



**Nunavut Canada**

**LEGISLATIVE ASSEMBLY OF NUNAVUT**

**3rd Session**

**4th Assembly**

**HANSARD**

Official Report

**DAY 57**

**Wednesday, February 22, 2017**

**Pages 3154 – 3227**

**Iqaluit**

**Speaker: The Honourable George Qulaut, M.L.A.**

## Legislative Assembly of Nunavut

### *Speaker*

**Hon. George Qulaut**  
(Amittuq)

**Tony Akoak**  
(Gjoa Haven)  
*Deputy Chair, Committee of the Whole*

**Hon. George Kuksuk**  
(Arviat North-Whale Cove)  
*Minister of Culture and Heritage; Minister of Languages; Minister responsible for the Nunavut Housing Corporation*

**Hon. Paul Quassa**  
(Aggu)  
*Government House Leader; Minister of Education; Minister responsible for Nunavut Arctic College*

**Pat Angnakak**  
(Iqaluit-Niaqunngu)

**Steve Mapsalak**  
(Aivilik)

**Allan Rumbolt**  
(Hudson Bay)

**Hon. Monica Ell-Kanayuk**  
(Iqaluit-Manirajak)  
*Deputy Premier; Minister of Economic Development and Transportation; Minister responsible for the Status of Women; Minister responsible for the Utility Rates Review Council*

**Hon. Johnny Mike**  
(Pangnirtung)  
*Minister of Family Services; Minister responsible for Homelessness; Minister responsible for the Qulliq Energy Corporation*

**Alexander Sammurtok**  
(Rankin Inlet South)

**Tom Sammurtok**  
(Rankin Inlet North-Chesterfield Inlet)

**Joe Enook**  
(Tununiq)  
*Deputy Speaker and Chair of the Committee of the Whole*

**Simeon Mikkungwak**  
(Baker Lake)  
*Deputy Chair, Committee of the Whole*

**Hon. Joe Savikataaq**  
(Arviat South)  
*Minister of Community and Government Services; Minister of Energy; Minister of Environment*

**Hon. George Hickes**  
(Iqaluit-Tasiluk)  
*Minister of Health; Minister responsible for Suicide Prevention*

**Hon. Keith Peterson**  
(Cambridge Bay)  
*Minister of Finance, Chair of the Financial Management Board; Minister of Justice; Minister responsible for Labour; Minister responsible for the Workers' Safety and Compensation Commission*

**Isaac Shooyook**  
(Quttiktuq)

**David Joanasic**  
(South Baffin)

**Hon. Peter Taptuna**  
(Kugluktuk)  
*Premier; Minister of Executive and Intergovernmental Affairs; Minister responsible for Aboriginal Affairs; Minister responsible for Immigration*

**Pauloosie Keyootak**  
(Uqqummiut)

**Emiliano Qirngnuq**  
(Netsilik)

### *Officers*

Clerk

John Quirke

Clerk Assistant  
Stephen Innuksuk

Law Clerk  
Michael Chandler

Sergeant-at-Arms  
Simanek Kilabuk

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.....	3154
Budget Address .....	3154
Members' Statements .....	3162
Recognition of Visitors in the Gallery.....	3166
Oral Questions.....	3168
Replies to Budget Address .....	3183
Tabling of Documents .....	3185
First Reading of Bills .....	3187
Second Reading of Bills .....	3187
Consideration in Committee of the Whole of Bills and Other Matters .....	3188
Report of the Committee of the Whole .....	3226
Orders of the Day .....	3226

**A.**

**Daily References**

Wednesday, February 22, 2017 ..... 3154

**B.**

**Ministers' Statements**

233 – 4(3): Budget 2017-2018 (Peterson) ..... 3154

**C.**

**Members' Statements**

430 – 4(3): Stop Bullying Now (Angnakak) ..... 3162  
431 – 4(3): Culturally Appropriate Services for Elders (Sammurtok, A) ..... 3163  
432 – 4(3): Harmful Impact of Bullying (Mikkungwak) ..... 3164  
433 – 4(3): Happy Birthday to Grandchild (Qirngnuq)..... 3164  
434 – 4(3): Kimmirut Incident Involving Firearm (Joanasie) ..... 3164  
435 – 4(3): Policies for Social Assistance (Shooyook) ..... 3165  
436 – 4(3): House Fire in Iqaluit (Okalik)..... 3165  
437 – 4(3): Inuit Heritage (Quassa)..... 3166

**D.**

**Oral Questions**

584 – 4(3): Policies for Social Assistance (Shooyook) ..... 3168  
585 – 4(3): Timeline for Expanding Sanikiluaq's Sewage Lagoon (Rumbolt) ..... 3170  
586 – 4(3): Public Service Management (Angnakak) ..... 3172  
587 – 4(3): Children in Care (Joanasie) ..... 3175  
588 – 4(3): Marine Infrastructure (Keyootak) ..... 3176  
589 – 4(3): Culturally Appropriate Services for Elders (Sammurtok, A) ..... 3178

590 – 4(3): Addressing the Harmful Impact of Bullying (Mikkungwak) .....	3180
591 – 4(3): Fuel Tax Rebate Program (Enook) .....	3181

**E.**

**Replies to Budget Address**

Reply to Budget Address 001 – 4(3): Mr. Paul Okalik (Okalik).....	3183
---	------

**F.**

**Tabling of Documents**

246 – 4(3): Correspondence Regarding the Territory’s Language Legislation (Okalik) .....	3185
247 – 4(3): Letter Regarding Language Services (Sammurtok, A).....	3185
248 – 4(3): Product Safety Recall Notice Issued by Remington Arms Company (Enook).....	3185
249 – 4(3): IUT – Apqutauvugut Language Conference February 8 to 12, 2017 (Kuksuk) .....	3186
250 – 4(3): 2015-2016 IUT Annual Report (Kuksuk).....	3186
251 – 4(3): Nunavut Lottery Financial Statements March 31, 2016 (Savikataaq) .....	3186
252 – 4(3): Nunavut Emergency Management Annual Report 2015-2016 (Savikataaq).....	3186
253 – 4(3): Office of the Legislative Assembly of Nunavut Business Plan 2017-2020 (Speaker) .....	3186
254 – 4(3): Representative for Children and Youth Business Plan 2017-2020 (Speaker) .....	3186
255 – 4(3): Office of the Languages Commissioner of Nunavut Business Plan 2017-2020 (Speaker).....	3186

**G.**

**Bills**

Bill 34 – Appropriation (Operations & Maintenance) Act, 2017-2018 – First Reading .....	3187
Bill 34 – Appropriation (Operations & Maintenance) Act, 2017-2018 – Second Reading.....	3187
Bill 38 – Nunavummi Nangminiqaqtunik Ikajuuti Implementation Act – Second Reading.....	3187

Bill 34 – Appropriation (Operations & Maintenance) Act, 2017-2018 – Health – Consideration in  
Committee..... 3188

**Iqaluit, Nunavut****Wednesday, February 22, 2017****Members Present:**

Mr. Tony Akoak, Ms. Pat Angnakak, Hon. Monica Ell-Kanayuk, Mr. Joe Enook, Hon. George Hickes, Mr. David Joanasié, Mr. Pauloosie Keyootak, Hon. George Kuksuk, Mr. Steve Mapsalak, Hon. Johnny Mike, Mr. Simeon Mikkungwak, Mr. Paul Okalik, Hon. Keith Peterson, Mr. Emiliano Qirngnuq, Hon. Paul Quassa, Hon. George Qulaut, Mr. Allan Rumbolt, Mr. Alexander Sammurtok, Mr. Tom Sammurtok, Hon. Joe Savikataaq, Mr. Isaac Shooyook, Hon. Peter Taptuna.

>>House commenced at 13:30

**Item 1: Opening Prayer**

**Speaker** (Hon. George Qulaut) (interpretation): Can you say the opening prayer, please, Mr. Mikkungwak.

>>Prayer

**Speaker** (interpretation): Good afternoon, my fellow Nunavummiut. Members, ministers, (interpretation ends) Premier, (interpretation) as well as the visitors, welcome to the House.

Item 2. (interpretation ends) Budget Address. Hon. Minister of Finance, Mr. Peterson.

**Item 2: Budget Address****Minister's Statement 233 – 4(3):  
Budget 2017-2018**

**Hon. Keith Peterson:** Thank you, Mr. Speaker. Today marks the ninth time that I have stood in this House to present a budget. I want you and my fellow

caucus members to know that I greatly appreciate your confidence and your support. Together we have come a long way and we are working together very well to deliver a better future for Nunavummiut.

**Fiscal overview**

Let me begin with a broad view of our financial situation. In one word it's "balanced." For the current year that ends March 31, our budget projects an operating surplus of \$4 million. When we consider the adjustments we expect to make between now and year-end, we can forecast a relatively small deficit of \$11 million. I say "relatively small" because this deficit amounts to one-half of 1 percent of all our spending. Essentially we will end the year with the books in balance.

As for the year that begins April 1, I am forecasting a surplus of about \$2 million. Again, in the big picture, this small surplus really means that our budget is balanced.

>>Applause

Our revenues next year should reach \$1,981,000,000, up 5 percent from this year's revised estimate. We will spend \$1,918,000,000, which is up less than 3 percent. I have prudently set aside \$40 million for contingencies.

It's worth looking at the source of our revenues so that we can fully understand how we have arrived at a balanced budget and whether we are able to meet the needs of Nunavummiut. Our revenue, now approaching \$2 billion, includes about \$200 million of revenue to be collected from Nunavut. We

collect most of that \$200 million through income taxes, rent for staff housing, service fees, revolving funds, and other sources. We collect what is fair, reasonable, and relatively affordable for Nunavummiut.

As we develop our territory and give full meaning to self-government, we will reduce our dependence on the federal government. We will find our own way, but we are not there today. Our economy is not yet large enough to support the range of public services Nunavummiut deserve.

Think about this: for every \$1 our government receives, just over 10 cents comes from Nunavummiut. Most of the rest comes from the federal government. I mention this for two reasons. The first is the federal government's contribution to our finances. The territorial financing formula will provide us with over \$1.5 billion in the coming fiscal year. We are about to begin discussions with the federal government about renewing this funding arrangement. The second reason I mention our own-source revenue is this: in the future we should expect federal funding increases to be very modest.

We can see the trend. Over the past five years the territorial financing formula has grown by about 5 percent each year. Looking ahead to the next five years, we expect annual growth of just over 3 percent. At the same time the federal government is cutting the growth rate in the Canada Health Transfer from the current 6 percent down to 3 percent. For Nunavut this slower growth reduces our flexibility and our ability to deliver the programs and services that Nunavummiut need.

We can easily understand that the federal government must balance competing priorities. My point is that the federal government's decisions won't always work in our favour. Let's recognize that federal transfers are not large enough to meet our many and growing needs. If we are to meet our vision of a better, stronger Nunavut, then we must do all that we can to help grow our own economy.

Economic development is one of the government's four priorities, as described in *Sivumut Abluqta*. The other priorities are to support Nunavummiut to develop self-reliance and optimism, develop healthy families and strong communities, and improve our government's ability to deliver results. In implementing the *Sivumut Abluqta* action plan, we are making good progress. The government will issue a report later this year to show what has been accomplished and where we need to focus our efforts.

### **General outlook**

The economy is of course the foundation for growth and development. We can be cautiously optimistic. The outlook is encouraging but not rosy. The Conference Board of Canada forecasts our economy will grow 4.9 percent this year, excluding inflation.

The global mining sector has had a difficult year, but some analysts think things will improve soon. Commodity prices may remain low this year, but gold and iron prices have begun to bounce back. That may encourage more mining production and exploration.

Certainly we are already seeing encouraging signs here at home. Production continues at the Mary River iron mine and the Meadowbank gold mine. TMAC Resources recently produced its first gold at Doris North and is seeking permits to expand its operations. Last week Agnico Eagle gave the go-ahead on its Meliadine and Amaruq projects. Other projects continue to advance, including Chidliak, Izok Corridor, Whale Tail, and Back River.

The success of our mining sector is very important to our future. It is a key driver in growing and diversifying our economy and in providing jobs outside of government.

At the end of last year 13,500 Nunavummiut had jobs. That's up 800 from the year before. Almost all those new jobs were occupied by Inuit. The unemployment rate at 14.9 percent was down a full percentage point from the previous year.

>> *Applause*

### **Economic development**

These signs look good, but let's be clear that we need a great deal more economic growth steadily and over time. We are going to need more jobs. Today more than 10,000 Nunavummiut are in school. When they graduate, they will need to find their way in life. That compels us to plan wisely and to invest carefully so that our children find and create opportunity.

That brings me to a discussion about the investments we need to make. Our most pressing investment needs are very clear.

We need to help Nunavummiut get skilled up for a fair shot at better futures. We need better housing so kids can study and parents can help them learn. We need better transportation between our communities and with the markets for what we sell. We also need better communications systems.

To be sure, we have already started. We are all looking forward to opening the new Iqaluit airport this summer. We're building marine infrastructure in Iqaluit and Pond Inlet. These marine projects will greatly improve the sealift and fisheries. This budget commits another \$26 million over three years to get those projects done.

>> *Applause*

But there are other projects with big potential to help us develop. I'm thinking about the road and port proposed for Grays Bay. At nearly \$500 million this would be a record investment in the Kitikmeot. It would create major opportunities. The federal government's own transportation review said so last year. A road from Yellowknife to the coast of Nunavut would cost nearly \$2 billion, but it would also lead to nearly \$40 billion in development projects. An arctic gateway to the world would significantly increase economic activity in Nunavut, but we cannot build it without federal government support.

We know that the federal government is open to projects that make a difference in people's lives. We see this in their \$68 million investment to improve Nunavut's water systems and waste treatment. We welcome the federal government's commitment to share 75

percent of the upgrade costs. They should extend their infrastructure support to the Grays Bay road and port. The project will make a real difference for Nunavut. Together with the Kitikmeot Inuit Association we will continue our discussions with the federal government about moving this project forward.

We are also talking with them about our proposal to build a road from Churchill to Arviat, Whale Cove, and Rankin Inlet. As the Premier has said, we're seeing some movement on our proposal, but not enough yet. We continue our efforts as part of the Hudson Bay Regional Roundtable.

We will also continue to press the federal government about our critical need for more housing. This year we will build 17 housing units for staff and 90 units for public housing, next year another 95 public housing units, but clearly we need many more as overcrowding remains a serious issue. Using national standards, three in ten of Nunavut's housing units are overcrowded.

It's not just about providing better shelter. Better housing would reduce stress, reduce mental health challenges, and reduce family violence. Investments in housing mean better health care and fewer people relying on income support.

>> *Applause*

In the coming year the Nunavut Housing Corporation will launch the government's *Blueprint for Action on Housing*. This plan addresses our housing crisis over the long term. By long term I mean a decade or two. In

building the plan, government departments, stakeholders, and builders all agreed on what we must do. The plan includes 60 specific actions and we will get them done, but the one thing that the blueprint does not have and that it critically needs is enough federal funding. We will continue to seek federal support.

As we invest in housing, roads, marine infrastructure, and other projects, we will also invest in people. We will help them find better jobs, better quality of life, and better futures. We must find a path away from poverty and away from income support. We should all be concerned that our income support spending over the past six years has increased 60 percent. Today nearly two in five Nunavummiut use some form of income support. We need to break these chains of poverty. Think of what would be better: less food insecurity, better health, better grades in school, better paycheques, fewer problems with drugs and alcohol, and less family violence. It's all related to poverty and we must find a way out.

Education is our top priority. It is the key to developing people with technical, scientific and professional skills. These are essential in the modern economy. Without these skills, without these skilled people, we will not get far in the modern world.

Look back to the Auditor General's report in 2010. At that time, roughly ten years into our territory's existence, we had focused on hiring Nunavut Inuit. We aimed then as we do now to create a civil service that reflects the population that it serves, but the Auditor General pointed out that our approach would

need to change. Sheila Fraser told us we needed people who are, in her word, “qualified” to provide government programs and services.

Look back even further. Eleven years ago Justice Thomas Berger said it is impossible to consider the objectives of Article 23 of the *Nunavut Land Claims Agreement* without considering that a vast majority of government jobs have educational qualifications. That was why our government, beginning with the Third Assembly, set out to address this skills issue through our *Human Resource Strategy*. I will say more about that strategy in a moment. The main solution to the issue lies in improving education.

>>Applause

Let’s celebrate the news that our schools are graduating more students. At the same time let us also recognize that too many Nunavummiut leave high school without a diploma. Passing grade 12 is the foundation for future success. In this budget we will invest \$850,000 to improve support services in our schools. We will help families to support their kids’ education. We will improve early childhood education programs, improve Inuit language teaching in elementary schools, and hire more Inuit teachers.

>>Applause

We will train young men and women for government careers. Our internship program is part of the answer, so is our Summer Student Employment Equity Program. Last summer the government hired 249 students across the territory. That’s a good news story. This year we want to hire even more.

>>Applause

We will improve labour market training for adults and help them prepare for better jobs. We will give Nunavut Arctic College an additional \$1.3 million to help fund its social worker and early childhood education programs. The college will also help Nunavummiut to become better entrepreneurs and stronger managers. Starting this fall it will launch a four-year law program in partnership with the University of Saskatchewan to graduate lawyers who know our territory. That law program represents a \$1.6 million investment.

>>Applause

Through all of these measures we are helping Nunavummiut to take part in the market economy. We are also working to make it easier for Nunavummiut to grow their businesses through sales to this government. The new NNI Policy takes effect April 1. The government will launch a plain-language guide that explains the new rules. We will run an awareness campaign so that people know how they can do business with us.

The Department of Economic Development and Transportation will receive \$2.5 million next year to help communities to build more access roads and to improve dust control. At the same time the environment department will begin work to update the *Nunavut Sealing Strategy*. It will improve both the Commercial Fish Freight Subsidy program and the Fisheries Development and Diversification Program.

In the tourism sector we will begin a program of targeted training and certification and develop a new strategy

to promote our cultural industries. We will improve support for the Nunavut Arts and Crafts Association and the Film, Television and New Media program.

>> *Applause*

We will continue support for responsible and sustainable petroleum exploration in Baffin Bay and Davis Strait. At the same time we remain very concerned about the federal government's ban on new licensing in arctic waters. As the Premier stated in December, it is critical that Nunavummiut are part of the discussions about our economic future. This is yet another reason why we look forward to progress in our devolution negotiations. Self-government compels us to gain greater control over natural resources. We cannot afford to have more surprises like this ban on developing resources we consider to be our own.

>> *Applause*

### **Stronger people and communities**

As we open the doors to a strong and prosperous future, we are also concentrating on strengthening our communities with healthy families and individuals.

This budget provides the health department with \$353 million next fiscal year. That's \$12 million more than this year. It's a rise of 3.5 percent. It represents this government's single greatest expenditure. Our focus remains on healthy living, injury prevention, and helping people to overcome substance abuse and addictions.

Improved mental wellness is essential to our success. That is why our government has given the health department \$6.6 million to set up the Quality of Life Secretariat. This new unit will support community and wellness organizations. It will also operate mobile trauma response, support the Embrace Life Council, and help fund a 24-hour crisis helpline.

>> *Applause*

Mental wellness also accounts for most of the \$3 million in new funds for health care service delivery. We will expand community-based services for mental health and addictions.

In addition to supporting individuals, we are strengthening our communities. We will help them to deter drug dealers, bootleggers, and the other criminals whose actions hurt people's health and safety.

Our efforts take on extra significance this year with the opening of a beer and wine store in Iqaluit. As the Minister responsible for the Liquor Licensing Board and the Nunavut Liquor Commission, and the Minister of Justice, I have a particular interest in this matter.

As this House knows, the government issued a detailed plan last October on steps to reduce the harm of alcohol. As the Nunavut *Liquor Act* Review Task Force said, freer access to beer and wine is a way to disrupt bootleggers and to reduce the harm caused by binge drinking hard liquor. Our new beer and wine store is another step in harm reduction. We will use further harm reduction strategies, including an

awareness campaign to encourage healthy and informed choices.

Strengthening communities also means keeping them safe. The RCMP signed a shared direction agreement with our government last fall. They made a commitment to provide services that are efficient, effective, and culturally relevant. We agreed to review our work so we will all know if we are meeting our objectives. The RCMP is concentrating on three areas: communication, communities at risk, and crime reduction. Guided by this agreement, the RCMP will put nine new constables on the streets in Cape Dorset, Pangnirtung, Baker Lake, Arviat, Rankin Inlet, Gjoa Haven, and Iqaluit.

>>Applause

As well, the Mounties will continue to work closely with our communities. They're focused on communicating better in the Inuit language, improving our criminal intelligence system, and upgrading crime prevention programs. The RCMP and our government are helping Nunavummiut to understand the risks from alcohol and drugs.

Addictions, substance abuse, and mental illness all strain our court system. Rising caseloads mean people wait longer for justice to be served. We will expand the Justice of the Peace program into more communities, and by offering training and other supports to our Justices of the Peace so we can resolve cases that don't require involvement by a judge. We will also provide more programs and support services for victims of crime.

>>Applause

At the same time we will also step up funding to the Community Justice Program. We are helping communities to lead restorative justice efforts that help victims, hold offenders accountable, and address the root causes of crime.

### **Improving government**

Now that we have talked about strengthening our people and our communities and about developing a stronger economic future, let me focus now on the government itself. After all, we have work to do so we can deliver our programs and services efficiently and effectively.

We said in *Sivumut Abluqta* that we would review government programs. We wanted to see which worked well, which needed fixing, and where we should concentrate our resources. We completed many reviews. Each department received recommendations for improvement. Now departments are working with the Department of Finance and the Department of Executive and Intergovernmental Affairs to review how we manage shared services. That includes human resources, our computer systems, and our procurement.

Perhaps our most significant review focused on our *Human Resource Strategy*. After all, the efficiency and effectiveness of government will be highest when we have the right person, in the right job, at the right time, making the right decisions. That's what we need to deliver the highest quality programs and services within our limited resources.

>>Applause

Three years ago we established the *Human Resource Strategy*. We said we would increase Inuit employment, recruit skilled people, develop our employees, and improve our service to the public. We also said we would gather better data for making decisions. We are working on all of these things.

We have made several improvements. We have introduced a policy on workplace harassment. We are providing anti-harassment training that promotes a respectful workplace and we have trained nearly 500 employees to date. We are also supporting individuals who return to work and are training our managers about their responsibilities to accommodate employees' needs. We are supporting breastfeeding mothers in the workplace. We have appointed an ethics officer. We are developing programs to train and support employees and to develop and engage managers and leaders. We will become an employer of choice.

>>Applause

The bottom line is that we are making significant progress in improving our human resources, including staffing, training, and Inuit employment. We will see that anyone who works for the government or applies for a government job is treated fairly and equitably.

On staffing I can report that Inuit employment in government remains around 50 percent. The actual number of government-employed Inuit reached 1,762. If one looks back a few years to 2009, one will see that the number of Inuit holding government jobs has risen by 257. In other words, the number of

Inuit working for the government has risen. We continue to make progress.

>>Applause

Little more than a year ago this government introduced restricted job competitions, making it easier for Inuit to join the public service in their home communities. Our successful internship program provides Inuit employees with on-the-job opportunities to acquire management skills.

Last fall EIA reorganized the Sivumuaqatigiit Division to focus only on meeting our targets for Inuit employment. The Public Service Training Division is reporting strong Inuit participation in its leadership program, almost 80 percent. Just last week 15 participants successfully completed the senior managers' stream of the program. At the ceremony Dalhousie University agreed to recognize graduates of the program with course credits at the postgraduate or masters level. These types of partnerships create even more opportunities for our public servants to advance their training and development.

>>Applause

Yes, we have a way to go before the public service fully reflects the people that it serves. Yes, we have our challenges in finding the right people, and I talked a few minutes ago about how our education system will help fill that gap. The important thing to remember is that we are making progress and we will continue to work towards becoming a representative public service.

## Conclusion

Mr. Speaker, while I'm talking about the public service, I'll just mention that I'm grateful to the many public servants who have helped shape this fiscal plan. I want to express my appreciation to all departments, agencies, and territorial corporations. In particular I thank my team at the Department of Finance.

As I said at the beginning, this is the ninth budget I have brought before this House. It is also the last Budget Address that I will deliver in this Fourth Assembly.

Looking back over this Assembly's work, our prudent approach to public money and property has been proven correct. We have steadily improved the programs and services that we provide to Nunavummiut. Large challenges remain, especially in housing and infrastructure, but we are increasingly able to meet these challenges by strengthening our people, our communities, our government, and our economy.

We are achieving and delivering what this Assembly set out to do four years ago and that's to build a better future for the people we serve. Thank you, Mr. Speaker.

>> *Applause*

**Speaker** (interpretation): Thank you. Going back to the orders of the day. Item 3. Ministers' Statements. (interpretation ends) Item 4. Members' Statements. Hon. Member for Iqaluit-Niaqunngu, Ms. Pat Angnakak.

## Item 4: Members' Statements

### Member's Statement 430 – 4(3): Stop Bullying Now

**Ms. Angnakak:** Thank you, Mr. Speaker. Good afternoon, everybody.

Mr. Speaker, I rise today wearing pink along with many of my colleagues in support of the nationwide campaign to stop bullying.

Mr. Speaker, bullying is not just a problem in our schools. Our children suffer and often feel that they can't tell anyone what is happening. We need to show them that we support them, that we will listen to them, and that we as a society will not tolerate bullying.

Mr. Speaker, bullying is not just a problem in our workplaces; people's livelihoods and the well-being of their families can be affected by the way that they are treated in the workplace. Occasionally people even quit their job because they cannot face the bullying and mistreatment.

As employers and as representatives of our communities, we need to show that we will not tolerate individuals using their positions of power and authority to undermine and demean others.

Mr. Speaker, bullying is not just a problem in our families. Just one time is too often. We hear of elders who are threatened and taken advantage of by family members. Their pension cheques are taken from them and they have no money left to pay their bills.

Mr. Speaker, bullying exists in many areas and it takes many forms, and we cannot let it continue. Today we wear the colour pink to show that we care,

that victims of bullying are not alone, and that we will help and support them whenever possible.

Mr. Speaker, today and every day we need to speak out against bullying behaviour. We need to be available to talk about the issue and move forward with healing and helping.

Mr. Speaker, I would like to acknowledge the many wearers of pink today. Together we can make a difference. Thank you, Mr. Speaker.

>> *Applause*

**Speaker** (interpretation): Thank you. Members' Statements. Member for Rankin Inlet South, Mr. Alexander Sammurtok.

**Member's Statement 431 – 4(3):  
Culturally Appropriate Services  
for Elders**

**Mr. Alexander Sammurtok:** Thank you, Mr. Speaker. I am sure you would be surprised if I did not rise again to address an issue that has been a primary concern of mine throughout my term: the need for an elders facility in the community of Rankin Inlet.

Mr. Speaker, I have already noted on several occasions that a number of Rankin Inlet elders have been taken away from their home and sometimes away from the territory to receive care.

Mr. Speaker, maintaining close cultural familiarities ensures comfort and dignity in the lives of our elderly residents.

I am confident that many of my colleagues have read recent stories in the

media about Nunavut elders who are receiving care in the southern facilities without hearing their own language or eating familiar food.

Sadly it appears that the legal requirement to provide linguistically appropriate services in the Inuit language no longer applies once a Nunavut resident is removed from the territory.

Mr. Speaker, I note that the Department of Health had recently issued a request for proposals for culturally appropriate level 4/level 5 out-of-territory care services for Nunavut seniors.

Mr. Speaker, I would like to point out that providing culturally appropriate care would be much easier to do if we provide it here at home in Nunavut.

Mr. Speaker, I appreciate that there are different levels required by elders and other individuals in long-term care facilities, and I have acknowledged that the higher the level of care the more extensive the staffing and resources that are needed.

However, I feel that we need to do more at home to provide care, especially at levels 1, 2, and 3, for our aging seniors.

At the appropriate time I will have questions on this issue. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Members' Statements. Member for Baker Lake, Mr. Simeon Mikkungwak.

**Member's Statement 432 – 4(3):  
Harmful Impact of Bullying**

**Mr. Mikkungwak** (interpretation): Thank you very much, Mr. Speaker. I rise today to urge community residents and all members of society to speak out against (interpretation ends) bullying and to help prevent the harmful impacts of bullying.

Mr. Speaker, bullying is a serious problem. Sometimes the impact of bullying can be devastating to its victims. Bullying can affect people by making them lose sleep or feel sick. Bullying can make people not want to go out in the world; skip school, skip work, skip social activities. Victims of bullying can feel hopeless and helpless and sometimes even lose their will to go on.

Mr. Speaker, while I know that bullying can occur anywhere, it seems particularly bad amongst our youth. It is important that our schools not only support anti-bullying programs but also ensure that youth have someone they can go to and talk to.

Mr. Speaker, today is Pink Shirt Day and it is nice to see so many people showing their support for this anti-bullying initiative. It is important that we not remain bystanders when we see something happening that involves bullying. We can all be involved.

At the appropriate time I will have questions on this issue. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Members' Statements. Member for Netsilik, Mr. Emiliano Qirngnuq.

**Member's Statement 433 – 4(3):  
Happy Birthday to Grandchild**

**Mr. Qirngnuq** (interpretation): Thank you, Mr. Speaker, for giving me this opportunity. I want to say we all love our children and adopted children.

I would like to wish my adopted child a happy birthday. I rise today to wish this child a happy birthday.

While the public out there is watching, I wish to share my support in the showing of having love that we're feeling today for our children and ourselves. Thank you, Mr. Speaker.

>> *Applause*

**Speaker** (interpretation): Thank you. Members' Statements. Member for South Baffin, Mr. David Joanasie.

**Member's Statement 434 – 4(3):  
Kimmirut Incident Involving  
Firearm**

**Mr. Joanasie** (interpretation): Thank you, Mr. Speaker. Good afternoon, colleagues, people listening to the proceedings, and visitors.

Mr. Speaker, I rise today to speak to a problem and a concern over something that happened in South Baffin in the community of Kimmirut. There was a firearm incident.

Mr. Speaker, it's unfortunate when firearm incidents occur in our communities and people want to hurt other people.

Mr. Speaker, our firearms are for hunting animals that we eat. They don't have any other purpose.

Mr. Speaker, if we are angry and we have problems in our lives, then we have to look at how we can get help. Mr. Speaker, there are good healing programs using different means that can help us.

Mr. Speaker, I appreciate the people who provided assistance in Kimmirut during this incident to put it to a peaceful end by helping the RCMP so that nobody would get hurt. I thank the RCMP for their role in keeping our communities safe.

Mr. Speaker, let's show our support for other people and share our wish to stand together. Mr. Speaker, if we are feeling pain within ourselves, there are good healing programs that we can turn to. We can all heal, so let us make it available. Thank you, Mr. Speaker.

>> *Applause*

**Speaker** (interpretation): Thank you. Members' Statements. Member for Quttiktuq, Mr. Isaac Shooyook.

**Member's Statement 435 – 4(3):  
Policies for Social Assistance**

**Mr. Shooyook** (interpretation): Thank you, Mr. Speaker. I rise today to express my concern over the lack of policies to ensure that income assistance clients spend the money they receive for social assistance appropriately.

Mr. Speaker, social assistance money is provided to make sure that individuals and families have enough to eat. It is

there for those who have no other source of income to make sure that they and their children do not go hungry.

Mr. Speaker, it seems that there is no policy to ensure that social assistance money is spent on food. Some income assistance clients spend their money on toys, gadgets, and even cigarettes. This is not what this money is intended for. In Nunavut's smaller and more remote communities these items can be very expensive. The more money that income support clients spend on those kinds of items, the less money there is for them to spend on food.

Mr. Speaker, I recognize that people need to be responsible for their own decisions. However, it seems that when some individuals are given that responsibility, they do not behave wisely.

Mr. Speaker, I believe that strict policies must be put in place to ensure that social assistance money is used for the right purpose. The Department of Family Services should take steps to ensure that income assistance clients do not waste the money that they are given.

At the appropriate time I will have questions on this issue. Thank you.

**Speaker** (interpretation): Thank you. Members' Statements. Member for Iqaluit-Sinaa, Mr. Paul Okalik.

**Member's Statement 436 – 4(3):  
House Fire in Iqaluit**

**Mr. Okalik** (interpretation): Thank you, Mr. Speaker. Good day.

Mr. Speaker, I rise today to show my appreciation. On Sunday there was a fire in my constituency and they have gone through a difficult time. I am grateful that nobody lost their life or was seriously hurt.

I would like to recognize my fellow residents. As soon as they heard about this incident, they provided help and also gathered clothing and money. My constituents were helped out by fellow residents in the community. I would like to thank them greatly, in particular our mayor for keeping everyone informed and informing people of how we can provide assistance. I very much thank those who helped and are still helping my constituents. Thank you, Mr. Speaker.

>> *Applause*

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

#### **Member's Statement 437 – 4(3): Inuit Heritage**

**Hon. Paul Quassa** (interpretation): Thank you, Mr. Speaker. I also thank my colleagues who spoke about the meaning of Pink Shirt Day. I am proud of them.

Mr. Speaker, I would like to talk about our elders. They worked extremely hard in the past and we often hear that we are here today because of their hard work. Let's be proud of all of our elders and thank them for working extremely hard. They experienced hunger when they ran out of food and they went through difficult times. It was nothing like our lives today, but let's be proud of them.

Let's tell the next generation about the lives that our elders lived, going through hardship. That's why we're here today. When I talk about our descendants, we have grandchildren and children. Let's show our love for our grandchildren and tell them about the hardships that Inuit experienced in the past. That is why we're here today. I keep repeating that, but everyone needs to know that.

We cannot forget to help our elders and we need to provide them with food and help them in any way we can. When they are talking, we should listen to them carefully. That's the main statement I wanted to make.

Probably most of my colleagues have grandchildren. Let's talk about this and be proud of being Inuit. It has been a long while since I have seen my grandchildren. I say "hello" to them and send them my love. Thank you, Mr. Speaker.

>> *Applause*

**Speaker** (interpretation): Thank you. Members' Statements. I have no more names on my list. Moving on. Item 5. Returns to Oral Questions. Item 6. Recognition of Visitors in the Gallery. Member for Iqaluit-Sinaa, Mr. Paul Okalik.

#### **Item 6: Recognition of Visitors in the Gallery**

**Mr. Okalik** (interpretation): Thank you, Mr. Speaker. I would like to recognize an individual here in the House. He's a young constituent of mine who is a hard-working student. Peter Aningmiuq, I welcome you again.

I see an elder who is my constituent. He is easy to approach and provides good counselling. I would like to recognize Moses Atagoyuk and welcome him.

>>Applause

Another person who is at the elders' seating now was my teacher when I was young. Even if I did wrong, he was always welcoming and he shows that to this day. I recognize and welcome Terry Young. Welcome. Thank you, Mr. Speaker.

>>Applause

**Speaker** (interpretation): Welcome to the gallery. Recognition of Visitors in the Gallery. Member for Pangnirtung, Mr. Johnny Mike.

**Hon. Johnny Mike** (interpretation): Thank you. I wasn't expecting to hear my name.

I, too, would like to recognize all the visitors in the gallery. I would like to recognize all of them and welcome them to the House.

In particular I apologize that yesterday I failed to mention Leah Aluki Kilabuk, a Pangnirtung resident who is here as a student, so I wanted to mention her today. She is my own relative, my cousin.

I would also like to recognize my friend and father-in-law, Moses Atagoyuk, who is also here in the gallery.

I would also like to recognize Jojo Aningmiuq. People knew his father well, Etulu Aningmiuq, who was a very good singer.

I have also known Terry Young, Dennis Patterson, and someone whom I have known personally for a long time is Lazarus Arreak. Welcome to the gallery. Thank you.

>>Applause

**Speaker** (interpretation): Thank you. (interpretation ends) Welcome to the gallery. (interpretation) Recognition of Visitors in the Gallery. Member for Iqaluit-Niaqunngu, Ms. Pat Angnakak.

**Ms. Angnakak** (interpretation): Thank you, Mr. Speaker. I didn't want to be the last one; I wasn't recognized.

I would like to recognize Moses Atagoyuk, my constituent Terry Young, Lazarus Arreak, and Senator Dennis Patterson. Welcome. Thank you.

>>Applause

**Speaker** (interpretation): Welcome to the gallery. Recognition of Visitors in the Gallery. Member for Kugluktuk, Mr. Peter Taptuna.

**Hon. Peter Taptuna**: Thank you, Mr. Speaker. I feel very privileged to recognize a member here two days in a row. Mr. Speaker, I want to recognize Senator Dennis Patterson, who has been working very hard for Nunavummiut. He is well known throughout the Nunavut territory. Welcome to the House. Thank you, Mr. Speaker.

>>Applause

**Speaker** (interpretation): Thank you. (interpretation ends) Welcome to the gallery. (interpretation) Recognition of

Visitors in the Gallery. Member for Aggu, Mr. Paul Quassa.

**Hon. Paul Quassa** (interpretation): Thank you, Mr. Speaker. This person was already recognized, but we obviously all know these people.

I would also like to recognize my late father-in-law's younger brother, Moses Atagoyuk. I thank him very much for being here today. We all know that he worked for the CBC for a long time and I used to work with him. He is still good to listen to today, but he's not talking as much now.

I also thank Senator Dennis Patterson. I have known him since I was a very young man. I first met him before we had white hair.

I would like to recognize Terry Young again. I have also worked with him. He was a teacher and the students he taught are all adults now.

My good friend, Lazarus Arreak, I think he is my fellow old man now and I would like to recognize him. Thank you, Mr. Speaker.

>>Applause

**Speaker** (interpretation): I welcome all of you to the gallery. Recognition of Visitors in the Gallery. Member for Iqaluit-Manirajak, Ms. Monica Ell-Kanayuk.

**Hon. Monica Ell-Kanayuk** (interpretation): Thank you. It seems I wanted to be the last one.

I won't mention all the names of the interpreter/translator students who are

here, but I would like to welcome them. They are learning behind the booth there. I am truly happy they are continuing with their education in my constituency.

One of my constituents was recognized a few times and that is Senator Dennis Patterson. I worked with him a long time ago when Maliiganik Tukisiiniakvik was being established.

Terry Young was also mentioned, but he was our principal at the high school. We were very happy with him. Many of my children graduated high school when he was the principal.

I also welcome my husband's paternal uncle, Moses Atagoyuk. He worked for a very long time with me at the CBC.

As well, an interpreter I see everywhere is Lazarus Arreak. Thank you, Mr. Speaker.

>>Applause

**Speaker** (interpretation): Thank you. Welcome to the gallery. Recognition of Visitors in the Gallery. I have no more names on my list. Moving on. Item 7. Oral Questions. Member for Quttiktuq, Mr. Isaac Shooyook.

### Item 7: Oral Questions

#### Question 584 – 4(3): Policies for Social Assistance

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

Mr. Speaker, in my Member's Statement earlier today I noted that some income assistance clients are not spending their social assistance money on food. It appears that there are no policies which ensure that the money provided to income assistance clients is used for its intended purpose.

Can the minister clearly explain why his department does not have any policy to ensure that social assistance funds are used to buy food and not cigarettes, toys, or other non-essential items? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Family Services, Mr. Johnny Mike.

**Hon. Johnny Mike** (interpretation): Thank you, Mr. Speaker. I thank my colleague for asking that question. We are always concerned about that matter, especially when the money is being used to try to help them get food or other needs. We are always concerned about that and there has been concerns raised in the past. It's a very difficult issue to resolve how the money can be administered.

I understand his concern and it has been raised here in the House a number of times. It's a very difficult issue to deal with. With respect to the member's question about having no policy and why that is the case, right now I can say that the Department of Family Services is changing the name from social assistance to income assistance. That's basically the only thing that's happening right now. I understand my colleague's concerns. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your first supplementary, Mr. Shooyook.

**Mr. Shooyook** (interpretation): Thank you, Mr. Speaker. I thank the Minister of Family Services for addressing my concern properly.

Mr. Speaker, I recognize that it is important for adults to be responsible for their own actions. I also recognize that when we take away people's ability to make certain choices and decisions, we are taking away some of their responsibility. However, if we leave the situation the way it is, with no policy to restrict how people spend their social assistance funds, then children and families will continue to go hungry, without enough food to eat.

Will the minister commit to introducing a policy which will restrict how income assistance clients can spend their social assistance funds? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. (interpretation ends) The Hon. Minister of Family Services, Mr. Johnny Mike.

**Hon. Johnny Mike** (interpretation): Thank you, Mr. Speaker. The Department of Family Services tries to find ways to work on that issue and they have been trained on administering that. This has always continued.

When it comes to responsible financial management with the money they receive through income support and things like that, I believe they are starting to get help from the government. This is a program on responsible financial management for those people

who have to rely on income support or social assistance. These kinds of programs have become available so that these people can be guided more in how to better spend their income support payments and how to deal with poverty in general. These initiatives have been taken by the Department of Family Services.

It's important for people in Nunavut to understand what they're supposed to use income support for. I can get a review done on the need for regulations and policies through Family Services. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your final supplementary, Mr. Shooyook.

**Mr. Shooyook** (interpretation): Thank you, Mr. Speaker. I also thank the minister for being concerned about the matter that I'm asking about. That's good to hear.

Mr. Speaker, I appreciate that developing and implementing an effective policy might be a difficult task. Will the minister consider implementing a program to provide additional counselling to income support clients who are not spending their social assistance money appropriately? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Family Services, Mr. Johnny Mike.

**Hon. Johnny Mike** (interpretation): Thank you, Mr. Speaker. I also thank my colleague for those comments. We all know of the reports about the latest review and possible amendments to the

Income Support Program. My department worked with the Department of Economic Development on this last year and presented the review in June 2016. There has been some work done along those lines to date and the work continues.

There are going to be 15 proposed changes to what my colleague is asking about, to see how the people who are on income support can receive additional help to make sure that they spend their money properly, as well as to see how these people can be trained for jobs. That's how we try to help them and it's always continuing.

With respect to my colleague's concern about using money appropriately, it is being worked on right now. I can say that with the present legislation and through its regulations, this can be reviewed again to see how it can be improved. Although there has been a review done on it and recommendations made, I can work further on top of it. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Oral Questions. Member for Hudson Bay, Mr. Allan Rumbolt.

**Question 585 – 4(3): Timeline for Expanding Sanikiluaq's Sewage Lagoon**

**Mr. Rumbolt:** Thank you, Mr. Speaker, and good afternoon. Mr. Speaker, my questions today are directed to the Minister of Community and Government Services.

Yesterday the minister stated that the department is planning to complete the design phase of its project to enhance

and expand Sanikiluaq's sewage lagoon by the fall of 2017. Mr. Speaker, this indicates to me this project will not see any groundwork for at least another 18 months. Also, lagoons are constructed with rocks and gravel, not using any other types of structural material.

Can the minister clarify why it will take until the fall of 2017 for his department to complete the design phase to enhance and expand Sanikiluaq's current sewage lagoon? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. (interpretation ends) The Hon. Minister of Community and Government Services, Mr. Joe Savikataaq.

**Hon. Joe Savikataaq:** Thank you, Mr. Speaker. The member is correct that probably not much will happen in the near future because we have to design it. The reason we want to make sure it's designed properly is first we will have the study done by Dalhousie University to see what is exactly needed and we want to make sure we build something proper. We don't want to do what happened in the past where a site was picked and the work was going to be done on the site. They did some geodetic surveys and the site was not suitable for a sewage lagoon.

We have to make sure that the existing site is suitable for a possible expansion, enhancement, and also the regulatory process would have to be done and that cannot be done quickly. The regulatory process is beyond our control and we would not be able to process until we got the regulatory process done. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your first supplementary, Mr. Rumbolt.

**Mr. Rumbolt:** Thank you, Mr. Speaker. For almost eight years now Sanikiluaq has been waiting to see the results of the department's work to improve the community's sewage lagoon.

Originally the community was told that they would be receiving a new lagoon. However, now that the department's plans have changed to remodel the current lagoon, we're being told that the community will have to wait until the end of this year before the project design is completed.

Can the minister tell us why his department could not use information from his original plans, which were to build a new lagoon, and reduce the length of time required to design and enhance the expansion of the current lagoon? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Community and Government Services, Mr. Joe Savikataaq.

**Hon. Joe Savikataaq:** Thank you, Mr. Speaker. The member is correct in that this process has been on going for a long time. It started in year 2010-11. A site for the new lagoon was picked out and the process to start the regulatory process and make sure everything ran smoothly started in 2011.

The process was started when we were notified that new regulations from Transport Canada had been enacted in 2012 and that regulation states that you cannot have a bird attractant within four kilometres of an airport. Transport Canada has deemed a sewage lagoon as

a bird attractant and that stopped the process there.

An exemption permit was applied for so that we can get the new sewage lagoon built with an exemption permit from Transport Canada and the exemption permit was denied. Therefore we cannot build a new sewage lagoon there. We are trying to make do with what we have there and we know it's not adequate. We have to fix it up. We feel that it's easier to get an exemption permit to expand an existing sewage lagoon than it is to build a new one and that has been the main stumbling block. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your final supplementary, Mr. Rumbolt.

**Mr. Rumbolt:** Thank you, Mr. Speaker. As I previously stated, it has been almost a decade since Sanikiluaq's sewage lagoon was first included in the department's plans. Can the minister tell us how much his department has spent on this project to date? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Community and Government Services, Mr. Savikataaq.

**Hon. Joe Savikataaq:** Thank you, Mr. Speaker. Yes, I can tell him. He didn't ask for the numbers, but I will tell him the numbers. Mr. Speaker, since the beginning of this project in 2011-12, the total amount of money that has been spent on Sanikiluaq's sewage lagoon is \$730,657 and there has been money spent almost every year to try to get Sanikiluaq a new sewage lagoon. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Oral Questions. Member for Iqaluit-Niaqunnguu, Ms. Pat Angnakak.

### **Question 586 – 4(3): Public Service Management**

**Ms. Angnakak:** Thank you, Mr. Speaker. I don't think it's any surprise, but my questions are for the Minister of Finance.

In my Member's Statement today I spoke about the need to confront bullying in schools, at home, and in the workplace.

As the minister is aware, the issue of fostering a healthy workplace is one that I have been raising consistently in this House. Through the minister's Budget Address we heard comments on some of the developments his department is taking to address bullying at the workplace.

Could the minister update us today in more detail new initiatives the government has been taking to address the issue of workplace bullying and harassment? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Finance, Mr. Keith Peterson.

**Hon. Keith Peterson:** Thank you, Mr. Speaker. I thank Ms. Angnakak for her question. Mr. Speaker, as Ms. Angnakak well knows, most members here know and pretty much everybody in Canada, when you have a private sector or government and you have people, there's going to be possible conflict and there's going to be harassment. That's why a progressive organization will implement

policies to protect employees, assist employees and also management.

There is a requirement for managers to know how to manage and employees should know how to be good employees. In the Government of Nunavut, as I said in my budget speech, we want to be an employer of choice. We have the Respectful Workplace Policy and we have the Workplace Harassment Policy.

I have stood in this House many times over the years and encouraged our workers not to sit there and let it fester. If you have an issue, talk to either the union, talk to your manager, or talk to another deputy and bring your concerns forward.

No anonymous letters. Anonymous letters don't help us. I notice people that send anonymous letters to politicians and others. We can't work with anonymous letters. Give us facts. Nobody is going to get fired for reporting a possible workplace harassment or conflict.

We have the ethics officer; we put that in place. Our new employees and old employees are given courses in recognizing workplace harassment. They are also given a copy of the Code of Values and Ethics. Workplace harassment is not condoned.

It's out there. It's up to people to take that step, Mr. Speaker. Take the step if you have a feeling you're being harassed or bullied in the workplace, whether it's your co-worker, whether it's a manager or whoever. Take that step and let someone know, and then the processes kick into place to help you.

Not to say that your complaint will be valid or not. That's why we have investigations and fact-finding meetings. That's why we have a union. That's why we have shop stewards. They are all there for people to help themselves and help the government to be a more productive and safe workplace. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your first supplementary, Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. I thank the minister for his response. We will see what happens.

As the minister will very much recall, another motion that was considered and passed by the members of the current Legislative Assembly concerned the establishment of an independent public service commission. Can the minister update us on where the government stands today on this issue? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. (interpretation ends) The Hon. Minister of Finance, Mr. Peterson.

**Hon. Keith Peterson:** Thank you, Mr. Speaker. I thank Ms. Angnakak for the question. It's interesting. After that, I could talk for hours on this. Do I have a couple of hours?

Last summer I talked to the premier of the Yukon at the finance ministers' meeting in Vancouver, and I'm talking about high-level discussions. I have talked to the new premier of the Yukon at the finance ministers' meeting in Ottawa. I also talked to the premier of

the Northwest Territories in Ottawa at Christmastime.

We were having this interesting discussion. The premier for the Northwest Territories says, “We have been following you guys in Nunavut,” and he told me at the time, “We’re moving towards you and what you’re doing.” I was talking to the Yukon guy who was there and he said, “Minister Peterson, we should caution you to proceed carefully with what you’re doing.”

I sent three deputies up to the Yukon last September to talk to people. We have engaged a consultant who has been working with us on the shared services, who has been talking to the Yukon. He was in Iqaluit here last week. I had a very productive meeting with him.

I do know there was a motion. It was a non-binding motion. Ms. Angnakak knows that we don’t have enough time in this government to move forward with the legislative agenda. I don’t even know if this is a model that will work for Nunavut or if we can tinker some more with our HR department. Even after that last motion last summer we did tinker with our department.

Now the Human Resources side has a dedicated associate deputy minister in charge. We have moved it out of the comptroller general function, so they focus primarily on HR. We are looking to get more staffing officers. As I have said before, we’ve got all of these policies under review. Some are getting passed. We have a very robust Human Resources Division in the Department of Finance. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your final supplementary, Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Speaker. I thank the minister for his response. I think it’s a really good step in the right direction. I’m happy that after all of our pushing on this side of the House, it has made some of those developments happen. That’s satisfying to hear. I hope that we can go further and perhaps come up with a model that is truly going to work.

This alludes a little bit to my last question, what you just said about running out of time, because I recognize that the next Legislative Assembly and the government will be taking office later on this year. It is important that solid groundwork be laid for the incoming government concerning such issues as the structure of the government.

Will the minister commit to making his department’s work on this matter part of the formal transition package for the members of the next Assembly and government? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Finance, Mr. Peterson.

**Hon. Keith Peterson:** Thank you, Mr. Speaker. Ms. Angnakak knows I don’t like to make commitments, especially committing a future government and future MLAs or cabinet.

The work that is underway is important work that is being done on this shared services component. It’s a program review and structural review. I’m sure all that information will be available for,

I think I said in the budget speech, possibly even later this year. We will see. I'm sure it will be available for the future government to review. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Oral Questions. Member for South Baffin, Mr. David Joanasié.

**Question 587 – 4(3): Children in Care**

**Mr. Joanasié** (interpretation): Thank you, Mr. Speaker. I would like to direct my question today to the Minister of Family Services.

Mr. Speaker, the most recent annual report of the director of child and family services for 2014-15 was tabled on March 16, 2016. That report indicates that as at March 31, 2015, 33 children or youth had been apprehended from their families and a total of 333 children and youth were receiving services from the department.

Can the minister provide an update on what steps his department is taking to address the high numbers of children and youth being apprehended from their parents or caregivers? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Family Services, Mr. Johnny Mike.

**Hon. Johnny Mike** (interpretation): I thank my colleague for asking that question. I believe his question is in regard to children and youth who are under the care of foster parents or family members. Yes, there has been progress for those who require assistance on how

to become foster parents or act as a temporary home.

With regard to the report to date, there are 250 foster homes. At this time children who have been under the care of the department starting from January 2017, there were 153 children and youth placed in temporary foster homes. In total there were 454 children and youth receiving care. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your first supplementary, Mr. Joanasié.

**Mr. Joanasié** (interpretation): Thank you, Mr. Speaker. I did ask the minister what steps his department is taking to address the high numbers of children and youth being apprehended.

However, after a child has been apprehended from their home, they may end up receiving services from the Department of Family Services. Those services may be entered into on a voluntary basis with the agreement of the family but could also be non-voluntary if the apprehension is for an extended period of time.

Can the minister clarify how decisions are made with respect to where a child receives those services, whether it is foster care with family members, with foster parents in the same community or in another Nunavut community, or in care outside of Nunavut? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. (interpretation ends) The Hon. Minister of Family Services, Mr. Johnny Mike.

**Hon. Johnny Mike** (interpretation): Thank you, Mr. Speaker. The

Department of Family Services is responsible for providing care to children who have been apprehended for a number of reasons. From the beginning of the process, there are various reasons for apprehending children in the communities in Nunavut. When social workers and foster parents start dealing with a child being apprehended, the communities are actively involved through the department.

We are reviewing how we can improve the process of child apprehension and the impact on the parents and foster parents, including how we can provide more support and assistance, so that we don't have to apprehend the child again. We work with families to reduce the incidence of apprehension. Communities are actively involved in that process.

The care for children varies from case to case and some of the levels are so high that some children have to be taken out of the territory to receive appropriate care. Sometimes we have to send them out of the territory when necessary. That's how the process is. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your final supplementary, Mr. Joanasié.

**Mr. Joanasié** (interpretation): Thank you, Mr. Speaker. From time to time children who have been apprehended become permanent wards under the custody of the director of child and family services. Those children may then be adopted under what is called a "departmental adoption." Will the minister commit to providing updated figures on the numbers of children who have been apprehended and then adopted

under the departmental adoption procedure? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Family Services, Mr. Mike.

**Hon. Johnny Mike** (interpretation): Thank you, Mr. Speaker. I also thank my colleague. Yes, I can provide those figures that were requested. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Oral Questions. Member for Uqummiut, Mr. Pauloosie Keyootak.

#### **Question 588 – 4(3): Marine Infrastructure**

**Mr. Keyootak** (interpretation): Thank you, Mr. Speaker. My questions are for the Minister of Environment and Transportation, and they concern the minister's responses to the written questions that I asked during the recent fall sitting of the Legislative Assembly concerning the business case for a new marine facility in Qikiqtarjuaq.

The minister's response indicated that, and I quote, "The Port of Qikiqtarjuaq was one of nineteen infrastructure projects considered by the GN's Interdepartmental Committee on Capital Planning in December 2014. The project was not selected by the Committee and as such was not put forward for consideration under the New Building Canada Fund (NBCF)."

My question for the minister is simple: what were the specific reasons for why the Qikiqtarjuaq marine facility project was not selected by the government's committee for submission to the Building Canada Fund? Thank you, Mr.

Speaker.

**Speaker** (interpretation): Thank you. Member for Uqqummiut, you directed your question to two ministers. Who are you directing your question to? You were asking your question to the Minister of Environment and Transportation. Who are you directing your question to? Mr. Keyootak.

**Mr. Keyootak** (interpretation): Mr. Speaker, I apologize for making that mistake. I am directing my question to the Minister of Transportation.

**Speaker** (interpretation): Thank you. Minister of Economic Development and Transportation, Ms. Monica Ell-Kanayuk.

**Hon. Monica Ell-Kanayuk** (interpretation): Thank you, Mr. Speaker. I wasn't aware that he was asking me the question. Can he repeat the question, please. Thank you.

**Speaker** (interpretation): Thank you. Clarify your question, Mr. Keyootak.

**Mr. Keyootak** (interpretation): Thank you, Mr. Speaker. I apologize for my error.

My question for the minister is simple: what were the specific reasons for why the Qikiqtarjuaq marine facility project was not selected by the government's committee for submission to the Building Canada Fund? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Economic Development and Transportation, Ms. Monica Ell-Kanayuk.

**Hon. Monica Ell-Kanayuk** (interpretation): Thank you, Mr. Speaker. I thank him for the question. There were many projects that were submitted under the Building Canada Fund and they cannot approve all of them. The Department of Transportation wanted many projects to proceed and they applied for funding to the federal government. They have not given a reason why they did not approve that one, but we are aware that they cannot go ahead with all of the projects. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your first supplementary, Mr. Keyootak.

**Mr. Keyootak** (interpretation): Thank you, Mr. Speaker. During the recent fall sitting of the Legislative Assembly I made a statement in the House in which I clearly expressed the community's willingness to work with the government in order to improve the proposal for a new marine facility so that it can be considered for funding.

Can the minister clearly explain today what specific changes need to be made to the Qikiqtarjuaq marine facility business case so that it can be submitted to the federal government for funding? Thank you.

**Speaker** (interpretation): Thank you. (interpretation ends) The Hon. Minister of Economic Development and Transportation, Ms. Ell-Kanayuk.

**Hon. Monica Ell-Kanayuk** (interpretation): Thank you, Mr. Speaker. I also thank him for asking that good question. Our staff in the Department of Economic Development and Transportation can work with

hamlet staff if any changes need to be made to the application. I will direct them to do so. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your final supplementary, Mr. Keyootak.

**Mr. Keyootak** (interpretation): Thank you, Mr. Speaker. It's a good response, but I would like to ask: will the minister commit to having her department prepare an updated business case for a new deepwater marine facility for Qikiqtarjuaq, yes or no? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Economic Development and Transportation, Ms. Ell-Kanayuk.

**Hon. Monica Ell-Kanayuk** (interpretation): Thank you, Mr. Speaker. I also thank him. Yes, I will direct them to work better together and to see if there are any additions that need to be provided in the details, if it requires changes, and what the reasons were. They don't usually need major changes to go ahead. I will ask our staff to consider that. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Oral Questions. Member for Rankin Inlet South, Mr. Alexander Sammurtok.

**Question 589 – 4(3): Culturally Appropriate Services for Elders**

**Mr. Alexander Sammurtok**: Thank you, Mr. Speaker. I would like to direct my question to the Minister of Health.

Mr. Speaker, in my Member's Statement earlier today I spoke of the need to

provide culturally appropriate care for our elders. As I mentioned, it would be much easier to provide culturally appropriate care here in Nunavut.

Can the minister provide an update on how many elders are currently receiving care in Nunavut facilities and how many elders are currently waiting for beds in long-term care facilities? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Health, Mr. George Hickey.

**Hon. George Hickey**: Thank you, Mr. Speaker. Currently it's kind of a complex answer as some of our facilities are still under the care and service of the Department of Family Services. Those facilities will be transferring over responsibility to my department, the Department of Health, as of April 1.

Right now we have continuing care facilities in Gjoa Haven, Igloodik, and Arviat and there are facilities in Baker Lake. There are facilities here in Iqaluit. We have just had seven beds open up in Cambridge Bay very recently, of which a couple of those beds are already full.

Right now I wouldn't be able to give the member a full response on the number on the waiting list, but other than the beds that are in the process of being filled in Cambridge Bay, it is my understanding that all beds are being currently used. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your first supplementary, Mr. Sammurtok.

**Mr. Sammurtok**: Thank you, Mr. Speaker. During the last sitting I tabled a

series of documents regarding the Nanuq Lodge in Rankin Inlet, a building that could quite easily be converted into a long-term care facility. Can the minister confirm whether he has received these documents and what consideration has been given to the possibility of converting this building into an elders facility? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Health, Mr. George Hickes.

**Hon. George Hickes:** Thank you, Mr. Speaker. I thank the member for tabling those documents. It gave us an opportunity to go over them in detail.

As the member is very well aware, any time there is a capital purchase through the Government of Nunavut, it is a lengthy process to get monies allocated through the capital planning process and it does take a period of time. I do know I have been in discussions with other entities that may want to look at partnership agreements.

In general the type of facilities that we're looking for across the territory with our limited capital dollars that we have available... I have spoken to a number of different groups, including a group located here in Iqaluit, on arranging fee-for-service type partnerships. I would encourage any proponent in the community of Rankin Inlet to... I'm always open to proposals to provide additional care in the territory.

Like I stated yesterday in one of my responses, our goal is to provide care closer to home or at home wherever and whenever possible. That will continue to be my vision. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your final supplementary, Mr. Alexander Sammurtok.

**Mr. Sammurtok:** Thank you, Mr. Speaker. It is clear that there is a desperate need for more elder care beds in Nunavut. Can the minister confirm whether or not his department is currently considering establishing any new elders' care facilities in Nunavut? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. (interpretation ends) The Hon. Minister of Health, Mr. Hickes.

**Hon. George Hickes:** Thank you, Mr. Speaker. I'm kind of stealing my own thunder of a minister's statement I'm looking at making later on this week.

With the opening of the seven beds in Cambridge Bay, it is a step in addressing the need. Is it a big enough step? Obviously we all realize that the needs far out encompass what we are able to provide at this time, thus we are having to use outside services.

With a direct response to the member's question on what projects we have in place right now, in our preplanning dollars we are taking a look at the facility in Igloolik to explore options on expanding that facility to make it more applicable to the level of staffing and a little bit more fiscally responsible. My intention is to take that data and apply it to a similar sized facility in Gjoa Haven, Mr. Speaker.

We are taking steps right now, but as far as creating a new facility at this time, it's not on the capital plan at this moment. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Oral Questions. Member for Baker Lake, Mr. Simeon Mikkungwak.

**Question 590 – 4(3): Addressing the Harmful Impact of Bullying**

**Mr. Mikkungwak:** Thank you, Mr. Speaker. I would like to direct my question to the Minister of Education.

Mr. Speaker, earlier today I spoke of the harmful impact of bullying. There are many steps that can be taken to avoid the harmful impacts: preventing the bullying before it even starts, stepping in to stop bullying when it occurs, and being there to support someone who has been the victim of bullying.

Can the minister provide an update on what kinds of bullying prevention programs are delivered in Nunavut's schools? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Education, Mr. Paul Quassa.

**Hon. Paul Quassa** (interpretation): Thank you, Mr. Speaker. I also thank my colleague. It's appropriate today when it's a day to recognize what he's asking about.

I am very happy that he asked me that question because we really try to stop the prevalence of bullying in our schools. We have introduced different programs in our schools along those lines and I will outline what they are. These would be things like literacy programs. Maybe I'll speak in English if you don't mind.

(interpretation ends) We have quite a few resources within our schools. For

example, we have the *Crisis Response Guidelines for Nunavut Schools* as a resource that is given out to all our schools. We have staff and principal manuals that contain guidelines for schools to prevent and address bullying and resulting incidents.

We have the Aulajaaqtut curriculum for grades 10 to 12 that again deals with understanding and developing healthy relationships, self-esteem, tolerance, and understanding for others regardless of gender, race, or ability.

Certainly our district education authorities also address the issue of bullying in their policies regarding *Inuuqatigiitsiarniq*. We have the Student Code of Conduct. As I said, we do have various programs in all our schools concerning anti-bullying within our schools and how to prevent that in all our schools. Certainly we do rely a lot on our district education authorities. (interpretation) Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your first supplementary, Mr. Mikkungwak.

**Mr. Mikkungwak:** Thank you, Mr. Speaker. I recognize that despite many efforts to prevent bullying, it does happen. Often victims of bullying don't know where to turn to for help. I understand the minister was making mention of resources within schools within the territory. When we look at this, what services are made available to students in Nunavut's schools to inform them of where they can find support? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. (interpretation ends) The Hon. Minister of Education, Mr. Quassa.

**Hon. Paul Quassa** (interpretation): Thank you, Mr. Speaker. As I stated earlier, there are reading materials that are available as well as resources that can be used by the teachers to try to mitigate bullying in our schools.

We also get assistance from the Red Cross to help us in trying to lessen bullying or stop bullying all together in our schools. Red Cross is well known across Canada because they are really good in administering things like that. We get them to help us in introducing these programs. Teachers are also taught about dealing with bullying. As I stated, Red Cross has been assisting us a lot on this. The teachers themselves teach these programs to their students, especially these days.

There were going to be various activities in our schools that I mentioned yesterday. There will be different programs in our schools like recreation programs, dancing, or reading activities which were scheduled to be done in all of our schools in Nunavut today. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your final supplementary, Mr. Mikkungwak.

**Mr. Mikkungwak**: Thank you, Mr. Speaker. I appreciate that community-based district education authorities also have a strong role to play in bringing forward policies and initiatives that will protect all of our students. Can the minister clarify what kind of support is provided to DEAs to help them address

this difficult problem? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Education, Mr. Quassa.

**Hon. Paul Quassa** (interpretation): Thank you, Mr. Speaker. We provide assistance to the local DEAs as the Department of Education. For example, *Inuuqatigiitsiarniq* is one of the policies that we use to try to stop bullying. If they want to make more policies, we have told them that they can make policies about *Inuuqatigiitsiarniq* (having good relationships with other people). We help the local district education authorities put in the details as the Department of Education.

Whenever DEAs need more help, the Department of Education is always available at any time and we have informed them that if they need more training on anything, the Department of Education has to be available to them. We even have staff that administer that type of thing for the regional school operations to help the DEAs in the communities. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Oral Questions. Member for Tununig, Mr. Joe Enook.

#### **Question 591 – 4(3): Fuel Tax Rebate Program**

**Mr. Enook**: Thank you, Mr. Speaker. (interpretation) Good afternoon to the people of Pond Inlet and Nunavut.

(interpretation ends) My questions are for the Minister of Finance. I want to follow up today on the issue of the government's Fuel Tax Rebate Program

and Development Partnership Agreement Policy.

The Minister of Economic Development and Transportation has publicly stated that her department has been working for almost a year with the Department of Finance to develop a replacement for the government's Development Partnership Agreement Policy.

From the perspective of the Department of Finance, could the minister update the House today on when the replacement for the DPA program will be launched? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. (interpretation ends) The Hon. Minister of Finance, Mr. Keith Peterson.

**Hon. Keith Peterson:** Thank you, Mr. Speaker. I don't have a date when the new DPA agreement will be in place and ready to launch. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your first supplementary, Mr. Enook.

**Mr. Enook** (interpretation): Thank you, Mr. Speaker. (interpretation ends) Under the government's former Development Partnership Agreement Policy, companies that entered into DPAs with the government to benefit communities impacted by mining projects would be eligible for fuel tax rebates.

Shortly before Christmas the government announced that its Fuel Tax Rebate Program was being changed so that the rebate "will no longer be available to firms using the fuel for mining development, extraction or reclamation."

My question to the minister is: why did the government change its Fuel Tax Rebate Program before it finalized its replacement for the Development Partnership Agreement Policy? (interpretation) Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Minister of Finance, Mr. Peterson.

**Hon. Keith Peterson:** Thank you, Mr. Speaker. The fuel tax rebate and the development partnership agreement, there is only one ever signed. They came in with a company back in 2007. Over that decade or so we paid out a rebate of over \$20 million. There were very few benefits received by Nunavut through that DPA.

It was recognized that the agreement allowed not only a company's exploration, but development and production, but also reclamation. That is potentially a huge loss of revenue to the Government of Nunavut that we need for all the program and services and all infrastructure that everybody is asking for during these sittings.

What we did is that, working with the Department of Economic Development and Transportation, we amended the fuel tax rebate. We had to do it last year to get it into the calendar year so that we could "gazette" it, inform the companies and all Nunavummiut. Now the Department of Economic Development and Transportation knows what they can work with and now they can move forward and finalize it. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Your final supplementary, Mr. Enook.

**Mr. Enook:** *Qujannamiik*, Mr. Speaker. The purpose of the Development Partnership Agreement Policy was to create incentives for natural resource companies to provide additional benefits to communities that are most impacted by large-scale mining projects. How will the replacement for the DPA program accomplish this objective? Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. (interpretation ends) The Hon. Minister of Finance, Mr. Peterson.

**Hon. Keith Peterson:** Thank you, Mr. Speaker. It's well known that companies go through an evolution of their project, but usually it is the junior explorers who are doing the exploring. In a place like Nunavut the juniors have a difficult time raising funding, doing the exploration, and then they move into the development phase. Typically they would be taken over or purchased by a larger company.

The development partnership agreement will assist the communities and mining companies. There would be incentives there for the juniors through the exploration development stage to look at projects in that area and provide benefits to the local community. I don't have a copy and I can't say what the companies will negotiate.

I do know that under the *Nunavut Land Claims Agreement*, Article 26 is the Inuit impact and benefit agreements. They are negotiated with the regional Inuit associations. They typically provide a lot of benefits to Inuit organizations and Inuit in the surrounding communities as well. I have worked for the Kitikmeot Inuit Association for many years. I was a

part of the negotiating team for a number of Inuit impact and benefit agreements. There's always that type of agreement and development partnership agreements. I can't say whether they add anything or not. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Oral Questions. My colleagues, please note that the time for question period has expired. Moving on with the orders of the day. Item 8. Written Questions. (interpretation ends) Item 9. Returns to Written Questions. Item 10. Replies to Opening Address. Item 11. Replies to Budget Address. The Hon. Member for Iqaluit-Sinaa, Mr. Paul Okalik.

#### **Item 11: Replies to Budget Address**

##### **Reply to Budget Address 001 – 4(3): Mr. Paul Okalik**

**Mr. Okalik** (interpretation): Thank you, Mr. Speaker. I am grateful that I am able to be here today when we are dealing with the proposed budget. As I listened to the Budget Address of our government, I was very pleased to hear some of the things that are proposed. I know from personal experience that education is beneficial and it has helped me to be where I am now. There are funds to help people with mental health problems. I thank the government for doing that and I encourage them to work on that.

However, I was quite concerned with some of the issues that were raised. As we're aware, I have experienced substance abuse and I know that we can provide more support for treatment. As the minister stated, this will go ahead

some time this current year, even though it only says, “in the future.”

If you remember that in the past, for those of you who were here, the minister responsible for alcohol, when the changes were being debated in September 2013 on the very last day of that session, there were some questions posed.

Mr. Curley stated, “I understand that. I think it begs the question, though, what the consultation means.” He said, “Would it involve another task force to ask these particular communities A or B or C involving some MLAs so that they are bound by the recommendations of a task force? So my question is: if it’s a legal mechanism to consult, would the consultation be in a form of a plebiscite or just by way of official-to-official consultation?”

Minister Peterson responded by saying, “Thank you, Mr. Chairman. I thank Mr. Curley for the question. First of all, there will not be another task force to consult with a community. The consultations or discussions that I’m talking about would be one on one with all of the affected members of a community.”

I’m still waiting for the consultation work. It seems like we’re not following through with that.

Mr. Elliott then asked a question when he was a Member of the Legislative Assembly, “...will the closer surrounding communities be consulted as well, as they might have a part in this?”

Mr. Peterson responded by saying, “Thank you, Mr. Chairman. I thank Mr. Elliott for the question. Yes, we would

consult with neighbouring communities.” However, I have never heard if the adjacent communities were ever consulted.

Looking at what was stated in the *Hansard*, nothing is being followed. I’m not just trying to state my opposition. My constituents and fellow community members voted to see this go through. I know that they need to do more consultation work because they said that they’re using what they heard during the consultations. I would like to see a treatment centre first before they open the liquor outlet. That’s exactly what it states in the report. We haven’t seen that yet.

I was able to attend the consultation meeting in our community. Many elders attended the consultation meeting to express their concern that they don’t want to see a liquor outlet opened and they don’t want to relive their past. That had a very serious impact on me and that’s why I wanted to provide my support to them. It seems like the elders’ concerns were not listened to and they will just go ahead without regard for the concerns of long-time residents of Iqaluit.

Let us learn from the information that was collected. As representatives, if we’re just going to go ahead and proceed to open a liquor outlet, this will not look good, so let’s take this opportunity in opening this liquor outlet to push hard for a treatment centre and support for the people who are in the clutches of alcohol abuse. Our correctional facilities are filled to capacity because these inmates are there due to alcohol problems. How are we going to resolve this issue? We

should be providing support to our fellow community members.

I have experienced it personally. Opening this kind of store is supposed to reduce bootlegging. Having used it myself, I would wait for the store to open and since I know the alcohol they sell me won't be enough, I buy my limit and turn to bootleggers after I finish that purchase. We fall prey to our needs every time. It just seems to be lip service and pretending to say it will reduce purchasing from bootleggers. Having abused alcohol myself, I don't have much faith in such claims.

I just wanted to cover all the points that I wanted to make and I will want to see something that is better put together in the future. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. (interpretation ends) Replies to Budget Address. (interpretation) Moving on. (interpretation ends) Item 12. Petitions. Item 13. Responses to Petitions. Item 14. Reports of Standing and Special Committees on Bills and Other Matters. Item 15. Tabling of Documents. The Hon. Member for Iqaluit-Sinaa, Mr. Paul Okalik.

#### **Item 15: Tabling of Documents**

#### **Tabled Document 246 – 4(3): Correspondence Regarding the Territory's Language Legislation**

**Mr. Okalik** (interpretation): Thank you, Mr. Speaker. I wish to table today copies of correspondence that I have sent to and received from the Minister of Languages concerning the territory's language legislation.

Mr. Speaker, this correspondence relates to those sections of the *Inuit Language Protection Act* and the *Official Languages Act* which have not yet come into force. That's what I wish to table in the House. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. (interpretation ends) Tabling of Documents. The Hon. Member for Iqaluit South, Mr. Alexander Sammurток.

(interpretation) I'm sorry, I made a mistake. Member for Rankin Inlet South, Mr. Alexander Sammurток.

#### **Tabled Document 247 – 4(3): Letter Regarding Language Services**

**Mr. Alexander Sammurток**: Thank you, Mr. Speaker. In my Member's Statement earlier today I spoke to a lack of culturally appropriate language services for our elders who are sent out of the territory to receive care. This issue was raised by a concerned member of the public and today I would like to table the response she received from the Office of the Languages Commissioner of Nunavut. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Tabling of Documents. Member for Tununig, Mr. Joe Enook.

#### **Tabled Document 248 – 4(3): Product Safety Recall Notice Issued by Remington Arms Company**

**Mr. Enook** (interpretation): Thank you, Mr. Speaker. I wish to table today a product safety recall notice that has been issued by the Remington Arms Company concerning its Model 700 and Model Seven rifles.

Mr. Speaker, Remington rifles are very common in our communities. I urge the Department of Environment to ensure that this product safety recall notice is shared with all hunters and trappers organizations in the territory. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Tabling of Documents. Minister of Languages, Mr. George Kuksuk.

**Tabled Document 249 – 4(3): IUT – Apqutauvugut Language Conference February 8 to 12, 2017**

**Tabled Document 250 – 4(3): 2015-2016 IUT Annual Report**

**Hon. George Kuksuk** (interpretation): Thank you very much, Mr. Speaker. (interpretation ends) I am rising today to table the conference summary of the Apqutauvugut Language Conference held in Iqaluit on February 8 to 12, 2016.

Also, Mr. Speaker, I would like to table today the 2015-16 *Annual Report for the Inuit Uqausinginnik Taiguusiliuqtiit*. (interpretation) Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. Tabling of Documents. Member of Community and Government Services, Mr. Joe Savikataaq.

**Tabled Document 251 – 4(3): Nunavut Lottery Financial Statements March 31, 2016**

**Tabled Document 252 – 4(3): Nunavut Emergency Management Annual Report 2015-2016**

**Hon. Joe Savikataaq:** Thank you, Mr. Speaker. I would like to table two documents. The first one I would like to table is the Nunavut Lottery Financial Statements, March 31, 2016.

The other document I would like to table is the *Nunavut Emergency Management Annual Report* for 2015-16. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. (interpretation ends) Tabling of Documents. I have three.

**Tabled Document 253 – 4(3): Office of the Legislative Assembly of Nunavut Business Plan 2017-2020**

**Tabled Document 254 – 4(3): Representative for Children and Youth Business Plan 2017-2020**

**Tabled Document 255 – 4(3): Office of the Languages Commissioner of Nunavut Business Plan 2017-2020**

Thank you, members. I have three documents to table today. The first document is the 2017-2020 *Business Plan of the Office of the Legislative Assembly of Nunavut*.

The second document is the 2017-2020 *Business Plan of the Office of the Languages Commissioner of Nunavut*.

The third document is the 2017-2020 *Business Plan of the Office of the Representative for Children and Youth*. (interpretation) Thank you.

Item 16. Notices of Motions (interpretation ends) Item 17. Notices of Motions for First Reading of Bills. Item 18. Motions. Item 19. First Reading of

Bills. The Hon. Minister of Finance,  
Hon. Keith Peterson.

**Item 19: First Reading of Bills**

**Bill 34 – Appropriation (Operations & Maintenance) Act, 2017-2018 – First Reading**

**Hon. Keith Peterson:** Mr. Speaker, I move seconded by the Hon. Member for Arviat South, that Bill 34, *Appropriation (Operations and Maintenance) Act, 2017-2018*, be read for the first time. Thank you, Mr. Speaker.

**Speaker:** The motion is in order. All those in favour. Opposed. The motion is carried.

Item 20. Second Reading of Bills. The Hon. Minister of Finance, Hon. Keith Peterson.

**Item 20: Second Reading of Bills**

**Bill 34 – Appropriation (Operations & Maintenance) Act, 2017-2018 – Second Reading**

**Hon. Keith Peterson:** Thank you, Mr. Speaker. I move, seconded by the Hon. Member for Arviat South, that Bill 34, *Appropriation (Operations and Maintenance) Act, 2017-2018*, be read for the second time.

Mr. Speaker, this bill authorizes the Government of Nunavut to make operations and maintenance expenditures for the fiscal year ending March 31, 2018. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. (interpretation ends) The motion is in

order. To the principle of the bill. All those in favour. Opposed. The motion is carried and Bill 34 is referred to the Committee of the Whole.

The Hon. Minister of Economic Development and Transportation, Hon. Monica Ell-Kanayuk.

**Bill 38 – Nunavummi Nangminiqatunik Ikajuuti Implementation Act – Second Reading**

**Hon. Monica Ell-Kanayuk:** Thank you, Mr. Speaker. I move, seconded by the Hon. Member for Aggu, that Bill 38, *Nunavummi Nangminiqatunik Ikajuuti Implementation Act*, be read for the second time.

Mr. Speaker, this bill provides for the preferential treatment of Inuit firms, Nunavut businesses and contractors employing Inuit, local and Nunavut labour in public procurement. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. (interpretation ends) The motion is in order. To the principle of the bill. All those in favour. (interpretation) Thank you. (interpretation ends) Opposed. The motion is carried and Bill 38 is referred to the Standing Committee on Legislation.

Item 21. [Consideration in] Committee of the Whole of Bills and Other Matters. Bill 34 with Mr. Akoak in the Chair.

In accordance with the authority provided to me by Motion 41 – 4(3), the committee will stay in session until it reports itself out.

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

(interpretation) Sergeant-at-Arms.

>>House recessed at 15:48 and  
Committee resumed at 16:15

**Item 21: Consideration in Committee  
of the Whole of Bills and Other  
Matters**

**Chairman** (Mr. Akoak): Welcome to the Committee of the Whole and Inuit watching this meeting. I would like to call the committee meeting to order. In Committee of the Whole we have the following item to deal with: Bill 34. What is the wish of the committee? Mr. Rumbolt.

**Mr. Rumbolt:** Thank you, Mr. Chairman. Good afternoon, members. Mr. Chairman, we wish to commence with Bill 34, beginning with the review of the main estimates for the Department of Health. Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Rumbolt. Are we in agreement that we first deal with Bill 34?

**Some Members:** Agreed.

**Bill 34 – Appropriation (Operations &  
Maintenance) Act, 2017-2018 –  
Health – Consideration in  
Committee**

**Chairman:** Thank you. I would now like to ask the Minister of Health if he has officials that he would like to appear before the committee. Mr. Hickes.

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

**Chairman:** Thank you. Does the committee agree to let the minister's staff go to the witness table?

**Some Members:** Agreed.

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

For the record, minister, please introduce your officials. Minister Hickes.

**Hon. George Hickes:** Thank you, Chairman and members. I would like to introduce my Deputy Minister, Colleen Stockley, who is no stranger to the House, as well as Associate Deputy Minister Karen Kabloona. If the members will indulge me, I also have Greg Babstock, Executive Director of Corporate Services, on standby. Thank you, Mr. Chairman.

**Chairman:** Thank you. Welcome to the staff. Minister Hickes, please proceed with your opening comments. Minister Hickes.

**Hon. George Hickes:** Thanks again, Mr. Chairman and members. I am pleased to present the Department of Health's main estimates for fiscal year 2017-18.

As I had mentioned, I have with me Deputy Minister Colleen Stockley and Associate Deputy Minister Karen Kabloona.

For the 2017-18 fiscal year the Department of Health requests a budget of \$353.39 million. This represents an increase of \$12.1 million, or 3.43 percent, from the previous fiscal year. It also means the creation of 26 new positions.

Mr. Chairman, the Department of Health continues to address the commitments in *Sivumut Abluqta*, specifically healthy communities and good governance. The main estimates and business plan before you today will ensure clinical expertise and facilities are available to all Nunavummiut; continue the expansion of our mental health and addictions services; commence in the development of a territorial action plan for suicide prevention through the Quality of Life Secretariat; and as always, to deliver those services in an effective and efficient matter.

### **Mental Health Services**

Mr. Chairman and members, the department continues to maintain a focus upon resources at the community level. Health is progressing through the second phase of our mental health programming and services program which will help to expand mental health and addictions services across Nunavut.

Specifically Health is seeking 18 new mental health and addictions workers in 2017-18. These are community-based positions that will provide direct mental health and addictions services to individuals and families across the territory. The intent remains to expand and standardize community-based mental health and addiction treatment options which include medical detoxification, counselling and day programming, social-emotional learning programming for children and youth, readiness for substance abuse treatment programming, mental health monitoring and case management, treatment referrals, and peer support.

Mr. Chairman and members, in addition, the department will also aim to offer alternative service delivery options and approaches to enhanced services by increasing access to psychiatrist sessions via telehealth.

### **Public Health Nurse Capacity**

Mr. Chairman, the Department of Health is committed to strengthening public health nursing in Nunavut. It is recognized that strong public health programming and public health nurses are effective in both preventing illness and subsequently decreasing demands on community health centres.

Capitalizing on the enhanced capacity of new public health nurses in Arviat and Gjoa Haven delivered in the fiscal year 2016-17, Health is proposing to add two new public health nurses in Nauyasat and Kugluktuk in fiscal year 2017-18 at a cost of \$312,000.

### **Quality of Life Secretariat**

Mr. Chairman and members, the Quality of Life Secretariat was created to coordinate the GN's implementation of the *Nunavut Suicide Prevention Strategy* and to provide overall management support and leadership in suicide prevention. In March 2016 the one-year suicide prevention action plan, *Resiliency Within*, was released to continue implementation of the jury's recommendations, build on the successes of the previous action plan, and engage stakeholders in the development of a longer term action plan to address suicide prevention in the territory.

Health is proposing a dedicated and coordinated approach to the GN's

suicide prevention initiatives through establishment of the Quality of Life Secretariat. The Quality of Life Secretariat will have a focus on:

- Strategic planning, leadership, and coordination for the GN's suicide prevention initiatives, plans, and strategies;
- Management of a grants and contributions program for community-led solutions called Upigivagitsi Grants and Contributions Program; and
- Management of a grants and contributions program specifically providing core funding for the Embrace Life Council and the Kamatsiaqtut Help Line.

Mr. Chairman and members, the department is seeking \$6.63 million in funding to support the Quality of Life Secretariat. This is inclusive of six new positions, \$4.22 million in grants and contributions resources, and \$1.45 million in new operational funding.

### **Model of Care**

Mr. Chairman and members, there are ongoing complex challenges to delivering health care in Nunavut, including changing demographics and expectations, fiscal constraints, and a vast territory to serve. As you all know, there is a need to review, assess, and modernize the current model of care to best suit Nunavummiut and to ensure that the right care is being delivered at the right time by the right provider in the right place.

The purpose of the Model of Care Program Enhancement project is to examine operational processes, focus on primary health care principles, provide timely access to services, and reduce overall health service delivery costs by improving program integration.

Mr. Chairman and members, this will help to improve patient experience through seamless program integration, equitable and timely access to comprehensive health care services. The initial assessment phase of the project is currently ongoing.

Health is seeking \$655,000 in 2017-18 to facilitate the second planning and implementation phase of the Model of Care Program Enhancement project.

### **Nurse Mentorship Program**

Mr. Chairman and members, a key goal for Health is to develop a competent, sufficient, stable, appropriate, and well-supported workforce, particularly amongst the complement of nursing health care professionals. Health is faced with chronic nursing shortages and requires an aggressive and strategic hiring plan to increase the number of potential candidates who are eligible to apply for nursing positions in Nunavut.

The department is seeking \$1.17 million to fund the development of a nurse mentorship program. This will include funding to support Nunavut Arctic College nursing graduates through a one-year mentorship program. A high-quality mentorship program is fundamental to the provision of safe, quality nursing care and to the integration and retention of these Nunavut-trained nurses.

### **Transfer of Elders' Homes**

Mr. Chairman, with a core mandate to facilitate the care of elders within the territory, the GN intends to consolidate all residential long-term care programming for seniors under the Department of Health. As the initial step in this initiative, effective April 1, 2017, the responsibility for Nunavut's three elders' homes in each of Iqaluit, Arviat, and Baker Lake will be transferred from the Department of Family Services to the Department of Health.

Mr. Chairman, operational funding for these three elders' homes amounting to just over \$3 million will be transferred from Family Services to Health and will be used for service contracts and agreements to operate the facilities. An additional \$200,000 in capital funding from Family Services for minor capital maintenance projects will accompany operational funding transfer.

### **Conclusion**

Mr. Chairman and members, as indicated, a priority for the department in the coming year is to enhance service provision to the most vulnerable of our population. The department is continuing to work on long-term care solutions for our aging population, to help those requiring treatment by mental health specialists, to ensuring that the appropriate and efficient mix of services are provided to all Nunavummiut by an increasingly strong, competent, and complete complement of health care professionals.

Mr. Chairman and members, while we may face many unique challenges brought on by our geography,

demographics, technological constraints and added expense, it is important to recognize the advances which we have made on behalf of all Nunavummiut. I fully acknowledge that there will always remain more work to do and more positive outcomes to realize, but is through our collaborative efforts that we will continue to strengthen the foundation of our health care system and achieve our common mandate to the benefit of all in our territory.

In closing, our aim remains to provide the best possible health care services to the population of Nunavut. We are committed in the development of a well-governed, integrated, collaborative, and quality health care system that is innovative and responsive to the needs of all Nunavummiut. The department envisions and champions a health care system that empowers Nunavummiut to live healthy lives and is supported by a health system that embraces Inuit societal values. We are committed to a model of health care that serves all Nunavummiut.

Mr. Chairman, this concludes my opening comments. *Qujannamiik. Koana. Merci.* Thank you.

**Chairman:** Thank you, Mr. Hickey. Does the chair of the standing committee have opening comments? Mr. Joanasie.

**Mr. Joanasie** (interpretation): Thank you, Mr. Chairman. Welcome, minister and your officials.

Mr. Chairman, the Members of the Standing Committee on Government Estimates and Operations have reviewed the 2017-18 main estimates and business plan of the Department of Health.

The standing committee notes that the 2017-18 operations and maintenance budget for the Department of Health is approximately \$353 million, which represents nearly one-quarter, 23 percent, and the largest share, of the government's total operations and maintenance budget for 2017-18. Despite an increase of over \$12 million from the Department of Health's 2016-17 budget, history has shown that costs for health care service delivery in Nunavut consistently exceed approved budget allocations. It is anticipated that supplementary appropriations for additional funding for the department will be brought forward as they have been in the past.

Mr. Chairman, the standing committee recognizes that the minister and his officials continue to negotiate with Health Canada in ongoing efforts to secure adequate federal funding with which to address health care needs across the territory. Members support the minister in his efforts to address the unique challenges of providing health services across Nunavut's enormous geographic expanse, with limited and expensive transportation options and within the unique social, economic and demographic circumstances of our northern communities.

Mr. Chairman, the standing committee notes that in addition to providing basic health care and medical services for all Nunavummiut, the Department of Health also administers a number of focused health programs with specified federal funding, such as the Non-Insured Health Benefits Program for Inuit residents.

Mr. Chairman, the standing committee notes that a number of new positions

will be added to the department in 2017-18. However, members continue to express concern that many of the department's current positions remain unfilled. The standing committee appreciates that there are significant challenges in staffing full-time health care positions and encourages the department in its efforts to recruit and retain full-time health professionals, especially in such positions as community-based nurse practitioners and public health nurses. Members further encourage the department in its efforts to ensure that medical professionals hired from outside of the territory receive appropriate orientation and mentorship as well as ongoing cultural awareness and sensitivity training. The standing committee encourages the minister to work closely with his counterparts to ensure that the lack of housing is not a barrier to the successful recruitment and retention of health care professionals.

The standing committee supports the department's ongoing efforts to increase resources and staff in such areas as mental health. Members look forward to receiving regular updates on initiatives which will address addictions treatment and programming at the community level as well as coordinated efforts related to suicide prevention activities and promoting healthy lifestyles.

Mr. Chairman, members appreciate that the department's focus on updating its model of care is intended to improve the overall quality of health care and patient experience. The standing committee encourages the minister to provide timely updates on any proposed changes to service delivery that may directly

impact medical clients, their families, and the communities they live in.

Mr. Chairman, over the years the department has made significant investments in such technology as the telehealth system. During his appearance before the standing committee to review his draft main estimates for 2017-18, the minister indicated that telehealth use will be expanded in all Nunavut communities within the current fiscal year.

Mr. Chairman, members have raised concerns about situations faced by medical clients who are sent out of Nunavut and away from their families to receive care. In particular the quality of services provided at out-of-territory boarding homes has been an ongoing issue. Members have requested on numerous occasions that greater oversight be applied to ensure that contractual obligations are being met. In addition, concerns have been expressed regarding the lack of Inuit language and other culturally appropriate services which are contracted to facilities outside of the territory.

Mr. Chairman, there is a growing need for long-term care services across the territory. The standing committee notes that the responsibility for elders facilities will be consolidated under the Department of Health following the transfer of three elders' homes from the Department of Family Services. Committee members look forward to receiving further information on the department's long-term plans to support Nunavut's growing elder population and updates on what steps are being taken to ensure that ongoing improvements along the continuum of care.

Mr. Chairman, health-related initiatives at the community level can be greatly enhanced with the support and participation of Health Committees of Council. The committee notes that 2017-18 funding allocations for health committees remain unchanged from previous years. It was noted that additional support for Health Committees of Council could assist them in becoming more effective in undertaking the important role of promoting the health and well-being of their communities.

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

**Chairman:** Thank you, Mr. Joanasié. The floor is now open for general comments.

I want to remind members that the contents of the minister's opening comments are covered in the different branches of the department. If you have detailed questions, please ask them under the appropriate branches.

General comments? Seeing none, we will now proceed to the page-by-page review of the departmental estimates starting on page H-4.

Before we start, (interpretation) I just want to remind the minister and staff that we have to work through interpreters. Do not talk too fast so that everybody in Nunavut will understand you. Inuit smile, even if you don't have any teeth.

>> *Laughter*

Thank you. (interpretation ends) Health Directorate. Mr. Paul Okalik.

**Mr. Okalik** (interpretation): Thank you, Mr. Chairman. Welcome to all the witnesses. I don't envy the department, but I'm glad that they are here to try to help.

I have some questions under Directorate. There was an inquiry conducted concerning someone who died here in Iqaluit. I would first like to ask if this inquiry was fully carried out and depending on your answer, I will want to ask more questions. I am fully aware that some questions can't be answered immediately, but I want to hear more details about this issue first of all. Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I didn't catch the question itself. I understand you're talking about a coroner's inquiry that was recently discussed, I'm assuming, in the media. I think I know which one you're talking about. Could the member clarify the question, please?

**Chairman:** Mr. Okalik, for clarification.

**Mr. Okalik** (interpretation): Thank you, Mr. Chairman. Yes, that is what I was referring to, the coroner's report to the Department of Health. Have you reviewed that coroner's report and what are your plans in regard to the recommendations? That's my first question. Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I thank the member for clarifying that. Mr. Chairman, I guess for all the viewing public, whenever an occurrence like this happens, it's heartbreaking. I know members of the family under this specific instance and it's a very difficult topic. When I was first made aware of the coroner's report coming out, I read it myself and some of the recommendations.

I do know officials within the staff are looking over the report with detail, looking into the circumstances surrounding the specific incident, and I know the media has been looking for comments from me as well. There's very little that I can talk about at this time with specifics to that case until the department has completed their review.

The majority of the recommendations from my first glance looked pretty straightforward, that there are obviously some gaps in the care provided in this instance. We are looking at the specific details that led to this unfortunate incident, and my sincerest condolences to the family and to all the people that were friends of that person and for the family. Thank you, Mr. Chairman.

**Chairman:** Mr. Okalik.

**Mr. Okalik** (interpretation): Thank you, Mr. Chairman. I thank the minister for having that reviewed. When do you think that your department will be able to address the recommendations from the coroner's report? I'm sure you're working on that and we will be expecting it. When will the situation be corrected for all of Nunavut? I would like the minister to explain as to when

the recommendations will be implemented. Thank you, Mr. Chairman.

**Chairman:** Minister Hickey.

**Hon. George Hickey:** Thank you, Mr. Chairman. Just for the sake of the public and for all members here, we don't wait to react to reports such as this.

When I look at the recommendations from the coroner's report, there are a number of initiatives that the Department of Health has already been undertaking. A quality assurance committee is being put together. We're in the process of staffing, I believe there are three positions under that, to make sure that for one, through our model of care, we're setting processes for our health care professionals to follow that are easily identified. In the chair's opening comments he talked about some of the orientations. That's another thing that we have already identified that there's a need to do a better job of orientating new and casual nurses and health care professionals to the territory. With regard to specifically quality assurance, those steps are already being undertaken.

With regard to a specific date on when I'll be able to respond with the report and recommendations, I can't give that now. We just got the report earlier this week and I know it's a very fresh, passionate and sensitive topic. I know myself and I know my officials within the department want to make sure that we give that report its due diligence and make sure that any findings that we deliver after... . Within our report, like I said, there are a number of them that are already being actioned, but we will have further information in the fairly near

future. I can't commit to a date, Mr. Chairman. Thank you.

**Chairman:** Mr. Okalik.

**Mr. Okalik** (interpretation): Thank you, Mr. Chairman. I know this is a very touchy issue, so I'll try to be patient and wait in regard to this.

You mentioned some programs and services. Looking at the business plan on page 121 at the top, it states that they will provide more training on cultural orientation for their staff and that they will provide that support in the offices. Perhaps you can tell us when this plan will be completed. I would like to ask that question because it's included in the business plan. Thank you, Mr. Chairman.

**Chairman:** Minister Hickey.

**Hon. George Hickey:** Thank you, Mr. Chairman. Sorry for the delay. I was just confirming a couple of the details.

We are currently developing a standardized employee and clinical orientation program. Like I had mentioned earlier, we recognize that there is a gap when new frontline workers come to the territory and it can be a challenge. They may have clinical expertise, but when you're dealing with the public in Nunavut, there are certain cultural implications, practices, and considerations that need to be made and must be made for health care professionals coming to the territory. We currently do have the employee orientation module building that cultural competency. It is being helped in the delivery by the Department of Culture and Heritage. We currently do have

seven trainers that are being trained right now.

We're looking at working within our own human resources department on developing the recruitment marketing strategy that will allow us to be able to provide better education during the recruitment process itself. It's one thing to get employees here and then provide that orientation, but we want to make sure that potential employees that are looking at employment opportunities in Nunavut also know what they're getting into before they get here, even before the orientation happens.

There are a number of steps that we're taking, but it is also in conjunction with partners like the Department of Culture and Heritage, in addition to the Canadian Foundation for Healthcare Improvement, which is the basis of the orientation. Thank you, Mr. Chairman.

**Chairman:** Mr. Okalik.

**Mr. Okalik** (interpretation): Thank you, Mr. Chairman. I know that if anyone is going to work in Nunavut, they should be aware of our culture because it's unique. Some people have very good patience, but patients know what they're feeling when they go see the doctor. Although they may be invisible, we know what the ailments are. I want the doctors and nurses orientated about that. When are you going to be completing the orientation program for the new staff? Thank you, Mr. Chairman.

**Chairman:** Minister Hickeys.

**Hon. George Hickeys:** Thank you, Mr. Chairman. I appreciate that question. The first class of training that we're

looking at doing is in a little over a month from now in April.

One of the things that I really want to highlight under this is that when we bring up medical health professionals, the cultural component is very important, but in addition to the health competency component of it, there are practices, policies, and procedures in place that our health care professionals must follow. When there are gaps in that and when there is maybe a lack of understanding, that's when situations arise that put people at risk. That is a very strong component that we want to make sure that our health care professionals understand their roles and responsibilities, if there are any differences in Nunavut compared to other jurisdictions they may have worked in.

Like the member says, when somebody goes into a health centre, they're expecting to be treated with care and dignity. Our goal is to make sure that that is being provided all the time. Are there gaps? Sure. People are human, but we need to decrease and make sure that those gaps are more infrequent. We want to make sure that the quality of care is second to none. We can't provide all levels of care in this territory, but we can get that early prognosis or that early visit and get it done right so that people know where their next level of care or where the next practice that they would need to participate in, in their own health care. Thank you, Mr. Chairman.

**Chairman:** Mr. Okalik.

**Mr. Okalik** (interpretation): Thank you, Mr. Chairman. Following the business plan on page 121, fourth bullet, it states

that they want to “ensure maximum beneficiary representation in the workforce.” What’s the status of it now? How many Inuit nurses are there now, and how are we going to train Nunavut Inuit to become physicians? That’s what I would like to ask. Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Unfortunately I don’t have the data specific to nurses, but we have set the target of 96 Inuit hired in 2016-17 and to date 73 Inuit have been hired in the targeted positions. We are trending above year-to-date estimates.

I just want to highlight some of the initiatives that we have taken. We have been taking advantage of some of the new hiring practices that the government has put out for restricted competitions. We have been very successful in bringing some of our long-term casual employees into indeterminate positions through that process.

There are a number of initiatives that the Department of Health has undertaken to increase Inuit employment and also to make sure that we’re not only meeting our targets but even the opportunity to beat those targets. Thank you, Mr. Chairman.

**Chairman:** Mr. Okalik.

**Mr. Okalik (interpretation):** Thank you, Mr. Chairman. I will want to hear more in the future how many Inuit nurses we will have. I didn’t hear how you will recruit Inuit to become doctors and what kinds of training programs you plan for doctors. We would like to see Inuit

doctors trained in the future who know their fellow Inuit. What are your plans in regard to this issue? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Although I can’t control what line of work our graduates want to go into, I strongly recommend a health care field.

Some of the issues that we talk about, and recent media has highlighted, is the need for more Inuktitut-speaking medical professionals across the territory. I strongly encourage our graduates to consider post-secondary education in the health field.

More specifically to the member’s question, it may not be so much Inuit hiring of physicians, but we do have partnerships with Memorial University to look at... . We bring in resident doctors or people that are in their training at the end. We’ve already had, I believe, 27 physicians come through the territory in the last few years and we’ve had three sign on to indeterminate contracts so far just from that.

If there are any people out there listening that are interested in pursuing a health profession, Memorial University’s physician training there gives some direct access to be able to practise in Nunavut through some great partnerships; previously with the federal government, now funded from within the Government of Nunavut but working with Memorial University.

This summer we’re planning a health focused summer camp for Inuit youth to

take a look at different professions within the health care industry so that as people are finishing and choosing their courses in high school, they can see some of the opportunities for employment and how they can contribute to the betterment of their community and the territory going forward. That's a very interesting initiative that I believe the member asking the question was a part of setting up. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Okalik.

**Mr. Okalik** (interpretation): Thank you, Mr. Chairman. I can visualize a number of things in what training they want to offer in northern Ontario. They have set aside seats for an aboriginal peoples' training program to encourage further training for aboriginal people to become doctors.

If we can focus on Inuit-specific programs, make them available, and have an agreement with a university, can the minister commit to reviewing this so that we can have this training program specifically for Inuit? Can the minister commit to reviewing this kind of program? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I thank the member for that question. It is something that is already being explored with the Northern Ontario School of Medicine. They are assisting with the health profession camp this summer. There are already links that are being made that would give us the ability to enhance and promote additional partnerships with facilities or

organizations such as that. Thank you, Mr. Chairman.

**Chairman:** Mr. Okalik.

**Mr. Okalik** (interpretation): Thank you, Mr. Chairman. I will want to hear more about this in the future because it's very interesting.

Also, looking at the business plan on page 121, the last two bullets, "Introduce an interim suicide prevention action plan" and "Engage partners and stakeholders," I would like an update on that and what your plans are for the future. Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I thank the member allowing us to continue focus on this very important issue.

When I took on this portfolio and the associated responsibility of suicide prevention, we all realized what an important matter it is across the territory. We also realized that the Resiliency one-year action plan was a short-term band-aid, if you want to call it that. There are a number of initiatives that it allowed us to focus on the Quality of Life Secretariat and have that created. It's the first time that money has been specifically allocated to suicide prevention and there are a number of ongoing initiatives.

To be honest, it's such a live file that just to bring all members up to date, if the Chairman would allow, I would appreciate it if my associate deputy minister could finalize the response with that. Thank you.

**Chairman:** Thank you. Ms. Kabloona.

**Ms. Kabloona** (interpretation): Thank you, Mr. Chairman. (interpretation ends) The Quality of Life Secretariat has been very actively working with Nunavut Tunngavik Incorporated, the RCMP “V” Division, and the Embrace Life Council on the implementation of *Resiliency Within*. We’re very happy with the progress on that.

We are continuing to work on the development of a long-term action plan. A number of initiatives are identified in the business plan before the House today, including the continued work of the secretariat and a significant grants and contributions program for ongoing support for the Embrace Life Council and the Kamatsiaqtut Help Line. Thank you.

**Chairman:** Mr. Okalik.

**Mr. Okalik** (interpretation): Thank you, Mr. Chairman. It was mentioned that the federal government has committed funding for mental health programs. Will this funding be accessed this year to provide programming? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. With the Canadian Health Transfer and the Health Accord funding that was fairly recently announced by the federal government, because it’s based on per capita funding, there is actually very little monetary impact that it has.

What there is over the period of the next 10 years will help us maybe supplement some of the programs we’re doing, but

it’s not enough to actually initiate any new programming. In my opinion with the new mental health and addictions positions that we’re looking at funding for in this budget, in addition to the plans that we have going forward to bring more community-led initiatives regarding mental health, I believe that what little we are getting will assist us in providing those objectives.

I just really want to emphasize that when we’re talking about mental health, there are mental health nurses, there are mental health counsellors, there are a number of different initiatives that we’re putting across the territory that these new positions will enable us to be able to move on to our next phase of planning on service delivery across the territory at the community level. Thank you, Mr. Chairman.

**Chairman:** Mr. Okalik.

**Mr. Okalik** (interpretation): Yes, I’m not the only one who wants to ask questions. My colleagues will want to ask questions, so I’ll stop here for now. I fully support them in their initiatives. We would like to provide more support. I’ll stop there for now as other members want to ask questions. I’ll ask more questions on other areas. Thank you, Mr. Chairman.

**Chairman:** Thank you. I think that was just a comment. The next name on the list, Mr. A. Sammurtok.

**Mr. Alexander Sammurtok** (interpretation): Thank you, Mr. Chairman. (interpretation ends) There is a vacancy of a director in the Kivalliq region. There is a director from the Qikiqtaaluk health board that travels

through once in a while. When are you guys filling out that position of a director? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. If you will indulge me for just a moment, please.

Thank you, Mr. Chairman. I apologize for the delay on the question.

The latest information that I have on the executive director position in Rankin Inlet is showing paperwork pending. What that tells me is that it's in the staffing process right now. I could follow up with the member on the specifics of where we are in our staffing process, but I don't have that level of detail with me today. Thank you, Mr. Chairman.

**Chairman:** Mr. A. Sammurtok.

**Mr. Sammurtok:** Thank you, Mr. Chairman. Yes, I would like to get updated information in regard to that.

There is also a vacant position for the nurse in charge at the Kivalliq Health Centre. When will that position be filled? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Again I apologize for the delay.

I don't have the actual position of the nurse, but I do know that there were three nurses hired in Rankin Inlet as of December 31, 2016. It doesn't state in

my documents whether one of those was the nurse in charge. Thank you, Mr. Chairman.

**Chairman:** Mr. A. Sammurtok.

**Mr. Sammurtok:** Thank you, Mr. Chairman. From my understanding, the nurse in charge is just an acting nurse in charge. I would like to get follow-up information in regard to when that position will be filled permanently.

If you will allow me, Mr. Chairman, I'll go on to another question. There is a transient centre in Churchill, Manitoba. What is the cost of operating that transient centre? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** If the Chairman will indulge me just a moment, please, I'm looking for that level of detail.

Thank you and I apologize, Mr. Chairman. When we're looking at actual costs to the department, we're looking at in the 2015-16 fiscal year under \$700,000 after NIHB recoveries. Thank you, Mr. Chairman.

**Chairman:** Mr. A. Sammurtok.

**Mr. Sammurtok:** Thank you, Mr. Chairman. During the year how much is that building being used for the (interpretation) residents of Kivalliq? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. In 2015-16 the number of nights used was 4,326 out of a possible

9,490 and there are 26 beds in the facility. Thank you, Mr. Chairman.

**Chairman:** Mr. A. Sammurtok.

**Mr. Sammurtok** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Concerns were constantly raised about the services provided under various contracts held by the Department of Health for such programs as medical boarding homes, emergency medical travel, and scheduled medical travel. What process has your department followed to ensure that services, conditions, and other obligations are being properly provided by the different contractors? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I appreciate that question. It seems to be an ongoing challenge with some facilities to make sure that the monitoring is being adhered to, not from our end, but to make sure that when we bring forward recommendations and again, when I speak to any issues at any boarding homes, I have always strongly recommended that if members are aware of different scenarios or situations, they direct their clients to the patient relations office to make sure that we're aware of any issues.

I did want to make sure that people are aware that we collaborate very closely with Health Canada on this, as the NIHB program is very involved with the boarding home, medical travel, and necessary doctor visits outside the territory. We work with Health Canada to develop the monitoring process for the boarding homes, which typically includes annual visits, client surveys,

and monthly teleconferences with service providers. We do operational audits of maintenance logs and confirmation of annual jurisdictional health and safety inspections. The most recent meeting with the Government of Canada's NIHB program took place as recently as November of 2016.

We do have monitoring feedback. It is provided through informal visits from health staff and we do those two to three times a year and senior departmental staff visiting boarding home facilities when they are on duty travel, including myself. When I'm travelling in an area where there's a boarding home, I make sure I go in and visit. There are also discharge planners in Edmonton, Ottawa, Yellowknife, Winnipeg, and Churchill that follow up with clients and report any issues brought to their attention. Thank you, Mr. Chairman.

**Chairman:** Mr. A. Sammurtok.

**Mr. Sammurtok:** Thank you, Mr. Chairman. Of the various, different contracts held by the Department of Health for services such as medical boarding homes, emergency medical travel, and scheduled medical travel, how many will be renewed or put out to tender in the upcoming fiscal year? Thank you, Mr. Chairman.

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

**Hon. George Hickes:** Thank you, Mr. Chairman. I would have to confirm with some documents, but it is my recollection that there are no agreements that are up for renewal at this time in this fiscal year. Thank you.

**Chairman:** Thank you. Next name on the list, Mr. Rumbolt.

**Mr. Rumbolt:** Thank you, Mr. Chairman. In Mr. Joanasie's opening comments on page 1 he talked a little about the history of the health department consistently exceeding approved budget allocations and always needing supplementary appropriations at the end of the year.

Considering that we're near the end of this fiscal year, does the department know if they will be coming forward with a supplementary appropriation and, if so, how much it will be? Thank you, Mr. Chairman.

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

**Hon. George Hickes:** Thank you, Mr. Chairman. The member brings up a question that I myself have brought up when I was sitting beside him a little over a year ago.

Upon sitting in this chair now where I realize some of the uncontrollable factors that are associated with certain aspects of our health care delivery, specifically medical travel, mental health contracts, agency nurses, and physician contracts, there are overages and we will be coming forward with a supplementary appropriation this fiscal year.

I had anticipated it being a lot less than it is. Due to a number of contributing factors, I'm going to say, in the last three to four months, it has skyrocketed. I'll use that term bluntly. Our supplementary appropriation request this year will be \$29 million. Thank you, Mr. Chairman.

**Chairman:** Mr. Rumbolt.

**Mr. Rumbolt:** Thank you, Mr. Chairman. If we add the \$29 million he just mentioned to the previous year's budget, you're coming up to approximately \$375 million that this department will spend on health in this current year. In the minister's opening comments he talked about his budget for the next fiscal year being \$353 million and within that he's hiring 26 new employees.

How confident is your department that in the upcoming year you will be able to fulfill your obligations within the budget that you will have? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. The member is very correct in his numbers. One of the things that even I didn't realize until I started going to some of my FPT meetings when I talked to some of my colleagues across the country, in the chairman's opening comments, he mentioned that the Department of Health takes up 23 percent of Nunavut's budget. In a lot of jurisdictions across the country it's closer to 40 percent. In a lot of respects we're doing very well with the money that we have.

One of the concerns that I have brought up is the budgeting process itself. When we take a look at historical expenditures specifically in the categories that I mentioned earlier that are not really controllable such as medical travel or mental services, that's one of the larger increases we've had that will be coming forward in the supplementary

appropriation. It shows that we're doing a good job in providing the level of care that people are coming to expect.

The challenge that we have as a government overall is when there are increases across one department, it puts a challenge across the entire government to fiscally balance increases. Thus the necessity of coming forward with supplementary appropriations when we can see with more accurate data on what our year-to-date figures are going to look like.

We've got budgeted for medical travel. I believe it's \$64 million to \$65 million and we're coming in at \$73 million. We haven't been at the \$64 million level, I think, for three fiscal years. We have been spending more than that every year. Are we budgeted properly for it? I believe not, but at the same time we have to realize other priorities and other needs across the territory from other government departments. It does put the onus on the Department of Health to have to come forward with a supplementary appropriation.

We do make up some of the difference. It could have been a bigger request coming forward. We have found a number of efficiencies in other areas where we have offset some of those smaller surpluses to take a look at making sure that some of those surpluses that we're experiencing now are where we're funding those 26 new positions from.

When we talk about going forward, we are taking steps. We are doing a review of medical travel. We have Territorial Health Investment Fund arrangements with the federal government to help

offset some of those costs. I believe this fiscal year upcoming it's only \$3.4 million out of our Territorial Health Investment Fund from the feds. Last year it was \$5.5 million. The year before it was \$8.8 million, I believe.

When you're looking at decreasing assistance coming from some of our partners, it puts more pressure on the government's coffers to be able to maintain the level of care that we're obligated to provide. Although I myself have sat in your chair and questioned the validity of having to have a repeat offender like Health coming back for supplementary appropriations, unfortunately at this time there are no other options available to me. Thank you, Mr. Chairman.

**Chairman:** Mr. Rumbolt.

**Mr. Rumbolt:** Thank you, Mr. Chairman. Again along budgeting, the department has a history of a lot of vacancies throughout. I'm just wondering: what role do vacancies play within your budget? How do you use vacancies in your budget? Do you budget as a full staff contingency or do you do up your budgets with the anticipation that not all jobs will be filled? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I appreciate that question for a couple of different reasons. For one, we do budget as if we're filled and most of that money is used to offset casual employment. I'm just going off the top of my head, so without going through my notes here, it's over 400 vacancies that we have and over 300 of those are

filled with casuals. Those monies are being used.

In addition to that, when we're looking at casual nursing, although we have been doing a better job in hiring more indeterminate nurses, which reduces our costs and stabilizes our budget, almost one-third of our nurses are casual nurses where we do have to rely upon higher costs associated with agencies and different factors that play into that.

Just to answer the question in a nutshell and I apologize for rambling on, Mr. Chairman, but we do budget for all of our positions as if they're filled. Thank you, Mr. Chairman.

**Chairman:** Mr. Rumbolt.

**Mr. Rumbolt:** Thank you, Mr. Chairman. Also in the minister's opening comments he talked about the 26 new positions. Given the fact with your history of having a lot of vacancies in the department, how confident is your department that you will fill all of these 26 positions within the next year? Thank you, Mr. Chairman.

**Chairman:** Minister Hickeys.

**Hon. George Hickeys:** Thank you, Mr. Chairman. Actually some of them we already have using our current dollars we have filled with casuals. Once we get approval for these indeterminate positions, we will be able to move those positions out to competition. Hopefully some of the people that are in their positions would apply for them and receive the indeterminate positions. Just using the six Quality of Life positions as an example, we've got two of the positions filled with internal transfers

right now and the rest of them are on CSAs currently.

When we're talking about the mental health and addictions staff that we want to roll out to the communities, we want to be very aggressive in our recruiting and we will work very closely with HR to make sure that those competitions go out as fast as they can once we get approval for these funds.

When we're talking about the public health nurses going to Naujaat and Kugluktuk, again, those are very key positions that we can work within our own HR division when we're talking about nursing positions where we have more control over the hiring process.

We do and we will continue to work very closely with the department of HR to make sure that we get these positions filled as fast as possible because the member is right, any delays in filling these positions slows down what our goals are of providing health care from our business plan and from what we're looking at doing across the territory. I thank the member for giving me an opportunity to talk about that. Thank you.

**Chairman:** Mr. Rumbolt.

**Mr. Rumbolt:** Thank you, Mr. Chairman. On page 2 of the minister's opening comments he talked about 18 of the 26 positions being for new mental health and addictions workers. He goes on to state that there are community-based positions. Is he able to enlighten us today on which communities these positions will be going to? Thank you.

**Chairman:** Minister Hickeys.

**Hon. George Hickes:** Thank you, Mr. Chairman. When the business case was developed, it was to locate 18 positions over 17 different communities spread over three regions. In June of last year the Department of Health began the process of redesigning the model of community-based addiction and mental health programming and treatment, again based on a coroner's inquest that came in at that time, the *Mental Health Act* consultations, and the learning from the United for Life summit on suicide prevention, all of which suggested the necessity to reconsider the health model.

Right now, out of the total 78 mental health and addictions related positions throughout the territory, of which 73 are filled by Department of Health employees, the number of filled positions could potentially be higher as the figure doesn't account for agency staff. The planning process to implement this model is just in the final stages right now and that's when we will look at exactly which communities that these positions are going to be targeted for. We know the number of positions that we're going for and we know we want to spread them out over a number of communities across all three regions, but I don't have community-specific numbers at this time. Thank you.

**Chairman:** Mr. Rumbolt.

**Mr. Rumbolt:** Thank you, Mr. Chairman. Again on page 4 you talked about six positions for the Quality of Life Secretariat. Are you able to tell us where these positions will be located? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. All those positions are located here in Iqaluit, but they do work with community wellness coordinators and other societies and organizations at the community level to assist the rolling out of programming. It's a centralized department here in Iqaluit. Thank you.

**Chairman:** Mr. Rumbolt.

**Mr. Rumbolt:** Thank you, Mr. Chairman. My final question, again, is on all these positions that are being created. How does your department feel about the adequacy of obtaining housing for all these positions? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. One of the things with the community-based mental health and addictions workers specific to those 18 positions is we're hoping to hire local, so we're hoping housing won't be an issue with those positions. With regard to any additional positions, as all the members in this House and most of the people know, public housing is a continual challenge in some communities more than others, but in general the bulk of the positions that I'm applying for funding for on behalf of the department is hoping to be local hiring where housing should not be an issue. Thank you, Mr. Chairman.

**Chairman:** Thank you. The next name on the list, Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman, and welcome. Good afternoon. I wanted to start off talking about the 18 new mental health and

addictions workers. Is that a combined position, mental health and addictions, or are we talking about two like a position for mental health and another position for addictions? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. It is for both. When you're counselling for mental health and addictions, it goes hand in hand in some cases, but they're trained in both categories, if you want to call it that. It's a mental health and addictions counsellor. Thank you.

**Chairman:** Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. It says 18. We have more than 18 communities. Can you provide us with a brief overview? Is every community going to get mental health and addictions workers eventually and, if so, when will that happen? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Right now all communities in the territory do have mental health and addictions staffing. We're looking at enhancing it. Right now there are positions. Like I had mentioned earlier, there are 78 positions right now. We're looking at enhancing the programming available to mental health and addictions counselling.

One of the things that we recognized, again just going back to Member Rumbolt's question on our supplementary appropriation, one of the

categories that we went over substantially is our mental health and addictions. We're hoping that having more access to counselling will help alleviate some of those cost overruns, but at the same time people are recognizing more and more out in the public. There is more and more awareness on mental health issues and people are seeking help and it's putting a strain on the system. That's where we want to make sure that we're adequately staffing that component to be able to provide a consistent level of care across the territory. Thank you.

**Chairman:** Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. Can the minister tell us out of all the reasons you can think of for visiting the health centre or hospital, are mental and addictions one of the most common reasons why somebody would go to a health centre? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Acute care is the most common need for visiting a health centre or hospital in the territory, but it is a growing number when people are seeking out mental health services. Thank you.

**Chairman:** Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. On page 2 of your opening comments you talk about these community-based positions and you also describe what you expect them to do, for example, "standardize community-based

mental health and addiction treatment options.”

You said that the communities all have mental health and addictions workers already in place. Are these services, including “medical detoxification, counselling and day programming, social-emotional learning programming for children and youth,” is this all in place right now? Thank you, Mr. Chairman.

**Chairman:** Minister Hickers.

**Hon. George Hickers:** Thank you, Mr. Chairman. Yes, I will put a little asterisk. It is to varying degrees and that’s what we’re looking at helping to stabilize with some of these positions. Most of the community mental health workers right now are like psychiatric nurses or mental health nurses or children and youth outreach workers. We’re trying to provide more at the community level to bring more peer support workers into place, people that understand the community, the people in the community, readiness for treatment programming, day treatment, on-the-land programming, family healing, aftercare if they do go away and they come back to make sure that they don’t step back into some of their old habits. It’s providing a more consistent level of care across the territory. Thank you.

**Chairman:** Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. That sounds very good, that we have a lot of the services in place, yet our addiction rates are so high.

When I think about medical detoxification, for example, that’s a

pretty serious thing to be going through. Are you saying that communities and nurses are... ? I don’t know how to say it. It’s something quite big. Again, are nurses having to deal with this at the community level? Is that working all right? Are we seeing good results? Thank you, Mr. Chairman.

**Chairman:** Minister Hickers.

**Hon. George Hickers:** Thank you, Mr. Chairman. Again, there’s a lot of dependence. It depends on what they’re recovering from. There are different drugs out there, whether it be alcohol. The staff that are in the communities are able to deal with it to a degree. If it goes beyond their scope of expectation of what they can provide, that’s when we look at sending people out to other facilities for residential treatment or more aggressive treatment. Thank you.

**Chairman:** Ms. Angnakak.

**Ms. Angnakak:** Thank you. I just want to ask one more question about additions before I go on to something else. Do you have the stats for the number of people from Nunavut that have gone away on referrals for addiction treatment and have come back and relapsed? If you don’t, why don’t you track that? That’s a lot of money being spent and a lot of money being spent outside of Nunavut. Thank you, Mr. Chairman.

**Chairman:** Minister Hickers.

**Hon. George Hickers:** Thank you, Mr. Chairman. We don’t have that tracking right now. While I do understand the value that it would bring, it’s not like somebody steps off the plane and they relapse right away. It could be a year

later. It could be five or ten years later. To be able to track that on an ongoing basis would be difficult at best.

That being said, I know that with the aftercare there would be a little bit more data that could be accumulated. It's maybe something we could look at enhancing our tracking on that regard. Again, when we're talking about aftercare, it's involving the family, it's involving the person that's there or sometimes peers. There are other components to make sure that people have the supports in place so that they don't relapse.

It is often the case that somebody goes down for residential treatment and it doesn't always work the first time. I know many people that it is the second or third time they went down before it stuck, that they change their lifestyle to avoid the temptations and the lifestyle choices that put them in a state where they weren't able to avoid their addictions. It takes a lot of work from the person themselves. There are people that self help. They recognize they have a problem and they seek out some initial counselling, and then they may stop and have stopped whatever they're addicted to.

It would be difficult to track with any sense of accuracy. It's something that I appreciate your comment and it's something that we will take a look at on how tracking like that could be achieved. Thank you.

**Chairman:** Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. It might be a really good

written question for the end of session to look at how much money is spent.

I guess I do have one more question about addictions. In your opening comments you talk about "social-emotional learning programming for children and youth..." I'm wondering if or how much of a need has the department had to respond to addictions involving in youth and, if so, have you involved the child and youth advocacy office in your work. Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I just had a quick little confer here.

To our knowledge we haven't engaged the child and youth advocacy office. That being said, we have had communications with them over individual cases. One of the things that we wanted to highlight, if somebody has engaged their expertise and their advocacy, is to make sure that it is communicated with us so that we can start mitigating the issues sooner rather than later, instead of waiting for a report or an annual report to come out saying that there is a child who has been going on for three months being exposed to something, where if we would have known about it, it would have stopped immediately.

I know there is ongoing stuff not just with the Department of Health and with Family Services, but there are engagements with that office and it's a developing office. There are things that we're learning about each other as we move forward and I think there are good

partnerships that are starting to materialize. Some of the work that that office is doing, they're doing some good work. It's just a matter of making sure that the communication lines are open all the time so that we can make sure that we're looking after the best interests of the children involved. Thank you, Mr. Chairman.

**Chairman:** Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. One thing that comes to mind right away when I think about addictions, children, the Department of Health, and the child and youth advocacy office that I think should be worked on but we don't really talk about it here, but we talk about it at home when we hear of things happening... . In fact it's an issue that came up, wearing my other hat when I'm at the Sailivik board, when we were meeting with hunters and that's gas sniffing. We really don't talk about that here, but I think just from comments I have heard over the years, it's almost like a hidden problem that we all talk about, but it has never really been addressed. Has the department worked on any issues around that? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I really thank the member for bringing that up. It's not a common issue and hopefully it never is, but we do see instances of gas and propane sniffing and other materials. We've had successful initiatives of lockboxes where hunters can put their gas cans and propane tanks and that with.

Through the Embrace Life Council and through the Quality of Life there is representation from the RCMP on there through Sergeant Lawson and a number of different people from around the territory. One of the things that I think I really want to emphasize is that when we talk about the Quality of Life Secretariat, although when I answered my question from member from Sanikiluaq, is although the positions are located here in Iqaluit, it is a territorial focus. We're looking at initiatives all across the territory.

I think it was Kugluktuk. When I was there last year, I saw a local example of the lockboxes that were being used there. I believe it is taking advantage of best practices that you see from successful programs in communities and rolling them out on a more as-needed basis, sometimes territorial-wide and other times to address certain concerns that a community may have. That is where the community wellness coordinators really assist us in identifying what their wellness plan is involved in and how we can provide supports to their issues.

It's not a one-size-fits-all from one community to the next. We need to make sure that we're addressing issues as they arise on a community-by-community basis. That's where the focus of these initiatives and the grants and contributions through the Quality of Life is going to be focused on. Thank you.

**Chairman:** Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. I think it's perhaps more common than you say. I think it comes not just from being able to lock up a

jerry can and that; it comes from skidoos that are parked somewhere and people are taking off the thing and the kids are sniffing the gas. It's a very difficult and complex problem, no doubt. I'm not saying it's easy; I'm just saying that I really think it really affects the brain, obviously, when people become adults. You can see the damage. I would like to see a bit more emphasis on trying to really stop our future generations from doing that kind of behaviour. I think it's well worth the money.

Now I only have three and half minutes, so I better go on to something else. I know what I wanted to talk about. The cultural orientation program that you're developing and you say in your business plan on 121 and my colleague, Mr. Okalik, also spoke of it; it says here in your business plan, "A cultural orientation program is being developed with Culture and Heritage and the Foundation for Healthcare Improvement."

What areas are you targeting within your service delivery where they're going to be more culturally sensitive? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I hesitate because it's kind of a complex question and a complex answer.

When we talk about the history of Nunavut and some of the historical traumas that have occurred over generations, bringing us to today's world where you're competing against traditional values, beliefs, and way of living versus those traditional values and

how they're encompassed into today's society, it's a very complex issue. That's where we find working with the Department of Culture and Heritage to be paramount in making sure that we're finding ways to bridge that.

As a health care professional, you're dealing with youth who are struggling to find their identity and you're dealing with elders who are living in a world that is unfamiliar to them. The technologies and the lifestyles of some of their family members are different. Our member from the High Arctic has brought it up a number of times where the traditional values still need to be respected, yet brought and melded into the modern world society.

That's a very complex question. Can I answer it here? No, but that's where we're looking at making sure our orientation package links at least some of the knowledge of some of the challenges that residents of the territory can go through when you're dealing with residential school and sometimes through the colonization of the lack of respect from professional people, teachers, the RCMP, doctors, nurses, and that type of thing.

We want to make sure that our health care providers go into that knowing that it's not just Joe Blow walking into the health centre and complaining about some stomach pains. They may not have had the access to health care that those health care professionals might be used to seeing in their previous jurisdictions. Again, we have all heard stories of somebody going in with an illness and an acute need and they're given Tylenol and sent home without actually listening to the patient. That's where we want to

make sure that we're educating our health care professionals when they come to the territory that they know that that's an issue and a perception out there so that they don't fall into that same trap, so that they can make sure that they're taking a look and taking people's... . I have heard it often from elders that I have spoken to regarding health care. They say, "I know my body." When there's something wrong, they need to make sure that the communication line is open to the health care professional so that they take a look at the validity and the seriousness of what concerns are brought to their attention.

I hope all health care professionals, not just the ones coming to the territory but the ones that are here and have been here for a number of years, it's very important to take people's concerns seriously. I can't emphasize it enough on how important it is for the piece of mind for somebody to go in and know that they have been treated not just with respect but with the seriousness that whatever it is they're in for deems. Thank you, Mr. Chairman.

**Chairman:** Ms. Angnakak.

**Ms. Angnakak:** Thank you, Mr. Chairman. The thing I thought about right away when you were talking, and I'll use Mr. Shooyook if he doesn't mind, he went to the hospital, I think it was in the fall, and he waited I think it was eight hours. I have heard recently of the wait times because there is a lot of flu, even greater now. I heard of a mother and her child who waited 12 hours, and then they were told, "Well, you have the flu."

Somehow if we want to culturally sensitive, we have to put our elders first and that includes the hospital. I understand if you're in an emergency and you're going to have a heart attack, it's common sense that you need to see that person first. When you have a full room where you know everybody is suffering from earaches or chest or whatever cold, look around for the elders first and look around for the young kids first because, if you want to be culturally relevant, that's how you treat them with respect in that way.

I remember when I was waiting at the hospital and it was at night. Actually one of your constituents, an old lady was there and she had been waiting there, she told me, since the morning. She was sitting in those chairs because there are no couches, nothing where you can rest your back. I remember it was the janitor who had just come on duty later on. He hadn't been there all day. He saw her and he went into the OR section and he went to the wait section in the OR and got that big chair that can kind of go out so that she could lie down. She was sick and had been waiting there a very long time.

I understand why you have wait periods. Everybody is sick and there are only so many doctors, but I really believe you need to look a little bit more closely at who is waiting in the waiting room and how you can help people like the elders to be a little bit more comfortable during those long wait times. If we're really talking about making a difference culturally, then do it in action. That doesn't really take any money. It doesn't take very much time just to have a sweep and say, "Okay, who needs special attention here," not because they're

going to have a heart attack but just to be sensitive to it.

Time is up. Thank you, very much.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I'm glad my time is up.

>> *Laughter*

I appreciate the member's concern. I know I have been in the waiting room for hours and hours with both my kids and things like that and even myself on a rare occasion. I don't go to the hospital usually, unless it's broken or bleeding. I do appreciate the comments.

We're in the process right now of our model of care and it could be something that we will take a look at. The main thing I really want to emphasize is that we do follow national standards. I realize where you're getting at, having a more cultural component to it, and I see some validity to that. I guess the challenge, and I'm just thinking off the top of my head, is when you've got trained health care professionals that are triaging people according to their medical need, how do you bump someone because of a category that they fit in, elder or youth? That would take a little bit more thought to be put into.

I do appreciate the comments that the member has brought forward. I'm sure some people are putting their thinking caps on a little bit already. Thank you.

**Chairman:** Thank you, Minister Hickes. Before I recognize the next member, we will take a 10-minute break. Thank you.

>> *Committee recessed at 17:55 and resumed at 18:10*

**Chairman:** Good evening. Calling the committee meeting back to order. Welcome back. The next name on the list, Mr. Mikkungwak.

**Mr. Mikkungwak** (interpretation): Finally! Thank you very much, Mr. Chairman. We were told to smile at our fellow Nunavummiut, so I smile at you. Dealing with the Department of Health is very challenging. Welcome to the minister and his officials.

The minister will understand my questions. I have asked them in the House, but while we're dealing with this, my first question is on your 2017-18 business plan and you mentioned Baker Lake in your opening comments. The elders facility in Baker Lake, the Martha Talirug Centre, was funded by Family Services, but it is being transferred to the Department of Health.

That being said, will the operations and the care that the elders receive at the elders facility change when it's transferred to your department? That is my first question. Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Initially there won't be a direct change. There is a contract in place with the society that runs that facility. There may be different levels of oversight because, when Family Services would have it, there might be a different level of professionals looking at it. The clinical side of things may be a little bit more accessible because it's a

health facility. I would imagine that there would be a little bit more of a clinical analysis of it to make sure that the elders that are in there are assessed appropriately for the level of care that the facility can provide. Thank you, Mr. Chairman.

**Chairman:** Mr. Mikkungwak.

**Mr. Mikkungwak** (interpretation): Thank you very much, Mr. Chairman. Along the same lines, I think it was one or two years ago when I had asked about the operations and maintenance funding. The society had thought the elders who were being cared for in that facility should benefit more. They requested funding for providing better care, but the funding is always limited. With it being under the Department of Health, how would that change? Thank you very much, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. When you are talking about standards of care, it would be components of the contract with the society that has the agreement currently with Family Services transitioning over to the Department of Health. At such time as the contract is up for negotiation again, those could be circumstances that could be examined.

As far as providing better care, we have to make sure that they're being provided the best care possible under the agreements of the contract. Could there be changes in the expectations from the Department of Health? That's possible, but I can't speak to that until an actual negotiation and the contract is up for

renewal. That's all I can say for now. Thank you, Mr. Chairman.

**Chairman:** Mr. Mikkungwak.

**Mr. Mikkungwak** (interpretation): Thank you very much, Mr. Chairman. I'll ask my next question based on his response. Some of the agreements were signed by Family Services. The responsibility will be transferred over to the Department of Health for the elders' homes in Baker Lake, Iqaluit, and I don't know where the third home is that you mentioned. With that being the case, will you be reviewing the agreements right away on what improvements can be made to the operations and maintenance funding? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Again, it would depend on when those contracts come up for renewal. Just as an example, Family Services was allocated \$200,000 for improvements. That is also being transferred over to the Department of Health on the transition date so that we can still continue the work. That's the whole objective. We've had a transition team developed working in coordination with Family Services to make sure that it is a seamless transition.

The whole ideal of reallocating these facilities and the services back to the Department of Health was that there was disconnect between different programs and services. This is bringing them all back in line so that there's more of a seamless quality of care. As people age in place, you want to make sure that they're in the facility that's best suited to what their care needs are. This just gives

a little bit better solidity or more a solid ground to be able to move forward on making sure that the people are in the facilities that are suited to their level of care needs.

I hope that answers the member's question. Thank you, Mr. Chairman.

**Chairman:** Mr. Mikkungwak.

**Mr. Mikkungwak** (interpretation): Thank you very much, Mr. Chairman. Moving on, my colleague from the Kivalliq had asked a question and I would like further clarification. He had asked about the transition homes for medical patients and if they require further review.

The minister and his officials are well aware that I represent Baker Lake and I always support Baker Lake residents. The residents of Baker Lake are now well aware of the patient relations office. The transient centre is not only for residents of Baker Lake but all residents of the Kivalliq and it has some serious problems. Kivalliq MLAs are always talking about it mainly because our elders are unilingual Inuktitut speakers and those of us in the middle generation speak Inuktitut and English.

However, in the agreement, it is obvious that the ones who won the contract said that they were going to do certain things. How will you be dealing with Department of Health policies that require care for the patients? Will you be urging the contractors to rectify the problems? The minister is well aware of the problems and concerns along with his officials. This needs to be rectified. Thank you, Mr. Chairman.

**Chairman:** Minister Hickee.

**Hon. George Hickee:** Thank you, Mr. Chairman. The member is correct. Whenever we're dealing with boarding homes and medical travel, there can be challenges associated with it. We work very closely with any contractor to alleviate concerns for one, but also to make sure that any issues that are identified are addressed and that's on an ongoing basis.

Like when the member mentioned the patient relations office, it's a key point of contact for people if they do come across a challenge or concern with the service that's being provided. For us to be able to communicate those concerns to the contractor, we need to know about it. Too often I have seen lately of social media, people bringing forward concerns on social media and pictures and stories. While sometimes I would be made aware of it through other channels or people bringing it to my attention, it's not a formal way of making communication in an effective manner.

When I get an issue and most of the members here have brought forward issues to me at one point or another in the last year, I feel that we have responded very adequately to and very promptly to. When a concern about a boarding home or a facility like that is brought to our attention on a general basis or through social media, as I'm sure you guys sometimes get made aware of issues through social media, it doesn't do the system justice in a way that the staff that are involved.

I've had occurrences here in Iqaluit where it dramatically impacted the mental health and well-being of staff,

where somebody is saying a scenario that a hospital or a health centre or an office space is unsafe or dirty or whatever the case may be, where it actually is totally contrary to what an effective communication to resolve an issue is. Sometimes education is a factor. Even just knowing the circumstances from the other side is more effective than shouting from the rooftops that there's an issue with a general statement, where we can identify and deal with that specific circumstance in a professional manner. That is the way of going forward with things.

Like the member said, you and some of your colleagues travelled down to that centre last year and you guys talked to me about it. We were going to sit down and go over some of the details and address specific concerns. I believe that you guys are going down again in the next month and a half or so where possibly maybe I can join you, where we can take a look at some of the concerns specifically that you bring forward.

In the meantime any issues that your constituents bring forward to you or to patient relations, I can assure you they're addressed promptly with the contractor. Those deficiencies or expectations are established very clearly from our standpoint. We want to make sure that they are also upholding their end of the bargain as we're upholding our end of the bargain in the payment side and providing the services to our residents across the territory in a manner they expect.

I know I talked a little bit longer and maybe got a little bit off track on it, but I did want to just get that emphasis out there that there is a proper protocol for

bringing forward concerns and issues so that we know about it, so we can address it. Thank you.

**Chairman:** Mr. Mikkungwak.

**Mr. Mikkungwak** (interpretation): Thank you very much, Mr. Chairman. I know your response makes sense, but I would like to ask another question. As a minister, you know when those agreements will expire. The patient relations office is also a place where people go and bring their concerns. They have records about the boarding home that I am referring to.

When the contract comes up for renewal, will you be explaining the problems that they've had with the previous contractor or present contractor to the prospective contractor? As the Minister of Health, will you and your staff make them more aware of these problems once the contract is up for renewal? Thank you, Mr. Chairman.

**Chairman:** Minister Hickers.

**Hon. George Hickers:** Thank you, Mr. Chairman. If I understood the member's question correctly, if a new proponent comes on board or when we put an RFP and if they put in a proposal to take on a contract of this nature, it wouldn't be something that we would go over and discuss deficiencies of a previous contractor.

We set our expectations of the level of service that we want to have provided to our patients and residents. That's the expectation that we go forward. We don't dwell on what has happened in the past with the previous contractor or it

could even be the same proponent putting in another bid.

We establish our expectations very strictly within our contract parameters of what our expectations of service are. Our job is to make sure that we're monitoring and making sure that they're adhering to those conditions and it's their job to make sure that they're meeting the expectations that we're establishing. Thank you, Mr. Chairman.

**Chairman:** Mr. Mikkungwak.

**Mr. Mikkungwak** (interpretation): Thank you very much, Mr. Chairman. Moving on to a different topic, in the minister's opening comments on page 2, there will be 18 new mental health that will deal with addictions or patients that need to go for treatment in 2017-18. It states here that they would go for addiction treatment referrals. What have you decided on that? Using Baker Lake as an example, the nursing station is too small. How would that be dealt with? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I could just clarify a little bit. The positions that we're looking at hiring are mental health and addictions counsellors, local people that would be trained to be able to address issues from people coming in and identifying their level of need.

It's not necessarily for people to be sent out for treatment all the time. That's in more of the aggressive addiction cases where people actually need to be sent out and the person needs to be ready for that as well. Most times those people are

going to be working with people in the community on an ongoing basis to help them address their mental health issue or their addictions issue in a counselling manner where the person is not necessarily leaving the community. It's an ongoing thing.

There would be appropriate times and appointments would be made. It wouldn't be a matter of 12 people showing up at the health centre expecting to get addictions counselling. There may be some potential for group conversations. That all depends upon the level of need for the people that are involved and discussions with them on how best to treat their mental health or addictions issue. Thank you, Mr. Chairman.

**Chairman:** Mr. Mikkungwak.

**Mr. Mikkungwak:** Thank you, Mr. Chairman. As having been a former regional addictions mental health consultant based in Baker Lake, when you look at these 18 new mental health and addictions workers for 2017-18, are you going to re-advertise that position in Baker Lake? Having been the former regional addictions mental health consultant, I was based in Baker Lake. Are you going to have one of the positions based in Baker Lake? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. Currently we have three PYs associated with the mental health staffing in Baker Lake right now. Like I had mentioned in an earlier response, we're still assessing the actual specific communities where we're going to be

allocating these positions to. We're most of the way through our plan. Because it has been fluid through the different circumstances and different information as it has come to us, we have modified our plan and it's still not finalized.

That being said, again, until we get the money for the positions, it's a moot point. Hopefully we can go forward and get this budget approved so that we can finalize the planning and get the advertisements out with HR as soon as possible to get these positions filled. As soon as we do have a plan on what communities we're going to put them into, I'll have a chat with my colleagues around this House. Thank you.

**Chairman:** Mr. Mikkungwak.

**Mr. Mikkungwak** (interpretation): Thank you very much, Mr. Chairman. I know I'm running out of time, but one of my colleagues asked a question on page 4 of your opening comments. There will be six new positions for the Quality of Life Secretariat. Either the minister or one of the staff responded by saying that they will be based in Iqaluit.

People work very hard to try to prevent suicide throughout Nunavut. Can't you decide to have two workers based in the Baffin region, two workers in the Kivalliq region, and two workers in the Kitikmeot region? Suicide affects everyone. Would it not be more beneficial to spread those positions out in the three regions? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. While I appreciate the

member's comment, it's not a matter of two, two, and two. These are six positions that are coordinating a long-term strategy and action behind it to make sure that the territory as a whole has a distinct focus with the momentum that we have built up to now and to continue that momentum on suicide prevention. They work with every community in the territory. They work with the mental health workers. They work with the community wellness coordinators from every community.

Having those positions located centrally in one community, whether it be Iqaluit or Baker Lake or Kugluktuk, to me it is paramount to where the functionality of what that office is trying to accomplish. Right now, with the people that are involved and through the approval process, we've got that office located here in Iqaluit where I have direct access to my associate deputy minister responsible to that division. Maybe down the road it could be something that could be explored.

This is a brand-new division within the Department of Health. Within the Government of Nunavut overall we want to make sure that we do this properly. This is a very serious topic. I don't take it lightly. I have been to a couple of different conferences and to my knowledge, and I have yet to stand corrected, I believe I'm the only minister in the world that has a responsibility for suicide prevention in my title. I don't take that lightly. I take that very seriously. I want to make sure that any control I have over it is done right. Thank you, Mr. Chairman.

**Chairman:** Thank you. Next name on the list, Mr. Keyootak.

**Mr. Keyootak** (interpretation): Thank you, Mr. Chairman. Let me first ask a question. I just recently visited my other constituency community where I was elected. My other community has had a vacant nursing position for a very long time and they've had only one nurse. The population of the community is over 1,000. Can that position be filled soon or can the minister tell us when that position will be filled? Thank you, Mr. Chairman.

**Chairman:** Thank you. Minister Hickee.

**Hon. George Hickee:** Sorry, just to clarify, I believe the member is talking about Clyde River.

I apologize for the delay, Mr. Chairman. Just to re-echo some of the comments I made earlier, the Department of Health has been, in my opinion, very successful in hiring indeterminate nurses in the last little while. I'm still keeping up as numbers are changing in the communities, sometimes it seems to be on a daily basis. I'm just looking over my numbers right now.

When I look at Clyde River right now, we've got two permanent and one agency nurse that is in the community right now. Now, there are some vacancies that are filled through casuals at the moment and there's one permanent nurse that's in the process of... . She's hired or he; I'm not sure if it's a he or she, but there is an indeterminate nurse that has been hired and in the process of going into the community. Thank you, Mr. Chairman.

**Chairman:** Mr. Keyootak.

**Mr. Keyootak** (interpretation): Thank you, Mr. Chairman. The people of Clyde River told me when I was there that the nursing station is only available for emergencies for too long and they haven't been able to deal with non-emergency cases. They have told the people that they will only accept emergency cases and the people say that they have been in this situation for far too long.

They want to know when they're going to get a new nurse. They don't like it at all when they have just one nurse who is able to see patients. They have made it so that they will only accept emergency patients for over a month now, which is not appropriate for people who need to go to the nursing station. I'll move on to something else. That was just a general comment.

Mr. Chairman, some of the questions I was going to pose have already been asked. I know that many people know me and I have gone to the Qikiqtani General Hospital many times and I have been asking questions in regard to the way the Tammaativvik Boarding Home is operated. I have been requesting that they change the carpeting to regular flooring. Many patients don't like the way the boarding home is operated.

Could you be dealing with the boarding homes the same as the Kivalliq boarding home? Is that going to occur? Thank you, Mr. Chairman.

**Chairman:** Minister Hickee.

**Hon. George Hickee:** Thank you, Mr. Chairman. Maybe just to reiterate something from his previous question and comment, we will look into the

circumstances on why the nursing station in Clyde River has been only open on an emergency basis. I do know that in some communities there have been issues with the influenza outbreak as well as pertussis that has impacted the volume and even in some cases the staff, which has put some restrictive hours.

If I can and if the Chair will indulge me, I want to commend a lot of the nurses in our communities that have been working inhuman hours through some of these outbreaks with very little relief. For the record, I very much appreciate the level of commitment that they have to their communities.

With regard to the Tammaativvik Boarding Home, it is very much the same scenario as with the Inuit centre in Winnipeg. We do have regular contact. Again I just want to reiterate that if there are specific circumstances where people have concerns or issues, they let me know or let the patient relations office know. It is an ongoing discussion. We're continuously working with the leadership over at Tammaativvik to make sure that the residents that we send there on medical travel are getting their level of expectation met.

Again, it's the same kind of story as what I was saying about the Winnipeg Inuit centre, but we are working very closely with them to make sure that they are following the conditions of the contract as well. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Keyootak.

**Mr. Keyootak** (interpretation): Thank you, Mr. Chairman. We have noted and observed that they need to improve the

operation or services. Every time I come to Iqaluit, I visit the boarding home as many of my constituents stay at that facility. That's where most of the residents of the Baffin region stay.

My colleague and I went to the boarding home just to visit patients. We did not go there to do some investigation, but the people were very pleased to see us when they found out that we're Members of the Legislative Assembly.

Some patients don't even want to eat at the boarding home and some patients don't even want to sleep in the room because the pillows, blankets, and sheets are never changed even though a different patient is using the room. This is directed to the Department of Health. That shouldn't be happening.

Some patients don't even want to eat there anymore because they have watched the cook serving the food onto the plate using their hands and serving it to the patients. This is not acceptable. My colleague and I were told that they were even stomping on their feet. As Inuit, we're tired of being treated like that and that's exactly what we heard when we are at Tammaativvik. We realized that this has to be resolved.

One thing that I keep mentioning is the carpet because it's a public place and people walk in with their dirty boots and they don't take their boots off. They walk in to the boarding home wearing their boots that they use outside, even though the building has to be clean. This requires more attention. Thank you, Mr. Chairman.

**Chairman:** Minister Hickee.

**Hon. George Hickey:** Thank you, Mr. Chairman. I'm not going to sit here and defend some of the perceptions on inadequacies of the facility. I do know that officials have been meeting with them very regularly to make sure that they're adhering to their contract conditions. At the same time and with carpeting, I realize the member is talking about more for the entranceway for cleanliness, but the facility has removed carpet from some rooms so that people with allergies have a safe place to go.

In addition to that, environmental health officers would be inspecting the kitchen and if there are concerns with food-handling services, it would be a discussion that they would have with the facility administration to make sure that their staff are trained in proper food-handling procedures. Of the concerns that have been brought to my attention on the facility, that hasn't been one of them. It's something that I'm sure my officials are taking note of and I'm sure somebody will be going over the environmental health officer records to see if there have been any discussions on food-handling processes or any concerns brought to their attention.

I appreciate the member raising this issue. I know it may not be specifically my constituents, but I'm responsible for all the health care delivery across this territory and that facility is located in my home city of Iqaluit. I want to make sure that people are getting the appropriate level of care. I take the member's comments very seriously and I'll continue to look at and have my officials work with the administration of that facility to make sure that people are getting the care and the service that they

expect and deserve. Thank you.

**Chairman:** Mr. Keyootak.

**Mr. Keyootak** (interpretation): Thank you, Mr. Chairman. It's very good to hear that and I appreciate that he will look into this issue. We will expect a response and I will also be expecting your department to deal with the issue. Our constituents tell us their concerns and they can't even get their breakfast in the morning. They only serve lunch. Some Inuit wake up very early in the morning and they're not served breakfast. The only time they eat is at lunch hour. It's not acceptable for the patients, so I'll expect some resolutions on these issues. Thank you, Mr. Chairman. That's all.

**Chairman:** Minister Hickey.

**Hon. George Hickey:** Thank you, Mr. Chairman. I thank the member again for raising that issue. Again, under contract that facility is supposed to provide three meals a day, seven days a week, including snacks throughout the day. There is a contracted obligation from the facility and if the member is aware of that not being made, I would very much appreciate some detailed specifics on days and even times and people involved, if that could be provided to either myself or again, through the patient relations office.

I do understand some of the challenges of the facility as well; 30 percent of the time over the year they are overcapacity. I do empathize somewhat with them on trying to deal with an overcapacity so frequently. If I understand correctly from other information, they are looking at possibly expanding the facility. I know

it's something they're taking a look at the planning and feasibility of, so hopefully that will come to fruition some day. It is stretched to its maximum most times out of the year.

I do appreciate the member's comments. We will continue to look into those specifics and if he could provide some more detail, I would be more than happy to look into those personal instances. Thank you.

**Chairman** (interpretation): Mr. Keyootak, are you done? (interpretation ends) Next name on the list, Mr. Joanasie.

**Mr. Joanasie** (interpretation): Thank you, Mr. Chairman. Welcome, Minister Hickes and your officials.

I would first like to ask about the suicide prevention file that was given to the Department of Health last year. What kinds of impacts did it have within the department as a whole? I would like to ask for the status of it to date. Thank you, Mr. Chairman.

**Chairman**: Minister Hickes.

**Hon. George Hickes**: Thank you, Mr. Chairman. As we're just getting started on this Quality of Life Secretariat, my associate deputy minister would be able to elaborate a little bit further with some details, but we haven't seen a notable decrease in numbers as of yet. This is something that is going to be ongoing. The *Resiliency Within* strategy was a short-term strategy on how to address some of the immediate needs.

Actually creating this Quality of Life Secretariat, having monies allocated,

having more community engagement, and what we're looking at setting up with the grants and contributions side of things from the budgeted amount will help put more programming at the community level, where we feel most communities know what their triggers are.

There are a number of different reasons why people feel that suicide is an option in their issue and we need to make sure that we're addressing it, not as a cookie-cutter model. What works in Pond Inlet may not work in Clyde River or may not work in Kugaaruk. We want to make sure that the communities are leading the initiatives on preventative programming and prevention initiatives so that we can have the biggest impact.

That being said, this isn't going to be an overnight success. Hopefully it is, but realistically it is going to take time for people to learn that there are more options available to them, that there are resources available to them, that there are different groups that can help them through different challenges in their life.

My vision and how I see this going forward is we have been building momentum this last year and getting staffing. As I had mentioned earlier, we have two people on transfer assignments to the Quality of Life right now. We have four people on CSAs. To get those PYs filled and solidified into permanent people that can coordinate their efforts with stakeholders... .

One of the things that has concerned me from the get-go of getting this portfolio assignment to me is everyone is going to be looking to me or to the government in general to fix this issue. It's going to

take communities, regions, families, and so many different stakeholders that are involved in this whole process of moving this file forward in a way where we can actually start seeing results.

I know that was a very long-winded answer to a fairly short question. I'm not sure if my associate deputy minister would want to elaborate on specific numbers, but I don't know if we have realized any immediate impacts. To me the numbers are still fairly horrendous, but I do look forward to better days. Thank you, Mr. Chairman.

**Chairman:** Mr. Joanasie.

**Mr. Joanasie** (interpretation): Thank you, Mr. Chairman. I also thank the minister for his response. I agree with him. For example, nowadays we are providing funds and we have identified this as a priority within the Department of Health, although we realize that this is not going to be resolved overnight.

In my view it should be based on healing programs if it's going to proceed smoothly. For example, you are the Department of Health, but where do healing programs fit within the department? If we envision it as a picture, where is the healing program in your organizational chart? For example, with the practice we use nowadays and the concerns we hear about mental health and addictions, there are various problems that we encounter and we need treatment and healing. That's why I wanted to talk about this issue.

The Truth and Reconciliation Commission was geared toward the entire country. There was also the Qikiqtani Truth Commission. There

have been a few commissions. Historical traumas have deteriorated or impacted our lives. Do you have any programs for those things? That's why I'm asking.

For example, I believe that your department provides funding to the Mamisarvik Healing Centre in Ottawa. Perhaps you can elaborate further. I believe it's on page H-7 of the main estimates, the Alcohol and Drug Treatment Program, \$1,347,000. My question is if that's what it is, Mr. Chairman. Thank you.

**Chairman:** Minister Hickee.

**Hon. George Hickee:** Thank you, Mr. Chairman. I do agree with the member when he's talking about the impact of historical traumas. We're dealing with the repercussions of that and we will probably continue to deal with them. It took generations to occur and it's going to take generations to get into that healing and past that.

When he's talking specifically to an alcohol and drug treatment program, it's not necessarily all with Mamisarvik. There are also counselling services delivered at the community level. There are six communities currently accessing this funding. Clyde River, Cambridge Bay, Kugluktuk, Coral Harbour, Rankin Inlet, and Arviat are accessing dollars to deliver alcohol and drug counselling services currently. Thank you.

**Chairman:** Mr. Joanasie.

**Mr. Joanasie** (interpretation): Thank you, Mr. Chairman. I thank him for clarifying that. Yes, it's a good example. For instance, he mentioned Mamisarvik and Ilisaqsivik in Clyde River. I'm also

aware that there are other communities that are lacking such services and these communities provide services to those other communities. Are you going to be spreading out those programs in the coming years for those communities that lack those services, for instance, mental health counselling? People don't know who to approach. Are you going to be spreading these programs out? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I thank the member for bringing that up because, again like I had mentioned earlier, there are counselling services and mental health services available in all communities across the territory, but we want to make sure that we're enhancing that with some of the additional PYs that we're applying for.

That being said, when we're talking about us rolling out, these are hamlet-driven initiatives that they apply for funding for. If Cape Dorset wanted to apply for funding under these drug and alcohol awareness initiatives, they can apply for funding under this as well. One of the things that we're really excited about through the Quality of Life of having these grants and contributions, we're still ironing out all the details of being able to target different initiatives.

Again, I keep saying community-driven because that is going to be the route going forward of how we're going to see success. It's the communities that know what they need in their backyard to deal with certain issues and which issues are higher priority than others. That's where we want to make sure that we've got a broad enough scope with the funding

that we're not pigeonholing ourselves into one specific tack. We want to make sure that it's open enough that as a community identifies an issue or a program or an initiative that they want to address, we've got a funding model that can help promote that. Thank you, Mr. Chairman.

**Chairman:** Mr. Joanasié.

**Mr. Joanasié:** Thank you, Mr. Chairman. I thank the minister for his response. I wanted to also bring up another topic. It was brought up by a few of my colleagues, but in relation to the relationship or the way in which the department deals with, for example, health care concerns, Mr. Mikkungwak talked about the Office of Patient Relations and we heard Mr. Okalik talk about some serious cases. What is the department doing in terms of...? There's a gap that's conflicting between the community and the department. How are you trying to address a better situation for all the communities, not just in one particular community? Thank you, Mr. Chairman.

**Chairman:** Minister Hickes.

**Hon. George Hickes:** Thank you, Mr. Chairman. I thank the member for that question because it's an important one. I want to make sure that people are comfortable when they go into a health centre, that they know what level of care that they're getting and it's the level of care that they're expecting to get it. There have been a number of initiatives that are being developed.

Let me just back up for a second if the Chairman will allow me. Any time we're dealing with health care professionals, I

like to think that they went into that field because they want to do good and they want to help people. We need to make sure that the guidelines and the processes are in place for them to be successful at their jobs. If those processes, guidelines, and procedures are in place and they don't follow them, that's a different story. We want to make sure that the quality of care and the assurances that we can provide to the general public are at least adequate, if not more than adequate.

There are some additional steps, if the Chair will allow, I would like my deputy minister just to elaborate on some of the detailed aspects of some of the quality assurance initiatives that we're doing right now. Thank you, Mr. Chairman.

**Chairman:** Thank you. Ms. Stockley.

**Ms. Stockley:** Thank you, Mr. Chairman. The department is having a focus right now on the territorial Continuous Quality Improvement Program. We have talked already in this session about critical incidents and coroner's reports. They highlight the need for a territorial approach to quality improvement activities in order to ensure, as the minister said, equitable access to quality health care throughout Nunavut.

The whole purpose of the Continuous Quality Improvement Program is to identify system gaps and inefficiencies. It's to address concerns that you guys put forward and that you hear from your constituents. We also want to collect meaningful data. The idea is to implement quality improvement initiatives across every health facility that we have in Nunavut.

Through our business case you probably remember from last year, you approved the business case for us for three new PYs to staff the Continuous Quality Improvement Program. This was in addition to the continuous quality improvement manager position that we transferred from the Professional Practice Unit.

Right now the quality improvement lead position is being filled through a casual staffing action. The competition process for the position has closed and applicants are being screened, so we will have a long-term person in that role. The health data analyst position has been posted with the closing date of March 3 of 2017. We're hopeful that will get us an appropriate person in that role. The competition process for the risk management lead position has closed and applicants are being screened. Thank you, Mr. Chairman.

**Chairman:** Mr. Joanasie.

**Mr. Joanasie:** Thank you, Mr. Chairman. Thank you for that additional response. I look forward to the department's continued efforts in this regard.

In recognizing the clock, I want to move on to another topic. On page 134 in their business plan, the Inuit Employment Plan, his department says that as of five months ago, September 30, 2016, there were 308.17 Inuit working for the department and by next year, March 31, you plan on having 511.43. That's over 200 Inuit staff you are planning on hiring over the course of the year. Can the minister elaborate on how the department plans on doing it? Thank you, Mr. Chairman.

**Chairman:** Minister Hickeys.

**Hon. George Hickeys:** Thank you, Mr. Chairman. As I had mentioned in an earlier response, the Department of Health right now is kind of at the same average as the GN as a whole.

One of the things that we have been really making sure that we're concentrating on and I know that I have spoken to my officials on is to make sure that we're setting realistic targets. We're also looking at a number of different initiatives. As Member Okalik brought up earlier of people that are exploring professions in health that are from Nunavut, we want to make sure that we support those students and those types of initiatives. We provide bursaries to nursing students, as an example. That's just one component of it.

One of things that we're really, in my opinion as a government as a whole, and we have talked about this and I talked about it as a regular member, of having in casual positions for long periods of time... . One of the initiatives that we have been utilizing is a tool that the Department of HR has provided us is restrictive competitions. When we have identified people that have been in a casual position for too long of a period of time in some cases and are completing their work in a very competent manner, and have proven to their supervisors and proven to themselves that they can do the job, we have used restrictive competitions in some cases to get them indeterminate positions. I believe the latest number in the three months we have done almost 20 of those, if I recall the numbers correctly.

Another component that we're looking at is identifying people that are, again, in long-term casual positions, direct appointments are still an option for this government. We haven't processed any right now, but there are a few of them that are in the works right now.

In addition to that, I think the most positive way of going about it is to making sure that the Department of Health is a great place to work. When Minister Peterson spoke in his Budget Address today of being the employer of choice, that's great. I want the GN to be an employer of choice, but I want the Department of Health to be "the" employer of choice. When people are targeting working for the Government of Nunavut, I want them to want to work for the Department of Health.

We have worked very hard to create a safe workplace. We have been doing a lot of training. As Minister Peterson mentioned, we've had a number of people in the GN take workplace harassment training. We've had a great number of people in the Department of Health take it, not just here in Iqaluit but we're rolling it out across the territory.

We want people to know and word of mouth is the best way of advertising. I want people to know that the Department of Health is the place to be. In a nutshell that's maybe not a plan that's down on paper, but in my mind that's the way we're going to really boost our numbers in a dramatic fashion. I don't just want to meet targets that we're establishing; I want to blow them away. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Hickes. Mr. Joanasie has indicated that he's done. Mr. Enook.

**Mr. Enook** (interpretation): Thank you, Mr. Chairman. Recognizing the clock, I move to report progress.

**Chairman:** Thank you. We have a motion on the floor to report progress and the motion is not debatable. All those in favour of the motion. All those opposed. The motion is carried. I will now rise to report progress to the Speaker.

Sergeant-at-Arms, please escort the officials from the witness table.

**Speaker:** Item 22. Report of the Committee of the Whole. Mr. Akoak.

**Item 22: Report of the Committee of the Whole**

**Mr. Akoak:** Thank you, Mr. Speaker. Your committee has been considering Bill 34 and the main estimates, and would like to report progress. Also, Mr. Speaker, I move that the Report of the Committee of the Whole be agreed to. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. There is a motion on the floor. Is there a seconder? Mr. Mikkungwak. The motion is in order. All those in favour. Thank you. Opposed. The motion is carried.

(interpretation ends) Item 23. Third Reading of Bills. Item 24. *Orders of the Day*. Mr. Clerk.

**Item 23: Orders of the Day**

**Clerk** (Mr. Quirke): Thank you, Mr. Speaker. Just a reminder that the Standing Committee on Legislation meets tomorrow morning at nine o'clock in the Nanuq Boardroom.

*Orders of the Day* for February 23:

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 34

21. Report of the Committee of the

Whole

22. Third Reading of Bills

23. Orders of the Day

Thank you.

**Speaker** (interpretation): Thank you.  
(interpretation ends) This House stands  
adjourned until Thursday, February 23,  
at 1:30 p.m.

(interpretation) Sergeant-at-Arms.

>>*House adjourned at 19:14*

