. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. (interpretation ends) The next person on my list: Ms. Brewster.

**Ms. Brewster**: Thank you, Mr. Chairman. Thank you for calling me Ms. Brewster.

>> *Laughter*

I'll just ask a follow-up question related to that last response. Minister Main, you made reference to sleeping TB and active TB, and if you could just explain what each of those mean, I would appreciate it. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) The biggest difference between active TB and latent TB is that active tuberculosis is infectious and latent or

sleeping tuberculosis is not infectious, but the reason why we are concerned around sleeping TB as well as active is that without treatment, 5 percent of people with latent tuberculosis develop active tuberculosis in the first two years after they were exposed and another 5 percent will develop active TB at some point later in their life. That's the biggest difference between active and sleeping TB. When we're talking about active TB, it could be anywhere in the body, but most active TB cases in Nunavut involve the lungs. I should mention the close link to socio-economic factors, such as overcrowded housing, high rates of smoking, and our cold climate that means we spend more time indoors. These are all things that contribute to our ongoing difficulties with tuberculosis. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster:** Thank you, Mr. Chairman. Thank you, minister. You have managed to respond to the follow-ups that I quickly jotted down.

However, I just want to go back to earlier, minister, you mentioned that the chief public health officer tracks all different levels of tuberculosis and I can't remember exactly what you said because all I jotted down was "What are the different levels?" Am I correct to assume that you were talking about latent and active tuberculosis or were you also talking about other measures that the chief public health officer is tracking? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Yes, I was speaking to the level of tuberculosis in a community that has been detected. The most concerning or the highest priority communities would be the ones in outbreaks. However, there are others that have increased rates that have been noted by the chief public health officer and then there would be others below that that have none or very low rates of tuberculosis.

I was trying to explain that, through the chief public health officer's watchful eye and guidance, resources are directed to appropriate communities based on the evidence that we have in terms of active and latent cases of tuberculosis. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster:** Thank you for that. Thank you, Mr. Chairman. Minister Main, what constitutes an outbreak of tuberculosis? What are the metrics that bring us to that? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) There is no iron-set or clear set black and white, "This is an outbreak, this is not an outbreak," but my understanding is that basically it has to do with a professional evaluation of what is the background level or a normal level of tuberculosis in a community and then if that level is exceeded by a certain amount or there is a spread that's noted,

it also has to do with the acuity or the nature of the infections that are being diagnosed, then the health professional can make a declaration of an outbreak.

The short answer is it depends and it depends on a community-by-community approach under professional guidance by clinical professionals. (interpretation)  
Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster:** Thank you, Mr. Chairman. I just want to give Minister Main the opportunity to go back and elaborate on his use of the term “normal level of tuberculosis in a community.” Is it related to tuberculosis being endemic in specific communities or something else? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Yes, maybe I could have used a better term than “normal.” Given that we’re talking about statistics here, the CPHO and the advisors to that office would be looking for exceptional increases or deviations from the mean in terms of what would signal an increase in activity or the need for additional resources. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster:** Thank you, Mr. Chairman. Deviations from the norm, I can see why you can make that jump.

I have asked a number of times for the release of data related to where TB is in our communities and the response is an educated response that is related to privacy issues amongst a number of things and the issue of not wanting to stigmatize a community, which I can and do understand; I can appreciate it.

When we’re talking about activities related towards public health endeavours to educate people about tuberculosis, does that include age-appropriate education? Knowing that tuberculosis is endemic in Nunavut and we are 25 years into the creation of the territory and haven’t gotten anywhere near eradicating tuberculosis, normalizing the acceptance of and the action to participate in testing and treatment programs is really important. Has the department developed any tools for educators to help educate young children about tuberculosis? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) The community engagement piece and building trust is incredibly important with dealing with tuberculosis. It’s a sad fact that in some cases, persons who would benefit the most from tuberculosis testing are also amongst the least likely to be tested in terms of issues around mistrust of the health system and the legacy of trauma that has been inflicted on people.

In terms of the school or the age-appropriate piece, we do have resources that are age-appropriate around tuberculosis that can be used. I would

like to give credit to the public health team as well as our partners. We recently held a health fair in Naujaat and it was quite successful from the sounds of it. It's precisely those types of events where we engage, provide information, and reduce stigma, those are the types of things we want to support to battle this illness. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster:** Thank you, Mr. Chairman. I agree; it's really important to engage Nunavummiut at all stages of their lives and growing children and youth that trust our health care system is of utmost importance if we're going to have an impact on our population's health, so I appreciate that that work is being done.

I'll move now to the questions that I had thought that I was going to ask. We don't have a copy of the organizational charts. We just have one chart that doesn't really illustrate what these units look like. In looking at the headquarters public health unit where we have the Chief Public Health Officer, Health Protection and Population Health divisions listed, it's not really clear to me whether or not, for example, the employees in the health protection unit have reporting up to the chief public health officer, whether or not anybody in Population Health has a direct report up to the chief public health officer. If you could just give me a little bit of information on that, I would appreciate it.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. I want my deputy minister to respond to that question as she can provide a better response than I can. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Hunt.

**Ms. Hunt:** Thank you. Thank you to the member for the question. The chief public health officer, I guess one of the things that I would say is that it's an integrated approach, but that particular office, Public Health versus Health Protection, so you have the health protection team reports in through operations. Thank you.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster:** Thank you, Mr. Chairman. The reason I asked that question is because, from lived experience, I think the manager of health protection was the first official position that I held after my internship and it ended at Health and it created a number of problems because I had on my team an environmental health officer, public health nursing consultant, the tuberculosis nursing team, and communicable disease team and they didn't have direct reports to the chief public health officer, so it could be really difficult sometimes to help to manage them to take certain actions. I just wanted to know whether or not that has changed.

In that line, it used to be that the environmental health officers also in the regions reported to their regional directors and there was no direct reporting to the main headquarters and

environmental health officer. I wonder if that has changed because that has created some problems in the past as well in terms of those environmental health officers being able to fulfill their responsibilities. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) My understanding is that that issue with regard to environmental health officers has been resolved and there is a link now centrally. I hope that answers the question. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster**: Thanks very much for that. How many of the positions under the headquarters public health unit, I guess there are a couple of units, have positions where the job descriptions require a nursing degree and, if there are those positions, are those nurses who are not working frontline receiving the nursing bonus?

I ask that because in the older job descriptions, they had to have frontline nursing experience and part of the reason it was an issue when those nursing bonuses were created is that it made it really hard to fill those positions at headquarters because those individuals could avail of a better bonus in other positions. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main**: We will have to circle back and verify that, but the member may be correct that if they're not working on the frontlines of nursing, they may not be eligible. The group 5 category within the employees union is eligible for those, so it depends on the position, but I can commit to circling back with the information.

To supplement an earlier answer, the environmental health officers are reporting now to the chief public health officer's office. (interpretation) Thank you.

**Chairman** (interpretation): Thank you. (interpretation ends) I thought I was going to have to remind members about acronyms, but Ms. Brewster.

**Ms. Brewster**: Thank you for that and thanks for circling back. The reason I'm advocating for this is because those team members that reported to me at the time really, really did a great job of convincing me that they ought to have access to that bonus. Part of the reason is that the level of skills and knowledge of community-level health care and of our clients is so important to creating programs that work for our clients. Without those skills and abilities, we have less effective programming, so I just want to advocate again for that.

I'm also interested in reporting that is under the purview of the chief public health officer. I'm interested in knowing what specific topics have been identified as relevant to public health in terms of regular reporting aside from the reports on communicable diseases, such as sexually transmitted infections. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In addition to sexually transmitted infections, there is a tuberculosis status report that's being worked on as well as an updated report on cancer in Nunavut. Mental health and suicide have also been identified as areas of focus. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Brewster.

**Ms. Brewster**: Thank you, Mr. Chairman. I'll just go delve a little bit deeper into the last one that the minister mentioned, which is mental health and suicide. That issue relates directly, for example, to reports about sexually transmitted infections and historical knowledge that we have related to past Inuit health surveys that have delved very deeply into the real lived experience of Nunavummiut that share information about historical trauma and abuse that those participants had experienced up until that point in their lifetime.

I think it's really important that when we have baseline information about the health of a population, we are constantly doing follow-up studies and follow-up surveys in order to keep that information up to date. My question is: is there another Inuit health survey similar to the Qanuippitali survey in, I think it was, 2007 and one of my favourites, the Anaana project, which I started I think in 2005? Is there a plan to do another follow-up? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) There is a national Inuit health survey that is being established as an ongoing, permanent Inuit health survey through the leadership of Nunavut Tunngavik Incorporated with Inuit Tapiriit Kanatami. The Department of Health is in support of this. We're in a supporting role and we recognize the importance of this work. We are participating in the Nunavut working group and the Nunavut working group is preparing for the first data collection cycle in Nunavut. It's anticipated to start in spring 2024. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. (interpretation ends) I have no more names under Public Health. Health Branch Summary. Public Health. Total Operations and Maintenance. \$26,911,000. Agree?

**Some Members**: Agreed.

**Chairman**: Members, go on to Health Care Service Delivery. That's H-6 and the first person on my list is Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. My question is, (interpretation ends) the Government of Nunavut's 2018 *Addictions and Trauma Treatment in Nunavut Report* addressed the development of the Inuit workforce to help deliver treatment and healing services. What progress has been achieved to date in recruiting, training, and hiring Inuit to provide services and support in the area of addictions and

trauma treatment? (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I think the biggest project or initiative that has been successful is our paraprofessional project. It was supported through federal funding, so I frequently highlight this to our federal partners when I'm lobbying for additional funds around mental health. We have talked about it quite a bit in this House.

There are four positions under the paraprofessionals. We currently have 34 Inuit hired into those positions and 39 positions filled in total. It's the youth outreach workers and the other positions that are really serving as the people who make things happen at the local level. We have things like supporting positive life skills, supporting nutrition, supporting after-school activities for youth.

It's really touching to see these dedicated staff working alongside our health professionals, in many cases, to support better mental health in their community. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. It's very interesting to hear the minister speaking about the activities in the communities. I would now like to know if that is happening in

all communities. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I apologize for the delay.

Every community has at least one of these positions allocated; however, not every community has a filled position at this time. I'm looking at the list. Almost every community has an active employee under the paraprofessional category and the number of positions also depends on the size of the community. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. Do they work with the (interpretation ends) mental health worker (interpretation) in the community or do they work separately? I would like to get that information. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. They work closely together. If it's a mental health nurse and the mental health coordinator, we always want them to work together, but they have different responsibilities. Through working together, looking at the different communities, we would like to see it strengthened and there are many things that they have to do. By working

together, that's how we want them to operate. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you, Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. When I was asking questions to the minister yesterday, I spoke about the need for elders to be involved in this aspect as they are life counsellors. Is there someone who can look for elder advisors or seek involvement of elders? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you, Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the work that the paraprofessionals do and the projects that they run at the community level, many of those can involve elders, with things like a community feast or elder lunch programs and youth forums. Many of those can involve elders and provide opportunities for the elders to interact with youth, for example. That's part of what we want to see happening. However, we don't prescribe to each coordinator or each staff, "You must do this type of activity." We would like to give them as much freedom as they want to develop activities that fit the needs of the community. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you, Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you. That's interesting to hear as well. Moving on to another topic, (interpretation ends) for 2024-25, the

proposed budget for medical transportation remains unchanged from 2023-24. Has the renewed coverage under the Non-Insured Health Benefits program for medical travellers for Inuit clients and their escorts be adequate to meet all related costs or will it be necessary to negotiate further with the federal government? (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you, Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Negotiations are still ongoing and we have made it quite clear that the current offer from our partners at Indigenous Services Canada doesn't meet our requirements. That being said, we do highly value our partners at Indigenous Services Canada. I don't want to focus on the negative. If we look at Aqquasariaq, they're a big part of seeing that place built and funded. There is a lot of great work happening between us.

Mr. Babstock has a lot of information regarding Non-Insured Health Benefits that he can share on medical transportation, if you will allow. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you, Mr. Babstock.

**Mr. Babstock**: Thank you, Mr. Chairman. Thanks for the question. Dealing with the medical travel aspect of the NIHB contribution agreement has always been a tremendous challenge for the simple fact that the fixed allocation that we receive as under the co-payment that is applied by Indigenous Services

Canada and that fixed ceiling doesn't necessarily help to insulate us from the variable risk.

Given that the NIHB is entirely variable in terms of its uptake, but not only that; it's also uncontrollable in terms of we have no discretion over the expenditure initiation decisions, given that these are discussions that are happening between the client and a physician based on the client's needs, we have no authority to influence that and because of that, we have been dealing with those deficits here. That's a big contributing component to it.

Again, through our ongoing negotiations, getting that 100 percent coverage will absolutely help to mitigate that potential risk going forward and that has been our ultimate goal and we have been 100 percent consistent in that ask from the very start of this process six years ago. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. The (interpretation ends) Non-Insured Health Benefits (interpretation) pay for meals for medical travel clients to the south and the meal voucher is a little over \$12. The meal usually costs more than the voucher that is provided and the medical client has to pay out of pocket for the rest. Has this been improved? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. It probably hasn't

been improved. The amount of money that is given out changes and we have to work with Indigenous Services Canada to do that because it's part of their responsibility. The boarding homes have been increased, which has helped, and in Winnipeg, Iqaluit, and Edmonton, they have larger, roomier boarding homes now and it has helped the situation. When they stay at the hotel, they have to pay for their own meals.

I hope I answered the member's question. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. The hotels are not being used as much as before, but there are still people running into that kind of problem. For the people staying at the hotels, the Non-Insured Health Benefits travellers get money for two meals. The non-Inuit indigenous people get more than the Inuit do, although they get the money from the same federal government. I have seen this happen more than once and I just want to tell you that this needs to be improved.

My next question is: (interpretation ends) how does the government's implementation of the federal Inuit Child First Initiative impact the delivery of medical travel benefits? (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the Child First Initiative and the question is how does it impact the

program, we can recognize that through the Child First Initiative, medical travellers are getting more support in terms of the ability to bring their whole families or for whole families to travel together where before, they would've faced issues around securing child care or maybe concerns around family members who are left at home.

From medical travellers, we hear that it's a positive thing and they appreciate it. It impacts the medical travel program where it can make things more complicated where previously maybe you would've had two travellers coming into a boarding home, now you have a larger group of two adults and three children coming into a boarding home through having capacity issues, and there are also issues around travel coordination. In that example, you would have two travellers booked through medical travel, and then three travellers going through Child First Initiative.

It's all fine until there's a blizzard and you've got to change and rebook. It created some complications for medical travel, and we have made clear to Indigenous Services Canada that there should be some integration between Child First Initiative and the other funding streams so that it can work together more smoothly. (interpretation) Thank you.

**Chairman** (interpretation): Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. Thank you, minister for the clear response. Even when you're not looking for comments, we witness people going to the south or going to get

back home through medical travel, they get stuck in between and sometimes they don't have a place to stay because of flight cancellations. There needs to be better planning done about that aspect of medical travel, whenever they get stuck in a community. For example, in Rankin Inlet, more than once I had witnessed people going through that. Although they try to call medical travel and then they're told by medical travel that they will have to find their own accommodations because we can't and because there's no room in the hotels.

The minister knows that I have talked about him more than once. Can the minister explain what Inuit are supposed to do when they're in that situation? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. It's worrisome to hear things like that. We want accommodations to be available for everyone, either in hotels. We're always holding hotel rooms in Rankin Inlet, and in the coming month, that is going to be increased, the number of rooms that are set aside for medical travellers. Although they are only periodically used, and when people need accommodations, there needs to be something available. One of the reasons usually has to do with the operation of the office.

Maybe the office of medical travel needs to be improved because we have heard concerns. We are looking for ways to improve it and do we need to create another position? When the medical travellers call, there always has to be someone answering the phone and

they're supposed to get the proper help that they need, especially for elders or people who don't have any place to stay. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. All the communities have a travel clerk. Can't they get involved in that? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Part of our work around the medical travel comprehensive policy review is looking at the operations side of the program and where we can streamline things where we can identify barriers and look at making changes. It's a policy that possibility that we can see changes to the medical travel clerk function, but that would be informed by our review, which is ongoing in terms of the consultations. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. Thank you, minister. The reason why I brought this question up is if somebody's going to be leaving the community for medical travel, they usually contact somebody that they know in order to rectify the problem. For example, if I was in Coral Harbour or Winnipeg, I would call the travel clerk to get the information required. Would that improve the system? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. During the review process, we will look at how we can streamline the situation with the medical travellers. That's going to be part of the review, which is currently going right now. If we want to streamline the system and in regard to the travel clerks that you're reviewing too, they are well aware of what their roles are, they know what problems are and they know their clients. They'll be part of the review system, and we would like to get feedback from them during the life of this review. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. One thing that I have been thinking about is in regard to the medical travel office. Would there be an improvement if we used other entities on a contract basis in order to improve the system? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of looking at whether it could be a contracted service, that's something that will be considered. However, it's something that we would have to consider closely, given that the potential impacts to employees in positions within the department. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Following my list of names, Mr. Quqqiaq.

**Mr. Quqqiaq:** Thank you, Mr. Chairman. I'll be talking about home care and programs. Home and community care programs offer health related services to individuals in poor health or with disabilities at the community level. One of the department's priorities for 2023-24 was to develop options for expanding hours and increasing staffing for this program. Why has this initiative been deferred to 2024-25? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. In terms of the reasons for this item being deferred, we've been fully talked with other work around senior care, specifically around long-term care facilities, and so that has been a high priority for the department and for our staff within the division. Home care is also a very important function and program, but that's the reason why we haven't been able to get to this project yet. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Quqqiaq.

**Mr. Quqqiaq:** Thank you, Mr. Chairman. I frequently speak to elders, and one of the elders brought this to my attention about home care. It is to my understanding that home care workers are only part-time in my constituent community. One of the recommendations the elder had gifted me to present to this House and to the

Department of Health was to at least have one visit once a week from a nurse in the community. My recommendation or can I ask the department, is it a possibility to have at least once a week visit from the community nurse? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Home care nurses are able to do home visits, but particulars of the care that the individual is receiving depends on their needs, as well as when they've requested. I can't speak to the specific need of the individual, but there is an ability for them to go into the home, that might be a request that would be best directed to the home care director in the community. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Quqqiaq.

**Mr. Quqqiaq:** Thank you, Mr. Chairman. One of the reasons why I asked for this request is a lot of elders who come home from recovery come home with prescriptions, and the prescriptions they're prescribed are... it's very important when it comes to painkillers or any other type of prescription medications that they're prescribed that they do take their medications and not over take them. For example, they're supposed to have a dose at 5 o'clock and then their next dose is supposed to be, say 9, 10, 11 or 12 at midnight, and for that reason, the elder requested that at least once a week to make sure the elders or the ones that need home care treatment are taking

their medications when they're supposed to, not when they're in pain because due to the fact that it's very dangerous when it comes to prescription medications. I was told to bring this to the department's attention, so the reason why I asked for a nurse to come and visit the people who need home care, and most of the ones that need home care cannot even make it to the health centre due to disabilities.

It's more of a comment and I highly recommend the department take this with great care to assure that elders are taking their medications when they're supposed to because some might take it too early. For example, when they're in pain and they're only supposed to take their prescriptions at a time that they're supposed to. It's more of a comment and statement and I'm going to move on to my next line of questioning. It's in regard to security services.

The Department of Health had issued a number of requests for proposals for security services at health centres in recent years. How many communities currently require security services at the health centres, and what challenges does the department face in ensuring security needs are being met? Thank you, Mr. Chairman. I'll have a follow-up question.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the security services question, almost every community has security services, except for a small number. I think it would be quicker to list the communities without security. Grise Fiord does not have security,

Resolute Bay has no security, Naujaat currently has no security, Whale Cove has no security, and Kugaaruk. Those are the five communities that don't have security.

The services are provided through a number of different ways, depending on the community. In some communities, it's through the government that the security staff are hired, in other communities, it's a contracted service, and then we also have an enhanced security function that is also contracted out.

I think the biggest challenge with the program is the cost. It's quite expensive, as well as we are challenged with trying to increase our Inuit employment levels within the enhanced security function through the contractor. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Quqqiaq.

**Mr. Quqqiaq**: Thank you, Mr. Chairman. Thank you, minister, for your response. This was brought to my attention to my constituent community of Taloyoak. It's a known fact, we do have security services at the health centre in Taloyoak, but the issue of concern is hiring locals from the community of Taloyoak. To hire locals, it would greatly benefit the community to prevent the barrier and gap when it comes to communications when it comes to the local residents who are only fluent in Inuktitut. It's a known fact when there's an emergency and then there's no translators on site to help provide that service to residents who are only fluent in Inuktitut.

What are the chances of hiring locals to be security workers at the local health centre? Is there any training provided or courses that they can take to become security service workers? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I fully understand the member's desire to see more local employment. Under the enhanced security function, many of the staff are ex-law enforcement, and the needs around being employed in that position are to have the ability to respond to emergent situations involving physical force. It is an important job, however it's one that I believe we can do better in terms of providing training to see more Inuit working within that function.

We have an active request for proposals under this heading, and so I can't speak to a successful vendor or any specifics. From our side, the procuring department side, we want to see a training component to any contract that we're awarding here so that we see less reliance over time on imported security staff. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Quqqiaq.

**Mr. Quqqiaq**: Thank you, Mr. Chairman. Thank you, minister, for your response. I would like to see the locals working as security at the health centre.

As the minister stated that Kugaaruk doesn't have any security, and now my

question is: how can the community receive security at the health centre?

For a lot of factors, it's to protect the frontline workers, and not just the frontline workers, but to protect the patient care. I had brought this to the attention in the past to the Health minister about having mental health availability. It's for the many reasons why I'm asking how can the community of Kugaaruk get security service at the health centre? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) The availability or the type of security that's in each community is dependent on the incident report data that's collected by Health, and the trend over the past five to six years shows the year-over-year increases in really concerning things like physical assault.

In terms of Kugaaruk, we can look at the latest information and see if a security function is needed there. It would also be something done in close consultation with the staff at the local health centre.

There's no way around it. We have to have a safe working environment for our employees and a safe environment for anybody from the community who is in the health centre. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Quqqiaq.

**Mr. Quqqiaq**: Thank you, Mr. Chairman. Thank you, minister, for your

response. The talk about medical travel and Non-Insured Health Benefits, I highly talked about medical travel during oral question period, and this health department, the reason why I ask a lot of questions is a lot of my constituents do need the service that Health provides.

When it comes to Non-Insured Health Benefits and to the Department of Health, has the department ever tried applying for long-term funding like say, for example, can you action plan? What I noticed down south, they would come to an agreement and deals with the federal government.

Now my question is to the department: has the department asked for long-term funding for the service that Nunavut needs? In regard to Non-Insured Health Benefits, and in respect, I respect the health department for applying and utilizing the Non-Insured Health Benefits. The main question is: does the department ask for a long term like a 10-year strategy plan, for example? Thank you, Mr. Chairman. That's my last question.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) We want to see a long-term agreement regarding Non-Insured Health Benefits that would give us the surety that would help us to budget better.

Mr. Chairman, if you'll allow Mr. Babstock can add some additional information about how difficult it is not having long-term agreement in place for Non-Insured Health Benefits.

(interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Babstock.

**Mr. Babstock**: Thank you, Mr. Chairman. Thanks again for the question. Non-Insured Health Benefits is absolutely my paramount concern given that when we're looking to budget, we're looking to forecast. Going year over year with a new agreement without any assurances of what we're going to see in subsequent years absolutely creates challenges in terms of trying forecast, to plan for those value add projects, those enhancements we're trying to deliver in terms of healthcare service delivery, new initiatives.

Ultimately, every dollar that we have to spend to supplement Non-Insured Health Benefits is a dollar less that we have to provide health services to all Nunavummiut. Having a long-term agreement and having that degree of cost certainty will absolutely be instrumental in our ability to plan more longer term initiatives and projects. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. According to my list, Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Chairman. I'll start right away. First of all, I would like to ask a question in regard to Rankin Inlet, there's an elders' facility that will be opened in the spring. The management and operation of the long-term care facility is scheduled for 2024. Which entity will be operating the facility? What steps have been taken to ensure that Nunavut residents are trained and ready to fill

positions providing health care services at the facility when it opens? What steps have been taken to ensure Nunavut residents are trained? Are they on target for the employees when it opens? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Our focus has been on securing an operator for the facility. We've taken the approach of looking for a contractor, a contracted entity that could operate the facility on behalf of the government.

The first time we put out the tender, it closed unsuccessfully. However, the second time we put it out, there was some interest and we're now working on finalizing a deal with the successful proponent.

In terms of the positions, there are a number of training programs that are ongoing for the positions in that facility, but the employees will ultimately be employed by the contractor, not by the Government of Nunavut. There's a licensed practical nurse program in Rankin Inlet, as well as a personal support worker program. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Chairman. In the business plan, it indicates that one of the departments... I know that I have been talking about and requesting for this in the Legislative Assembly. I have seen and learned a great deal about elders when I visit them

myself, and I myself take care of my elder mother although it's not that great, but it has been beneficial because I have learned and be able to help so that we need to care for the elders, providing service. If the community should provide services at the community.

When I look at this, I'm a bit disappointed to hear questions being posed by my colleagues, and looking at the plans, it states that they have postponed this training program in our community through Arctic College, we're training for elder care, and we hear that they want to see a training program for elder care. Looking at that and hearing the responses, in Rankin Inlet, a long-term facility is going to be established there, and for those communities that don't have long-term care facilities, it seems like your department does not seem to care about what we want even though it's very important to us. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. This is very important to us, and we understand that this work needs to be done. Due to lack of capacity, that's why this program has been deferred. The Rankin Inlet long-term care facility is not the only one that we're working on. We will be constructing a long-term care facility in Iqaluit and Cambridge Bay. We are now planning how it will be established and how the long-term care in Rankin Inlet will be operated. Due to that, we have been delayed, but we have been moving ahead behind the scenes.

For example, the Department of Community and Government Services, the planning for elder care service through the Department of Health, we have been working on that in collaboration with the department. The plan is to help the communities by providing service at the community level and how and what kind of programs and services we will need to provide. We'll be working on those, and we are working on those. I know we are becoming impatient, it's understandable that we become impatient. We're not going to give up and we'll move forward. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Chairman. Thank you for the response. However, I believe I can even argue about this. I feel great compassion to elders. They can't be people we just send away; I'm not criticizing the people doing the good work in Rankin Inlet, and the plans to build one in Iqaluit and Cambridge Bay, that's good. Before we give up, we want to take care of our own elders. However, the reason why I am saying these things and demanding for it is when they are taken care of only by their families, the families get tired.

Training should be made a priority, take it away from Arctic College and setup an elder care training program for elders that need 24-hour care. The people that take care of these people don't necessarily have to be nurses; they can just be people who can work overnight.

I would like to use an example if I can. I can't take care of an elder all night, and my younger sister cannot do that because

we have full-time jobs, we had to take back our mother because people can only help her for two hours at a time, to help with the bath, do the dishes and make the bed, and we can handle all those. I'm just trying to use that as an example so that I'm understood.

It would be good to see this in all the communities, but I'm going to talk on behalf of my constituents. We need 7 days a week, 24-hour a day care for elders who are no longer able to take care of themselves or even leave their homes on their own without help. Create positions to help them, I've never been trained as a nurse, but I am able to take care of anybody. Anybody can do that; Inuit are very good at helping other people. They only get two hours a day of help and some people get four hours of help a day. Work harder on this issue, let me know if you've heard what I just said. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. I hear you; we hear what you're saying, what the member is saying. We are working on this matter through different routes, and Nunavut Arctic College has a new personal support worker program that they have started.

They are also learning that in Rankin Inlet for the new facility, and people from different communities are also being trained online. We really want to support this, and we know that people who are trained will get more numerous, and some of them are working for the government, and some will be working

for private businesses can take part in this training.

The numbers about home care... .  
(interpretation ends) Looking at the home care, number of clients year over year, it is increasing and we are seeing more and more staff under the home care program. Things are expanding to meet the client needs, but we look forward to completing the review that's laid out in the business plan in the upcoming fiscal year. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Chairman. Thank you, minister. To get workers in the community, like for one community, there is one home care worker that does two hours per house, and it would be good if that could be increased.

I would like to move on to something else about elder facilities. I would like to tell you what needs to be improved that I have witnessed that your department can think about, or you can come to me for more information if you would like.

An elder in the community, people who do not live in Rankin Inlet who are going to be moving to Rankin Inlet for their relatives or family, the Department of Health, if an elder is sent to Rankin Inlet and if the relatives are from Arviat and if that person gets a medevac, will the family be helped by your department to go along with that elder that had been in a care facility that is sent out for a medical emergency? Have you planned for that kind of situation? (interpretation ends) To secure the elder that will be

sent to the elders facility?  
(interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the admissions to the facility, it would be handled in a way that's similar to how we handle admissions to other facilities; Igloolik Gjoa Haven, Embassy West Inn, where a family member would go with the elder to help them to settle in to the facility.

If that's the question, then I hope that answered it, but if the question is regarding emergency care, if the elder has to be shipped out of Rankin Inlet for additional medical care, they would be provided an escort through our medical travel policy, and that would be a family member and they could be from a different community than Rankin Inlet. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Killiktee.

**Ms. Killiktee** (interpretation): Thank you, Mr. Chairman. Is that policy followed properly by all elder facilities? We have had to pay our own airfare for our elder. Please put careful thought into this matter so the elders will not worry about this thing, if they have to go for medical travel.

Has there been any planning done in the policy that has been put together? Medications were mentioned; however, I would like to ask about this aspect about medicine. The caretaker and the doctor

have to have the proper information as to what kind of medication that elder is going to be taking. Will that caretaker be told this elder will be taking this kind of medication now from the doctors when they have to start taking medication from the doctor? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I think my deputy can provide more detail around how the long-term care staff work with family members for our elders who are in care, if you'll allow, (interpretation) Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Hunt.

**Ms. Hunt**: Thank you. Thank you for your questions, and of course, your love and commitment for the elders.

As part of the integrated program on management and case planning, it is part of the home care team's work to be working with families to help share the information around medications, around their plan of care around follow-up so that the family has a clear understanding of the medications, how they're meant to be taken, what their follow-up plans are for their medical care is. If there are challenges to some of that through providing interpretation services, clerk interpreters can help if it's out of territory, we have staff through the boarding home who can also assist that have backgrounds in medical terminology because that's really important, being able to make that connection to those pieces of the care plan.

We do make sure that we notify the families about the medications, and that we also have been working with different pharmacies to help with developing information that clearly describes medication in a way that is appropriate for Nunavummiut. Thank you.

**Chairman** (interpretation): Thank you. According to my list, Ms. Quassa is next.

**Ms. Quassa** (interpretation): Thank you, Mr. Chairman. (interpretation ends) My first question is; the first business plan indicates that stakeholder consultations on the *Midwifery Act* had been deferred to 2024-25. How many midwives are currently employed by the department? (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) If you'll bear with me, we're just pulling the exact number of midwives. Unfortunately, it's not a large number. Sorry for the delays.

We currently have within the department twelve positions within the maternal newborn health program. Eight of those positions are registered midwife positions, and we have two indeterminate midwives within the department, however they have advanced their careers into management roles and are no longer actively practicing midwifery. We have two manager positions within midwifery that are being filled on a casual basis.

(interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Quassa.

**Ms. Quassa** (interpretation): Thank you, Mr. Chairman. Thank you to the minister. Can the minister also explain about the *Midwifery Act*? The stakeholder consultations were deferred, what was the reason for the deferment of the *Midwifery Act* consultations? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the *Midwifery Act* work, it is progressing not as far along as we had hoped, but the work is underway in terms of reviewing the Act, getting the feedback from our midwifery registration committee, as well as the director of professional practice. We've completed an environmental scan, which summarizes legislation from other Canadian jurisdictions. There are arctic regions, and we've drafted a policy intentions paper and we're planning to finalize that for submission in the upcoming fiscal year. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Quassa.

**Ms. Quassa** (interpretation): Thank you, Mr. Chairman. Thank you for telling us about that. (interpretation ends) Is it anticipated that the revision of the Nunavut's *Midwifery Act* will lead to more birthing services becoming available in Nunavut communities

outside of the regional centres? (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Our anticipation is that yes, changing the Act and modernizing it would facilitate more provision of closer to home birthing services.

The legislation has been identified as a barrier, and we are working with Nunavut Tunngavik Incorporated on this initiative. They had made it clear to us that they want to be engaged on this piece of legislation.

There are multiple pieces. We can't just solve the legislation side; we also have to work pretty hard on the workforce issues. That's an area where we are exploring partnerships, jurisdictions, and places where we could work on setting up training programs for Inuit midwives to work in Nunavut. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Quassa.

**Ms. Quassa** (interpretation): Thank you, Mr. Chairman. Thank you, minister. It's something that I look forward to. If we have training programs available, and very possibly we will have midwives in our own communities. They women don't have to leave their community for a month or so, and I would suggest that this revision take place as soon as possible. I have another question.

(interpretation ends) One of the department's priorities listed for 2023-24 was to introduce the health operations balanced scorecard. How is the scorecard implemented and how does it help to maintain or improve the quality of health services delivery?

(interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. I think I'm up here for too long. (interpretation ends) In terms of the scorecard and what we're trying to do with this initiative, it is part of the continuous quality improvement program, which is setup to identify system gaps and inefficiencies, collect useful data and also change things that aren't working in terms of implementing quality improvement initiatives. This applies across all health facilities in Nunavut.

In terms of the scorecard item specifically, we have completed the first iteration of the scorecard and we're refining to see where we can make changes that'll lead to further improvements. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Quassa.

**Ms. Quassa** (interpretation): Thank you, Mr. Chairman. I would like to thank the minister. With the implementation, and it seems like all the communities have been completed, so are you going to be given what's going to be changed? Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of this work, it's about improving our data collection as well as setting up a positive feedback loop where we could implement changes.

What we are seeing across Nunavut and our different facilities is we're seeing more incident reporting, which is good. If there's something that happens in a health centre, we want our staff to report it and document it so that it can flow into the system and feed into making changes in the future.

We're looking at 1,670 incidents that were reported roughly in the calendar year 2023. It's continuous, it's not that we would make improvements in Igloolik and they say "Okay, we're done here" it's a continuous process of troubleshooting, identifying issues and implementing them. It's driven by data. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Quassa.

**Ms. Quassa** (interpretation): Thank you, Mr. Chairman. Thank you for that information. This will be my last question. (interpretation ends) During the fall sitting, the Legislative Assembly approved the department's supplementary appropriation request of over \$30 million, of which \$8 million was allocated to pay for agency nurse staffing and paramedic services, which were critical to ensure the ongoing delivery of health services at Nunavut's community health centres.

What are the current levels of staffing at Nunavut's community health centres? (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) That's a really good question, and we look at staffing in different ways. We have positions categorized into professional or paraprofessional, administrative different categories.

Within our nursing positions, the vacancy rate is quite high at a 55 percent vacancy rate, which is in terms of our health centres. It's not a great number. However, we are hoping to see improvements to our critical staffing measures, which are making our positions more competitive nationally.

As for our community health centre by community health centre look at what the vacancy rates are. That's something that I can commit to having compiled and getting back to the member with that specifically.

With regard to Igloolik, we have been concerned with the amount of turnover there in the health professional positions, and we know that there is a need for stabilization there, and we're pulling all the levers we have to make sure that Iglulingmiut have services available, and that we start to rebuild a strong team at the health centre there. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Ms. Quassa.

**Ms. Quassa** (interpretation): Thank you, Mr. Chairman. I would like to thank the minister. I agree with you wholeheartedly. We have very high staff turnover, and right now, the healthcare centre is open day and night. The nurses see the regular clients during the day, and we hope to see it stabilized as soon as possible, and also to increase the number of staff that are there. Even though there's staff usually, and at times they only can see people on an urgent basis. We would be very pleased if we increased the number of staff. I'll leave it at that. Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Minister, if you would like to respond. Minister Main.

**Hon. John Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I would like to thank the member for raising the issue of the allocation of staff. We currently don't have a mechanism that adjusts the number of positions assigned to a community, even if a community grows.

Looking at Igloolik or any number of communities, we would like to see a mechanism established where additional staff are assigned based on the additional residents in the community.

We're looking to start some of that work using some of our federal partnership funds to do evaluations of the size of the community and then the staff allocation so that we can have a recipe for success. (interpretation) Thank you, Mr. Chairman.

**Chairman** (interpretation): Thank you. Mr. Malliki.

**Mr. Malliki** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I would like to report progress. Thank you, Mr. Chairman.

**Chairman:** We have a motion on the floor to report progress and this motion is not debatable. All in favour. All against. Motion is carried. The officials may leave the witness table; I won't forget that this time, and I will now rise to report progress.

**Speaker:** Item 21. Report of the Committee of the Whole. Mr. Savikataaq.

**Item 21: Report of the Committee of the Whole**

**Mr. Savikataaq** (interpretation): Thank you, Mr. Speaker. (interpretation ends) Mr. Speaker, your committee has been considering Bill 37 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:** There is a motion on the floor. Is there a seconder? Mr. Hickes.

>> *Laughter*

The motion is in order. To the motion.

**An Hon. Member:** Question.

**Speaker:** All those in favour. Opposed. The motion is carried.

Item 22. Third Reading of Bills. Item 23. *Orders of the Day*. Mr. Clerk.

**Item 23: Orders of the Day**

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

*Orders of the Day* for February 29:

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
18. First Reading of Bills
19. Second Reading of Bills
20. Consideration in Committee of the Whole of Bills and Other Matters

- Bill 37
- Bill 38
- Bill 39
- Bill 40

21. Report of the Committee of the  
Whole

22. Third Reading of Bills

23. Orders of the Day

Thank you.

>>*Applause*

**Speaker:** In accordance to the authority provided to me by Motion 29 – 6(2), this House stands adjourned until Leap Day Thursday, February 29, at 10 a.m.

Sergeant-at-Arms.

>>*House adjourned at 17:59*

