Standing Committee on Public Accounts, Independent Officers and Other Entities' Review of the 2017 Report of the Auditor General of Canada on Health Care Services in Nunavut **Iqaluit, Nunavut** **May 8, 2017**	**ᑭᓇᐅᔭᖅᑕᐃᑭᑎᒥᓂᖅᓂᕐ, ᐃᓕᑐᐃᓚᖅᑕᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ ᐊᓯᖏᑐᓄᑦᓗ ᑎᒥᐅᔨᓄᑦ ᑲᑎᒪᔨᖅᑕᕐᓂᑦ 2017-ᒥ ᑲᓇᑕᒥ ᖃᐅᔨᓴᖅᑎᖅᔪᐊᖅ ᐅᓂᐲᖏᓂᓂᖅ ᐊᐪᓂᐊᖅᖃᓇᖏᑦᑐᓕᕆᓂᖅᓯᒪᓕᒃ ᐱᔨᑎᑭᑎᓄᑦ ᓄᓇᕗᒻᒥ** **ᐃᖅᑲᓇᐃᔨᖅ, ᓄᓇᕗᒻᒥ** **ᒪᐃ 8, 2017**
Members Present: Tony Akoak Pat Angnakak, Chair Joe Enook David Joanasie Steve Mapsalak Simeon Mikkungwak Paul Okalik Emiliano Qirngnuq Allan Rumbolt Alexander Sammurtok Tom Sammurtok, Co-Chair Isaac Shooyook	ᒪᓕᒐᓕᐅᖅᑯᑦ ᐅᐸᒃᑐᑦ: ᑐᓂ ᐊᑦᑯᐊᖅ <ᑦ ᐊᑦᓇᒃᑲᖅ, ᐃᒃᓱᕕᐅᑕᖅ ᓴ ᐃᓄᒃ ᑕᐃᘐᕐ ᓱᐊᓇᓗ ᓱᑎᕕᓐ ᒪᐸᓴᓪᒪᓐ ᓱᒥᐅᓐ ᒥᑭᓇᕐᓴᖅ <ᑦ ᐅᑲᓕᖅ ᐃᒥᓕᐊᓄ ᖃᑭᓇᕐᓴᖅ ᐊᑦᓚ ᑫᓐᓴᑦ ᐊᓕᑲᒻᓴᑐ ᓴᓪᒧᖅᑐᖅ ᑕᒪ ᓴᓪᒧᖅᑐᖅ, ᐃᒃᓱᕕᐅᑕᐅᖅᑕᐅᓕᕆᖅ ᐊᐃᓴᓀᖅ ᓯᓕᖅ
Staff Members: Stephen Innuksuk Siobhan Moss	ᐃᖅᑲᓇᐃᔨᖅᑎᑦ: ᓱᑎᕐᓄᓇ ᐃᓄᒃᓱᒃ ᓱᕐᓂᓇ ᒪᓴ
Interpreters: Gwen Angulalik Andrew Dialla Philip Paneak James Panioyak Blandina Tulugarjuk	ᑐᐱᔭᑦ: ᔪᐃᓇ ᐊᖏᔪᒋᓪᓗ ᐊᓇᑐᔪ ᑎᐊᒋ ᓄᑕᕐᓴ <ᓂᐊᖅ ᖁᐃᒋᓱ <ᓂᐅᖁᖅ <ᓪᓚᕆᓇ ᑐᑐᒍᖅᓴᒃ
Witnesses: Michael Ferguson, Auditor General Lilianne Cotnoir, Director James McKenzie, Principal Jeff Chown, Deputy Minister of Finance Alma Power, Associate Deputy Minister of Finance, Human Resources Colleen Stockley, Deputy Minister of Health	ᐊᐱᖅᓯᖅᑕᐅᔨᓴᑦ: ᒪᐃᔪᑦ ᑭᒍᓕᕐᓂ, ᖃᐅᔨᓴᖅᑎᖅᔪᐊᖅ ᓪᓪᕿᓂᐊᓂ ᑲᑦᓄᐃᑦ, ᑐᑭᒧᐊᖅᑎᑦᑎᓕ ᖁᐃᒋᓱ ᒥᑭᓂᓱ, ᖃᐅᔨᓴᖅᑎᓗᒪᓂ ᔨᐊᐸ ᓇᐅᓂ, ᒥᓂᕐᑕᐅᑦ ᑐᑦᓪᓕᐊ ᑭᓇᐅᓪᓗᓂᔪᓕᑦ ᐃᑦᒪ <ᐅᑭ, ᒥᓂᕐᑕᐅᑦ ᑐᑦᓪᓕᐊᑕ ᐃᑲᔪᖅᑎᖏᑐ ᑭᓇᑭᓪᓗᓂᔪᓕᑦ, ᐃᖅᑲᓇᐃᔨᖅᑐᑦᓪᓗᓂᖅ ᑲᓪᓂᓂ ᓱᒋᑲᓪ, ᒥᓂᕐᑕᐅᑦ ᑐᑦᓪᓕᐊ ᐃᓂᓕᖅᑐᑦᓪᓗᓂᔪᓕᑦ	
>>Committee commenced at 13:28	*>>ᑲᑎᒪᓚᓱᑎᐊᖅᑐᑦ 13:28-ᒧᐊᖅᑎᑦᓗᔪ*

Chairperson (Ms. Angnakak): Good afternoon, everybody. Welcome to the Assembly. It's good to see you all.	**ᐃᒃᓯᖏᐅᑦᓯᖅ** (ᐊᖏᓐᓇᒃᖢᖅ)(ᑐᓴᕆᑎᓯᑦ): ᐅᓐᓄᓴᒃᑯᓪ, ᐃᓕᓐᓇᓯ. ᑐᓐᖓᓴᓯᑎᕆ ᒪᓕᑎᓕᐅᖏᓐᖓᓪᓗᒪᑦ. ᐊᓕᐊᓇᐃᑦ ᑕᒪᓕᐅᔪᓐᓇᖅᑐᑦ.
To start off, I would ask Mr. Mikkungwak if he would please open our session with a prayer. Thank you.	ᐱᑎᐊᖏᑐᑦ, ᐊᐱᓚᔨᒪᔭᕆ ᑎᑦᑕ ᒥᑭᓐᖓᐊᖅ ᑐᑭᓯᐊᖏᓂᒃᑯᑦ ᒪᑐᐃᖏᔨᓇᖏᒪᖓᑦ. ᖏᑦᔭᓇᒧᑐᒃ.
>>Prayer	*>>ᑐᑭᓯᐊᖅᑐᑦ*
Chairperson: Once again welcome. I would like to extend a welcome to the Auditor General, Mr. Ferguson, to the Department of Health officials, and to my MLAs. Thank you.	**ᐃᒃᓯᖏᐅᑦᓯᖅ** (ᑐᓴᕆᑎᓯᑦ): ᑐᓐᓄᓕᓂᑎᒃᓇᓂᒥᒪᒪᓕᖅᓄᑦ ᐊᒪᒪᓗ ᒋᒃᑯᐊ ᑕᒪᓕᖏᓐᓇᔨᖅᑎᑦ ᑎᑎᕆᕃᓄᐅᓂᒃᑐᖅᓄᑦ ᑐᓐᓄᓕᓂᒃᑎᒃᑐᑦ ᑐᓐᓄᓕᓂᒃᑎᒃᑐᑦ ᐊᒪᒪᓗ ᓄᓇᕗᑦ ᓚᖓᔪᒃᖢᑦ ᐊᓂᔨᓕᓐᓂᖅᑐᑦ, ᐊᒪᒪᓗ ᑲᑎᒪᓴᑦ. ᖏᑦᔭᓇᒧᑐᒃ.
I'm going to start off now with my opening comments.	ᐱᑎᐊᕈᑎᑎᓂᐊᕆᑦ ᐅᑯᐊ ᐅᖏᑲᐅᓂᒃᖏᒃ ᒪᑐᐃᖏᔨᖅᑎᑦ.
I would like to welcome again everybody to this meeting of the Legislative Assembly's Standing Committee on Public Accounts, Independent Officers and Other Entities.	ᑐᓐᓄᓕᓂᑎᒍᓐᓇ ᐃᓕᓐᓇᓯ ᒪᑕᒪᓕᐅᖏᑦᑎᑦ ᑲᑎᒪᓴᑦᓯᑕᑎᐃᓂᓕᓂᓐᓂᒃ ᐃᓗᒍᑦᑐᑦ ᑲᓚᒃᑯᑦ ᑭᓇᐅᔭᖏᑐᑦᑕᕆᔨᒃᑯᑦ ᑲᑎᒪᓴᑦᓯᑕᑎᐃᓂᓕᓂᓐᓂᒃ.
I am very pleased to welcome the Auditor General of Canada, Mr. Michael Ferguson, and his officials from the Office of the Auditor General back to Iqaluit.	ᑐᓐᓄᓕᓂᑎᒋᓪᓕᒍᓐᓇ ᑕᒪᓕᖏᔨᓇᖏᔨᐅᖏᑎ ᒥᑎᑕ ᒪᐃᑯᑦ ᑭᖑᓂᓐ ᐊᒪᒪᓗ ᐃᖏᒃᖢᐃᔭᖏᑎᓐᖓᑦᑕ ᑕᒪᓕᐅᓐᓇ ᐃᖏᒃᑐᓐᓄᑦ ᐅᑎᕈᓐᓇᓕᔪᐊᑕᖏᔨᓐᓇᖅᓯᒪᓕᖅᑕ.
As Members will recall, the last report submitted by the Office of the Auditor General to the Legislative Assembly of Nunavut was the report on corrections in Nunavut and that was tabled on March 10, 2015. These were televised committee hearings on this report and the televised committee hearings were held on [May] 5 to 7, 2015.	ᐃᖏᒃᐅᒪᓕᔨᒃᑎᐅᑭᓯ ᑭᖑᓪᓕᖏᓐᓂᑦ ᐅᓂᒃᑲᑦ ᖏᐃᑕᐅᓕᐅᖏᔨᓕᔨᑦ ᐅᓂᒃᑲᐅᔪᖏᒃᓕᐅᖏᔨᐅᑎᑦ ᐃᑲᔨᖏᑕᐅᓕᐅᓂᖅᑎᒃ ᓄᓇᕗᒪᒥ ᐊᒪᒪᓗ ᒪᓕᑎᓕᐅᖏᑦᑎᓐᓄᑦ ᓴᖏᑕᐅᓕᐅᖏᔨᓕᓪᓗᑎᒃ ᒥᑭᔪ 10, 2015-ᒥ ᑕᓕᐃᓴᒃᑯᑦ ᑕᑯᒃᓴᐅᑲᐅᑎᑦᓗᑎᒃ. ᑕᒃᑯᐊ ᐅᓂᒃᑲᑦ ᑕᒪᓐᓇ ᐃᓕᓴᓂᓂᖅ [ᒪᐃ] 5-ᒥ 7-ᒧᑦ, 2015 ᐱᓕᓗᐊᖏᓕᐅᖏᔨᓕᔨᑦ.
We have convened today to begin the Standing Committee's hearings on the 2017 *Report of the Auditor General of Canada on Health Care Services in Nunavut.* This report was tabled in the Legislative Assembly on March 7, 2017.	ᐅᓪᓗᒥ ᐅᓂᒃᑲᐅᔪᖏᒃᖏᓂᐊᖏᑐᑦ 2017-ᖏᑦᓕᖏᑎᓪᓗᒍ *ᑲᓇᑕᐅᔪᓪ ᑕᒪᓐᓇ ᖏᔨᓕᔨᑦᓯᐅᔪᖏᑎᐅᔪᓪ ᐊᑲᓂᖏᑐᓇᓗᓂᖅᓯᒪᓂᖅ ᐱᔾᔪᑎᑕᑎᓂᓗᓂᒃ*. ᑕᒃᑯᐊ ᒪᓕᑎᓕᐅᖏᓐᓂᒃ ᓄᓇᕗᑦᑕᕆᐅᓕᐅᖏᔨᓕᔨᑦ ᒪᓪᓯ 7, 2017-ᖏᑎᓪᓗᒍ.

Issues relating to health and the delivery of health care services to Nunavut residents are of great interest and concern to Members of the Legislative Assembly and to the residents whom we represent. Our unique demographic and geographic circumstances pose additional challenges within an already complex field. This report covers a number of important issues and considerations, which is why we have decided to dedicate two days to its review.	ᑕᒪᒃᑯᐊ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᐊᒻᒪᓗ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᐱᔨᑦᑎᕈᑏᑦ ᓄᓇᕗᒻᒥᐅᓄᑦ ᑖᒃᑯᓇᓂ ᐅᖃᐅᓯᕆᔭᐅᔪᑦ ᐊᒻᒪᓗ ᑐᓴᐅᒪᔭᕆᔭᐅᓪᓗᑎᒃ ᐃᓱᒫᓘᑎᕆᔭᐅᕙᒃᑐᑎᒡᓗ ᓄᓇᕗᑦ ᒪᓕᒐᓕᐅᖅᑎᖏᓐᓄᑦ ᐊᒻᒪᓗ ᓄᓇᕗᒻᒥᐅᓄᑦ ᑭᒡᒐᖅᑐᖅᑕᑦᑎᓐᓄᑦ. ᑕᒪᓐᓇ ᓄᓇᕗᑦ ᐊᖏᔫᓂᖓ ᐱᔾᔪᑎᒋᓪᓗᒍ ᖄᒃᑲᓐᓂᐊᒍᑦ ᐊᐳᖅᑕᐅᑎᓂᒃ ᐅᓄᒃᑲᓐᓂᖅᑐᓂᒃ ᐊᑐᓕᓈᖅᑐᒍᑦ ᑕᒪᓐᓇ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᓂᖅ ᐱᑐᐃᓐᓇᐅᓐᖏᓯᓈᖅᑎᓪᓗᒍ. ᐅᓂᒃᑳᑦ ᐃᓗᓕᖅᑲᐅᖅᑐᑦ ᐱᖁᐊᓂᒃ ᐊᒻᒪᓗ ᐃᓱᒪᒃᓴᖅᓯᐅᕆᐊᖅᑕᖅᑐᒍᑦ ᐅᓪᓗᖕᓂᒃ ᒪᕐᕉᖕᓂᒃ ᑖᒃᑯᐊ ᖃᒥᖅᑯᓇᓪᓗᑎᒃᑯᑦ.
Federal programs which have a significant impact on the health and well-being of northerners are also of great interest and concern to us. The Auditor General's 2014 report on the Nutrition North program, which was submitted to Parliament in the fall of 2014, provided great insight on the management of a federal program that has a significant impact on the day-to-day lives of northerners and we appreciate the Auditor General acting on our recommendation to review this program.	ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᑎᒎᖅᓯᒪᔪᑦ ᐊᒃᑐᐃᓂᖅᑲᓪᓚᒃᐸᖅ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ ᐅᑭᐅᖅᑕᖅᑐᒥᐅᓄᓪᓗ ᐊᒻᒪᓗ ᑕᒪᓐᓇ ᐃᓱᒫᓘᑎᕆᖃᑦᑕᕐᒥᔭᕗᑦ. ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᑎᐅᑉ 2014 ᐅᓂᒃᑲᐅᓯᓕᐅᖅᑕᕆᑦ ᐅᑭᐅᖅᑕᖅᑐᒥ ᓂᕿᑦᑎᐊᕙᓕᕆᓂᕐᒧᑦ ᑲᓇᑕᒥ ᒪᓕᒐᓕᐅᕐᕕᐅᔪᐊᒧᑦ ᑐᓐᓂᖅᑯᑕᐅᓚᐅᖅᓯᒪᔪᖅ ᐅᑭᐊᒃᓵᖅ 2014-ᒥ. ᐊᒃᓱᐊᓗᒃ ᑐᑭᓯᒃᑲᓐᓂᐅᑎᒋᓚᐅᖅᓯᒪᕙᕗᑦ ᖃᓄᖅ ᐊᐅᓚᑕᐅᖅᑲᑦᑕᕐᒪᖔᑦ ᑕᒪᓐᓇ ᖃᐅᑕᒫᖅᓯᐅᑎᑎᒍᓪᓗ ᐊᒃᑐᐃᓂᖅᑲᖅᑲᑦᑕᕐᓂᖓ ᐅᑭᐅᖅᑕᖅᑐᒥᐅᓄᑦ. ᖁᕕᐊᓱᒃᐳᒍᑦ ᑕᐃᒃᑯᐊ ᐊᑐᓕᖁᔭᓕᐊᕆᓯᒪᓚᐅᖅᑕᕗᑦ ᒪᓕᒃᑕᐅᓚᐅᕐᒪᑕ ᖃᒥᖅᑯᓇᒃᑕᐅᖕᒪᑕ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᓂᖅ.
Members of the Legislative Assembly of Nunavut look forward to the Auditor General's upcoming report on First Nations and Inuit oral health, which is scheduled to be submitted to Parliament in the fall of 2017. I would note that issues relating to oral health in our communities are frequently raised in this House.	ᓄᓇᕗᑦ ᒪᓕᒐᓕᐅᕐᕕᐊᑕ ᒪᓕᒐᓕᐅᖅᑎᖏᑦ ᓂᕆᐅᒃᐳᑦ ᐅᓂᒃᑳᓕᐊᕆᔭᐅᓂᐊᖅᑐᑦ ᐃᖅᑭᓕᖕᓄᑦ ᐃᓄᖕᓄᓪᓗ ᑭᒍᑎᓕᕆᓂᕐᒧᑦ ᐋᓐᓂᐊᖅᑕᐃᓕᒪᔪᓕᕆᓂᖅ ᑖᒃᑯᐊ ᑐᓐᓂᖅᑯᑕᐅᓚᐅᖅᓯᒪᖕᒪᑕ 2017 ᐅᑭᐊᒃᓵᖑᓂ. ᑭᒍᑎᓕᕆᓂᖅ ᑕᒪᓐᓇ ᐅᖃᐅᓯᕆᔭᐅᕙᒃᑐᖅ ᑕᕝᕙᓂ ᒪᓕᒐᓕᐅᕐᕕᖕᒥ.
I would like to take this opportunity to publicly suggest that a broad review of the management of the federal government's Non-Insured Health Benefits (NIHB) program, which provides financial support for various health services and products for First Nations and Inuit across Canada, would also be of great interest to the Members of this Assembly and Nunavummiut.	ᐱᕕᖅᑲᖅᓂᓐᓂ ᖃᓄᖅᑑᕈᑎᔅᓴᓕᐅᕈᒪᔪᖓ ᖃᒥᖅᑯᓇᒃᑕᐅᖁᓪᓗᒋᑦ ᑲᓇᑕᐅᑉ ᒐᕙ ᒪᒃᑯᖏᑦᑕ ᓇᓪᓕᐅᒃᑯᒫᖅᑕᐅᓯᒪᓐᖏᑦᑐᑦ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᐃᑲᔫᑏᑦ ᑖᒃᑯᐊ ᑮᓇᐅᔭᖅᑎᒍᑦ ᐃᑲᔫᓯᐊᓇᖅᑲᑦᑕᖅᑦᑎᒃᑯᑦ ᐊᔾᔨᒌᓐᖏᑦᑐᓄᑦ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᐱᔨᑦᑎᕈᑎᓂᒃ ᓱᓇᒃᑯᑖᓂᓪᓗ ᐃᖅᑭᓕᖕᓄᑦ ᐃᓄᖕᓄᓪᓗ ᑲᓇᑕᒥ ᐊᒻᒪ ᑐᓴᕈᒥᓇᖅᑑᕆᔭᐅᓂᐊᖅᑐᖅ ᒪᓕᒐᓕᐅᕐᕕᖕᒥ ᒪᓕᒐᓕᐅᖅᑎᓄᑦ ᓄᓇᕗᒻᒥᐅᓄᓪᓗ.
While statistics show that almost 85	ᑭᒡᓕᓯᓂᐊᖅᑕᒥᓃᑦ ᑕᑯᓐᓇᖅᓗᑎᒃᑯᑦ 85

percent of our population is Inuit, federal funding provided to Nunavut through the NIHB program roughly corresponds to only 10 percent of the entire annual budget for the Government of Nunavut's Department of Health. It must be recognized that not all of Canada's indigenous communities face the same pressures. The costs of providing health care services in our remote northern communities are significant.	ᐳᓴᙱᓐᓃᑦᑐᐊᖅᐳᑦ ᐃᓄᐃᑦ ᐊᒻᒪᓗ ᑲᓇᑕᐅᑉ ᒐᕙᒃᑯᖏᓐᓂᒃ ᑮᓇᐅᔭᖅᑖᕆᖃᑦᑕᖅᑕᕗᑦ ᓇᑦᑎᐅᒃᑯᒫᖅᑕᐅᓯᒪᙱᑦᑐᓄᑦ 10 ᐳᓴᑐᐃᓐᓇᑯᓗᙱᓐᓄᑦ ᐋᖅᑭᒃᑕᐅᓯᒪᕗᑦ ᑕᑯᓐᓇᕈᑦᑎᒃᑯᑦ ᐊᕐᕌᒍᑕᒦᑦ ᑮᓇᐅᔭᐃᑦ ᐊᑐᕈᒫᕐᓂᐊᖅᑐᕐᑯᑎᑖᕆᔭᐅᖃᑦᑕᖅᑐᑦ ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᑦ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ. ᓄᓇᖃᖅᑳᖅᓯᒪᔪᑦ ᑲᓇᑕᒥᐅᑕᐃᑦ ᑕᐃᒪᑐᐃᓐᓇᖅ ᐊᒃᓱᕈᖅᑎᑕᐅᖃᑦᑕᕗᑦ ᐃᓅᓕᓴᐃᓂᕐᒧᑦ ᐱᔨᑦᑎᕈᑏᑦ ᒫᓂ ᑮᓇᐅᔭᖅᑐᖅᑐᕐᔪᐊᒻᒪᑎᐊᓘᔪᑦ.
However, our government has appeared frustrated in its efforts to negotiate substantive changes to federal funding levels for Nunavut's Inuit under the NIHB program. Members of the Legislative Assembly of Nunavut would welcome the Auditor General's insights and observations on the management of this federal program with a view to gaining a greater understanding of the factors and pressures that impact how Non-Insured Health Benefits are determined and provided for indigenous populations of Canada. I am confident that Members of Parliament would also benefit from this information.	ᑕᐃᒪᐃᒃᑲᓗᐊᖅᑎᑦᑐᒍ, ᒐᕙᒪᕗᑦ ᐱᓇᓱᒃᑲᓗᐊᖅᑎᑦᑐᒋᑦ ᐊᓯᔾᔨᖅᔫᓇᓱᒃᑲᓗᐊᖅᑎᑦᑐᒋᑦᑐ ᐋᔩᕐᓂᒃᑯᑦ ᑖᒃᑯᐊ ᓱᕐᕋᒃᑕᐅᓚᐅᖅᓯᒪᙱᑦᑐᑦ ᑮᓇᐅᔭᖅᑖᕆᖃᑦᑕᖅᑕᕗᑦ. ᓄᓇᕗᑦ ᒪᓕᒐᓕᐅᕐᕕᐊ ᑐᓐᖓᓱᒃᑎᑦᑎᕗᑦ ᖃᐅᔨᓴᖅᑎᕐᔪᐊᖅ ᑕᒪᑐᒥᙵ ᕿᒥᕐᕈᓇᒍᓐᓇᕐᓂᐊᕐᒪᑦ ᑐᑭᓯᒃᑲᓐᓂᕐᓂᐊᕐᒪᑕ ᑭᓱᓂᒃ ᐱᔾᔪᑎᖃᖅᑐᑎᒃ ᑕᐃᒪᐃᑦᑑᖓᒪᑦ ᖃᓄᑎᒋᑐ ᐊᒃᑐᐃᓂᖃᖃᑦᑕᕐᒪᖔᑦ ᐃᓄᖕᓂᒃ ᓄᓇᖃᖅᑳᖅᓯᒪᔪᓂᒃ ᑲᓇᑕᒥ. ᓇᓗᖅᑯᑎᙱᑦᑐᖓ ᑲᓇᑕᐅᑉ ᒐᕙᒪᒃᑯᖏᑦᑕ ᐱᖅᑯᔭᓕᐅᖅᑎᖏᑦ ᑕᐃᒪᐃᑦᑐᓄᑦ ᐃᑲᔫᑎᖃᒃᑲᓐᓂᕈᓐᓇᕐᓂᐊᖅᑐᑦ.
In 2014 the Office of the Auditor General provided a follow-up report to its [2011] *Report on Child and Family Services in Nunavut*, which proved very informative in assessing our government's progress in addressing specific areas of concern in this area. I would note that my colleagues and I, as Members of the Standing Committee on Legislation, were just in the process of reviewing the government's proposed amendments to Nunavut's education legislation. The Auditor General's 2013 Report on Education in Nunavut has provided significant input to this process and at some point in the future a follow-up report from the Auditor General's office on this topic could be equally informative	2014-ᖑᑎᓪᓗᒍ ᖃᐅᔨᓴᖅᑎᕐᔪᐊᑉ ᑎᑎᕋᕝᕕᖓ ᑭᖑᕐᖓᓂ ᐅᓂᒃᑳᓕᐅᒃᑲᓐᓂᓚᐅᖅᓯᒪᔪᖅ ᕿᒥᕐᕈᓇᓚᐅᖅᖢᑎᒃ [2011-ᒥ] *ᓱᕈᓯᕐᓄᑦ ᐃᓚᒌᓄᓪᓗ ᐱᔨᑦᑎᕋᖅᑎᓂᒃ ᓄᓇᕗᒥ* ᐊᒻᒪᓗ ᐃᓱᒫᓘᑕᐅᓗᐊᙳᖅᑐᑦ ᑕᐃᒃᑯᐊ ᐅᖃᐅᓯᕆᔭᐅᓚᐅᖅᑐᑎᒃ. ᒪᓕᒐᓕᐅᖅᑎᐅᖃᑎᒃᑲ ᐅᕙᖓᓗ ᐊᒻᒪᓗ ᑲᑎᒪᔨᖄᖑᖃᑕᐅᓪᓗᑕ ᒪᓕᒐᒃᓴᓕᕆᓂᕐᒧᑦ ᒫᓐᓇ ᕿᒥᕐᕈᓇᒃᑐᒍᑦ ᒐᕙᒪᒃᑯᑦ ᐋᖅᑭᒋᐊᕈᒪᔭᖏᓐᓂᒃ ᓄᓇᕗᒥ *ᐃᓕᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᒪᓕᒐᐅᑉ* ᐃᓗᓕᖏᓐᓂᒃ. ᖃᐅᔨᓴᖅᑎᕐᔪᐊᑉ 2013 ᐅᓂᒃᑳᓕᐊᕆᓂᖏᑦ ᓄᓇᕗᒥ ᐃᓕᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᐅᖃᐅᓯᕆᔭᐅᓪᓚᕆᓚᐅᖅᑐᑦ ᐊᒻᒪᓗ ᖃᖓᒃᑭᐊᖅ ᓯᕗᓂᒃᓴᑦᑎᓐᓂ ᐅᓂᒃᑳᓂᒃ ᓴᖅᑭᑎᒃᑲᓐᓂᕐᓂᐊᖅᑐᑦ. ᖃᐅᔨᓴᖅᑎᕐᔪᐊᑉ ᑎᑎᕋᕝᕕᐊ ᑐᓴᕈᒥᓇᕐᓂᐊᖅᑐᒃᓴᐅᓕᓪᓗᑎᒃ ᑕᐃᒃᑯᐊ

as we move forward.	ᓱᕗᒨᐊᒃᐸᓪᓕᐊᑎᓪᓗᑕ.
My colleagues may also take advantage of the Auditor General's time before us today to suggest topics which the Auditor General may consider reviewing.	ᖃᐅᔨᓴᖅᑎᕐᔪᐊᑉ ᐅᓪᓗᒥ ᓵᑦᑎᓐᓂᑎᓪᓗᒍ ᖃᓄᖅᑑᕈᑎᒃᓴᕆᔭᐅᔪᓐᓇᖅᑐᓂᒃ ᕿᒥᕐᕈᓇᒃᑕᐅᔪᓐᓇᖅᑐᓂᒡᓗ ᓇᓗᓇᐃᖅᓯᔪᓐᓇᕐᓂᐊᕐᒥᔪᒍᑦ.
Today we will commence our consideration of the Auditor General's 2017 Report on Health Care Services in Nunavut. As I noted earlier, this report covers a number of important topics. While a majority of the issues raised are addressed to the Department of Health, a number of them also refer to the Department of Finance. For this reason we welcome witnesses from both of these departments to participate in these two days of proceedings which will provide ample opportunity for the government to publicly account for what specific actions have been taken to address the issues and concerns that have been raised in the Auditor General's report.	ᐅᓪᓗᒥ ᐃᓱᒪᒃᓴᖅᓯᐅᕈᑎᖃᕆᐊᕐᓂᐊᖅᑐᒍᑦ ᖃᐅᔨᓴᖅᑎᕐᔪᐊᑉ 2017 ᐋᓐᓂᐊᕐᑲᕐᓇᙱᑦᑐᓕᕆᓂᕐᒧᑦ ᐱᔾᑎᕈᑏᑦ ᓄᓇᕗᒥ ᐅᓂᒃᑳᙳᓐᓂᒃ ᐅᖃᐅᓯᖃᕐᓂᐊᖅᑐᖓ. ᐅᖃᖅᑲᐅᒐᒪ ᐅᑯᐊ ᐅᓂᒃᑳᑦ ᐊᑕᐅᓯᐅᙱᑦᑐᓂᒃ ᐱᕐᔪᐊᓂᒃ ᐅᖃᐅᓯᖏᑦ. ᑕᐃᒃᑯᐊ ᐅᓄᕐᓂᖅᓴᐃᑦ ᓴᖅᑭᑕᐅᓚᐅᖅᑐᑦ ᑖᒃᑯᓄᙵ ᐋᓐᓂᐊᕐᑲᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᐱᓕᕆᕝᕙᐊᓄᑦ ᐃᓚᖏᑦᑕᐅᖅ ᑮᓇᐅᔭᓕᕆᔨᒃᑯᑦ ᐱᓕᕆᕝᕙᖓᓐᓄᑦ ᑐᕌᖅᑎᑕᐅᓯᒪᖏᔪᑦ. ᑕᐃᒪᐃᑑᖓᒪᑦ ᑕᒪᒃᑭᑦ ᐱᓕᕆᕝᕙᓐᓃᙵᖅᑐᑦ ᓵᑦᑎᓐᓂᑎᓐᓂᐊᖅᑕᕗᑦ ᐅᓪᓘᙳᓄᒃ ᒪᕿᙳᓄᒃ. ᑕᐃᒫᒃ ᑭᐅᖃᑦᑕᕈᓐᓇᕐᓂᐊᕐᒪᑕ ᒐᕙᒪᒃᑯᑦ ᖃᓄᐃᓕᐅᖅᐸᓪᓕᐊᓕᕐᒪᖔᙱᑦ ᑕᐃᒃᑯᐊ ᐃᓱᒫᓘᑎᒋᔭᕗᑦ ᐋᖅᑭᒍᓐᓇᕐᓂᐊᕐᒪᑕ ᐊᒻᒪᓗ ᐃᓱᒫᓘᑏᑦ ᓇᓗᓇᐃᖅᑕᐅᓯᒪᔪᑦ ᖃᐅᔨᓴᖅᑎᕐᔪᐊᑉ ᐅᓂᒃᑳᙳᑦᑎᒍᑦ.
I anticipate that the Standing Committee's report on these hearings will be presented to the House after it reconvenes for its spring sitting. As my colleagues are aware, Rule 91(5) of the *Rules of the Legislative Assembly of Nunavut* requires that the government provide its formal response to a report of the Standing Committee within 120 days of its presentation.	ᓂᕆᐅᒃᑐᖓ ᑖᒃᑯᐊ ᑲᑎᒪᔨᕐᕿᓛᑦ ᐅᓂᒃᑳᙳᑦ ᒪᓕᒐᓕᐅᕐᕕᙳᒧᑦ ᓴᖅᑭᑕᐅᓛᖅᑐᑦ ᐅᐱᕐᖔᖅ ᑲᑎᒪᕐᔪᐊᕐᓂᐊᓕᖅᐸᑕ. ᐊᒻᒪᓗ ᒪᓕᒐᓕᐅᖅᑎᐅᕐᑲᑎᒃᑲ ᖃᐅᔨᒪᔪᑦ *ᓄᓇᕗᑦ ᒪᓕᒐᓕᐅᕐᕕᐅᑉ ᒪᓕᒐᖓᑕ* ᐃᓗᐊᓃᑦᑐᖅ ᓈᓴᐅᑎᓕᒃ 91(5) ᐅᖃᖅᓯᒪᔪᖅ ᒐᕙᒪᒃᑯᑦ ᑭᐅᔭᕆᐊᖃᖅᕿᑎᒃ ᑲᑎᒪᔨᕐᕿᓛᑦ ᐅᓂᒃᑳᙳᓂᒃ ᐅᓪᓗᑦ 120 ᑐᖔᓂ.
I will now briefly cover some logistical and housekeeping matters.	ᒫᓐᓇ ᑕᐃᒪ ᐃᓗᓕᑯᓘᔭᖏᓐᓂᒃ ᓇᓗᓇᐃᖅᓯᑲᐃᓐᓇᕐᓂᐊᕋᒪ.
These hearings are being televised live across Nunavut on community cable stations and the direct-to-home satellite services for both the Bell and Shaw networks.	ᒫᓐᓇ ᓈᓚᖕᓂᕗᑦ ᓄᓇᕗᓕᒫᒥ ᑕᓚᕖᓴᒃᑯᑦ ᑕᑯᒃᓴᐅᑲᐅᑎᒋᔪᑦ ᐊᒻᒪᓗ ᑕᐃᒃᑯᓄᖓ ᖁᒻᒧᐊᒃᑎᑕᐅᓯᒪᔪᑎᒍᑦ Bell-ᑯᑦ Shaw-ᑯᓪᓗ.
Transcripts of the hearings will be	ᓈᓚᖕᓂᖅᓯᑦᑎᓐᓂ ᑲᑎᒪᔾᔪᑎᕕᓃᑦ

produced and posted on the Legislative Assembly's website at a later date.	ᒪᓕᑕᐅᔅᓴᐅᐳᐠ ᐃᑭᐊᖅᑭᓴᖏᑎᑕᑎᔪᑦ ᓴᖅᑭᒋᐅᓂᐊᖅᑐᑦ.
In order to assist our interpreters and technical staff, I would ask that Members and witnesses go through the Chair before speaking.	ᑐᐃᓴᐸᑦ ᒪᑯᐊᒐᓄ ᓇᔅᑭᑕᖅᑐᑦ ᐃᓱᒪᑎᓄᑕᑦ, ᐃᒃᓱᕿᐅᑕᖅ ᐊᖅᑯᑎᑎᕆᐅᔾᔨᑎᓇᐅᕆᔅᑲᒃᑕᑕᔅᓂᐊᖅᓄᖅ ᓂᑦᓕᓕᐅᔾᔨᑎᓂᔾᔨᓂᓂ.
I would also ask all Members, witnesses, and visitors in the gallery to ensure that their cellphones, BlackBerrys, and other electronic devices do not disturb these proceedings.	ᒪᓕᑕᐅᖅᑎᓕᒫᑦ, ᖃᐃᔅᑯᓂᕆᓱᒪᓪᓗᑦ, ᐳᓴᓇᐊᖅᓱᒪᓪᓗᑦᓗ ᐅᔅᑲᐅᑎᔫᒪᔾᕆᒃᑲᒃ ᐅᔅᑲᓕᐅᑎᐊᓴᖏᑦ, ᓇᒃᓴᕆᐃᑦ, ᐊᓱᖏᑦᓗ ᐅᐊᓗᓐᖅᑐᑦ ᓂᐱᔅᑲᑭᖅᑎᑕᐅᔅᓯᓂᓗᑦ.
I would again like to welcome everybody, the Auditor General of Canada, Mr. Michael Ferguson, to our hearings, and I would like to invite you to deliver your opening comments. Thank you.	ᑐᓴᖓᓱᒃᑎᑎᑎᒃᑲᓂᕆᒪᐅᖓ ᑲᓇᑕᒥ ᖃᐅᔨᓴᖅᑎᔫᐊᒥᒃ, ᒥᔾᑕ ᒪᐃᔅᓯᑦ ᑭᐅᓴᕆᑦ, ᐅᓪᓚᖅᓂᑎᓄᑦᓇᓗ ᓴᖅᑭᒋᐅᓂᐊᖅᑐᑦ ᐱᑎᐊᕈᑎᑎᑦ ᐅᐊᔪᓐᖅᑐᑦ ᓂᐱᐸᖅᑎᑕᐅᔅᓯᓗᑦᓗ ᒪᓕᒫᓗ ᒪᑐᐃᓴᖅᑭᓱᒪᓪᓗᑦ.
Mr. Ferguson: *Unnusakkut*. Good afternoon, everyone. Thank you, Madam Chairperson, for this opportunity to discuss our report on health services in Nunavut. I am joined today by James McKenzie, Principal, and Liliane Cotnoir, Director, who were responsible for this audit.	**ᑭᓱᓕᖅ**: ᐅᓪᓚᓴᖅᓯᑦ. (ᑐᐃᓴᐅᑎᒍᑦ) ᖃᓯᖅᓇᒋᒃ, ᐃᒃᓱᕿᐅᑕᖅ. ᐅᓂᒃᑲᓚᐅᔅᑕᖅᑕᑭᑦ ᐅᑦᓗᒥ ᐅᖃᖅᑲᓱᒪᓇᖅᓴᖅᓱᓚᑎᑎᖅᓯᑦ ᐊᐪᓂᖅᓂᖅᓴᖅᑐᓂᓚᓕᓂᔪᓐᓇᖅᑐᑦ ᐱᓕᕐᓂᑎᑎᑦ ᓇᓕᑕᒥ. ᐃᓅᖃᖅᑎᖅᓱ ᓴᐃᒥᓱ ᒥᑭᓱ, ᖃᐅᔨᓴᖅᑎᓚᓚᒃᑲ, ᐊᓚᓗᓐ ᓕᓕᐊᐪ ᑎᓴᐊᖅᑎᓂᑎᓕᓐ, ᑭᒃᑯᐊ ᖃᓚᓕᓴᐅᓕᐅᔅᑲᓱᒪᓪᓗᑦ ᖃᐅᔨᓴᖅᑎᓪᓗᑦ.
In conducting this audit, we wanted to know whether community health nurses and other frontline health care personnel in Nunavut's health centres received the support they needed to do their jobs. We examined topics such as whether orientation and training were delivered consistently, whether health care personnel worked in a safe environment, and whether the Department of Health continuously improved the quality of care its health care personnel provided.	ᑕᒪᑐᒪᓂ ᖃᐅᔨᓴᖅᐃᑎᓪᓗᑕ, ᑭᒃᓕᓱᓂᐊᓕᖅᑎᓪᓗᑕ ᑐᑭᓱᒪᓕᕆᔨᐅᔅᑲᑐᑦ ᐊᑭᓂᐊᓱᐅᔅᑲᖅᑕᑦ ᐊᓚᓗᓐ ᐊᓱᖏᑦᓂ ᐃᓚᓕᓴᐃᓐᓇᑦ ᓄᓇᕗᑦ ᐃᑲᔪᖅᓱᖅᑕᐅᑎᐊᕐᓗᐊᕐᓚᖏᓐᓇᑕ ᐃᖅᑲᐅᓇᐃᓐᓇᒪᕆᒍᑦ, ᐃᖅᑲᓇᐃᓐᓇᕈᓕᖅᑎᓪᓗᑕ ᐊᓚᓗᓐ ᐊᓱᖏᑦᓂ ᐃᓚᓕᓴᐃᓐᓇᖅᑐᑦ ᐊᑭᓂᐊᓱᐅᔅᑲᖅᑕᐅᑎᐊᕐᓗᐊᕐᓚᖏᓐᓇᑕ ᐃᖅᑲᓇᐃᓐᓇᕈᓕᖅᑎᓪᓗᑕ ᐊᑕᑦᑲᓇᖅᑐᖅᑐᑦᓗ ᐊᑭᓂᐊᓱᐅᔅᑲᖅᑕᐅᑎᐊᕐᓗᐊᕐᓚᖏᓐᓇᑕ ᐃᖅᑲᓇᐃᓐᓇᕈᓕᖅᑎᓪᓗᑕ ᐊᑕᑦᑲᓇᖅᑐᖅᑐᑦ ᐱᓕᕐᓂᑎᑎᑦ ᐃᖅᑲᓇᐃᓐᓇᕈᓕᖅᑎᓪᓗᑕ.
I would like to give you a brief overview of our findings.	ᑐᑭᓱᓕᖅᑕ ᐅᔾᔨᓕ ᓇᓗᓇᐃᑲᐃᓐᓇᓕᖅᑎᓪᓗᑕᑲᒃ.
Overall we found that the Department of	ᑐᑭᓱᓪᓚᐅᔅᑲᑐᑦ ᐊᑭᓂᐊᓱᐅᔅᑲᖅᑕᐅᑎᐊᕐᓗᐊᕐᓚᖏᓐᓇᑕ

Health did not give its nurses and other health care personnel the support they needed.	ᐃᓅᓕᓴᐃᔨᓂᒃ ᐊᓘᒪᓗ ᐊᐪᓂᐊᓯᐅᖅᑎᓂᒃ ᐃᑲᔪᖅᓯᐊᖅᑕᓗᐊᖅᑐᑦ.
We found that the Department of Health did not deliver consistent orientation and training to its nurses and certain other health centre personnel. For example, some staff members in local health centres who were responsible for taking X-ray images had not received sufficient training. This lack of training was highlighted in an analysis the department conducted, which indicated that 45 percent of the X-ray images taken in certain health centres were of too poor quality for the purpose of diagnosing patients' conditions.	ᑐᑭᓯᒪᐅᕐᒥᔪᒍᑦ ᐊᐪᓂᐊᖅᑲᖏᖅᑕᐊᖅᑕᓂᑐᓗᓴᐅᑦ ᐊᔨᔨᑎᖅᓴᖅᓂᒃ ᐃᖅᑲᓇᐃᔾᔨᖅᑐᓗᓂᒃ ᐃᓕᓴᐪᓂᖅᑎᑲᑲᖅᑕᖅᑎᑐᑦᑕᖅᓯᓂᑦᑐᒃ ᐊᓯᖏᓪᓗᓂᓗ. ᐅᐸᑐᑎᑕᓗᑎᓂᒃ ᓄᓇᓕᕋᓱᖓᓂᖅᓴᐅᓂᒃ ᑕᐃᒃᑯᐊ ᑎᒥᓕᒫᓂᒃ ᑕᖏᖅᑐᑐᖅᑎᓂᒃ ᐊᑐᖅᑕᓂᖅᑐᑦ ᐃᓕᓴᐪᓂᖅᑎᑕᐅᔪᒪᖏᓪᓕᖅᑐᑦ. ᐃᓕᓴᐪᓂᖅᑎᑕᐅᖏᓪᓕᖅᓴᓂᓪᓕᖅᓄᑦ ᓇᓗᓇᑭᓪᓚᐅᑦᑐᖅᑐᑦ ᑕᐃᒃᑯᐊ ᐃᔨᓕᐊᕆᓂᐅᖅᓯᓗᓂᐊᖅᑐᑦ ᑎᒥᓕᒫᓂᒃ ᑕᖏᖅᑐᑐᖅᑎᓂᒃ 45 >ᓴᓪᑎᖓᓂ ᐱᐅᓪᓚᓗᖏᓂᒥᔪᑦ ᑐᑭᓯᐊᑎᑲᐅᔾᔨᓪᓇᖅᑭᓕᐅᓪᓂᑕᑐᑦ ᐊᐪᓂᐊᔾᑦ ᖃᐅᓄᑎ ᐊᐪᓂᐊᓕᖓᓕᒃ.
Clerk interpreters, who must translate Inuit patients' needs to health care staff, also had not received adequate training. It is important to have trained interpreters with knowledge of medical terminology to ensure that health care providers and their Inuit patients who do not speak English understand each other.	ᑐᓴᓵᑎᓴᐅᔾᔨᑦ ᐃᓇᓐᓂᑦ ᑐᓴᓵᑎᓴᐅᖅᑕᖅᑕᖅᑐᑦ ᐃᓕᓴᐪᓂᖅᑎᑕᐅᓗᖅᑕᓂᓪᓕᖅᑎᑦᑕᓪᓚᒥᔪᐃᓕᑦ. ᐃᓕᓴᐪᓂᑎᐊᖅᓯᒪᔪᓂᒃ ᑐᓴᓵᓂᒃ ᐊᑐᖅᑕᓂᒪᓗᓂᐊᖅᑐᑦ ᐃᓇᓕᓴᐪᓂᖅᑐᓗᓂᒃ ᐅᖅᑲᓵᓂᒃ ᐅᖅᑲᐅᓯᖅᑐᑦ ᖅᑲᐅᓵᒪᑦᓂᐊᖅᓂᒃ ᑐᓂᔪᓇᐃᓐᓂᒃ ᐅᖅᑲᐅᓯᖅᑕᓂᒃ ᑲᑎᒪᔨᖅᑎᑦᓯᐊᖅᓯᐊᖅᑐᒪᑦ ᖅᑲᓪᓕᓇᓕᒫᓂᒃ ᐅᖅᑲᐅᓯᖅᑕᓂᒃ ᐃᓕᓴᐪᓂᖅᑎᑕᐅᓗᖅᑕᓂᓪᓕᖅᓄᑦ.
We found that the Department of Health did not provide a safe environment for its staff. Although staff members reported threats and incidents of verbal and physical abuse, and break-ins occurred at health centres, the department did not track these incidents. As a result, it did not have the information it needed to know how to minimize the risks these incidents posed. Security measures in health centres, such as panic alarms, were not always operational, and departmental officials did not consider guidelines for working alone to be realistic or effective.	ᐊᐪᓂᐊᖅᑲᖏᖅᑕᓂᑐᓗᓴᐅᑦ ᐊᑦᑕᖅᓰᕿᑎᓂᑦᓗᐊᖅᑐᑦ ᐃᖅᑲᓇᐃᔾᔨᖅᑎᓂᒃ. ᑕᒃᑯᐊ ᐃᖅᑲᓇᐃᔾᔨᖅᑎᑦ ᐅᖅᑲᖅᑕᑦᓯᐅᖅᑕᖅᑕᖅᑐᑦ ᐅᓗᓴᐊᖅᓱᖅᑕᖅᑕᖅᑕᖅᑐᒃ ᐅᖅᐅᓱᖅᑯᑦ ᑎᒥᒃᑯᓪᓗ, ᐊᓘᒪᓗ ᐃᓕᖅᑕᐅᖅᑲᖅᑕᖅᑕᓂᒃ ᐊᐪᓂᐊᕕᓪ. ᑕᐃᒪᐃᑦᑐᓂᖏᓚᓄᑦ ᖅᑲᐅᓵᒪᓕᐅᓪᓂᑕᑐᒍᓪ ᐅᓗᓴᐊᓇᓪᓂᓪᓂᖅᑲᖅᑎᓪᓕᖅᓂᖏᓪᓕᖅᑐᑦ ᐊᓘᒪᓗ ᑐᓴᓵᑎᓴᐅᖅᑕᖅᑕᖅᑐᑦ ᐃᓅᓕᓴᐪᓂᖅᑎᑕᐅᓗᖅᑕᓂᓪᓕᖅᓄᑦ. ᐊᐪᓂᐊᕕᓪ ᓯᓪᓗ ᒪᑯᓗ ᑲᓴᐃᐊᓇᖅᑕᖅᑎᓪᓗᓗᒍ ᖃᓄᖅᑯᐊᑦᑐᖅᑐᑦ ᐊᓘᓪᓂᑦᓚᐅᐅᓇᐅᓂᓪᓕᖅᑐᑦ ᐊᓘᒪᓗ ᑐᓴᓗᐊᖅᑐᑦ ᐱᒋᐊᓕᓴᐅᓂᒃ ᐱᒋᐊᖅᑐᓂᒃ ᐅᖅᑲᖅᑕᐅᓴᖅᑐᑦ.
Although the Department of Health had procedures to review and improve the quality of health services, these	ᐊᐪᓂᐊᖅᑲᖏᖅᑕᖅᑕᖅᑐᑦ ᒪᑕᒪᖅᑕᓗᐊᖅᑎᓪᓗᑐᑦ ᖃᑎᖅᑕᐅᓗᖅᑕᖅᑐᑦ ᑕᒃᑯᐊ ᑐᓴᓵᑎᓴᐅᖅᑕᖅᑕᖅᑐᑦ ᐃᓕᓴᐪᓂᖅᑎᑕᐅᓗᖅᑕᓂᓪᓕᖅᓄᑦ.

procedures were seldom followed. For example, reviews to ensure that community health nurses properly completed patient charts were not done as required. Patient charts are key to capturing the results of a patient's visit and ensuring continuity of care. Annual visits to community health centres by regional directors, which were intended to ensure that these centres operated effectively, were also not conducted as required.	ᐊᑐᖅᑕᐅᒐᔪᓐᖏᑦᑐᑦ. ᐆᒃᑑᑎᒋᓗᒋᑦ ᐃᓅᓕᓴᐃᔩᑦ ᑎᑎᕋᑦᑎᐊᖃᑦᑕᕐᓗᑎᒃ ᑕᑯᔭᖅᑐᖅᑕᐅᔭᕌᖓᒥᒃ. ᑖᒃᑯᐊ ᑎᑎᕋᖅᑕᐅᖃᑦᑕᖅᑎᓪᓗᒋᑦ ᑭᓯᐊᓂ ᑐᑭᓯᓇᖃᑦᑕᖅᑐᖅ ᖃᓄᖅ ᑲᒪᒋᔭᐅᓚᐅᕐᒪᖔᑦ ᑖᓐᓇ ᐋᓐᓂᐊᕕᓕᐊᖅᑐᖅ. ᐊᒻᒪᓗ ᐊᖓᔪᖅᑲᐅᑎᒋᔭᐅᔪᑦ ᐊᕐᕌᒍᑕᒫᑦ ᓄᓇᓕᖕᓄᐊᖅᑕᕆᐊᓕᐅᒐᓗᐊᑦ ᕿᒥᕐᕈᓇᖕᓂᐊᕐᓗᑎᒡᓗ ᒪᑯᓂᖓ ᐃᖏᕐᕋᑦᑎᐊᕆᐊᖃᖅᑐᓂᒃ ᑕᐃᒪᐃᖏᓐᓇᐅᔭᓚᐅᓐᖏᑦᑐᑦ.
In 2016 almost half of all positions within the Department of Health were vacant and many were filled by temporary staff. We found that the staffing process, which also involved the Department of Finance, was lengthy. It took on average a year and a half to fill vacant positions. Some nursing positions remained vacant for many years. Despite high vacancy rates, the Department of Health did not have an effective system to track and manage its staffing actions and it lacked an up-to-date recruitment and retention strategy for nurses.	2016-ᖑᑎᓪᓗᒍ ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᓕᕆᔩᒃᑯᑦ ᐃᖅᑲᓇᐃᔮᒃᓴᖏᑦ ᓇᑉᐸᓪᓗᐊᖏᑦ ᐃᓐᓄᒃᑕᐅᓚᐅᖅᓯᒪᓐᖏᑦᑐᑦ, ᐃᓕᓯᒪᑲᐃᓐᓇᖅᑐᓄᑐᐊᖅ ᐃᓐᓄᒃᑕᐅᓯᒪᓪᓗᑎᒃ. ᐊᕐᕿᒍᖅ ᐊᑕᐅᓯᖅ ᓇᑉᐸᖓᓄᓪᓗ ᐃᓐᓄᒃᑕᐅᓇᓱᒐᔮᖃᑦᑕᖅᑐᑦ ᑖᒃᑯᐊ ᐃᖅᑲᓇᐃᔮᑦ. ᐃᓚᖏᑦ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐊᕐᕌᒍᒐᓵᓗᖕᓄᑦ ᐃᓐᓄᒃᓯᒪᓐᖏᑦᑐᑦ. ᑕᐃᒪᐃᒃᑲᓗᐊᖅᑎᓪᓗᒍ, ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᓕᕆᔩᒃᑯᑦ ᐋᖅᑭᒃᓯᓯᒪᓐᖏᑦᑐᑦ ᖃᓄᖅ ᑕᒪᒃᑯᐊ ᐋᖅᑭᒋᐊᖅᑕᐅᔪᓐᓇᕐᓂᐊᕐᒪᖔᑕ ᐊᒻᒪᓗ ᐃᖅᑲᓇᐃᔭᖅᑎᒃᓴᕈᑏᑦ ᑕᒪᒃᑯᐊ ᓄᑕᐅᓐᖏᓗᐊᓕᖅᓱᑎᒃ.
Finally, we found that although the population in most of Nunavut's communities had increased, the Department of Health had not done any analyses to determine whether the allocation of nurse and physician resources was sufficient to meet community needs. The department had started an initiative to improve how it delivered health care services. We noted, however, that the department did not expect to consult with Nunavummiut until it identified options to improve how it delivered health care services. In our opinion, early engagement is important to the success of the review.	ᓄᓇᕗᒥ ᓄᓇᓕᖏᓐᓂ ᐃᓄᐃᑦ ᐅᓄᖅᓯᕙᓪᓕᐊᑐᐃᓐᓇᖅᐳᑦ ᑭᓯᐊᓂ ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᓕᕆᔩᒃᑯᑦ ᖃᐅᔨᓴᐃᓯᒪᓐᖏᑦᑐᑦ ᖃᔅᓯᓂᒃ ᐋᓐᓂᐊᓯᐅᖅᑎᑖᒃᑲᓐᓂᕆᐊᖃᕐᒪᖔᑕ ᑑᒃᑖᓃᓪᓗ. ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᓕᕆᔩᒃᑯᑦ ᑕᒪᒃᑯᓂᖓ ᕿᒥᕐᕈᓇᒃᐸᓪᓕᐊᓕᑕᐃᓐᓇᖅᑐᑦ. ᑕᐃᒪᐃᒃᑲᓗᐊᖅᑎᓪᓗᒍ ᐅᔾᔨᕆᖅᓯᓚᐅᖅᒥᔪᒍᑦ ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᓕᕆᔩᒃᑯᑦ ᐅᖃᖃᑎᖃᕆᐊᖃᕐᓯᒋᑕᐅᓐᖏᑦᑐᑦ ᓄᓇᕗᒻᒥᐅᓂᒃ ᓇᓛᕿᕈᑎᓂᒃ ᕿᒥᕐᕈᓇᖃᑎᒋᓗᒋᑦ. ᐱᒋᐊᕐᓂᖓᓂ ᓄᓇᕗᒻᒥᐅᓂᒃ ᐅᖃᖃᑎᖃᖅᑳᕆᐊᓖᑦ.
We made 17 recommendations in our	17-ᓂᒃ ᐊᑐᓕᖁᔭᓕᐅᓚᐅᖅᑐᒍᑦ

report, some of which address long-standing issues. The Department of Health and the Department of Finance agreed with our recommendations. The successful implementation of these recommendations will be important to strengthen the delivery of health care services in Nunavut.	ᐅᓂᒃᑳᓚᐊᑦᑎᓐᓂ, ᐃᓚᖏᓪᓗ ᐊᑯᓂᐊᓗᒃ ᐋᖅᑭᒃᑕᐅᓯᕆᐊᖃᕐᓗᑎᒃ ᐱᔾᔪᑎᐅᔪᑦ. ᐱᓕᕆᕖᖑᑦ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᐊᒻᒪᓗ ᐱᓕᕆᕖᖑᑦ ᑮᓇᐅᔭᓕᕆᔨᒃᑯᑦ ᐊᖏᖃᑎᖃᓚᐅᖅᑐᑦ ᐊᑐᓕᖁᔭᓚᐊᕆᓚᐅᖅᑕᑦᑎᓐᓂᒃ. ᐱᒻᒪᕆᐅᓂᐊᖅᑐᖅ ᐊᑐᓕᖅᑎᑕᐅᓂᖏᑦ ᑖᒃᑯᐊ ᐊᑐᓕᖁᔭᓚᐊᖑᔪᑦ ᓴᙱᒃᑎᕆᐊᕈᑎᒋᓂᐊᕐᒪᖔᖏᑦ ᐋᓐᓂᐊᖅᑐᓕᕐᔪᑎᓄᑦ ᐱᔨᑦᓯᕈᑎᐅᔪᓄᑦ ᓄᓇᕗᒥ.
Madam Chairperson, this concludes my opening remarks. My colleagues and I would be pleased to answer any questions Committee Members may have. (interpretation) Thank you.	ᐃᒃᓯᕙᐅᑖᖅ, ᑕᒻᒪ ᐃᓱᓕᑉᐳᑦ ᒪᑐᐃᖅᓯᔾᔪᑎᒃᑲ. ᑕᒪᖅᓯᒪᔪᖅᓯᐅᕐᕕᖓ ᐃᖅᑲᓇᐃᔭᖅᑎᒃᑲ ᖁᕕᐊᓱᒃᑲᔭᖅᑐᑦ ᑭᐅᔭᕆᐊᒃᓴᖅ ᑲᑎᒪᔨᕋᕐᑦ ᐊᐱᖅᑯᑎᒃᓴᖅᑲᕐᓂᖅᐸᑕ. (ᑐᓵᔨᑎᒎᕈᓐᓃᖅᑐᖅ) ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Mr. Ferguson. Now turn to the Government of Nunavut for your opening comments, please. Thank you.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕗᒐᓴᓐ. ᓄᓇᕗᑦ ᒐᕙᒃᑯᖓᓐᓃᖔᖅᑐᖅ ᑕᐃᒪ ᒪᑐᐃᖅᓯᒍᑎᖏᓐᓂᒃ ᐅᖃᖕᖠᓐᖑᓱᓕᕐᒥᔪᖅ. ᖁᔭᓐᓇᒦᒃ.
Ms. Stockley: Madam Chairperson and Members, thank you for the invitation to appear before the Standing Committee on Public Accounts, Independent Officers and Other Entities as a witness for this Committee's important work pertaining to the Report of the Auditor General to the Legislative Assembly on Health Care Services in Nunavut.	ᓯᑖᒃᓕ (ᑐᓵᔨᑎᒍᑦ) ᐃᒃᓯᕙᐅᑖᖅ ᐃᓚᒋᔭᐅᔪᓪᓗ, ᖁᔭᓐᓇᒥᒃ ᖃᐃᖁᔨᓚᐅᕋᕐᓯ ᑕᒪᐅᙵᖁᓪᓗᖓ ᓯᕗᕐᖓᓐᓄᑦ ᑲᑎᒪᔩᑦᖁᑎᒋᔭᐅᔪᑦ ᖃᕋᒪᒃᑯᑦ ᓇᓚᖅᑲᐅᑎᓕᕆᔨᖏᓐᓄᑦ, ᐃᒻᒥᓂᖅᓱᖅᑐᑦ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ ᐊᒻᒪᓗ ᐊᓯᖏᑦ ᐃᒻᒥᓂᖅᓱᖅᑐᒃᑯᖑᔪᑦ ᖃᐅᔨᓯᒪᔪᖁᑎᒋᔭᐅᓗᑎᒃ ᑖᒃᑯᓂᖓ ᑲᑎᒪᔨᕋᓛ ᐱᒪᕆᐊᓗᓂᖏᓐᓂᑦ ᐃᖅᑲᓇᐃᔮᖏᑕ ᐅᓂᒃᑳᓚᐊᖑᓯᒪᔪᓅᖓᔪᑦ ᑕᒪᖅᓯᒪᔪᖅᓯᐅᖅᑎᖁᔪᐊᒧᑦ ᒪᓕᒐᓕᐅᖅᑎᒃᑯᓐᓅᖁᑎᑦ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᓯᒪᔪᑦ ᓄᓇᕗᒻᒥ.
With me here today from the Department of Health in the gallery are Jacquie Pepper-Journal, Acting Assistant Deputy Minister, Programs and Standards, and Lisa Richter, Director of Human Resources. Also with me today from the Department of Finance are Jeff Chown, Deputy Minister, and Alma Power, Associate Deputy Minister of Human Resources.	ᑕᒫᓃᖅᑎᒋᔭᒃ ᐅᓪᓗᒥ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃᑯᓐᓂᙶᖅᑐᑦ ᔮᑭ ᐱᐸ-ᔫᓇᓪ, ᑭᒍᓯᕖᐅᑎᓯᒪᔪᖅ ᐃᑲᔪᖅᑎ ᑐᒡᓕᖅ ᒥᓂᔅᑕᒧᑦ, ᐱᓕᕆᐊᖅᑎᓂᒃ ᐊᒻᒪᓗ ᐊᑐᖅᑕᐅᓪᓗᐊᑕᖅᓱᓂ; ᐊᒻᒪᓗ ᓖᓴ ᕆᒃᑐ, ᑐᑭᒧᐊᒃᑎᑦᑎᔨ, ᐃᖅᑲᓇᐃᔭᖅᑐᓕᕆᔨᒃᑯᓐᓂ. ᐊᒻᒪᓗᑦᑕᐅᖅ ᐃᓚᒋᖕᒥᔭᒃ, ᑮᓇᐅᔭᓕᕆᔨᒃᑯᓐᓂᙶᖅᑐᒃ ᔩᐊᕝ ᓴᐅᓐ, ᑐᒡᓕᖅ ᒥᓂᔅᑕᒧᑦ, ᐊᒻᒪᓗ ᐋᓪᒪ ᐸᐅᕙ, ᐃᑲᔪᖅᑎ ᑐᒡᓕᖅ ᒥᓂᔅᑕᒧᑦ, ᐃᖅᑲᓇᐃᔭᖅᑐᓕᕆᔨᒃᑯᓐᓂ.
The departments of Health and Finance would like to commend the work of the Office of the Auditor General. The recommendations shared with the Government of Nunavut help the	ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᑮᓇᐅᔭᓕᕆᔨᒃᑯᓪᓗ ᐱᓕᕆᑦᑎᐊᕐᓂᕋᐃᔪᒪᙱᒪᑕ ᐊᓪᓚᑦᑖᖑᓂᑦ ᑕᒪᖅᓯᒪᔪᖅᓯᐅᖅᑎᖁᔪᐊᕐ. ᐊᑐᓕᖁᔨᔾᔪᑎ ᐱᔭᐅᖅᑲᓯᐅᑎᔪᑦ ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᓐᓂᑦ ᐃᑲᔪᕐᒪᑕ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔨᒃᑯᓐᓂᑦ ᐃᑲᔪᖅᓯᐃᓂᖏᓐᓄᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᖁᑎᑦᑕ ᐃᖅᑲᓇᐃᔭᕈᒪᓂᖏᓐᓄᑦ ᐱᔭᐅᑎᑦᓯᔾᔪᑕᐅᔪᒪᓪᓗᑎᒃ ᐱᐅᓛᓂᑦ ᐋᓐᓂᐊᓯᐅᕆᓂᕐᒧᑦ ᐱᔨᑦᓯᕈᑎᓂᒃ ᓄᓇᕗᒻᒥᐅᓄᑦ. ᐃᓚᒋᒃᑲᓐᓂᕐᓗᓂᐅᒃ, ᐊᒃᓱᕈᕐᓗᑎᒃ ᐃᖃᓇᐃᔮᖑᓯᒪᔪᑦ ᐊᓪᓚᑦᑖᖑᓂᑦ

department support our staff's commitment to provide quality health care services for Nunavummiut. In addition, the extensive work the Office of the Auditor General has done on this audit has highlighted areas where the departments of Health and Finance can work together to improve operations. We accept the Office of the Auditor General's insight and recommendations, and appreciate the opportunity to work with the Auditor General to enhance and support our health system and health professionals. This report reinforces the actions and directions already in place to improve health care delivery services in our territory.

I would also like to express my appreciation to the hard-working staff of the Department of Health and the Department of Finance for their timely and consistent support of this process. Their cooperation with and assistance to the Office of the Auditor General's review demonstrate Health's commitment to delivering health care for Nunavummiut.

Madam Chairperson, as was shared with Standing Committee, the department accepted and prepared a response to each of the Auditor General's recommendations. Paper copies have been or are in the process of being passed out as well.

Madam Chairperson, Health is currently developing a standardized employee orientation program that is targeted specifically to frontline workers. Staff will gain a better understanding of the clinical cases they will face, of the resources at their disposal, and of the advanced practice skills needed in remote locations. Access to culturally relevant training and skill-building information is important to Health, and an operational orientation

ᖃᐅᔨᓴᖅᑎᕐᔪᐊᑉ ᐱᓕᕆᐊᕆᓯᒪᓪᓗᓂᒥᒃ ᑖᒃᑯᑎᒎᓇᖅ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᑕᐅᓯᒪᔪᑎᒍᑦ ᐅᖃᐅᓯᕆᓗᐊᙳᐊᖅᒪᒋᑦ ᐅᖃᐅᓯᐅᓯᒪᔪᑦ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᓐᓂ. ᑮᓇᐅᔭᓕᕆᔨᒃᑯᓐᓂᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᒌᖕᒍᓐᓇᕋᓗᐊᕐᒪᑎᒃ ᐱᐅᓂᖅᓴᐅᓕᖅᑎᑕᐅᖁᓪᓗᒋᑦ ᐊᐅᓚᔾᔪᑎᖏᑦ. ᓈᒻᒪᒋᔭᕗᑦ ᐊᒡᓚᒡᕕᖓᑕ ᖃᐅᔨᓴᖅᑎᕐᔪᐊᑉ ᑐᑭᓯᐊᓂᖓ ᐊᒻᒪᓗ ᐊᑐᓕᖁᔭᖏᑦ. ᖁᕕᐊᒋᓪᓗᑎᒍᑦ ᐱᕕᒃᓴᖃᖅᑎᑕᐅᓂᖅᐳᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᒋᔪᓐᓇᕐᓗᒍ ᖃᐅᔨᓴᖅᑎᕐᔪᐊᖅ ᐊᔪᙱᓐᓂᖅᓴᐅᓕᖅᑎᒋᐊᕐᓗᒋᑦ ᐊᒻᒪᓗ ᐃᑲᔪᖅᓱᕐᓗᒋᑦ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᓂᕐᒧᑦ ᐱᓕᕆᔾᔪᑎᕗᑦ ᐊᒻᒪᓗ ᐋᓐᓂᐊᓯᐅᕆᓂᕐᒧᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᒪᕆᖁᑎᕗᑦ. ᑖᓐᓇ ᐅᓂᒃᑳᖅᓯᒪᔪᖅ ᓴᙱᔪᕈᖅᑎᑦᓯᒋᐊᕈᑕᐅᖕᒪᑦ ᐱᓕᕆᒋᐊᕐᓂᖏᓐᓂᑦ ᐊᒻᒪᓗ ᐱᓕᕆᓇᓯᐊᕐᓂᖏᓐᓂᑦ ᐊᑐᖅᑕᐅᓕᕚᖅᑐᓂᒃ ᐱᓕᐅᓂᖅᓴᐅᓕᖁᓪᓗᒋᑦ ᐋᓐᓂᐊᓯᐅᕆᓂᕐᒧᑦ ᐱᓕᕆᔾᔪᑕᐅᓕᕚᖅᑐᓂᒃ ᑕᒫᓂ ᓄᓇᕗᒻᒥ.

ᐅᖃᕈᒪᖕᒥᒐᒪᑦᑕᐅᖅ ᖁᕕᐊᒋᔭᖃᕐᓂᓐᓂᒃ ᐊᒃᓱᕈᕐᓗᑎᒃ-ᐃᖅᑲᓇᐃᔭᕐᓂᖏᓐᓂᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᖏᑦ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᑮᓇᐅᔭᓕᕆᔨᒃᑯᓪᓗ ᓈᒻᒪᓈᕆᓪᓗᑎᒃ ᐊᒻᒪᓗ ᐊᓯᔾᔨᖅᑕᙱᓪᓗᑎᒃ ᐃᑲᔪᖅᓱᐃᖕᒪᑕ ᑕᒪᑐᒥᖓ ᐱᓕᕆᓂᐅᔪᒥᑦ. ᐃᑲᔪᕐᓂᖏᑦ ᐅᑯᓂᖓ ᐊᒻᒪᓗ ᐃᑲᔪᕐᑐᒍ, ᐊᒡᓚᒡᕕᖓ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᑎᕐᔪᐊᑉ ᕿᒥᕐᕈᔭᖏᓐᓂᒃ, ᖃᐅᔨᒪᓇᖅᓯᑎᓪᓗᒋᑦ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᐃᖅᑲᓇᐅᔭᕈᒪᓂᖏᑦ ᐱᔭᐅᑎᑦᑎᓗᑎᒃ ᐋᓐᓂᐊᓯᐅᕆᓂᕐᒥᑦ ᓄᓇᕗᒻᒥᐅᓄᑦ.

ᐃᒃᓯᕙᐅᑖᖅ, ᑕᐃᒪᓐᓇ ᑐᓴᖅᑕᐅᑎᑕᐅᖅᑲᐅᖕᒪᑕ ᑲᑎᒪᔩᕐᓵᖁᑎᒋᔭᐅᔪᓄᑦ, ᐱᓕᕆᕝᕕᒃ ᐊᖏᕐᒪᑦ ᐊᒻᒪᓗ ᐋᖅᑭᒃᓱᐃᓪᓗᓂ ᑭᐅᔾᔪᑎᒃᓴᓂᒃ ᐊᑐᓂ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᑎᕐᔪᐊᑉ ᐊᑐᓕᖁᔨᔾᔪᑎᖏᓐᓄᑦ.

ᐃᒃᓯᕙᐅᑖᖅ, ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᒫᓐᓇ ᐋᖅᑭᒃᓱᐃᖕᒪᑕ ᐱᓕᕆᔾᔪᑕᐅᔭᕆᐊᓕᖕᓂᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ ᖃᐅᔨᒪᓂᖅᓴᐅᓕᖅᑎᑦᓯᒍᑎᑦ ᐃᓕᓐᓂᐊᕈᑎᓂᒃ ᑖᒃᑯᐊᓗ ᑐᕌᖓᑎᑕᐅᓗᐊᙳᐊᕐᒪᑕ ᐱᓗᐊᙳᐊᖅᑐᒥᑦ ᐅᐸᒃᑕᐅᕐᖓᐅᑕᐅᕙᒃᑐᓄᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ. ᐃᖅᑲᓇᐃᔭᖅᑎᑦ ᑐᑭᓯᐊᓂᒃᓴᐅᓕᕐᓂᐊᕐᒪᑕ ᐋᓐᓂᐊᕕᖕᓂ ᑲᒪᒋᔭᕆᐊᖃᖃᑦᑕᕐᓂᐊᖅᑕᖏᓐᓂᑦ, ᐱᓕᕆᔾᔪᑎᑦ ᐃᓱᒪᖅᓲᑎᒋᖃᑦᑕᕐᓂᐊᖅᑕᖏᓐᓂ, ᐊᒻᒪᓗ ᐊᔪᙱᓐᓂᖅᓴᐅᔪᓂᒃ ᐱᓕᕆᔾᔪᓯᖃᕐᓗᑎᒃ ᐃᖅᑲᓇᐃᔭᕈᓐᓇᓯᐊᕐᓂᕐᒥᒃ ᐱᓯᒪᔭᐅᔭᕆᐊᓕᖕᓂᑦ ᐅᐸᒃᑕᐅᑐᐃᓐᓇᓇᙱᑦᑐᓂᒃ ᓄᓇᓕᖕᓂ. ᐱᔪᓐᓇᕐᓗᓂ ᐃᓕᖅᑯᓯᖃᕐᓂᕐᒧᑦ ᑐᕌᖓᔪᓂᑦ ᐃᓕᓐᓂᐊᕈᑎᓂᒃ ᐊᒻᒪᓗ ᐃᖅᑲᓇᐃᔭᕈᓐᓇᕐᓯᐊᕐᓂᕐᒥᒃ ᐊᔪᕈᓐᓃᕐᓯᒪᔪᒥᒃ. ᑐᓴᐅᒪᔾᔪᑎᒃᓴᑦ ᐱᒪᕆᐊᓘᖕᒪᑕ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ, ᐊᒻᒪᓗ ᐱᓕᕆᔾᔪᑕᐅᑎᐊᕈᓐᓇᕐᓗᑎᒃ ᖃᐅᔨᒪᓂᖅᓴᐅᓕᕐᑎᑦᓯᒍᑎᑦ ᐱᓕᕆᔾᔪᑎᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᓂᕐᒧᑦ ᑐᓂᐅᖅᑲᖅᑕᐅᓯᒪᓕᕐᒪᑕ ᐋᓐᓂᐊᕕᓕᒫᓄᑦ.

ᓯᕗᓪᓕᖅᐹᖅ ᓄᓇᕗᒻᒥ ᐱᔭᐅᓚᐅᖅᑐᖅ ᐃᓕᓴᑎᑦᓯᔾᔪᑎ ᓄᓇᖃᖅᑳᖅᓯᒪᔪᑦ ᐃᓕᖅᑯᓯᖏᑎᒍᑦ

manual for all staff has been distributed to all health centres. The first Nunavut adapted session for indigenous cultural competence training was delivered to GN employees in April of 2017. I'm very pleased to note that all three of us here from Health and Finance were able to attend that session. Additional sessions will be held in the upcoming months in multiple locations across Nunavut. There are eight Nunavut trainers who are now certified and two of those trainers are Health employees. In addition, a contract has been awarded and the initial work to develop the X-ray training program will begin shortly. Training is anticipated to begin in late fall of 2017. Health, in conjunction with Nunavut Arctic College, offered medical interpreting module 3, which focuses on diseases and module 4, which focuses on ailments, to department staff in January and February of 2017 in Rankin Inlet and 14 Health staff attended. Module 2, which focuses on physiology, as part of the interpreter-translator course, was offered March 2017 in Iqaluit. NAC will be offering five medical interpreting modules as part of the 2017-18 academic year. Health has implemented casual and indeterminate hiring processes that contain clear guidance on screening for priority hires. Health filled the position of manager of Inuit employment and employee development in March 2016. This has allowed the department to place greater focus on Nunavut Inuit employment opportunities and also ensure that existing employees obtain critical technical training. At the end of the 2016-17 fiscal year 89 individuals were hired	ᐱᓕᓐᓴᐅᒋᔭᖑᒪᐊᑭᓐᓇᖅᑐᒥᑦ ᐊᐅᑭᓐᓂᖅᓴᖅᑎᑎᓂᒪᓕᖅ ᐃᓕᓐᓂᐊᖏᑎᑦᑎᓴᐅᒋᔭᖑᓕᒃ ᓄᓇᕗᑦ ᑲᙰᒃᑯᑦ ᐃᖏᕆᓇᐃᓴᖏᑎᖅᓯᓐᓄᑦ ᐊᐃᓐᓚᓕ 2017-ᒥ. ᐃᓕᓴᕆᓂᖅᓯᒪᒃ ᐃᓕᓐᓂᐊᖏᑎᑦᑎᕆᓂᑦ ᐃᓕᓐᓂᐊᖏᑎᑦᓯᓴᐅᒋᔭᐅᓚᖅᑕᑦ ᐊᑐᑦᓂᐊᑐᐃᓐᓇᖅᑐᓂᒃ ᑕᖏᕈᓂᒃ ᖃᕆᓯᕆᑦᓕᒪᓚᖅᓂ ᓄᓇᓕᖅᓂ ᐃᔨᓐᓇᓕᒫᓂᒃᓴᓂ ᓄᓇᖅ. 8-ᖅᖃᒪᓕᑦ ᓄᓇᖅᒪᒥ ᐃᓕᓴᐃᔪᑦ ᓇᓗᓇᐃᕆᑯᖏᑕᖏᓐᓄᑐᓗ, ᒪᑦᔨᒃ ᐊᐟᓂᐊᖏᑦᓇᐟᖏᑕᑐᓕᔪᕆᑯᓂ ᐃᖏᕆᓇᐃᓴᖏᑎᐅᐟᒪᑎᒃ. ᐃᓕᒥᕆᒃᓂᓪᓗᓂᐅᒃ, ᑲᐟᑐᕃᔪᑎᑎᒃ ᑐᓂᓯᔭᐅᔨᖏᒃᓯᒪᓕᕆᓪᒪᑦ ᐊᖏᒪᓗ ᐱᑎᐊᑭᑎᑎᒃ ᐃᖏᕆᓇᐃᓴᓕᓐᓄᑐᖏᒃᓯᒪᓕᓗᓂ ᐊᖏᑭᒃᓯᐊᓂᓂ ᕿᐃᒧᐟᓴᓚᓂᓂᓪᓕᑦ ᐊᐅᑭᐟᓂᖅᓴᖅᑎᑎᓂᕆᔨᑎᑎᒃ ᐃᓕᓴᕆᓂᕆᔨᑎ ᐱᑎᐊᓭᓕᖅᓕᑦ ᒧᐟᓕᑎᓗᒃ. ᐊᐅᑭᐟᓂᖅᓴᖅᑎᕆᓯᓂᖅ ᐃᓯᒪᑎᕆᐅᐅᖅᖅ ᐱᑎᐊᓭᕆᓯᑎᕆᐅᓵᓂᓗ ᑭᖓᐊᓕᓂᖅᑎᓵᑐᓗ ᐅᑭᐊᖅᓴᓐᓇ 2017. ᐊᐟᓂᐊᖏᑦᓇᐟᖏᑕᑐᓕᔪᕆᑯᓂ, ᐱᓕᓐᓇᖏᑎᑎᓗᓂᑎᓂ ᓄᓇᖅᓂ ᓯᓕᓐᑐᖅᓴᕆᖃᕆᑎᖓᓐᓄ, ᐱᓕᕆᓴᐅᑎᕆᓯᖏᓐᓇᒪᓕ ᐊᐟᓂᐊᓯᐅᓚᓂᓪᓗᓂ ᑐᐃᓴᓂᓂ ᐃᓕᓐᓂᐊᐅᒪᖅᓕᑦ 3 (ᖏᑐᓂᒪᓯᓚᑦ) ᐊᐃᓚᓗ 4 (ᐊᐟᓂᐊᖏᑦᓇᐃᓐᓇᓕᓴᐅᑐᑦ) ᐊᐟᓂᐊᖏᑦᓇᐟᖏᑕᑐᓕᔪᕆᑯᓂ ᐃᓴᖅᑲᓇᖅᑎᑎᓂᖅᓴᖅᑐᓂᒃ ᓴᓄᐊᓗ ᐊᐃᓚᓗ ᕕᐅᐊᓗ 2017 ᑲᖓᓴᓕᓂᓪᓕᒥ, 14-ᓂᒃ ᐊᐟᓂᐊᖏᑦᓇᐟᖏᑕᑐᓕᔪᕆᑯᓂ ᐃᓴᖅᑲᓇᖅᑎᑎᓂᖅᓴᖅᑐᓂᒃ ᐃᓕᓐᓂᖅᑐᓴᖅᑐᑦᓂᓗᓂ. ᐃᓕᓐᓂᐊᐅᒪᓂᖅᓴᖅ 2 ᐊᑐᑎᑎᓴᓗᐊᖏᖅᑕᒥᔪᖅᑐᑦ, ᐃᓕᓕᐅᑎᓯᒪᓗᓂᒃ ᑐᐃᓚᓕᐅᓂᓪᓕᒧᑦ-ᑐᑭᓕᐅᓗᕆᐅᓂᓪᓕᑦ ᐃᓕᓐᓂᓴᐊᑎᓄᑦ, ᐱᓕᕆᓂᐅᑎᑕᐅᓐᖅ ᐃᓕᓯ, 2017 ᐃᖏᓄᓐᓂᓂ. ᓄᓇᕗᑦ ᓯᓕᓐᑐᖅᓴᖅᕕᒃ ᐱᓕᕆᓂᐅᑎᓂᑎᓂᐊᐟᖏᓕᑦ ᑕᑦᓕᒪᓂᑦ ᐊᐟᓂᐊᐞᕕᒥ ᑐᐃᓚᓕᐅᓂᓪᓕᑦ ᐃᓕᓐᓂᐊᑭᑎᑎᓂ ᐊᐟᓂᖅᓴᖅᑎᑦ ᐃᓕᑎᑎᕆᔭᑎᑎᒃ 2017-18 ᐃᓕᓐᓂᐊᐟᓂᓪᓗᑦ ᐊᐟᖏᒧᒪᓗᑦ. ᐊᐟᓂᐊᖏᑦᓇᐟᖏᑕᑐᓕᔪᕆᑯᓂ ᐊᑐᓕᖅᑎᑦᑎᓯᒪᓕᖅᓕᑦ ᐃᖏᕆᓇᐃᓴᖅᑐᐃᓐᓇᑕᐅᔨᓄᑦ ᐊᐱᓚᓗ ᐃᖏᕆᓇᐃᓴᖅᑎᑦᓕᓚᓂᖏᓐᓇᑕᐅᔨᓄᑦ ᐃᖏᕆᓇᐃᓴᓕᓐᓄᑦᑎᓴᐅᑎᑦ ᐱᓕᓚᖏᖅᑎᓂᐅᓂᖅ ᑐᑭᓯᓚᖅᑐᓂᖅᓴᖅᑎᑎᓂᒃ ᓴᓐᓂᓚᐅᑎᓂᒃᑎᓂᑦ ᖏᑐᔨᓴᖅᓯᓂᖅᓴᑦ ᓯᑲᑦᓕᐅᑎᐃᓴᖅᑐᖅᖏᖅᓄᓂᓄᑦ ᐃᖏᕆᓇᐃᓴᓕᓐᓄᑦᑎᐅᔨᑦ. ᐊᐟᓂᐊᖏᑦᓇᐟᖏᑕᑐᓕᔪᕆᑯᓂ ᑎᑎᕆᖅᓯᓚᔪᐊᖏᖅᓯᓕᑕᖏᑦᓚᑦ ᐃᖏᕆᓇᐃᓴᓕᒥᑦ ᐊᐅᑦᓂᑎᔨᓚᑦ, ᐃᓄᐃᑦ ᐃᖏᕆᓇᐃᓴᖅᑎᑦᑕᐅᓯᐊᖏᓂᖅᓴᖅᓄᑦ ᐊᓚᓚᓗ ᐃᖏᕆᓇᐃᓴᖅᑎᑦ ᐱᓂᓪᓕᐊᑎᑦᑕᐅᓴᐅᑎᖅᓴᓂᑦ ᐃᓕᓯ 2016- ᒥ. ᑕᒪᓐᓇ ᐱᙱᖅᑲᓕᖅᑎᑦᑎᓴᐅᑎᓕᑦ ᐊᐟᓂᐊᖏᑦᓇᐟᖏᑕᑐᓕᔪᕆᑯᓂᑦ ᐊᑲᓯᓂᖅᓴᖅᓂᖅ ᐱᓕᓚᐊᖏᖅᓚᐊᖏᑦᑕᓪᓗᑎᒃ ᓄᓇᕗᑦ ᐃᓄᖓᓂᓄᑦ ᐃᖏᕆᓇᐃᓴᐅᒋᖏᖅᑕᓪᓗᑎᒃ ᐊᓚᓚᓗ ᑕᒪᑲᑦᓂᓄᑦᑎᒥᑦ ᐱᙱᖅᑲᓕᖅᑎᑦᑎᓴᐅᑎᓕᑦ ᐱᓕᓕᐅᑎᓯᒪᓕᖅᑐᖅᑐᓂᒃ ᐱᓕᕆᓚᐊᖏᖅᑎᑦᑕᓪᓗᑎᒃ ᐱᓕᓚᓕᐅᑎᓯᒪᓕᖅᑐᖅᑐᓂᒃ ᐊᐟᓂᐊᖏᑦᓇᐟᖏᑕᑐᓕᔪᕆᑯᓂ. ᑕᐅᓀᓂ ᐃᓯᓕᓂᓵᖅᓂ 2016-17 ᑭᓇᐅᔨᓕᓚᓂᓵᓇᐅᔨᑦ ᐊᑦᑦᔪᖅᓂᓂ, 89 ᐃᓕᒥᓂᖅᓯᖅᑐᑦ ᐃᖏᕆᓇᐃᓴᓕᓐᓄᑐᖏᒃᓯᒪᓕᖅᑐᖅᑐᓂᒃᓴᓂᓄᑦ ᐃᓄᖓᓂᑦ ᐃᖏᕆᓇᐃᓴᖅᑎᑎᓂᖅᓴᖅᑐᓂᒃ ᐱᓕᓚᓕᐅᑎᓯᒪᓕᖅᑐᖅᑐᓂᒃ IEP

for targeted IEP positions through the competitive process. Health is addressing health system inefficiencies through the Continuous Quality Improvement (CQI) Program, which identifies system gaps and implements quality improvement initiatives across all health facilities in Nunavut. Through a business case, which the Members approved, Health acquired three new PYs in 2016-17 to staff the CQI program. Health is in the process of staffing this program on an indeterminate basis. The Quality Improvement Committee is actively engaged in the review and recommendations of patient safety concerns and all critical incidents are being reviewed in a timely manner. A revised incident reporting policy and associated CQI resource kit has been developed. Lastly, Health is in the preliminary stages of redesigning its model of care. The new model of care will improve patient experience through seamless program integration and equitable and timely access to comprehensive health services and health care services. Stakeholder engagement within the government and with the communities will form a key part of this project. The Department of Finance works closely with the Department of Health on many fronts and has started work to implement some of the report's recommendations. Already, information sharing between the departments has been improved to better allow the Department of Health to monitor their vacancies and track their competitions. We understand the importance of an effective and competitive staffing process.	ᐃᖅᑲᓇᐃᔭᑦ ᒪᑯᑎᒎᓇᖅ ᐊᑭᑦᑐᕋᐅᑎᓂᕐᒧᑦ ᐱᓕᕆᔾᔪᑕᐅᔪᑎᒍ. ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᐱᓕᕆᐊᖅᑲᕋᓱᐊᕐᒪᑕ ᐋᓐᓂᐊᓱᐅᕆᓂᕐᒧᑦ ᐱᓕᕆᔾᔪᑎᑦ ᓈᒻᒪᙱᑐᐊᕐᓂᖏᓐᓂᑦ ᒪᑯᑎᒎᓇᖅ ᑕᐃᒪᙵᓕᒫᖅ ᐱᐅᓂᐊᓕᕐᑐᓂ ᐱᐅᓯᒋᐊᖅᑎᑦᑎᓂᕐᒧᑦ (CQI) ᐱᓕᕆᔾᔪᑎ. ᑕᒪᓐᓇᑐ ᓇᑐᓇᐃᖅᓯᓪᑐᓂ ᐱᓕᕆᐊᖑᓯᒪᖏᓐᓂᖏᓐᓂᑦ ᐊᒻᒪᑐ ᐊᑐᓕᖅᑎᑦᑎᓪᑐᓂ ᐱᐅᓂᖏᓐᓂᑦ ᐱᐅᓯᑎᑦᑎᒋᐊᕈᑎᑦ ᐱᒋᐊᖅᑎᑕᐅᔪᑦ ᐃᓘᓐᓇᓕᒫᖏᓐᓂ ᐋᓐᓂᐊᕖᖏᓂ ᑕᒪᓂ ᓄᓇᕗᒻᒥ. ᑕᒪᑐᒎᓇ ᐱᓕᕆᐊᖑᔭᕆᐊᓕᒃᑎᒎᖑᑐᓂ, ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᐱᓚᐅᕐᒪᑕ ᐱᖑᓱᓂᑦ ᓄᑖᓂᑦ ᐃᖅᑲᓇᐃᔭᕐᓂᕐᒧᑦ ᐊᕐᕌᒍᒥ 2016-17-ᒥ ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ ᑕᐃᒪᙵᓕᒪᖅ ᐱᐅᓂᐊᓕᕐᑐᓂ ᐱᐅᓯᒋᐊᖅᑎᑦᑎᔾᔪᑎᓂᒃ CQI ᐱᓕᕆᔾᔪᑎᒥᒃ. ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᐱᓕᕆᖕᒪᑕ ᐃᖅᑲᓇᐃᔭᖅᑎᑖᖅᑎᑕᐅᓇᓱᐊᕐᑐᓂ ᑖᓐᓇ ᐱᓕᕆᔾᔪᑎ ᐃᖅᑲᓇᐃᔭᖅᑎᕐᑲᐃᓐᓇᓕᕐᑯᓪᑐᒍ. ᐱᐅᖀᖑᑐᓂ ᐱᐅᓯᒋᐊᖅᑎᑦᑎᓂᕐᒧᑦ ᑲᑎᒪᔨᕋᖁᑦ ᐱᓕᕆᖕᒪᑕ ᐱᓕᕆᐊᖅᑲᖅᑐᑎᒃ ᑭᒥᕐᕈᓂᕐᒥᑦ ᐊᒻᒪᑐ ᐊᑐᓕᕐᑯᔨᔾᔪᑎᓕᐅᕐᑐᑎᒃ ᐋᓐᓂᐊᖓᓕᐊᖅᓯᒪᔪᑦ ᐊᑦᑕᕐᓇᖅᑐᒦᕐᑯᓇᕆᑦ ᐃᓯᒫᑑᑎᓂᒃ ᐊᒻᒪᑐ ᐃᑑᓐᓇᑎᒃ ᐊᑦᑕᕐᓇᕐᑐᑎᒃ ᐱᓂᕐᑐᒍᑕᐅᔪᑦ ᕿᒥᕐᕈᔭᐅᖅᑲᑦᑕᕐᑯᓪᑐᕆᑦ ᐱᖏᒃᓴᖅᑲᓕᑐᐊᕌᖑᑕ. ᐋᖅᑭᒋᐊᖅᓯᒪᔪᖅ ᐱᓂᕐᑐᖕᓂᕐᒧᑦ ᐊᑐᐊᒐᖅ ᐊᒻᒪᑐ ᑕᐃᒪᙵᓕᒫᖅ ᐱᐅᓂᐊᓕᕐᑐᓂ ᐱᐅᓯᒋᐊᖅᑎᑦᑎᓂᕐᒨᖑᔪᑦ CQI ᐱᓕᕆᒋᐊᕈᑎᒃᓴᐃᑦ ᐱᓕᕆᔾᔪᑎᓕᐊᕆᓯᒪᔪᑦ ᐋᖅᑭᒃᑕᐅᓯᒪᓕᖅᐳᑦ. ᑭᖑᓪᓕᖅᐹᒥᓕ, ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᐅᐸᑐᖓᐃᔭᕐᓂᕐᒥ ᐱᓕᕆᒋᐊᓕᕐᒪᑕ ᓴᓇᓯᒪᓂᓕᐅᖅᑕᐅᒃᑲᓐᓂᓕᕐᑐᓂ ᓴᓇᓯᒪᓂᒃᓴᖓ ᐋᓐᓂᐅᓯᐅᕆᓂᐅᑉ. ᓄᑖᑉ ᓴᓇᓯᒪᓂᒃᓴᖓ ᐋᓐᓂᐊᓱᐅᕆᓂᕐᒧᑦ ᐱᐅᓯᑎᑕᐅᒋᐊᒃᑲᓐᓂᕐᓂᐊᕐᒪᑦ ᐋᓐᓂᐊᖓᓕᐊᖅᓯᒪᔪᓂᑦ ᖃᓄᐃᓕᔾᔪᑕᐅᖅᑲᑦᑕᕐᓂᐊᖅᑐᑦ ᑕᒪᑐᒎᓇ ᐊᓯᔾᔨᕐᓂᖑᒍᑦ ᐱᓕᕆᔪᑎᐅᑉ ᐃᓚᒋᓕᐅᑎᔭᐅᓂᖑᓄᕐ, ᐊᒻᒪᑐ ᑕᐃᒫᓪᓗᐊᖅᑎᕇᓪᓗᑎᒃ ᐊᒻᒪᑐ ᐱᕙᖅᖅᑎᐊᖅᑎᑕᐅᑐᓂ ᐱᔭᐅᔪᓐᓇᕐᓂᖑ ᑕᒪᐃᑎᒍᑦ ᐋᓐᓂᐊᓱᐅᕆᓂᐅᑉ ᐊᒻᒪᑐ ᐋᓐᓂᐊᕕᖕᒥ ᐱᔨᑦᓯᖅᑕᐅᔾᔪᑎᓂ. ᐱᖅᑲᖅᑎᐅᖅᑲᑕᐅᔪᑦ ᐱᓕᕆᖅᑲᑕᐅᑎᓪᓗᒋᑦ ᒐᕙᒪᒃᑯᓐᓂ ᐊᒻᒪᑐ ᓄᓇᓕᖕᓂ ᓴᖅᑭᑦᓯᓂᐊᕐᒪᑦ ᐱᑦᑐᐊᑕᕐᒥᑦ ᑭᓱᑦᑎᐊᓂᑦ ᑕᒪᑐᒪ ᓴᓇᔭᒃᓴᖅᑯᑎᐅᑉ. ᑮᓇᐅᔭᓕᕆᔨᒃᑯᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᖅᑲᑦᑎᐅᓰᖑᖕᒪᑕ ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒃᑯᓐᓂᑦ ᐅᖃᖅᑐᓂ ᐱᓕᕆᒋᐊᕐᖑᖅᑕᐅᔪᓂ ᐊᒻᒪᑐ ᐱᓕᕆᒋᐊᖅᓯᒪᓕᖅᒪᑕ ᐊᑐᓕᖅᑎᑦᑎᓪᓗᑎᒃ ᐃᓚᖏᓐᓂᑦ ᐅᓂᒃᑳᓕᐊᖑᓯᒪᔪᓂᑦ ᐊᑐᓕᖅᑯᔭᐅᓯᒪᔪᓂᑦ. ᑕᐃᒪᓐᓇᐅᓕᓈᖅᑐᖅ, ᑐᓴᐅᒪᔾᔪᑎᒃᓴᑦ ᐱᖅᑲᖅᑎᒋᒍᑕᐅᔪᑦ ᑖᒃᑯᓈᙵᑦ ᐱᓕᕖᖏᓐᓂᑦ ᐱᐅᓯᒋᐊᖅᑕᐅᓯᒪᓕᖅᒪᑕ ᐱᓕᕆᐊᖑᑦᑎᐊᖅᓂᖅᓴᐅᓕᖅᓗᑎᒃ ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒃᑯᓐᓂᑦ ᖃᐅᔨᒪᒋᐊᖅᑕᐅᓂᖏᓐᓂᒋᑎᒍᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᖅᑲᖏᓐᓂᖏᑕ ᐊᒻᒪᑐ ᖃᐅᔨᒪᒋᐊᖅᑕᐅᓗᑎᒃ ᐊᑭᓕᖅᓱᐃᔾᔪᑕᐅᔪᑦ.

Previous jurisdictional reviews have shown Nunavut to be competitive in its compensation for many health care professionals. Over the summer of 2017 Finance, in collaboration with the Department of Health, will initiate a market review of health care compensation in comparable jurisdictions to determine whether our compensation is still competitive. Madam Chairperson, the Department of Health and the Department of Finance have accepted all of the recommendations made by the Office of the Auditor General and will continue to work together to address the health care needs of Nunavummiut. Madam Chairperson and Members, thank you for this opportunity to highlight the work that the Department of Health is doing to ensure that our staff receive the training and support necessary to provide Nunavummiut with quality health care services. Health is committed to maintaining and improving the delivery of health care services in Nunavut, and we are appreciative of the opportunity to evaluate and improve our processes to better serve the people of this territory. Madam Chairperson, this concludes my opening comments. *Qujannamiik. Koana. Merci*. Thank you. **Chairperson**: Thank you, Ms. Stockley. Thank you very much. That was a great report. At this time I would like to open it up to, perhaps, general comments and maybe even if you have any questions. We're going to use the paragraphs as our guide so everybody kind of knows where we are all together.	ᑐᑭᓯᒧᒍᑦ ᐱᓕᒪᓚᐅᓂᖏᓂᒃᑐᓂᒃ ᐱᓕᓕᒋᐊᕐᓇᖅᑐᖅ ᐊᓕᒪᓗ ᐊᑭᓴᖅᑐᐃᓇᓯᐊᖅᔨᓗᑎᒃ ᐃᖅᑲᓇᐃᔪᖅᑎᑦ ᐱᓕᓚᓂᖏᓐᓂᑦ. ᒪᓐᓇᕆᑦᖏᓪᓕᐅᕐᑐᖅᑐᖅ ᐱᓯᓇᔭᓂᖅᑲᖅᐃᐅᔨᒥᒃ ᖃᑎᖅᑭᑐᖅ ᖅᑲᐅᒪᓇᖅᓯᑎᓯᓪᓚᐅᖏᓐᓇᑦ ᓄᓇᕐᑦ ᐊᑭᑦᑐᕆᐅᑎᑦᓂᐊᖅᓂᖏᓂᑦ ᐊᑭᓕᖅᓯᐃᓂᖅᒥᔪᑦ ᐅᓄᖅᑐᑦ ᑰᐢᓂᐊᓯᐅᖅᑎᑦ ᐱᓕᓚᓴᑦᓕᓇᖏᓂᑦ. ᐊᑐᖅᑎᓪᓗᒍ ᐊᐅᓴᖏ 2017 ᑭᓇᐅᓴᓕᓚᓴᖅᑯᑦ, ᐃᖅᑲᓇᐃᔪᖅᑲᑎᖅᑎᓂᐊᖅᒪᑦ ᐊᐟᓂᐊᖅᑎᓇᐟᕆᑐᑕᓕᓚᓴᖅᑯᐟᓂᑦ, ᐱᒋᐊᖅᑎᓯᓗᑐᖅ ᐊᑐᐃᐟᓇᐅᑎᓯᓄᖅᑎᒃ ᖃᑎᖅᑭᑐᓂᖅᑦ ᐊᐟᓂᐊᓯᐅᓚᔪᓄᑦ ᐊᑭᓕᖅᓯᐃᔪᐊᑎᓂᒃ ᐊᖏᐅᐅᓂᖅᑲᖅᑎᑎᐊᖅᓗᑎᑦ ᐱᔪᐟᓇᖅᓯᖅᑲᖅᑎᖅᓯᐅᓂ ᐃᓯᒪᓕᐅᑭᐅᖅᑯᑦᓗᑐᓗ ᑕᒪᐟᓇ ᐊᑭᓕᖅᓯᐃᓂᖅ ᓯᓕ ᐊᑭᓴᖅᑐᐃᓯᒪᓇᓯᖅᑲᐅᐊᖅᒪᖓᑦ. ᐃᖅᓯᐅᐅᒋᖅ, ᐊᐟᓂᖅᑲᖅᓇᖏᓂᑐᓂᓕᓚᓴᖅᑯᑦ ᑭᓇᐅᖅᓕᓚᓴᖅᑯᑦᓗ ᐊᖏᓂᒪᐅᖅᑎᒪᑦ ᐊᑐᓕᖁᓕᓚᐅᑎᓕᐅᒪᐅᖅᑕᖏᓐᓂᑦ ᐊᖓᓪᓚᖓᑦ ᕆᒪᖅᓯᒪᔪᖅᓯᐅᖅᑎᖅᓂᔪᐊᑦ ᐊᖓᒪᓗ ᑲᔪᓯᐊᖅᑎᒪᑦ ᐃᖅᑲᓇᐃᔪᖅᑲᑎᖅᑎᖅᓗᑎᒃ ᐱᓕᕐᓂᐊᖅᑐᓂᑦ ᐊᐟᓂᐊᓯᐅᑎᔪᐊᑕᐅᖅᓴᑎᓕᓕᐊᓂᑦ. ᐃᖅᓯᐅᐅᒋᖅ ᐃᓕᓐᓴᐅᔪᓪᓗ, ᖃᐅᔨᓇᒥᖅ ᑕᒪᑐᒪᓂ ᐱᙵᖅᖄᑎᑕᐅᑯᒪ ᐅᖅᑲᓯᖅᑲᓗᓇᐟᐊᖅᓗᓐᓂᖓᑦ ᐃᖅᑲᓇᐃᒋᖅᑲᖅᑎᖅᑐᑦ ᐱᓕᕐᓇᙵᖅᑎᑦ ᐊᐟᓂᐊᓯᐅᑎᔪᐊᑕᐅᖅᑯᑦᓗ ᑲᔪᓯᑎᐊᐅᓇᖅᓯᐅᓕᓯᐊᖅᓗᑎᑦ ᐃᖅᑲᓇᐃᒋᖅᑎᑦᓂᑦ ᐊᔪᐟᓇᖅᑕᐅᔪᓇᖅᓯᐅᓂᑦ ᐊᖓᒪᓗ ᐃᑲᔪᖅᑕᐅᔪᓐᓇᖅᑐᒃ ᐱᓇᒪᐊᖅᑲᐃᓐᓇᖅᑕᖏᓪᓕᐅᑦ ᐱᓕᕐᓂᐊᖅᑕᐅᑦ ᐱᐅᓪᓚᖅᑐᒃ ᐊᐟᓂᐊᓯᐅᓚᓂᖅᓯᒪᑦ ᓄᓇᕐᑦᓗᐅᑎᓕᐅᒪᐅᖅᑯᑦ ᐊᖓᒪᓗ ᐱᐅᓂᖅᑕᐅᔪᓇᖅᓯᐅᓂᑦ ᐃᓄᖅᑕᑦ ᓄᓇᕐᑦ. ᐃᖅᓯᐅᐅᒋᖅ, ᑕᑦᓂᒥᖅᓴ ᓄᖅᑲᕈᑎᖅᑲᖓᒪ ᐅᖅᑲᑦᓪᓕᐊᓪᓕᕈᑎᓂᓂᓪᓚᑦ. ᖃᐅᔨᓇᒪᒃᑯ, ᖃᐅᐊᓇ, ᒥᖅᓂᒍ, ᓇᓄᖃᒪᒃᑯ. **ᐃᖅᓯᐅᐅᒋᖅ** (ᑐᐃᓵᓕᑎᔪᑦ): ᖃᐅᔨᓇᒪᒃᑯ, ᒥᔅ ᓂᑦᑲᓪᓚ. ᖃᐅᔨᓇᒪᒻᒪᓚᐊᓪᓴᒃ. ᐅᓂᖅᑲᑦᓕᐊᓵᔭᕆᑦᖏᑐᖅᑐᑦ. ᓯᓇᐅᐅᔨᖅ ᓇᓕᖅ ᒪᑐᐃᓪᓕᖅᐸᕆᕐ ᐅᖅᑲᐅᓂᖅᓴᑐᐃᓇᓇᐅᓇᓄᑦᓂᓪ ᐅᓴᓐᓂᓇᓐᓂᑦ ᐊᐱᖅᑯᓕᖅᑲᖅᑎᒪᓂᓐᓂ. ᑎᑎᕆᖅᓂᒪᔪᑦ ᐊᕕᐸᓂᒪᓂᖅᑦ ᒪᓪᓂᓂᐊᕐᓂᖅᑐᖅᑐᖅᑲᐅᑦᓂᓪᓕᐅᑎᕆᑦᓂᑦ ᓇᒪᒻᒪᓂᖅᑦ.

We’re going to start off from paragraphs 1 to 18. I open the floor to my fellow colleagues, if anybody has any general comments or if you have any questions from paragraphs 1 to 18. Mr. Joanasie.	ᐱᒋᐊᕈᑎᖃᕐᓂᐊᖅᑐᒍᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐊᕕᒃᓯᒪᓂᖏᓐᓂᒃ ᓈᓴᐅᑎᓖᑦ 1-ᒥᒃ 18-ᒧᑦ. ᓇᑎᖅ ᒪᑐᐃᖅᐸᕋ ᑲᑎᒪᔨᐅᖃᑎᓐᓄᑦ ᐅᖃᐅᓯᒃᓴᑐᐃᓐᓇᖃᕈᓯᓯ ᐅᖄᓘᓐᓃᑦ ᐊᐱᖅᑯᑎᒃᓴᖃᕈᓯᓯ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐊᕕᒃᓯᒪᓂᖏᓐᓂᒃ ᓈᓴᐅᑎᓖᑦ 1-ᒥᒃ 18-ᒧᑦ. ᒥᔅᑕ ᔪᐊᓇᓯ.
Mr. Joanasie (interpretation): Thank you, Madam Chairperson. Welcome to the Auditor General of Canada and Government of Nunavut officials.	ᔪᐊᓇᓯ: ᓇᑯᕐᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ. ᐊᒻᒪᓗ ᑐᙵᓱᒋᓪᓗ ᑭᓪᓗᓯᓂᐊᖅᑎᕐᔪᐊᖅ ᑲᓇᑕᒥ ᐊᒻᒪᓗ ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᑦ ᐱᓗᓇᐦᕐᑯᑎᖏᑦ.
At the beginning of the opening comments I noticed in the Auditor General’s report in paragraph 6 that it states, “…Nunavut is the only territory or province where the Department of Health is responsible for directly delivering health care services.”	ᐱᒋᐊᖅᐸᓪᓕᐊᑎᓪᓗᑕ ᑖᓇ ᐃᓖᕐᑲᐃ, ᐃᑉᐱᒋᓗᐊᓚᐅᕋᒃᑯ ᐅᕙᓂ ᑎᑎᕋᖅᓯᒪᓂᙵᓂ ᑭᓪᓗᓯᓂᐊᖅᑎᐅᑉ ᑎᑎᖅᑲᕐᑯᑎᖏᓐᓂ ᓈᓴᐅᑎᖓ 6 ᐅᕐᑲᖅᓯᒪᒻᒪᑦ ᓄᓇᕗᒨᖅ ᐊᕕᑦᑐᖅᓯᒪᔪᓂᑦ ᓲᕐᓗ provinces ᐊᒻᒪᓗ territories-ᓂᒃ ᑖᓇᒨᖅ ᐋᓂᐊᕐᑲᕐᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᐱᓕᕆᕝᕕᖓ ᑕᐃᒪᐃᑦᑐᓂᒃ ᐱᔨᑦᓯᕋᐅᑎᓂᒃ ᓄᓇᕗᒻᒥᐅᓂᓖᒃ ᐃᓄᕐᑯᑎᖏᓐᓄᑦ ᓴᖅᑮᔭᖅᑎᑦᓯᓯᒪᓲᖑᒻᒪᑕ.
The question I would like to ask is: thinking along the lines of the Office of the Auditor General’s comments and of other jurisdictions in Canada, what was the opinion of the Office of the Auditor General about the fact that only in Nunavut does the Department of Health deliver health care services? Thank you, Madam Chairperson.	ᐊᐱᖅᑯᑎᒋᒍᒪᔭᕋ ᑭᓪᓗᓯᓂᐊᖅᑎᒃᑯᓐᓄᑦ ᑖᓇ ᐃᓱᒪᒋᑦᓱᒍ ᐊᓯᙵᓂᒃ ᑕᕙᒪᕐᑲᕐᕕᐅᔪᓂᒃ ᑲᓇᑕᐅᑉ ᐃᓗᐊᓂ ᑕᒪᒃᑯᐊ ᐋᓂᐊᕐᑲᕐᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᐱᓕᕆᕝᕕᒻᒧᑦ ᐊᐅᓚᑕᐅᓐᖏᑦᑐᓂᒃ ᐱᑕᕐᑲᖅᑎᓪᓗᒋᑦ, ᖃᓄᖅ ᑖᓇ ᐃᑉᐱᒋᔭᐅᓚᐅᕐᒪᖔᑦ ᑭᓪᓗᓯᓂᐊᖅᑎᓪᓗᒋᑦ ᑖᑦᓱᒪᓐᖓᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ.
Chairperson (interpretation): Thank you, Mr. Joanasie. Mr. Ferguson.	ᐃᒃᓯᕙᐅᑕᖅ: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔪᐊᓇᓯ. ᒥᔅᑕ ᕘᒍᓴᓐ.
Mr. Ferguson: Thank you, Madam Chairperson. I guess that was simply the situation as it exists in Nunavut. As compared to many provinces where there might be health authorities that are directly responsible for the delivery of many of the health care services to people, in Nunavut it was more a case of the department, so it wasn’t something that we evaluated. I think it’s really for the department to determine the right model for delivery of services in Nunavut, but that was simply the model that exists here. In the report we felt that as part of the context in this background and	ᕘᒍᓴᓐ (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᓇᐃᓛᒃ ᒫᓐᓇ ᑕᐃᒪᐃᓕᖓᒻᒪᑦ ᓄᓇᕗᒥ. ᓴᓂᓕᖅᑲᖅᑎᑦᑐᒍ ᑲᓇᑕᐅᑉ ᐊᕕᑦᑐᖅᓯᒪᓂᕈᓘᔭᖏᓐᓂᑦ ᐋᓂᐊᕐᑲᕐᓇᓐᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᐱᓕᕆᔩᑦ ᑲᒪᔩᓪᓚᕆᐅᓲᖑᒪᑕᓕ ᐋᓂᐊᕐᑲᕐᓇᓐᖏᑦᑐᓕᕆᓂᕐᒥᒃ ᐃᓄᓕᕆᓪᓗᑎᒃ. ᓄᓇᕗᒥᓕ ᐋᓂᐊᕐᑲᕐᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᐊᓪᓚᕝᕕᖓ ᑖᓇ ᐊᐅᓚᑦᑎᓲᖑᔫᔭᕐᖓᑦ ᑕᐃᒫᒃ ᑕᑯᓐᓈᓚᐅᖅᑕᕗᑦ ᑕᐃᒫᑦᑎᐊᖅ ᓈᒻᒪᑦᑐᒥᒃ ᐋᖅᑮᓯᒪᒐᓗᐊᕐᒪᖔᑕ ᐱᔾᑎᕋᐅᑎᓂᑦ ᓄᓇᕘᒧᑦ. ᑕᕝᕙᓂ ᐅᓂᒃᑳᓕᐊᒥᓂᑦᑎᓐᓂ ᐅᖃᓚᐅᕐᑕᐃᓛᒃ ᓯᕗᓂᕆᓯᒪᔭᖓ ᐅᓂᒃᑳᕆᓪᓗᑎᒍᑦ ᑖᓇ ᐊᖃᐅᓯᕆᖃᓯᐅᑎᒋᐊᖃᖅᑑᔭᓚᐅᕋᑦᑎᒍᑦ

introduction, it was important to let people know that the difference exists between how health services are delivered directly in Nunavut compared to in other jurisdictions.	ᑕᖅᑲᒃᑯᐊ ᖃᐅᔨᒪᓂᐊᕐᖓᑕ ᐊᔾᔨᒋᔭᐅᓐᖏᑦᑐᒥᓪᓕ ᒫᓂ ᐊᐅᓚᑕᐅᓂᖃᕐᖓᑦ ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᓕᕆᓂᖅ ᑲᓇᑕᐅᑉ ᐊᕕᑦᑐᖅᓯᒪᓂᖏᑦ ᐊᓯᖏᑦ ᑕᑯᓐᓈᖅᑐᒋᓪᓕ.
Chairperson: Thank you, Mr. Ferguson. Mr. Joanasie.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑑᓴᐃᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕘᒍᓴᓐ. ᒥᔅᑕ ᔪᐊᓇᓯ.
Mr. Joanasie (interpretation): Thank you, Madam Chairperson. Also, the report basically focuses on community health centre services in Nunavut and we know that you visited seven communities. What did you have in mind when you decided on those seven communities and the health care services in those communities that are made available in Nunavut? I hope that makes sense. Thank you, Madam Chairperson.	**ᔪᐊᓇᓯ**: ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ. ᐊᒻᒪᑦᑕᐅᖅ ᑖᓐᓇ ᑭᓪᓕᓯᓂᐊᖅᓯᒪᔭᓯ ᐅᓂᒃᑳᖅ ᑐᕌᖓᔪᐊᕐᒪᑦ ᓲᕐᔪ ᓄᓇᓕᓐᓂ ᑕᖅᑲᒃᑯᓇᓐᖓᑦ ᐱᔨᑦᓯᕋᖅᑲᑦᑕᖅᑐᐃᑦ ᓄᓇᓕᓐᓂ ᐋᓐᓂᐊᕕᖁᑎᐅᖃᑦᑕᖅᑐᑦ ᓄᓇᕗᑦ ᐊᒻᒪᓗ ᖃᐅᔨᒪᓪᓗᑕ ᓯᑕᒪᐅᔪᓐᖏᒐᖅᑐᓂᒃ ᓄᓇᓕᓐᓅᓚᐅᖅᓯᒪᒐᕕᓯ. ᐃᒻᒪᖄ ᑭᓱᓂᒃ ᐃᓱᒪᒋᔭᖃᖅᓱᓯ ᑳᒃᑯᐊ ᕿᒥᕐᕈᕚᓪᓚᐊᒍᒪᓚᐅᖅᑭᓯᐅᒃ, ᓲᕐᔪ ᑕᒪᒃᑯᐊ ᓄᓇᓕᓐᓂ ᐱᔨᑦᓯᕋᐅᑎᐅᕙᑦᑐᑦ ᐱᓗᐊᖅᑐᒥᒃ ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᐱᔨᑦᓯᕈᑏᑦ ᓴᖅᑮᔭᖃᑦᑕᖅᑎᓪᓗᒋᑦ ᓄᓇᕗᒥ? ᑐᑭᓯᓇᕐᓂᕈᒪ. ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Joanasie. Mr. Ferguson.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑑᓴᐃᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔪᐊᓇᓯ. ᒥᔅᑕ ᕘᒍᓴᓐ.
Mr. Ferguson: Thank you. When we undertook this audit, it was focusing essentially on the people that are actually delivering health services to Nunavummiut because they are the ones that are in contact every day with the people that need those health services. We focused our audit very much on those frontline types of workers, the community health nurses and their supervisors, the staff who take X-rays, the interpreters, and a number of those types of positions. When it came to visiting the communities, what we tried to do was get a bit of a cross-section for how health services are delivered in the territory. It might have been based on size. It might have been based on remoteness. It might have been based on the types of services that are provided. We were just trying to get a bit of a different cross-section of	**ᕘᒍᓴᓐ** (ᑑᓴᐃᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ. ᐅᓇ ᖃᐅᔨᓴᕐᓂᖅ ᐱᒋᐊᕋᑦᑎᒍ ᑐᕋᖓᔪᐊᓚᐅᖅᑐᖅ ᐃᓄᓐᓄᑦ ᑕᐃᒃᑯᓂᖓ ᐱᔨᑦᑎᕋᖅᐸᑦᑐᓂᒃ ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᓕᕆᓂᕐᒥᒃ ᐃᖅᑲᓇᐃᔭᖅᐸᑦᑐᓂᒃ. ᑕᐃᒃᑯᐊ ᑕᐃᒪ ᑲᒪᖅᑲᑦᑕᕐᖓᑕ ᐃᓄᓐᓂᒃ ᐃᑲᔪᖅᑕᐅᔭᕆᐊᓕᓐᓂᒃ ᐋᓐᓂᐊᕕᒻᒥ. ᑕᐃᒃᑯᓂᖓᓪᓗᐊᑕᖅ ᖃᐅᔨᓴᕐᓂᕗᑦ ᑐᕋᖓᓚᐅᖅᑐᖅ ᑕᐃᒃᑯᓄᖓ ᑑᓴᐃᓄᑦ, ᐋᓐᓂᐊᓯᐅᖅᑎᓄᑦ, ᐊᓯᖏᓐᓄᓪᓗ ᑕᐃᒪᐃᑦᑐᓂᑦ ᐃᖅᑲᓇᐃᔮᓄᑦ. ᐳᓛᓇᐊᖅᑲᑦᑕᕐᓂᕋᓪᓚ ᓄᓇᓕᓐᓂ ᐃᒪᐃᒐᓱᓪᓚᐅᖅᑐᒍᓂᓛᒃ ᐊᔾᔨᒌᓐᖏᑦᑑᑕᐅᔫᒥᒐᓱᑦᑐᓂᒃ ᖃᓄᖅ ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᓕᓲᖕᒎᒻᒪᖕᖔᑕ ᓄᓇᕗᒥ ᐊᔾᔨᒌᓐᖏᑉᐸᓗᑦᑎᒐᓱᓪᓚᐅᖅᑕᕗᑦ. ᐃᓄᖕᒋᖅᑲᐃ ᐊᒥᓲᓂᖏᑦ ᐊᔾᔨᒌᓐᖏᑎᒐᓱᐊᖅᑐᑎᒍᑦ ᐊᒻᒪᓗ ᓄᓇᓕᖅᐸᓂᒃ ᖃᓂᔅᓴᓐᖏᓐᓂᖏᑦ ᖃᓂᔅᓴᕐᓂᖏᓪᓗ ᐊᔾᔨᒌᓐᖏᑦᑎᒐᓱᐊᖅᑐᑎᒍ,

communities and what's delivered in those communities. I could ask Mr. McKenzie to provide us the exact communities if you would like to know those.	ᖃᒃᓄᐃᑦᑐᓂᒃ ᓄᓇᓕᓐᓂ ᐊᑐᐃᓐᓇᖃᒃᓱᖓᓚᖓᑦ ᐱᔨᑎᑕᐅᑎᑭᓗᒃᓴᓂᒃ ᖃᒃᐅᔨᓱᐊᕐᕈᒃᑐᑦ. ᒥᔪᑦ ᒥᐹᓱ ᐅᓂᒃᑲᑎᐊᕐᕈᑎᒍᓐᓇᕐᓂᕆᔨ ᓄᓇᓖᑦ ᓇᓕᐊᑦ ᐊᓪᓚᐊᓲᓚᖓᑎᑦᑎᒍ ᐱᔪᒪᔭᓱᐅᒃ.
Chairperson: Thank you, Mr. Ferguson. Mr. McKenzie.	**ᐃᒃᓱᖏᐅᑦ** (ᑐᐃᓚᐅᑎᔪᑦ): ᖃᐅᔨᓐᓇᒋᒃ, ᒥᔪᑦ ᑭᒡᓴᔨᓐ. ᒥᔪᑦ ᒥᑭᓐᓱ.
Mr. McKenzie: Thank you, Madam Chairperson. Thank you, Hon. Member, for the question. Just to add as well, as Mr. Ferguson has mentioned, we were looking for a cross-section of communities in terms of regional coverage, for example, and in terms of size. In terms of the specific communities that we visited, they included Cambridge Bay, Gjoa Haven, Rankin Inlet, Arviat, Igloolik, Hall Beach, and Pangnirtung. Just by way of closing, it was extremely valuable for our team to have had an opportunity to visit those communities and to be able to speak to the staff that work there in person. Thank you.	**ᒥᑭᓐᓱ** (ᑐᐃᓚᐅᑎᔪᑦ): ᖃᐅᔨᓐᓇᒋᒃ, ᐃᒃᓱᖏᐅᑦᑐᒃ. ᖃᐅᔨᓐᓇᒋᒃᑯᕐᕋ ᑲᑎᒪᓕ ᐊᐱᓚᒪᓪᑦ. ᐃᓐᓇᕐᓄᑐᑦᑕᐃᓐᓇᖅ, ᒥᑭᓐᓱ ᑭᓴᔨᑦ ᐅᖃᖅᑎᑦᓯᔪᓄᑦᑎᐊᖅ ᖃᓄᐃᑦᑐᑦᑎᐊᖅ ᖃᐅᑎᖃᔪᒪᓪᓚᐅᑦ ᐊᓯᖏᓐᓄᑦᓯᐅᓂᖅᑐᓄᑦ ᐊᐃᑲᓐᓂᖅᓱᒪᓂᐅᒃᑐᖅ ᐊᓘᒃᑲᐊᑦᑐᐅᓂᖅᓱᓕᕆᓂᖅ ᐊᓘᒃᑲᐊᑦᑐᐅᓂᖅᓱᓕᕆᓂᖅ/ᒥᐅᔨᑎᐅᓂᖅᓱᓕᕆᓂᖅ. ᓄᓇᓕᓐᓂ ᑕᐃᑲᑯᐊ ᐳᓴᓚᐊᓕᐅᖅᑕᕐᓂᑦ ᐃᖅᑲᓇᐃᑎᑎᐊᖅ, ᐅᖅᓱᓴᖅᑐᖅ, ᑲᖏᖅᑐᖅ, ᐃᓗᓕᓕᒃ, ᐃᓗᓐᓕᓕᒃ, ᓴᓂᕆᓴᒃ ᐊᓘᒪᓂᖅᓴᓂᖅ. ᐱᓴᓵᖅᓕᓐᓄᑲ, ᐊᑐᑎᖅᑲᓕᓚᑎᑕᐊᔪᓕᐅᖅᑐᖅ ᐅᓪᓗᓕ ᐱᓕᓚᖅᑎᑦᑕᑦ ᐳᓴᓚᐊᑭᓐᓇᖅᑐᓕᐅᕆᔨᑦᑕ ᐅᖅᖅᑎᑎᖅᑭᓐᓇᖅᑐᓕᓕᒃ ᐃᖅᑲᐅᑦᑐᖅᓯᓂᖅᑎᓕᐅᖅᓯᓂᖅ ᓇᒻᒥᓂᖅ. ᖃᐅᔨᓐᓇᒋᒃ.
Chairperson: Thank you, Mr. McKenzie. Mr. Joanasie.	**ᐃᒃᓱᖏᐅᑦ** (ᑐᐃᓚᐅᑎᔪᑦ): ᖃᐅᔨᓐᓇᒋᒃ, ᒥᔪᑦ ᒥᐹᓱ. ᒥᔪᑦ ᔨᐊᓇᓱ.
Mr. Joanasie (interpretation): Thank you, Madam Chairperson. I also thank you. Of the communities that were mentioned, if I'm not mistaken, Hall Beach seems to be the smallest community. Did you ever consider visiting an even smaller community or can you tell us how you selected those communities to visit? Thank you, Madam Chairperson.	**ᔨᐊᓇᓱ**: ᖃᐅᔨᓐᓇᒋᒃ, ᐃᑭᓱᖏᐅᑦᑐᖅ. ᖃᐅᔨᓐᓇᒋᑦᓗ. ᑭᒃᑯᐊ ᓄᓇᓕᑦ ᐅᖃᖅᑕᐅᑲᐃᐅᓇᖅᑐᓄᑦ, ᑕᓚᖏᖅᑯᒪᓚ, ᓴᓂᕆᓴᒃ ᒥᐅᓂᖅᓯᖏᓚᓕᑦᑎᓚᒥᑦ. ᐃᓱᒪᖅᓴᖅᓱᐅᓕᓱᑦᓕᖅᐃ ᒥᐅᓂᖅᓴᖅᑲᒃᑲᓂᐅᓂᒃᓂᔭᓂ ᓄᓇᓕᓐᓄᑦᑯᓴᕐᓴᐅᓕᖅᓴᓂᒃ, ᐅᕐᖏᓯᓐᓂᑦ ᐅᖃᖅᑐᓂᓇᖅᑭᓱᖅᐃ ᖃᒃᓄᖅ ᑭᒃᑯᐊ ᓄᓇᓕᑦ ᓂᑭᐊᖅᑕᐅᓕᐅᖅᓯᒪᓕᑦ ᐅᔨᓂᒃᑯᓂᖅᓱᒃᐅᑦ. ᖃᐅᔨᓐᓇᒋᒃ, ᐃᑭᓱᖏᐅᑦᑐᖅ.
Chairperson: Thank you, Mr. Joanasie. Mr. Ferguson.	**ᐃᒃᓱᖏᐅᑦ** (ᑐᐃᓚᐅᑎᔪᑦ): ᖃᐅᔨᓐᓇᒋᒃ, ᒥᔪᑦ ᔨᐊᓇᓱ. ᒥᔪᑦ ᑭᒡᓴᔨᓐ.
Mr. Ferguson: Thank you, Madam Chairperson. Actually I'll ask Mr. McKenzie to respond to that. Thank you, Madam Chairperson.	**ᑭᒡᓴᔨᓐ** (ᑐᐃᓚᐅᑎᔪᑦ): ᖃᐅᔨᓐᓇᒋᒃ, ᐃᒃᓱᖏᐅᑦᑐᖅ. ᒥᔪᑦ ᒥᐹᓱ ᕈᐅᔨᑯᓂᐊᕆᑯᑯ ᑕᔪᓱᒥᖓ. ᖃᐅᔨᓐᓇᒋᒃ, ᐃᒃᓱᖏᐅᑦᑐᖅ.
Chairperson: Thank you, Mr. Ferguson.	**ᐃᒃᓱᖏᐅᑦ** (ᑐᐃᓚᐅᑎᔪᑦ): ᖃᐅᔨᓐᓇᒋᒃ, ᒥᔪᑦ ᑭᒡᓴᔨᓐ.

Mr. McKenzie.	ᒥᔅᑕ ᒥᑭᓐᓯ.
Mr. McKenzie: Thank you. In doing our initial planning, we were certainly looking, again, for coverage; size of the populations. I should note as well, though, that we did have an opportunity to contact other selected health centres during the planning phase through telephone conversations to get their input as well in terms of some of the issues that we could look at. We also spoke to officials from within the Department of Health to get their views on which communities would be worthwhile and provide us with opportunities to get a good understanding of how the health centres operated and some of the challenges that they're facing.	**ᒥᑭᓐᓯ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ. ᐸᕐᓇᐅᑎᓕᐅᕆᐊᓐᖓᑎᓪᓗᑕ ᕿᒥᕐᕈᓇᓚᐅᖅᑐᒍᑦ ᐊᕙᓗᐃᓂᕐᒥᒃ ᐃᓄᓯᐊᑦᑎᒋᓂᖏᓐᓂᓪᓗ. ᖃᐅᔨᓚᐅᖅᑐᖓ ᖃᐅᒋᐊᕈᓐᓇᓚᐅᕋᑦᑕ ᐊᓯᖏᓐᓂᒃ ᐋᓐᓂᐊᕕᓐᓂᒃ ᐸᕐᓇᐸᓪᓕᐊᑎᓪᓗᑕ. ᒪᕈᐊᖅᑎ ᐅᖄᓚᐅᑎᒃᑰᖃᑎᖃᖅᑐᑕ ᑐᓴᕝᕕᒋᔭᒪᓪᓗᑎᒃᑯᑦᑕᐅᖅ ᒪᑯᓐᖓ ᐱᕐᔪᐊᕆᔭᐅᔪᓂᒃ ᕿᒥᕐᕈᒍᓐᓇᕋᔭᖅᑕᑦᑎᓐᓂᒃ. ᐅᖃᖃᑎᖃᓚᐅᕐᒥᔪᒍᑦ ᐱᓕᕆᔨᐅᔪᓂᒃ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔾᑯᓐᓂ ᐃᓱᒪᒋᔭᒥᒃ ᑐᓴᕈᒪᓪᓗᒋᑦ ᓇᓪᓕᐊᑦ ᓄᓇᓖᑦ ᐃᓱᒪᓇᕋᔭᕐᒪᖔᑕ. ᐃᒫ, ᐱᕕᖃᕈᓐᓇᓚᐅᖅᑐᒍᑦ ᑐᑭᓯᐊᓂᑖᑦᑎᐊᕈᓐᓇᕐᑯᓪᓗᑕ ᖃᓄᖅ ᐋᓐᓂᐊᕖᑦ ᐃᖏᕐᕋᕙᒻᒪᖔᑕ ᑕᒪᒃᑯᐊᓗ ᐊᒃᓱᕉᑎᒋᕙᑦᑕᖏᓐᓂᒃ.
Chairperson: Thank you, Mr. McKenzie. When you finish your comments, it would be helpful if you say "thank you," then the guy that is in charge of the microphone knows when to switch on and switch off. Mr. Joanasie.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᓐᓯ. ᐱᔭᕇᑐᐊᕌᖓᕕᑦ ᐱᐅᒐᔭᖅᑐᖅ ᖁᔭᓐᓇᒦᖅᑲᑦᑕᕈᕕᑦ ᑕᐃᓐᓇ ᓇᕿᑦᑕᖅᑎ ᖃᐅᔨᖃᑦᑕᕐᓂᐊᕐᒪᑦ. ᒥᔅᑕ ᔪᐊᓇᓯ.
Mr. Joanasie (interpretation): Thank you, Madam Chairperson. Thank you for the clarification. Also in the Auditor General's report, I read through it and in paragraph 13 it states that "Community health nurses can also perform an expanded scope of practice" as long as there is an opportunity in line with their experience and capacities. That doesn't happen with some nurses. While working on your report, did you analyze the duties that nurses perform and their scope of work? If they had too many duties to perform, did it have an impact on the patients in the communities? They deal with many patients. For example, in Pangnirtung and Igloolik they have a population of almost of 2,000 and some nurses are given more duties than others.	**ᔪᐊᓇᓯ**: ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ. ᖁᔭᓐᓇᒦᓪᓗ ᑐᑭᓯᓇᖅᓯᒋᐊᑦᑕᕐᒪᑦ. ᑕᐃᒪᑦᑕᐅᖅ ᑕᕝᕙ ᑭᓪᓕᓯᓂᐊᖅᑎᐅᑉ ᐅᓂᒃᑳᖕᒋᓐᓂ ᕿᒥᕐᕈᐊᓚᐅᖅᓯᒪᓚᐅᕐᒥᒡᑯᑦᑕᐅᖅ ᓈᓴᐅᑎᖓ 13 ᐊᒻᒪᓗ ᐱᖓᓱᓪᓗ ᑕᕝᕙᓂ ᐅᕐᑲᖅᓯᒪᒻᒪᑦ ᑕᒪᒃᑯᐊ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᓄᓇᓕᓐᓂ ᐊᖏᔫᓂᖅᓴᓄᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐊᒥᓱᓂᖅᓴᓂᒃ ᐱᓕᕆᐊᓪᓴᖅᑎᑕᐅᒍᓐᓇᓱᖑᒻᒪᑕ ᐱᕕᖃᑐᐊᖅᐸᑕ ᐊᒻᒪᓗ ᐊᑐᖅᓯᒪᔭᖏᑦ ᒪᓕᓪᓗᒋᑦ ᐊᔪᓐᖏᓐᓂᖏᑦ ᒪᓕᓪᓗᒋᑦ ᑕᐃᒪᐃᒍᓐᓇᖅᑎᑕᐅᓱᖑᒻᒪᑕ ᐃᓚᖏᑦ, ᑭᓯᐊᓂ ᐃᓚᖏᑦ ᑕᐃᒪᐃᓐᖏᑦᓯᑎᒃ. ᑭᓪᓕᓯᓂᐊᖅᑎ ᐱᓕᕆᓪᓕᐊᑎᓪᓗᒍ ᐅᓂᒃᑳᓕᐅᕐᓂᐊᖅᑕᒥᓂᒃ ᑕᒪᓐᓇ ᖃᐅᔨᓴᓚᐅᖅᑭᓯᓪᓕᖅᑲᐃ ᑕᒪᒃᑯᐊ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐱᓕᕆᐊᕆᕙᑦᑕᖏᑦ ᐊᖏᑎᒋᔫᒻᒪᑕ ᐅᕝᕙᓗᖃᐃ ᐃᒻᒪᖄ ᐊᒥᓱᓂᒃ ᐱᔭᑦᓴᖃᓗᐊᓯᓐᓂᖅᐸᑕ ᑖᒃᑯᐊ ᐋᓐᓂᐊᓯᐅᖅᑕᖏᑦ ᐊᑦᑐᐃᓂᖃᖅᓯᒪᓚᐅᕐᒪᖔᖅ ᑖᒃᑯᓄᖓ ᓄᓇᓕᓐᓂᒥᐅᓄᑦ? ᐊᒥᓲᖃᑦᑕᕐᒪᑕ ᐆᑦᑑᑎᒋᓗᒍ ᐸᓐᓂᖅᑑᖅ 2,000-ᖏᓐᓃᑲᓴᓕᖅᑐᖅᑲᐃ ᐃᓄᖏᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐃᒡᓗᓕᒃ ᑕᒪᒃᑯᐊ ᐃᓚᖏᑦ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐊᖏᓂᖅᓴᓂᒃ ᐱᓕᕆᐊᓪᓴᖅᑎᑕᐅᖃᑦᑕᖅᑎᓪᓗᒋᑦ.

While you were auditing that, were you made aware of any impacts? Thank you, Madam Chairperson.	ᑕᒪᓐᓇ ᖃᑎᖅᑭᓇᑎᑦᑕᓂᕐᒥᐅᑦ ᖃᐅᔨᖅᑕᕈᑕᐅᖅᑭᓂ? ᖁᓕᖃᓇᒧᑦ, ᐃᑲᓂᐊᐅᑦ.
Chairperson: Thank you, Mr. Joanasie. Mr. Ferguson.	**ᐃᒃᓂᐊᐅᑦ** (ᑐᐃᓚᐅᑎᔪᑦ): ᖁᓕᖃᓇᒧᑦ, ᒥᔅᑕ ᔨᐊᓇᓂ. ᒥᔅᑕ ᑭᓪᓕᖅᑐ.
Mr. Ferguson: Thank you, Madam Chairperson. As we state in paragraph 13, the community health nurses can be required to perform an expanded scope of practice which would include the things that we list there, “suturing wounds, dispensing medication, performing X-rays, and putting casts on fractured limbs.” Essentially in many of these health care centres the community health nurses have to deal with whatever comes in the door and they need to be trained to do that.	**ᑭᓪᓕᖅᐸ** (ᑐᐃᓚᐅᑎᔪᑦ): ᖁᓕᖃᓇᒧᑦ, ᐃᒃᓂᐊᐅᑦᑕᖅ. ᐅᖅᑲᖅᓂᒪᓕᒡᓕ ᐅᖅᑲᒥᐃᓕᖅᐸᒃ 13-ᒥ, ᓄᓇᒥᓇᓂᑎ ᐊᓇᑎᓂᐅᖅᑲᓕ ᑎᒥᐅᖅᑕᐅᔨᓇᓕᖅᓚᑦ ᐃᒥᓴᐅᔨᒥᑦ ᐱᒥᔭᕐᓂᒃ ᐱᖅᑲᓂᐅᑎᓴᖅᑐᒥᒃ ᑕᐃᒃᑯᐊ ᑕᐃᖅᑲᐅᓴᖅᑐᑦ ᓂᔅᓗᓐ ᑭᒥᖅᓂᑯᓂᒃ ᒥᖅᓂᓂᑐᒥᒃ, ᐃᓅᒥᔭᕐᑎᓂᒃ ᑐᑎᖅᑐᐃᑎᓂᒥᒃ, ᖁᑯᐊᖅᑎᑎᓇᓂᒥᒃ. ᑕᒪᒃᑯᐊᓚᒥᐃᑦ ᑕᒪᒃᑯᓇᓂ ᐊᓂᓂᐊᕐᓂᓂ ᐊᓂᓂᐊᓂᐅᖅᑭᓂ ᑲᒪᑎᓂᑲᑕᓚᐊᖅᑲᖅᑕᖏᓐᓂᒃ ᐊᒻᒪᓐ ᐃᒥᓐᓂᐊᖅᑎᑕᐅᓂᕐᒥᖅᑎᑐᑎᓂᒃ ᑕᒪᒃᑯᓂᒃ.
We didn’t specifically look at the workload of nurses. I think, later on in the report, we do talk about the efforts that the department is going through in the planning of the system. I think having some metrics and an ability to understand the demands that changing populations have and the demands that the makeup of populations have on the workload of the community health nurses would be information the department should have in order to inform their plans going forward for the health system.	ᐃᒪᓐᓇᒥᒃᑯᑦᓴᓇᓗᒃ ᖃᑎᖅᑭᐊᓕᐅᓐᓂᕐᑎᑐᑐᑦ ᒪᓇᐊ ᐱᒥᓚᕆᐊᖅᑲᓂᖏᓐᓂᒃ ᐊᓂᓂᐊᖅᑐᓂᒃ. ᐊᐅᓂᒃᑲᓐᓂᒃ ᐅᓂᒃᑲᒥ ᐅᖅᑲᐅᓂᖅᑲᓂᕐᒪᑕᑦ ᑕᒃᓇᐊ ᐱᒥᓂᖅᑕᐃᓚᑦ. ᑕᐃᒪᒥ ᑐᓴᒃᑯᑦᒥᐊᓂᖏᓐᓂᒃ ᐃᖅᑲᐊᓂᑐᓂᒃ ᐊᒻᒪᓐ ᐃᓇᑎᑦᑕ ᐊᖅᑭᑲᓂᖅᑎᓂᓐᓇᓇᑦ. ᑕᐃᒪᒥ ᐊᓂᓂᐊᐅᖅᑲᓂᒃ ᓄᓇᓕᒻᒥᒃ ᐱᖅᑲᓂᖅᑎᓂᖅᑐᓂᒃ ᑕᒃᓇᐊ ᐱᒥᓂᖅᓴᓐᓂᒃ ᐊᓂᓂᐊᖅᑐᑦᓴᓐᓂᒃ ᑎᒍᒥᐊᖅᑲᖅᑕᕐᓂᐊᖅᑎᓂᒃᑐᓂᒃ ᐊᓂᓂᐊᖅᑲᖅᑎᑦᓴᓐᓂᒃ.
We didn’t specifically look at workloads of individual community health nurses. We recognized that they had this expanded scope of practice, so therefore we wanted to make sure that the department was keeping track of the training, orientation, and certifications that they had. I think, as we will find later in the report, they weren’t keeping track of that type of information. Thank you, Madam Chairperson.	ᐃᒪᓐᓇ ᖃᑎᖅᑭᐊᓕᑎᒥᓕᐅᓐᓂᕐᑎᑐᑦ ᐱᒥᓚᕆᐊᖅᑲᓂᖏᓐᓂᒃ ᐊᖏᕐᓂᓚᖅᑕᖅᑕᖏᓐᓂᒃ ᐊᓂᓂᐊᐅᖅᑲᓂᕐᒥᐅᑦ ᓄᓇᓕᒻᒥᒃ. ᐃᒥᐊᓚᓂᒪᓕᖅᑐᓂᒃ ᒪᓐᓇ ᐱᖅᑲᓂᖅᑎᓂᒃ ᑕᐃᒪᒃᑯᓇᓂ ᐊᖏᕐᓂᒥᐊᓚᖅᑲᐊᓂᖏᓐᓂᒃᑐᓂᒃ, ᓇᐅᑎᖅᑲᓂᐊᖅᓱᓐᓂᒃ ᐱᒥᒪᐅᓴᐃᓂᕐᒥᓂᒃ, ᐸᐃᐸᖅᑕᓚᐊᖅᑲᓂᖅᑐᓂᒃ. ᑕᑯᓂᐊᖅᑐᐅᑦᓴᓐᓂᒃ ᐅᓂᒃᑲᒥ ᑕᒪᒃᑯᓂᒃ ᐊᖏᕐᓂᐊᖅᑐᓂᒃ ᐅᓂᒃᑲᓐᓂᒃ ᑕᒪᒃᑯᓂᒃ. ᐃᓅᓚᖅᑐᑦᓴᓐᓂᒃ ᐅᖅᑲᓂᖅᑎᓂᒃ ᐊᓂᓂᐊᖅᑐᓂᒃ.

Chairperson: Thank you, Mr. Ferguson. Mr. Joanasie.	**ᐃᒃᓯᕗᐅᑕᖅ** (ᑐᓴᓕᑎᒍᑦ): ᖃᐅᔨᓐᓇᒋᒃ, ᒥᔭᑦ ᑲᑎᓴᓐ. ᒥᔭᑦ ᔨᐊᓐᓇᓯ.
Mr. Joanasie (interpretation): Thank you, Madam Chairperson. My question is to the government on the same questions in paragraph 13. Some community nurses can also perform an expanded scope of practice. Can you describe what kinds of additional training and qualifications would permit a nurse to work in an expanded scope of practice and how you determine which communities require nurses to have these additional skills and qualifications? Thank you, Madam Chairperson.	**ᔨᐊᓇᓯ**: ᖃᐅᔨᓐᓇᒋᒃ, ᐃᑦᓯᕗᐅᑕᖅ. ᑌᕕᒪᐅᔨᓐᓂᓕᓂ ᐊᐱᖅᑯᑎᔨᒪᔭᕐ ᑕᓐᓇᑦᓴᐃᓐᓇᖅ ᑎᑎᕐᖅᓯᒪᓂᖏᑐ 13. ᑕᒃᑯᐊ ᐊᓐᓂᐊᓯᐅᖅᑎᑦ ᐃᓕᓴᑦ ᐊᖏᑎᓂᖅᓴᒥᒃ ᐅᕙᕗᓐᓂᑦ ᐊᒥᓯᓂᖅᓴᓂᒃ ᐱᓕᓚᐊᑦᓴᖅᑎᑕᐅᔪᓐᓇᖅᑕᖅᑎᑦᓗᒍᑦ. ᖃᐅᔨᑦᑭᐊᖅ ᑕᒪᓐᓇ ᐅᕙᕗᓐᓂᑦ ᐅᖃᐅᓐᓇᖅᑭᖅᐃ ᖃᐅᔨᐃᑦᑐᓂᒃ ᐱᓕᒪᑦᓴᐅᑎᓂᒃ ᐅᕙᕗᓐᓂᑦ ᐊᓯᓐᑎᑦᓯᑦᓕᒍᑎᓂᒃ ᐊᑐᖅᓯᒪᔭᓚᐊᖅᓯᐲᒪᒪᓕᑦ ᐊᓐᓂᐊᓯᐅᖅᑎᑦ ᑕᐃᒪᐃᑦᑐᓂᒃ ᐊᖏᑎᓂᖅᓴᓂᒃ ᐱᓕᓚᐊᑦᓴᖅᑎᑕᐅᖅᑕᖅᑎᑦᓗᒍᑦ? ᐊᒪᒪᑦᑕᐅᖅ ᑕᒪᓐᓇ ᖃᐅᔨᑦ ᖃᐅᔭᖅᑦᑕᖅᐱᓯ ᓇᓕᐊᑦ ᓄᓇᓕᓐᓂ ᑕᐃᒪᐃᑦᑐᓂᒃ ᐊᖏᑎᓂᖅᓴᓂᒃ ᐱᓕᓚᐊᑦᓴᖅᑎᑕᐅᔪᓂᒃ ᓇᑐᓇᐃᖅᓯᓯᒪᓕᒐᓴᑦᑐᓯ? ᖃᐅᔨᓐᓇᒋᒃ, ᐃᑦᓯᕗᐅᑕᖅ.
Chairperson (interpretation): Thank you, Mr. Joanasie. Ms. Stockley.	**ᐃᒃᓯᕗᐅᑕᖅ**: ᖃᐅᔨᓐᓇᒋᒃ, ᒥᔭᑦ ᔨᐊᓐᓇᓯ. ᒥᔪ ᓯᑕᒃᑕᓐ.
Ms. Stockley: Thank you, Madam Chairperson. In order to be able to work in a health centre as a community health nurse, the minimum experience required is generally two years. When we look at applications for nurses, we look at the minimum of two years and we also look at the experiences that they have had in their career.	**ᓯᑕᒃᑕᓐ** (ᑐᓴᓕᑎᒍᑦ): ᖃᐅᔨᓐᓇᒋᒃ, ᐃᒃᓯᕗᐅᑕᖅ. ᑕᐃᒪᓐᓂ ᐊᓂᔨᓐᐊᖅᒥ ᐃᖅᑲᓇᐃᓕᔨᒋᓇᔭᓐᓇᔭᓂᐊᓕᒐᕐᓂ, ᑕᑯᓇ ᐊᑎᑎᓄᖅᓴᓚᓇᖏᓐᓄ ᐊᖏᖁᔪᓂᒃ ᒪᖏᔭᓄᒃ ᐃᖅᑲᓇᐃᓕᔨᖅᓯᒪᓕᓚᐊᖅᑎᑦᓕᑦ. ᑕᐃᒪᓐᓂ ᐃᖅᑲᓇᐃᓕᐅᔨᖅᑕᕐᓯᓂᕐᒃ ᖃᑎᖏᕐᐊᓐᓂᕐᔭᖅᑎᒃ ᐅᑭᐅᑦ ᒪᖏᔭᒃ ᑐᓴᓄᒃ ᐅᓂᒃᑲᓇᑕᖅᑐᑦᓯᓐᓂᒃ ᑕᐃᒃᓴᑦ ᐃᖅᑲᓇᐃᓕᔨᖅᑕᖅᓯᒪᓂᖅᓄᓂᒃ.
We're currently right now putting forth our mentorship program that the Members endorsed in our last Committee of the Whole, which will focus on making sure that Nunavut Arctic College graduates are going through a mentorship to prepare them to be able to engage in their professional life, I guess is what I'm trying to say, and set the standards for them to be able to work in health facilities throughout the territory.	ᐃᒪᓐᓇᐅᔪᖏᓐᓂ ᑕᒃᑯᐊ ᐊᔪᓚᖅᓯᐃᓕᔨᓕᓐᓂᐊ. . . ᑕᐃᒪ ᑲᑎᒪᑐᐃᓐᓇᖏᓐᓄᒃᑯᑦ ᐊᖏᑎᖅᑕᐅᓕᐅᖅᓯᒪᑎᑦᓗᒍᑦ ᑕᐅᑐᒃᖅᑎᓗᐊᑕᑦᓗᒍᑦ ᓄᓇᕗᑦ ᓯᓕᑕᑐᖅᓴᖏᓐᓇᖅ ᐱᓕᕆᖅᓯᐲᓕᐅᔪᑦ ᑕᐃᒃᑯᐊ ᐃᒪᓐᓇ ᐊᔪᓚᖅᓯᐲᓕᐅᒥᒃ ᐃᖅᑲᓇᐃᓕᔨᖅᑎᑲᖅᓇᖅᑐᓗᒍᑦ ᐃᖅᑲᓇᐃᓕᔨᓕᖅᑭᑦᓕᐊᑎᑦᓗᒍᑦ ᐅᖅᑕᓯᖅᑯᑦᓂᖅᓴᖓ ᐊᓚᓗᒃ ᒪᓕᐅᑦᑕᐅᓕᐅᓕᖅᑎᑦᓗᒍᑦ ᐊᑦᓯᐊᖅᑲᓇᑕᖅᑎᑦᓗᒍᑦ ᐅᖅᑕᓯᓯᖅᑯᑦᓂᖅᓴᖓ ᐊᓚᓗᒃ ᒪᓕᐅᑦᑕᐅᓕᐅᓕᖅᑎᑦᓗᒍᑦ ᐃᓗᓕᓴᐃᓐᓇᖅᑐᑦ ᑕᐃᒪᓐᓇ ᐃᓗᓕᓴᐃᓐᓇᖅᑐᑦ.
Right now we're preparing an RFP to develop the curriculum for a clinical orientation program for the nursing workforce as well. Once we determine we	ᐃᓗᓐᓇᐅᔪᖅ ᐱᖓᓱᐃᓕᔨᓕᐊᔪᒍᑦ ᐃᓕᓴᐅᔨᐊᑎᖅᓴᖓᓂᒃ ᐃᓅᓴᐱᐃᓐᓂᒃ ᖃᐅᔨᓐᓇᒋᒃᑯᑦ ᑕᐃᒪᓐᓂ ᖃᐅᔭᕐᓱᓚᑦ

have nurses who are interested in coming to work in Nunavut and they have the minimum skill set, the two years of experience, then we want to make sure that they are adequately trained because the kinds of challenges that they will face in a remote location are very unique.	ᓄᓇᕗᒻᒥ ᐃᖃᓗᐊᕕᑭᑕᒪᔨᓂᖅ ᐊᐅᓚᐱᐅᖃᕐᑎᓂᖅ ᑕᒃᑯᐊᓗ ᐃᖃᓗᐊᕕᖏᒪᓂᕐᓂ ᐅᑭᐅᓂᖅ ᒪᕐᒋᖕᓂᖅ ᐃᖃᓗᐊᕕᖏᕐᓂᑯᓐᓇᖅ, ᑕᐃᒪᓕ ᐱᓕᒪᒃᑯᐅᑎᐊᖅᑭᒪᓕᕆᓂᐊᖏᓐᓇᑕ ᖃᐅᔨᔨᒪᓕᕐᓂᕐᒥᔪᖓᑕᒪᑦ. ᑕᒃᑯᐊ ᐊᒃᑭᑦᓇᖅᑐᑯᑦᓯᓚᖃᖅᑎᓂᐊᖏᖅᑕᖅᑕᓂ ᐃᓄᑭᑦᑐᔪᒥ ᐊᐳᐅᐅᓴᕐᓂᑐᔪᒪᑕ.

In the interim while we are developing that RFP, the chief nursing officer's clinical orientation program is being implemented with an initial abbreviated session being delivered in June of 2017 by one of the clinical nurse educators. It's anticipated that complete orientation will be delivered in fall 2017. | ᑕᐃᑯᖏᑎᕋᓯᖏᓚᓂᓪᓕ ᑕᒪᒃᑯᐊ ᐃᓅᓕᓴᐃᓂᑦᒧᑦ ᐱᓕᒪᒃᓴᐃᓂᖅ ᑲᔪᓯᑎᑕᐅᕙᑦᓕᐊᔨᖅ ᓇᐃᒃᓕᓕᕐᑎᑦᒪᓕᕆᔨᒃᑲ ᔪᓚ 2017-ᒥ ᑕᒃᑯᐊ ᐃᓕᓴᐃᔨᖅᑎᓂᑐᒃ ᐊᓂᓕᐊᕕᖏᕐᓂᖅ. ᑕᐃᒪᓕᓪᓚᕆᔨᓕᕐᒃ ᐅᑭᐊᖏᓴᖅᑎᓂᐊᓕᕆᓂᖅ 2017 ᑲᔪᓯᑐᓴᖅᑐᐊᖅᑐᑦ.

As I mentioned, our business case for support and delivery of the Nurse Mentorship Program that will align with the proposed clinical orientation was approved and work is being incorporated on that. | ᑕᐃᒪᓕ ᐅᖃᖅᑐᐅᑦᑎᓪᓕ ᐱᓕᕐᒪᒃᑲᐃᑦ ᐸᖃᓗᐅᑎᖏᓐᓄᑐᓂ ᑕᒪᓐᓇ ᐊᔪᓚᖅᓯᐃᔨᓴᕐᓂᒋᔨᓂᖅᑐᒃ ᐱᓕᓚᖅᑎᖃᖅᑎᓂᓪᓕᑦᑕᓂ ᒪᓕᒋᓄᖓ ᐃᓅᓕᓴᐃᓂᑦᒧᑦ ᐱᓕᓚᐊᕐᓂᖅ ᓪᓚᐓ ᑕᐓᓇ ᐃᓗᓕᐅᐅᓴᕐᓂᒋᔨᓂᖅᑐᒃ ᐱᓕᕐᒪᒃᓕᕐᓂᓄᑦ.

The other piece of work that the Department of Health is doing to address these concerns is development of an advanced health assessment learning module for the nursing workforce. | ᑕᐃᒪᓕᓪᓕ ᐱᓕᓚᐊᖏᑲᖅᓯᒋᐊᖅᑐᑦ ᐊᐅᓂᐊᖅᑎᖃᓐᓄᑕᓚᐅᕐᑲᓂᓂᓂ ᑕᒃᑯᓄᖓ ᐊᖅᑭᒧᑎᑎᓇᓕᒍ ᐃᓕᓴᐃᓗᑕᐅᔨᓄᑦ ᖃᐅᔨᓴᖅᑐᑎᓂᒃ ᐃᓕᓴᐃᓂᖅᐸᑎᖃᑕᒍ ᐊᓕᐅᐅᓂᖅᑐᑦ ᐊᐅᓂᐊᖅᑭᑎᓄᑦ ᐃᖃᓗᐊᕕᖏᖅᑐᐊᖅᑐᑦ.

We think all of those pieces will help address the issues that were identified by the Auditor General. Thank you, Madam Chairperson. | ᑕᒃᑯᐊ ᑕᖕᒧ ᐃᑲᔪᑎᓂᐊᖅᑯᓪᓗᑕ ᑕᒃᑯᓄᖓ ᖃᐅᔨᓴᖅᑎᖅᑕᐊᒍᑦ ᓇᓗᓇᐃᖅᑕᐅᓕᐅᖅᑐᓂᓄᑦ ᐊᐅᓂᐊᖅᑭᑎᓄᑦᑐᓂ. ᖃᐅᔨᓴᓇᒃᑐᑦ, ᐃᓕᓴᒪᓕᐅᑦᓱᖅ.

Chairperson: Thank you, Ms. Stockley. Not to pick on you, but I would like to just remind everybody we do have interpreters. I need reminding of that too sometimes. Mr. Joanasie. | **ᐃᓕᓴᒪᓕᐅᑦᓱᖅ** (ᑐᐃᓚᐅᑎᒍᑦ): ᖃᐅᔨᓴᓇᒃᑐᑦ, ᒥᔅ ᓴᓪᑐᓕᓪᓕ. ᑐᐃᓚᐅᖃᖅᑎᑦᑕ ᐃᓅᖅᑲᐃᑎᑭᐊᒃᑲᒪᒪᓕᒫᓂᓴᓕ. ᐃᓅᖅᑲᐃᑎᑕᐅᔨᖅᑕᑕᓚᐊᖃᖅᑎᒥᑦᑕᓂᓕᐅᖅᓱ ᐃᓐᓇᓴᐅᓂᒃᑯᑦ. ᒥᔅᑕ ᔪᐊᓇᓴᓂ.

Mr. Joanasie (interpretation): Thank you, Madam Chairperson. I also thank you. Maybe I didn't quite understand or perhaps she can rephrase her answer. If nurses in Igloolik, for example, are given | **ᔪᐊᓇᓴᓂ**: ᖃᐅᔨᓴᓇᒃᑐᑦ, ᐃᑦᓯᓕᐅᑦᓱᖅ. ᖃᐅᔨᓴᓇᒃᑐᑦᓗ. ᐃᓐᓇᑐ ᑐᓴᓯᐊᓴᓐᓇᒪᖅᓱᐃ ᐅᓴᓕᑲᓴᓂᒃ ᐅᖃᖅᑎᖏᓴᓇᖅ. ᓯᖅᓗ ᐃᓕᓐᓂ ᐊᖅᑭᒧᑎᑎᓇᓕᒍᑎᓪᓕ, ᐅᑦᑐᑎᑎᒪᓗᖅᓱᐃ ᐃᓚᓪᓕᒪᒥ,

additional duties in that community, would you know beforehand or would you say we need such nurses in Igloolik and these are the types of training we should provide there or would you follow up with the nurses to see what kind of training they need before you could give them additional duties? I hope I was clear. Thank you, Madam Chairperson.	ᐊᖏᓂᖅᓴᓂᒃ ᐱᓕᕆᐊᑦᓴᖃᖅᑎᑕᐅᔪᓐᓇᖅᑐᖃᖅᓯᒪᑉᐸᑦ ᑕᐃᑲᓂ ᖃᐅᔨᖅᑳᕋᔭᖅᐱᓯ ᐅᕝᕙᓗ ᐅᖃᕋᔭᖅᑭᓯᖃᐃ "ᐅᕙᓂ ᐃᒡᓗᓕᒻᒥ ᐃᒪᐃᑦᑐᑖᕆᐊᖃᖅᑐᑦ. ᐊᑏ, ᐱᓕᒻᒪᑦᓴᐅᑎᓂᒃ ᐅᕝᕙᐅᑯᐊ." ᐊᑐᐃᓐᓇᕈᖅᑎᑦᓯᕋᓱᐊᓯᑦᓗᓯ ᐅᕝᕙᓘᓐᓃᑦ ᑕᐃᒃᑯᐊ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐱᒍᒪᔾᔨᓐᓂᒃ ᐅᕝᕙᓘᓐᓃᑦ ᐃᓕᓐᓂᐊᕈᒪᔾᔨᓐᓂᒃ ᒪᓕᑦᓯᓯ ᐊᓯᐃᓛᒃ ᐊᖏᓂᖅᓴᓂᒃ ᐱᓕᕆᒍᓐᓇᖅᓯᓲᖑᑎᑕᐅᕙᑦ? ᑐᑭᓯᓇᕐᓂᕈᒪ. ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Joanasie. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᑭᓯᐅᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔪᐊᓇᓯ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. The duties that would be required of the nurses in the community health centres would be fairly equivalent among the health centres. The kinds of duties that they would be expected to perform in terms of setting bones and some of the other things that the Auditor General had in their report, suturing wounds and dispensing medications, would be kind of standard in most health centres.	**ᓯᑖᒃᓕ** (ᑐᑭᓯᐅᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᒃᑯᐊ ᐱᔭᒃᓴᕆᔭᕆᐊᖃᕋᔭᖅᑕᖏᑦ ᓄᓇᓕᖕᓂ ᐋᓐᓂᐊᕕᖕᓂ ᐋᓐᓂᐊᓯᐅᖅᑎᐅᔪᑦ ᐋᔾᔨᒋᒃᑐᐃᓐᓇᑲᓴᐅᕙᔭᕐᒪᑕ. ᐋᓐᓂᐊᕕᖕᓂ ᒪᒃᑯᐊ ᐱᔭᒃᓴᐃᑦ ᓲᕐᓗ ᓴᐅᓂᕐᓂᒃ ᐋᖅᑭᒃᓱᐃᓂᕐᒥᒃ ᑕᕝᕙᓂᓗ ᑭᒡᓕᓯᓂᐊᖅᑎᕐᔪᐊᖅ ᒪᒃᑯᐊ ᐄᔭᒐᖅᑖᖅᑎᑦᑎᓂᕐᒧᑦ ᑕᐃᒪ ᐊᔾᔨᒌᖕᒋᓐᓇᐅᕙᔭᖅᑐᑦ ᐋᓐᓂᐊᕕᖕᓂ ᐅᓄᕐᓂᖅᓴᓂ.
Over the last number of years the Department of Health has moved in the direction of adding other kinds of nurses to the nurse mix that we already have in health centres. Members will recall some business cases that came through for nurse practitioners, public health nurses, and TB nurses and those kinds of skill sets. The department gets a lot of requests and enquiries from Members and community members with regard to the skill sets and the kinds of duties that are being performed in the community.	ᐊᕐᕌᒍᕐᑖᖅᑐᓂᓕ ᐋᓐᓂᐊᖃᓐᖏᑦᑐᓕᕆᔩᒃᑯᑦ ᐊᕗᖓ ᓴᖑᕚᓪᓕᐊᓯᒪᖕᒪᑕ ᐊᓯᖏᓐᓂᒃ ᐋᓐᓂᐊᓯᐅᖅᑎᓂᒃ ᒪᑯᓄᖓ ᐋᓐᓂᐊᓯᐅᖅᑎᒋᕚᖅᑕᑦᑎᓐᓄᑦ. ᐃᖅᑲᐅᒪᓂᐊᖅᑐᒃᓴᐅᕗᓯ ᑖᒃᑯᐊ ᕿᓇᐅᔭᖅᑐᕈᑎᒃᓴᓄᑦ ᐱᔭᒃᓴᓄᑦ ᒪᒃᑯᐊ ᐅᕐᑯᒪᐃᓐᓂᕐᓂᐊᕐᓂᕐᒧᑦ, ᐳᕙᓪᓗᒃᑐᓕᕆᓂᕐᒧᑦ ᑕᒪᔾᔭ ᐱᓕᒻᒪᒃᓯᒪᔪᓕᐊᖃᖅᓂᖏᑦ. ᑖᒃᑯᐊ ᐱᓕᕆᕝᕕᒃᐳᑦ ᖃᐅᔨᓯᐊᕐᕕᐅᒐᔪᖃᑦᑕᕐᒪᑕ ᒪᓕᒐᓕᐅᖅᑎᓄᑦ ᓄᓇᖃᖅᑰᔪᓄᓪᓗ ᑕᒪᒃᑯᐊ ᐱᓕᒻᒪᒃᓯᒪᔪᓕᐊᖃᖅᓂᖏᓐᓂᒃ ᐱᔭᒃᓴᓕᕈᕆᖅᑕᖕᒋᓐᓂᓪᓗ ᓄᓇᓕᖕᓂ.
One of the things that we have embarked on is the model of care review that most of you have already heard about in terms of looking at what the skill mix is in the health centres, what kind of training is necessary, do we have the right people	ᐄ, ᑕᐃᒪᐃᓪᒪᑦ ᐃᓚᒋᖕᒪᒍ ᐱᒋᐊᖅᑎᓯᒪᓕᕐᒥᔭᕗᑦ ᐃᒪᓐᓇ ᐃᓅᓕᓴᐃᓂᕐᒧᑦ, ᐸᖅᑭᒃᓯᓂᕐᒧᑦ ᑐᓴᐅᒪᕚᖅᑕᒃᓴᓇᔭᓯ ᕿᒥᕐᕈᐊᖅᓱᑕ ᖃᓄᖅ ᑖᒃᑯᐊ ᐋᓐᓂᐊᕕᖕᒥ ᐱᓕᒻᒪᒃᑎᕆᓯᒪᖕᒪᖔᑕ ᖃᓄᖅᑐ ᐱᓕᒻᒪᒃᓴᖅᑕᐅᓯᒪᕙᑦ. ᑖᒃᑯᓂᖓ ᐃᖅᑲᓇᐃᔭᖅᑎᖃᑦᑎᐊᕋᓱᐊᖅᐱᑕ,

doing the right skills, and do we have nurses that are doing functions, activities, and duties that don't necessarily have to be done by nurses. Could they be done by paraprofessionals with the right training?	ᐋᓐᓂᐊᓯᐅᖅᑎᖃᖅᐱᑕ ᐱᓕᕆᔪᓐᓇᖅᑐᓂᒃ ᐋᓐᓂᐊᓯᐅᖅᑎᐅᖏᑦᑑᓚᓗᐊᓄᑦ, ᓈᖅᓗ ᒪᑯᓄᖕᒐ ᐱᓕᒻᒪᒃᓴᖅᓯᒪᑐᐃᓐᓇᖅᑐᓄᑦ ᐱᓕᕆᐊᖑᔪᓐᓇᖅᑐᓂᒃ?
We're just at the early stages of that model of care review which will inform all of the work that has already been done and make sure that we're putting resources and training and the right people in the right places to deliver the care. Thank you, Madam Chairperson.	ᑖᓐᓇ ᐱᒋᐊᓕᕋᑖᖅᓯᒪᖕᒪᑦ ᕿᒥᖅᕈᓂᐅᔪᖅ. ᑖᓐᓇ ᖃᐅᔨᔭᑎᒋᓂᐊᖅᓗᑎᒍᑦ ᐱᓕᕆᐊᖑᕚᖅᑮᖅᓯᒪᔪᓄᑦ ᐃᒪᓐᓇ ᐃᖅᑲᓇᐃᔭᐅᑎᓂᒃ ᐱᓕᒻᒪᒃᓴᐃᓂᖅᒥᒡᓗ ᐊᒻᒪᓗ ᑖᒃᑯᓂᖕᒐᑦᑎᐊᖅ ᐃᓐᓄᒃᐸᓪᓕᐊᒐᓗᐊᖅᒪᖔᑦᑎᒍᑦ ᐸᖅᑭᒃᓯᔩᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Joanasie.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᑯ. ᒥᔅᑕ ᔪᐊᓇᓯ.
Mr. Joanasie (interpretation): Thank you, Madam Chairperson. In the Auditor General's report in paragraph 11 it states that physicians and specialists visit health centres and provide advice to nurses by phone. Can you describe the protocols for how nurses can access physicians and specialists for advice by phone on diagnosing a patient? Thank you, Madam Chairperson.	**ᔪᐊᓇᓯ**: ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ. ᑕᐃᒪᑦᑕᐅᖅ ᐅᕙᓂ ᑭᒡᓕᓯᓂᐊᖅᑕᐅᓯᒪᔫᑉ ᐅᓂᒃᑳᖕᒋᓐᓂ ᑎᑎᕋᖅᓯᒪᔪᖅ 11 ᑕᕝᕙᓂ ᐅᖃᖅᓯᒪᒻᒪᑦ ᑕᒪᒃᑯᐊ ᔫᒃᑖᑦ ᐅᕝᕙᓘᓐᓃᑦ ᖃᐅᔨᒪᔨᑕᐃᑦ ᑎᒥᓕᕆᓂᖅᒧᑦ ᐋᓐᓂᐊᓯᐅᖅᑕᐅᒍᓐᓇᓲᖑᒻᒥᒻᒪᑕ ᐅᕝᕙᓘᓐᓃᑦ ᑕᒪᒃᑯᐊ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᓄᓇᓕᓐᓂᑦ ᐅᖃᖃᑎᖃᕆᐊᖃᖅᐸᑦ ᐅᖄᓚᐅᑎᒃᑯᓪᓘᓐᓃᑦ ᑕᓚᕖᓴᒃᑯᓪᓘᓐᓃᑦ ᐊᑐᐃᓐᓇᕈᖅᑎᑕᐅᓲᖑᒻᒪᑕ. ᐃᒻᒪᖄ ᐋᓐᓂᐊᖃᖅᓇᖕᖏᑦᑐᓕᕚᒃᑯᑦ ᐅᓂᒃᑳᕈᓐᓇᖅᑳᑦ ᖃᓄᖅ ᐊᑐᖅᑕᐅᓲᖑᒻᒪᖔᑕ ᑖᒃᑯᐊ ᓈᖅᓗ ᐋᓐᓂᐊᓯᐅᖅᑎ ᔫᒃᑖᒥ ᐃᑲᔪᖅᑎᖃᕆᐊᖃᖅᐸᑦ ᖃᐅᔨᒪᔨᑕᒥᓘᓐᓃᑦ ᐋᓐᓂᐊᓯᐅᖅᑕᒥᓂᒃ ᑭᓱᓂᒃ ᐱᔾᔪᑎᖃᖅᒪᖔᑕ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᕈᑎᒋᔭᖕᒐᓂᒃ ᖃᐅᔨᒐᓯᐊᖅᓗᓂ? ᖃᓄᖅ ᑕᒪᓐᓇ ᐊᐅᓚᓂᖃᓲᖑᒻᒪᖔᑦ ᐅᓂᒃᑳᕌᖅᔪᕆᐊᓪᓚᒍᓐᓇᖅᒪᖔᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Joanasie. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔪᐊᓇᓯ. ᒥᔅ ᓯᑖᒃᑯ.
Ms. Stockley: Thank you, Madam Chairperson. There's always a physician on call to be able to take calls from the health centres. Thank you, Madam Chairperson.	**ᓯᑖᒃᑯ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᔫᒃᑖᑕᖃᐃᓐᓇᐅᔭᖅᑐᖅ ᐅᖄᓚᕖᐅᔪᓐᓇᖅᑐᒥᒃ ᐋᓐᓂᐊᕕᖕᒥ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. (interpretation) Mr. Joanasie, do you have any more questions? Mr. Joanasie.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᑯ. (ᑐᓵᔨᑎᒎᕈᓐᓃᖅᑐᖅ) ᒥᔅᑕ ᔪᐊᓇᓯ, ᓱᓖ? ᒥᔅᑕ ᔪᐊᓇᓯ.
Mr. Joanasie (interpretation): Thank you, Madam Chairperson. Is that 24 hours a day? I hope I am being clear. Thank you, Madam Chairperson.	**ᔪᐊᓇᓯ**: ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ. ᐊᒻᒪ ᑕᐃᒪᓕ ᐃᓛᒃ ᑖᓐᓇᖃᐃ ᐅᓪᓗᓕᒫᖅ ᐅᓐᓄᐊᓕᒫᖅ ᑕᐃᒫᖃᐃ ᑐᑭᓯᓇᖅᐸᑦ? ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ.

Chairperson (interpretation): Thank you, Mr. Joanasie. Ms. Stockley.	ᐃᒃᓯᕙᐅᑕᖅ: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔪᐊᓇᓯ. ᒥᔅ ᓯᑖᒃᑯ.
Ms. Stockley: Thank you, Madam Chairperson. Yes, Madam Chairperson.	ᓯᑖᒃᑯ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐄ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson (interpretation): Thank you, Ms. Stockley. Mr. Joanasie.	ᐃᒃᓯᕙᐅᑕᖅ: ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᑯ. ᒥᔅᑕ ᔪᐊᓇᓯ.
Mr. Joanasie (interpretation): Thank you, Madam Chairperson. Yes, that is clear now.	ᔪᐊᓇᓯ: ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ. ᑖᓐᓇ ᑐᑭᓯᓇᖅᓯᒻᒥᒪᑦ.
I would also like to ask a question to the Department of Finance. There are quite a few recommendations in the report directed to the Department of Health, but there are some items that directly affect the Department of Finance, especially the recruitment of nurses and the salaries of health care professionals.	ᑕᒪᒃᑯᐊ ᑮᓇᐅᔭᓕᕆᔨᒃᑯᓐᓄᑦ ᐊᐱᖅᓱᕈᒪᒻᒥᒐᒪᑦᑕᐅᖅ, ᓇᐅᓐᖏᓐᓇ. ᐃᑖᒃ, ᑕᒪᓐᓇ ᐊᑐᓕᖁᔭᐅᓯᒪᔪᑦ ᐊᒥᓱᒐᓚᒻᒪᓃᑦ ᑕᕝᕙᓂ ᐅᓂᒃᑳᒥ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔨᐅᑉ ᑐᕌᖓᒐᒐᓗᐊᖅᑎᓪᓗᒋᑦ ᐃᓚᖏᓪᓗ ᑮᓇᐅᔭᓕᕆᔨᒃᑯᓐᓄᑦ ᐊᒃᑐᐊᖑᑎᓪᓗᒍ. ᐱᓗᐊᖅᑐᒥᖃᐃ ᑕᒪᒃᑯᐊ ᑕᒪᓐᓇ ᐋᓐᓂᐊᓯᐅᖅᑎᑖᖅᐸᓪᓕᐊᓂᖅ ᑮᓇᐅᔾᔭᑦᓵᓇᔭᐅᕙᑦᑐᑦ ᐊᒻᒪᑑᓐᓅᑦ ᑕᒪᒃᑯᐊ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᓂᖁᑦ ᐱᓕᕆᔨᐅᕙᑦᑐᑦ.
What I would like to know is how the Department of Health and the Department of Finance work together when money is being allocated, especially with long-term five-year planning, with many communities being serviced. How does that proceed and how do you work together with the Department of Finance? Thank you, Madam Chairperson.	ᖃᐅᔨᒐᓱᐊᕈᒪᔪᖓ ᖃᓄᖅ ᐱᓕᕆᖃᑎᒌᓱᖕᒍᒻᒪᖕᒑᑕ ᑖᒃᑯᐊ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᓪᓗ ᑮᓇᐅᔭᓕᕆᔨᒃᑯᓪᓗ ᑮᓇᐅᔭᐃᑦ ᐊᕕᑦᑐᖅᑕᐅᕙᓪᓕᐊᖅᑲᑦᑕᑎᓪᓗᒋᑦ ᐊᒻᒪᓗ ᓯᕕᑐᔪᒧᑦ ᐱᓗᐊᖅᑐᒥ ᐸᖅᓇᐸᓪᓕᐊᖅᑲᑦᑕᖅᑎᓪᓗᒋᑦ ᐃᒪᖅ ᑕᓪᓕᒪᓄᑦ ᐅᑭᐅᓄᑦ ᑕᒪᓐᓇ ᐊᒥᔫᑎᓪᓗᒋᑦ ᓄᓇᓖᑦ ᐱᔨᑦᑎᕋᖅᑕᐅᕙᓯᐊᖅᑐᑦ. ᖃᓄᖅ ᑕᒪᓐᓇ ᑲᔪᓯᕙᓪᓕᐊᖅᑲᑦᑕᖅᑭᓯᐅᒃ ᐱᓕᕆᖃᑎᒌᓐᓂᒃᑯᑦ? ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ.
Chairperson (interpretation): Thank you, Mr. Joanasie. That is a good question. Mr. Chown.	ᐃᒃᓯᕙᐅᑕᖅ: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔪᐊᓇᓯ. ᐊᐱᖅᑯᑎᑦᑎᐊᕙᒃ. ᒥᔅᑕ ᓴᐅᓐ.
Mr. Chown: Thank you, Madam Chairperson. During the annual budget cycle, departments come forward through the three-year forecast and as part of that process they would identify what their funding requirements and/or asks were for the coming year. Generally departments start with their existing budget from the prior year and if they believe there are pressures that require additional funding,	ᓴᐅᓐ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐊᕐᕌᒍᑕᒫᖅ ᑮᓇᐅᔭᑦ ᐊᑐᕈᒫᕐᓂᐊᖅᑐᓂᒃ ᐱᓕᕆᐊᖅᑲᓖᖕᒑᑦᑕ ᐊᕐᕌᒍᓄᑦ ᐱᖓᓱᓄᑦ ᑮᓇᐅᔭᖅᑐᕈᑎᒃᓴᑦᑎᓐᓂᒃ ᓇᓗᓇᐃᔭᐃᖅᑲᑦᑕᖅᑐᒍᑦ ᑭᓱᓄᓪᓗ ᐊᑐᕐᓂᐊᕐᒪᖔᑦ. ᑕᒪᑐᒪᓂᓗ ᐊᕐᕌᒍᒥ ᐊᓪᒋᖅᑐᒥ ᐊᕐᕌᓂᓂᓴᐃᑦ ᑕᐃᒃᑯᐊ ᓈᓴᐅᑎᖏᑦ ᐊᑐᖅᓱᑎᒃᑯᑦ ᐊᒻᒪᓗ ᖄᒃᑲᓐᓂᐊᒍᑦ ᑐᒃᓯᕋᒃᑲᓐᓂᕋᔭᖅᑐᒍᑦ ᓴᖅᑭᑉᐸᓪᓕᐊᔪᑦ ᐱᕙᓪᓕᐊᓂᖏᑦ

they would put forward a business case. It would be considered along with all the other business cases from all the departments and in consideration of the funding available. The decisions would be made whether to approve or to reject those funding requests. Thank you, Madam Chairperson.	ᒪᓕᒃᑐᒋᑦ ᐊᒻᒪᑐ ᑮᓇᐅᔭᑦ ᐊᑐᐃᓐᓇᐅᓂᖏᑦ. ᑕᐃᒪᓐᓇ ᑕᐃᒃᑯᐊ ᑐᒃᓯᕌᓇᔭᕗᑦ ᐊᖏᖅᑕᐅᓪᓗᑎᒃ ᐋᒡᒑᖅᑕᐅᓪᓗᑎᒡᓘᓐᓃᑦ ᑕᐃᒪᓐᓇ ᐱᐅᓯᖅᑲᓰᖑᔪᒍᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson (interpretation): Thank you, Mr. Chown. Mr. Joanasie.	ᐃᒃᓯᕙᐅᑕᖅ: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᓴᐅᓐ. ᒥᔅᑕ ᔪᐊᓇᓯ.
Mr. Joanasie (interpretation): Thank you, Madam Chairperson. While the Auditor General's report does not directly address the financial aspects of health care service delivery in Nunavut, from your department's perspective what are some of the biggest challenges to delivering adequate and appropriate health care services across Nunavut? Thank you, Madam Chairperson. I'll leave it that.	ᔪᐊᓇᓯ: ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ. ᐊᒻᒪᑦᑕᐅᖅ ᑕᒪᓐᓇ ᐅᓇ ᐅᓂᒃᑳᖓ ᑮᓇᐅᔭᓕᕆᓂᖅᑯᑦ ᐱᔾᔪᑎᖅᑲᓗᐊᖕᖏᑦᑑᒐᓗᐊᖅ ᐋᓐᓂᐊᖅᑲᖅᓇᖕᖏᑦᑐᓕᕆᔨᒃᑯᓐᓂ ᐋᓐᓂᐊᓯᐅᖅᓂᓕᕆᓂᖅᒥ ᐱᔨᑦᓯᕋᖅᓂᖅᑯᑦ ᑐᕋᖓᓗᐊᖅᑎᓪᓗᒍ. ᑮᓇᐅᔭᓕᕆᔨᒃᑯᑦᓕ ᑕᐅᑐᑦᑕᖓᒍᑦ ᖃᓄᖅ ᐅᖅᑯᓗᓐᓃᑦ ᑭᓯᓂᒃ ᐊᖏᓛᓂᖅᐸᒥ ᐱᓇᐃᓗᑕᖅᑲᖅᓂᖅᓯᓯᒪᕙ ᑕᒪᒃᑯᐊ ᐱᔨᑦᓯᕋᐅᑏᑦ ᐋᓐᓂᐊᖅᑲᖅᓇᖕᖏᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ ᐊᙳᒻᒪᑎᓕᓯᐊᖅᑲᑦᑕᑎᓪᓗᒋᑦ ᓄᓇᕗᒻᒥ. ᓱᓇᒥ ᐱᓇᐃᓗᑕᖅᑲᖅᓂᖅᐹᖅᑲᖅᑐᓇᑦᑎᓯᒪᕙᑦ ᑮᓇᐅᔭᓕᕆᔨᒃᑯᑦ ᑕᐅᑐᑦᑕᖓᒍᑦ? ᖁᔭᓐᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ. ᑕᐃᒫᑲᐃᓐᓇᖅᓱᖓᓗ ᑕᕝᕙᓂ.
Chairperson (interpretation): Thank you, Mr. Joanasie. Mr. Chown.	ᐃᒃᓯᕙᐅᑕᖅ: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔪᐊᓇᓯ. ᒥᔅᑕ ᓴᐅᓐ.
Mr. Chown: Thank you, Madam Chairperson. I'm not sure I can speak on behalf of the Department of Health as to what their biggest challenges are with providing health care from a financial perspective.	ᓴᐅᓐ (ᑐᓵᔨᑎᒎᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᖃᓄᖅ ᐅᑯᐊ ᐋᓐᓂᐊᖅᑲᖅᓇᖕᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᑭᓯᓂᒃ ᐱᓇᐃᓗᑕᖅᑲᖅᓂᖅᐹᖑᖅᑲᑦᑕᖅᒪᖔᖏᑦ ᐅᖅᑲᐅᑎᔪᓐᓇᖏᑦᑕᒃᑲ. ᐃᓛᒃ, ᐅᓂᒃᑳᕈᓐᓇᖏᑦᑐᖓ.
From the Department of Finance's perspective, I think one of the challenges for us is getting a better handle on what the cost drivers are that are causing our health care costs to escalate on an annual basis, having the data that would support what's causing that, and then being able to identify ways to mitigate those costs going forward.	ᑭᓯᐊᓂ ᑮᓇᐅᔭᓕᕆᔨᒃᑯᑎᒍᑦ ᐃᓚᖓᑦ ᐱᓇᐃᓗᑕᕆᓂᖅᐹᕆᓘᕆᔭᕗᑦ ᖄᖏᐅᑎᑦᑕᐃᓕᒪᓂᖅ ᐊᖅᑯᑕᓖᖅ ᐊᒻᒪᑐ ᑕᒪᒃᑯᐊ ᑎᑎᖅᑲᖅᓯᒪᔪᑦ ᑭᓱᓄᑦ ᑕᐃᒪᐃᔾᔪᑎᖅᑲᓚᐅᖅᒪᖔᑦ. ᑕᒪᒃᑯᓂᖓ ᐊᑐᖅᑲᑦᑕᖅᑐᒍᑦ.
Certainly when we receive business cases from the Department of Health, we review those cases and we try to assess them for	ᐄ, ᒪᑯᐊ ᐋᓐᓂᐊᖅᑲᖅᓇᖕᖏᑦᑐᓕᕆᔨᒃᑯᓐᓂ ᑐᒃᓯᕋᖅᑐᖅᑲᕌᖓᑦ ᖃᒥᖅᑭᓇᑦᑎᐊᕋᓱᒃᑲᑦᑕᖅᑕᕗᑦ

reasonableness, whether they make sense, and then prioritizing those with all the other asks. It's certainly a challenge on an annual basis to do that balancing act of approving one request over another. Thank you, Madam Chairperson.	ᐊᖏᑭᒃᓴᒃᑲᓂᖏᓐᓄᑦᑯᑎᒃᓗᓪᓗ. ᑕᐃᒃᑯᐊᓗ ᓇᓗᓇᐃᖏᒃᐅᓕᖅᑭᓪ ᓯᕗᓪᓕᐅᕙᓕᖅᐳᓕᒃᓴᓪᓗ ᑕᒪᒃᑯᐊᓗ ᑐᖓᑕᓚᓯᕐᖏᑎᓪᓗᑎᑦ ᑕᐃᒪᐃᓕᐅᕙᑦᑐᕐᕕᖏᓐᓄᑦ ᐊᖏᕐᕿᒍᑕᒫᖅ. ᑐᒃᓯᕋᕐᖓᓕᑕ ᑕᒪᒃᑯᐊᓗ ᐊᖏᑯᑎᐸᓇᓚᐅᖏᖓᓕᕐᕕᒃ. ᖃᐅᔨᓇᒧᑦ, ᐃᒃᓯᕿᐅᑦᑕᖏᒃ.
Chairperson: Thank you, Mr. Chown. Next on my list is Mr. Enook. Mr. Enook.	**ᐃᒃᓯᕿᐅᑦᑕᖏᒃ** (ᑐᐊᔨᑎᒍᑦ): ᖃᐅᔨᓇᒧᑦ, ᒥᔭᑕ ᓴᐅᓄ. ᐊᐱᖏᑯᑎᓂᒃ. ᒥᔭᑕ ᐃᓇᒃ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. Good afternoon, Mr. Ferguson and your officials. Welcome to you as well as the departmental officials from the Nunavut government. I don't have a lot of questions, but I would like further information. Comparing your office's audits of health services in other northern jurisdictions, the Yukon and Northwest Territories, can you describe some of the similarities and differences across the territories? Thank you, Madam Chairperson.	**ᐃᓇᒃ**: ᖃᐅᔨᓇᒧᑦ, ᐃᒃᓯᕿᐅᑦᑕᖏᒃ. ᐅᓐᓇᓴᒃᑯᑦ ᒥᔭᑕ ᑲᑎᒪᔨᓇᓕᖅᑐᑎᓪᓗᑎᑦ. ᑐᓐᖏᓴᓯᒥᑎ ᐊᐱᖏᑯᑎᓂᒃ. ᑐᓂᓯᒪᓂᕐᕕᒃᑐᑦᑎᓐᓄᑦ ᐊᐱᖏᑯᑎᓂᒃ ᑐᓂᓯᒪᓂᕐᕕᒃᑐᑦᑎᓐᓄᑦ ᑕᐃᒪᓕᕐᕕᒃ ᐅᑭᑐᖅ ᐊᐱᖏᑯᑎᓂᒃᑐᑦᑎᓐᓄᑦ ᐃᓕᓴᕐᕕᒃᑐᑦᑎᓐᓄᑦ ᑕᐃᒪᐃᓕᐅᕙᑦᑐᕐᕕᒃᑐᑦᑎᓐᓄᑦ ᐃᓕᓴᕐᕕᒃᑐᑦᑎᓐᓄᑦ. ᑕᒪᒃᑯᐊ ᑕᐃᒪᐃᓕᓴᕐᓗᐊᖅ ᑕᐃᒪᐃᓕᐅᕙᓕᒫᓂᖅ, ᓄᓇᕗᑦ ᑕᐃᒪᐃᓕᐅᕙᒃ. ᖃᒃᓄᖅ ᑕᒪᒃᑯᐊ ᐊᖏᑦᑎᓐᓂᖅᑕᐅᕙᒃᑰᑦ, ᐊᖏᑦᑎᓐᓂᖅᑐᕙᓕᕐᕕᒃᑰᑦ ᐃᓕᓐᓂᑦ? ᐊᒃᓯᑦᓴᖅᑐᑦᓗᓂᖅ ᐃᓕᓴᕐᓗᑦᑕ ᑭᓪᓗᓕ ᑭᖏᑕᓴᖅᑐᑦᓗᓂᖅ ᐊᖏᑦᑎᓐᓂᖅᑐᕙᓕᕐᕕᒃᑰᑦ ᐊᖏᑦᑎᓐᓂᖅᑐᕙᓕᕐᕕᒃᑰᑦᓗᓂᖅ. ᖃᐅᔨᓇᒧᑦ, ᐃᒃᓯᕿᐅᑦᑕᖏᒃ.
Chairperson (interpretation): Thank you, Mr. Enook. Mr. Ferguson.	**ᐃᒃᓯᕿᐅᑦᑕᖏᒃ**: ᖃᐅᔨᓇᒧᑦ ᒥᔭᑕ ᐃᓇᒃ, ᒥᔭᑕ ᐅᓴᔭᓇ.
Mr. Ferguson: Thank you, Madam Chairperson. We didn't do a direct comparison between what we found in other jurisdictions to this one. The way that we undertook this audit was, in the planning stage, we talked to many people to determine what sort of the fundamental risks were that were facing the health system in Nunavut and therefore we focused on those.	**ᐅᓴᔭᓇ**: (ᑐᐊᔨᑎᒍᑦ) ᖃᐅᔨᓇᒧᑦ, ᐃᒃᓯᕿᐅᑦᑕᖏᒃ. ᑕᒃᑯᐊ ᐊᖏᑦᑎᓐᓂᓪᓂᓪᓂᒃ ᖃᑭᖏᑐᓇᓕᕐᖏᓐᓂᒍᑦ. ᐃᒃᑯᐊ ᐊᓯᖏᓪᓂᒃ ᐅᑭᐅᕙᑦᑐᕐᕕᒃᑐᑦᑎᓐᓄᑦ ᓴᕿᒪᓕᖏᓐᓄᑦᑑᓐᓇᖅᑐᑦ ᐊᖏᒪᑕ ᓴᓇᒃ ᐊᖏᑦᑎᓐᓂᓪᓂᓪᓂᒃᓴᓐᓂᒪᓕᕐᓗᓂᑦ ᑕᓪᓕ ᓄᓇᕗᑦ <ᖏᓇᐃᓂᒃ ᐊᑐᓚᖅᑎᓪᓗᒍ. ᐅᓄᖅᑐᓂᒃ ᐃᓄᓂᒃ ᐅᓴᒃᑕᓴᖅᑎᖅᓴᕐᕕᒃᑐᑦᑎᓐᓄᑦ ᐊᐱᕆᖅᑕᕐᕕᒃᓴᓐᓂᑦ ᑭᓪᓗᒍ ᐊᐱᖏᑯᑎᓂᒃᑐᑦᑎᓐᓄᑦ ᐊᐱᖏᑯᑎᓂᒃᑐᑦᑎᓐᓄᑦ.
As I said earlier, essentially where we put our focus was on the planning of the whole system; how does the department plan the system, plan where the resources need to go, and then how does it support the people that are responsible for delivering at the service end of their	ᐅᖏᖅᑲᒃᐅᑎᒪᐃᓕᓴᒃ ᓴᖏᓚᓗᐊᖏᓪᓚᐊᓕᐅᕙᒃᑐᑦᑎᓐᓄᑦ <ᖏᓇᐃᓂᒃ ᐃᓗᐊᖏᓪᓗᒍ ᑭᓪᓗᓕ ᑕᑯᖏᓇᓪᓗᐊ ᐊᓯᖏᓪᓂᕐᕕᒃᑐᑦᑎᓐᓄᑦ ᖃᐅᔨᓇᒧᑦᑐᕙᓕᕐᕕᒃᑐᑦᑎᓐᓄᑦ ᐊᐱᖏᑯᑎᓂᒃᑐᑦᑎᓐᓂᒃ ᑕᐃᒃᑯᐊᓗ ᐊᐱᕐᕕᒃᑐᑦᑎᓐᓄᑦ ᐊᐱᕐᕕᒃᑐᑦᑎᓐᓂᒃᓗᓪᓗ.

business. Those were the two things that we decided to focus on because those were the primary areas that our initial planning took us as the areas that needed to be focused on. We didn't set out in the audit and we didn't go through in the audit and do a direct comparison between what we found here and what we found in the other territories because what we wanted to do here was focus on the issues that were coming up in the Nunavut health system itself. **Chairperson**: Thank you, Mr. Ferguson. Mr. Enook. **Mr. Enook** (interpretation): Thank you, Madam Chairperson. I have another question. Exhibit 2 on page 3 of your report lists five health indicators which demonstrate a lower health status in Nunavut than the Canadian average for each selected indicator. Why were these five specific indicators chosen? Thank you, Madam Chairperson. **Chairperson** (interpretation): Thank you, Mr. Enook. Mr. Ferguson. **Mr. Ferguson**: Thank you, Madam Chairperson. I will start with a response and then I will ask Mr. McKenzie to provide more details, Madam Chairperson. Fundamentally what we were trying to point out through this exhibit, and again this is a part of the context and this is part of what we have described as the challenges of delivering health care services in Nunavut, and certainly one of the challenges is the fact that the population of Nunavut has these lower health care indicators than the rest of the country.	ᒐᖁᐊ ᐱᓗᐊᖏᐊᖅᓯᒋᑦ ᓴᓇᖏᓗᐊᓇᖏᐊᓪᓚᐅᖅᑕᕐᓂ ᐱᓕᕆᐊᓚᐅᓂᖅᓵᖏᑦᑕᕐᓂᖏᓐ ᐱᔨᐋᑎᑦᓗᑎᑦ ᐊᓪᓚᑲᓪᓗᒃ ᑕᒪᓇᖅ ᑐᑭᓯᐊᖏᑕᐅᓂᖅᓴᓗᓐᓄᑦ. ᑕᓪᒪᖅᓴᐊᖅᓴᐅᖅᑎᓪᓗᑕ ᖃᐅᔨᖅ ᐊᔪᕈᓇᓂᖏᓪᓂᖅᖃᖅᓯᓐᓂ ᓇᓇᕐᓂᒃ ᓱᐅᑉᑐᓗ ᓇᓇᕐᓴᐊᖅᑐᓗ ᑕᒪᐅᓇᓴᕐᑕᓪᓕ ᖃᑎᖅᑭᑐᓂᖅᑕᕐᑐᑦ ᑕᒪᓂᑦ ᓇᓇᕐᑕᐅᔪᓗᓇᓇᖏᐊᓪᓚᐅᖅᑐᖅᑐᑦ ᑕᒪᓂᑦ ᖃᐅᔨᖅᑎᓪᓗᒃ ᖃᓄᖅᓴᖅᑭᑦᑐᖅᓯᓂᖅ ᐊᓇᓂᖅᑐᑦ.	**ᐃᓕᓴᐅᑕᖅ** (ᑐᐃᓐᓇᑎᒍᑦ): ᖁᓕᖏᓇᒪᑉᑲ, ᒥᓂ ᑭᒍᓐᓇᓇ. ᒥᓂ ᐃᓇᑲ.
	ᐃᓇᑲ: ᖁᓕᖏᓇᒪᑉᑲ, ᐃᓕᓴᐅᑕᖅ. ᐊᓖᒪᑦᑕᐅᖅ ᐅᓇ ᐊᐱᖅᑯᑎᕐᓴᒪᔪᕐᕋ. ᑕᕝᕕᓂ ᐅᓂᓕᑲᓕᐊᔭᓐᓇᓂᓕ ᒪᓕᐱᖅᑐᒪᓐᓕ 3, ᐃᓖᒥᓕᑯᑦ ᓴᖅᑭᑕᐅᓴᒪᔪᖅ ᑎᑎᕋᖅᓴᒪᓂᖅᓗ 2, Exhibit 2. ᑕᓪᓇ ᓇᓗᓇᐃᖅᓴᓴᒪᓪᒪᑦ ᑕᑦᑕᒪᓂᓕ ᐊᔨᐋᑭᑦᑐᑐᓂᓕ ᖃᓄᖅᓯᒪᓴᐅᖅᑲᑕᖅᑐᓂᓕ ᓇᓇᕐᑦ ᐃᓗᐊᓂ ᑕᐅᑐᓕᓴᑎᑦ. ᑕᒥᓂᐊ ᓇᐃᓴᐅᑎᑦ ᑲᓇᑕᒥᓗᒃ ᑕᐅᑐᓕᓴᑎᑦ ᖃᓄᖅᓇᓂᓕ ᐅᓂᐊ ᓂᕈᐊᓇᒪᐅᖅᐱᓴᐅᓕ ᑕᒥᓂᑦ ᐃᓗᐊᖏᑦ ᖁᓕᖏᓇᒪᑉᑲ, ᐃᓕᓴᐅᑕᖅ.	**ᐃᓕᓴᐅᑕᖅ**: ᖁᓕᖏᓇᒪᑉᑲ, ᐃᓕᓴᐅᑕᖅ. ᒥᓂ ᐃᓇᑲ, ᒥᓂ ᑭᒍᓐᓇᓇ.
	ᑭᒍᓐᓇᓇ (ᑐᐃᓐᓇᑎᒍᑦ): ᖁᓕᖏᓇᒪᑉᑲ, ᐃᓕᓴᐅᑕᖅ. ᑭᐅᒪᓴᐅᓕ ᒥᓂ ᒥᑭᓴᓴᐅᓕ ᐅᐃᒍᓂᐊᖅᓯ ᑕᓪᓇ, ᐃᓕᓴᐅᑕᖅ.	
	ᐅᓇᐊ ᑕᒪᓇᐊ ᓴᓀᑭᑕᑎᔨᒃ ᑕᓪᓇ ᐊᖅᑭᓭᐅᖅᑕᕐᑕᓂ ᐱᓇᐃᔨᑕᐅᓂᖅᓵᖏᑦᑕᓭᐅᖅᑐᖅ ᐊᓪᓂᖅᑎᓪᓗᒃ ᐱᓕᕆᐊᓚᐅᓂᖅᓵᖏᑦᑕᕐᓂᓕ ᐊᓪᓂᖅᑎᓪᓗᒃ ᓇᓇᕐᓂᒃ ᐱᓕᕆᐊᓚᐅᓂᖅᓵᖏᑦᑕᕐᓂᓕ ᓇᓇᕐᓴᐅᑕᐅᓂᖅᑐᑦ ᐃᓇᓐᓂᖅᑕᐅᓂᖅᐊᓪᓚᑲᓂᖅᓵᖏᑦᑕᕐᓂᓕ ᑕᑯᓪᓇᑭᓂᒃ ᑲᓇᑕᒥ, ᑲᓇᑕᒥᐅᑦ ᖁᓕᖏᓇᒪᑉᑲ ᑲᑎᖅᑯᑎᕐᓴᒪᔪᖅ.	

Madam Chairperson, I'll ask Mr. McKenzie if he can provide more details about how we selected these indicators. Thank you, Madam Chairperson.	ᐃᖅᓯᖏᐅᒃᑯᓐᖓ, ᒥᔅᑕ ᒥᑭᓐᓗ ᐅᐃᔪᓂᐊᖏᓪᓕᑦ. ᖃᓄᖅᓇᒪᒋᔭᖓ, ᐃᖅᓯᖏᐅᒃᑯᓐᖓ.
Chairperson: Thank you, Mr. Ferguson. Mr. McKenzie.	**ᐃᖅᓯᖏᐅᑕᖅ** (ᑐᐃᓕᑎᒍᑦ): ᖃᓄᖅᓇᒪᒋᔭᖓ, ᒥᔅᑕ ᑲᑎᓴᓄ. ᒥᔅᑕ ᒥᑭᓐᓗ.
Mr. McKenzie: Thank you, Madam Chairperson. Just following from Mr. Ferguson's comments, we were selective. We chose these indicators really as a means of illustrating some of the specific challenges that the health care system has to deal with here in Nunavut.	**ᒥᑭᓐᓗ** (ᑐᐃᓕᑎᒍᑦ): ᖃᓄᖅᓇᒪᒋᔭᖓ, ᐃᖅᓯᖏᐅᒃᑯᓐᖓ. ᒥᔅᑕ ᑲᑭᒥᓄ ᐅᖃᖅᑕᖓ ᐅᐃᔪᓗᔪ. ᓂᑭᐊᖅᑯᓪᓕᐅᖅᑕᑲᓐᓇᑦ ᑭᐱᓯᓗᓂᐅᖅᑕᖓᓂᒃ ᐊᓐᖅᑕᐅᑎᑎᓂᐅᖅᑕᖓᓂᒃᓯᒪᓂᖅᓯᒪᔪᓂᒃ ᑭᐱᓯᓗᓂᐅᖅᑕᖓᓂᒃ.
I would note that the information was published by the Department of Health. I commend the department for publishing that type of information because I think that type of information is useful for understanding and helping plan the types of services that need to be delivered within the department and within the territory.	ᐊᓐᓂᐊᖅᑲᓇᓐᖏᑦᑐᑕᓗᓴᐅᓂᑦ ᐅᓂᒃᑲᖏᓐᓂᐅᑎᓂᐊ ᑐᐱᓯᓗᓂᐅᖅᓯᒪᓕᕐᓂ ᐊᓚᓗ ᖃᓄᖅᓇᒪᑎᒋᓪᓗᑎᓄᑦ ᑕᒃᓂᐊ ᐱᓕᓗᓀᑦ ᑕᒪᒃᓂᓐᖓ ᐊᖅᑭᒃᓯᒪᓕᐅᕐᓇᖅᑕᒪᑦ. ᐊᑐᑎᓕᑦᑕᓗᑦᓴᓐᖓᓕᑕ ᑕᐃᒪᓐᓇᐅ ᐊᖅᑭᒃᓯᒪᓕᐅᕐᓇᖅᑕᒪᑦ <ᖃᓇᐅᓯᐅᓂᐊᖅᓴᓂ ᐊᓐᓂᐊᖅᑲᓇᓐᖏᑦᑐᑕᓗᓴᐅᑦ ᐃᓴᑦᑕᓗᐊᖅᑕᖏᓐᓂᒃ.
I know it will probably come up later on in the planning section, but it's encouraging to see that the department does have an initiative underway to improve the information that it has at its disposal regarding not only use of the health care system but also health indicators. Thank you.	ᐅᐊᑦᑎᐊᕐ ᐊᐱᖅᓄᑎᒃᓴᐅᒃᑲᓂᔪᓂᐊᖅᑐᐱᓴᐅᖅ <ᖃᓇᐅᓯᐅᑦᑕᑦᑕ. ᐃ, ᐅᓄᐊ ᐱᑎᐊᖅᑎᑦᑎᓯᒪᓕᖅᑐᑦ ᐃᑲᔪᑎᑦᑕᓗᐊᓪᓚᐅᖅᑐᑦ ᐱᔭᒋᑦᓂᐅᑎᒃᑲᐅᓪᓂᐊᖅᑕᒪᓕᖅ ᒪᓄᓐᓄᐅᖅ ᐱᓕᓗᐊᓪᓚᖅᑎᑦᑕᐅᓯᒪᔪᓂᒃ ᐱᔭᑦᑎᐅᑎᓄᑦ. <ᖃᓇᐅᓯᐅᖅᑲᓇᓐᖏᑦᑐᑕᓗᓴᐅᑦ ᐃᓄᖅᑲᓇᐃᔨᓪᓚᕆᔨᒃᑯᓐᓂᖅ ᐊᖅᑭᒃᓯᒪᓕᐅᕐᓇᖅᑕᒪᑦ. ᖃᓄᖅᓇᒪᒋᔭᖓ.
Chairperson: Thank you, Mr. McKenzie. Mr. Enook.	**ᐃᖅᓯᖏᐅᑕᖅ** (ᑐᐃᓕᑎᒍᑦ): ᖃᓄᖅᓇᒪᒋᔭᖓ, ᒥᔅᑕ ᒥᑭᓐᓗ. ᒥᔅᑕ ᐃᓄᒃ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. Again in paragraph 14, I would like to ask a question and I'll read it in English.	**ᐃᓄᒃ**: ᖃᓄᖅᓇᒪᒋᔭᖓ, ᐃᖅᓯᖏᐅᑕᖅ. ᐅᖏᓪᓕᐅᖅ ᑎᑎᕋᖅᓯᒪᓂᖅᓴᓪᓕ 14. ᑕᕐᓇ ᑐᐃᖅᓴᐃᑭᑎᑐᓗᒍ ᐊᐱᖅᑯᓄᑎᒃᓴᒃᑯ. ᖃᒃᓕᑐᓀᓐᓇᑦ ᐅᕐᖃᓕᒫᓂᕐᓂᐊᕋᖅᑯ ᐊᐱᖅᑯᓄᒃᓕᕋᓐᖓ.
(interpretation ends) Paragraph 14 of your report notes that community health centres also have clerk interpreters and caretakers	(ᑐᐃᓕᑎᒍᑦ) ᓀᓕᐅᑎᓕᒃ 14 ᐅᑯᓀᓂ ᐅᓂᒃᑲᓂ ᐅᕐᖃᓕᒫᓂᕐᓂᐊᕋᖅᑯᓄᑎᒃᓴᒃᑯᓕᑕ ᐊᓚᓗ ᑲᒪᔨᓂᓂᖅᑐᑦᑕᖅᓴᑎᑎᒃ

in addition to community health nurses. Did your audit address the role of such community health centre staff as psychiatric nurses, TB nurses, midwives, community health representatives, or mental health workers in your assessment of the delivery of health care services in community health centres? (interpretation) Thank you.	ᐊᐢᓂᐊᓱᐅᖅᑎᑕᖅᑎᕆᓗᐊᖅᑎᓪᓗᐃ. ᑭᖅᑕᓱᓂᐊᖅᑎᓪᓗᓂ ᑕᐃᒪᐢᓐᓇ ᖃᓄᐃᑦᐅᖅᑕᕐᓂᖅᑐᖅᑕᕐᓂᖅ ᑕᐃᒪᐢᓐᓇ ᐊᐢᓂᐊᓱᐅᖅᑐᑦ ᐃᓱᒪᑕᕆᓂᒃᑯᑦ, ᐳᓕᖅᓗᖅᑐᑦ, ᐃᖃᓂᒋᔭᕐᓗᑎᒃ ᐊᓚᒪᓗ ᐃᖃᖅᓄᐃᙵᕆᖅᑎᖅᑎᖅᑕᕐᖅᓗᑎᒃ ᑭᖅᔪᖅᑐᐃᔨᓂᒃ, ᐃᓱᒪᑕᕆᔨᓂᓪᓗ. ᖃᓄᖅᑕ ᑕᒪᐢᓇ ᖃᐅᔨᔪᑕᐅᖅᐱᓱᐅᒃ? (ᑐᐊᔨᑎᒍᑭᓐᓂᖅᑐᖅ) ᖁᓕᐢᓇᒥᒃ, ᐃᒃᓱᕈᐅᑦᖅ.
Chairperson: Thank you, Mr. Enook. Mr. Ferguson.	**ᐃᒃᓱᕈᐅᑦᖅ** (ᑐᐊᔨᑎᒍᑦ): ᖁᓕᐢᓇᒥᒃ, ᒥᔪᑦ ᐃᓄᒃ. ᒥᔪᑦ ᐅᔪᓴᐢ.
Mr. Ferguson: Thank you, Madam Chairperson. Again, what we did and part of our decisions about what we look at are to make sure that we can get a report finished and done and to you in a reasonable period of time. Obviously the health system is a complex system with many parts and we could spend a lot of time auditing it, so we have to try to divide it up into different smaller pieces.	**ᐅᔪᓴᐢ** (ᑐᐊᔨᑎᒍᑦ): ᖁᓕᐢᓇᒥᒃ, ᐃᒃᓱᕈᐅᑦᖅ. ᑕᐃᒧᑐᐃᓇᐢᓇᖅ ᓇᓕᐊᖏᓂᒃ ᖃᑭᒥᖁᓇᖏᓂᖏᓪᓗᑦ ᑕᒪᐢᓇ ᐃᓕᓴᕐᔨᑦᖅᑕᐅᓕᕐᔨᒪᑦ ᐊᓚᒪᓗ ᐅᓂᒃᑲᓕᐅᔨᑦᖅᓗᑎᒃᓄᑦ ᐊᓄᓂᐅᓗᐊᓂᒃᑯᑦ. ᑕᒪᐢᓇ ᐊᐢᓂᐊᖅᑎᖅᓇᖏᓕᑐᓗᓂᖅ ᐱᔨᖏᖏᓕᕐᕋᓚᒪᓇᕆᓗᒃᑭᖏᓪ. ᐊᖅᔨᑲᖏᓕᑐᑭᔭᓗᒃᖏᓂᖅ ᐃᓗᓕᖅᑲᖅᑎᓪᓗᑐᐃᓗ ᐊᓄᓂᐅᓗᐊᓂᑭᓗᓪᓗ. ᑕᒪᐢᓇ ᖃᐅᔨᔪᑕᐅᖅᑎᑦᑐᓗᓗᓂᖅ ᑐᓂᓴᕐᓂᐊᕐᓇᖅᑐᑦ. ᑕᐃᒪᐃᓕᑦᑐᖏᓂ ᐅᓇᖏᓐᓂᖅᓴᖅᓂᖅ ᖁᑎᖅᑕᕐᓇᒪᓂᐅᔪᑦᑐᑦ.
That's why in this instance we felt that the clerk interpreters were particularly important as the people that were the go-between in many cases between the health service provider and the patient. Those clerk interpreters are important when there is a difference in language and so we wanted to focus on what they were doing.	ᑕᐃᒃᓄᐊ ᑐᐊᔨᓂ ᐱᓗᐊᖅᑐᑦ ᐱᖁᔨᐊᖏᓪᖅᓴᖏᖅᑕᐅᔪᑦ ᐊᖅᓄᑎᑦᐅᔨᑦᖅᑕᕐᖅᒪᑕ ᐃᓇᒃᑎᑐᓄᐃᓇᐅᖏᓪᓗᓇᓂᒃ, ᖃᒃᑲᓗᓇᐅᔨᑭᓇᖏᓪᓗᑐᓗᓂᓗ. ᐱᖁᔨᐊᖏᓪᖅᓴᖅ ᑐᐊᔨᓂ ᐊᐢᓂᐊᐃᖏᓪᓗ. ᑕᐃᒪᐃᓕᑦᑐᖏᓂ ᖃᓄᐃᑦᐅᖅᑕᕐᓂᖅᑐᑦ ᐊᐢᓂᐊᐃᖏᒥ ᑐᑭᓯᐊᓂᖅᑐᑦ.
We didn't sort of take it beyond the clerk interpreters and the caretakers that we refer to in paragraph 14 because those people were the ones that were providing the direct contact between the patient and the service provider. Thank you, Madam Chairperson.	14-ᒥᑦ ᑭᓇᓗ ᑭᐅᑎᐊᖁᓗᑐᓗ. ᑭᒃᑯᐊ ᐊᖅᑯᑎᑎᑦᐅᔨᓗᐊᖅᑐᖅᑕᕐᖅᑐᑦ ᑐᐊᔨᓂ ᐊᓚᒪᓗ ᖃᐅᔨᓴᒃᐃᔨᐅᑦᓗᑎᒃ ᐊᐢᓂᐊᐃᖏᓪᖅ ᐊᑐᖅᑕᕐᑐᖅᑐᒃ, ᒃᓚᔨᑎᐅᓂᓇᖅᑕᕐᖅᓗᑎᓄᓗᓗ. ᖁᓕᐢᓇᒥᒃ, ᐃᒃᓱᕈᐅᑦᖅ.
Chairperson: Thank you, Mr. Ferguson. Mr. Enook.	**ᐃᒃᓱᕈᐅᑦᖅ** (ᑐᐊᔨᑎᒍᑦ): ᖁᓕᐢᓇᒥᒃ, ᒥᔪᑦ ᐅᔪᓴᐢ. ᒥᔪᑦ ᐃᓄᒃ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. In paragraph 14 I	**ᐃᓄᒃ**: ᖁᓕᐢᓇᒥᒃ, ᐃᒃᓱᕈᐅᑦᖅ. ᑕᕐᕈᓂ ᑎᑎᕆᖁᓱᒪᓂᕐᓂ 14-ᒥ

have a question to the department. It states here that the Auditor General's report notes that (interpretation ends) caretakers… . (interpretation) I don't know whether they're the custodians or I exactly what "caretakers" means, but it indicates that the caretakers in community health centres operate the (interpretation ends) X-ray machines. (interpretation) Are any other community health centre staff trained to take X-rays? Thank you, Madam Chairperson.	ᐊᐱᖅᑯᑎᖅᑲᒪᓪᓗᖓ ᐱᓕᓀᖏᕐᖓᓂᖅᑲᓪᓚᐅᓪ. ᐅᑯᐊ ᐅᖅᑲᓕᖅᖢᒪ, ᒥᑦᑯᐊᒍᖅ ᓄᓇᓕᖓᓂ caretakers, ᐃᓄᑦᑎᑐᖓᓪᓚᑦ ᓴᓗᓯᒪᖅᓴᐃᔪᖅᑲᐃ? ᐅᕐᖏᓗᑭᐊᖅ ᐃᓗᓗᒥ ᑲᒪᔾᐅᓪᓚᑦ? ᐃᑦᑯᐊᒋᑎᓕᐅᖅᑲᑦᑕᖅᑲᑦᒪᒃ ᐊᐅᓪᓕᖅᑎᓕᐅᖅᑲᑦᑕᖅᑲᑦᒪᒃ (X-ray machines)? ᒥᑦᑯᐊ ᑕᐃᒪᐃᑐᒍᓕᐅᖅᑲᑦᑕ ᐊᓯᖏᑭᓂᒃ ᑕᐃᒪᐃᑐᒍᓕᓇᓂᖅᓕᑦ ᐃᓕᓂᓂᐊᖅᓯᓕᒃᑲᓂᖅᑲ? ᖃᐅᔨᓴᖅ, ᐃᑦᓯᖏᐅᒥᖅ.
Chairperson (interpretation): Thank you, Mr. Enook. Ms. Stockley.	**ᐃᑦᓯᖏᐅᒥᖅ**: ᖃᐅᔨᓴᖅ, ᒥᔭᑕ ᐃᓄᒃ. ᒥᔭᑕ ᓯᒥᑦᓂ.
Ms. Stockley: Thank you, Madam Chairperson. It's usually the caretakers who take the X-rays. Thank you, Madam Chairperson.	**ᓯᒥᑦᓂ** (ᑐᐃᓕᑎᒍᑦ): ᖃᐅᔨᓴᖅ, ᐃᑦᓯᖏᐅᒥᖅ. ᐊ, ᑕᐃᑦᑯᐊ ᑲᒪᔾᓴᐅᖅᑲᑦᑕᖅᑐᑦ, ᐊᐳᔭᓂᐅᓕᓕᐅᖅᑲᑦᑕᖅᑐᑦ ᐳᖏᓂᐅᕈᑎᓂᒃ. ᖃᐅᔨᓴᖅ, ᐃᑦᓯᖏᐅᒥᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Enook.	**ᐃᑦᓯᖏᐅᒥᖅ** (ᑐᐃᓕᑎᒍᑦ): ᖃᐅᔨᓴᖅ, ᒥᓵ ᓯᒥᑦᓂ. ᒥᔭᑕ ᐃᓄᒃ.
Mr. Enook (interpretation): Thank you. Is there no else at the community health centre trained to operate the (interpretation ends) X-ray machines (interpretation) besides the caretakers? Do I understand that correctly? Thank you, Madam Chairperson.	**ᐃᓄᒃ**: ᖃᐅᔨᓴᖅ. ᐊᓯᖏᑭᓂᒃ ᑕᐃᒪᐃᑐᒍᓕᓇᓂᖅᑲᑦᑕᖅᑐᑦ. ᐊᐅᓪᓕᖅᑎᓕᐅᖅᑲᑦᑕᖅᑐᑦᓴᓪᓚᑦᑐᖅ ᑕᒪᑦᑯᐊᒍᖅ X-ray machines-ᓂᒃ ᑕᒧᓂ ᐊᓐᓂᐊᕐᓇᖅᑎᑎᓂᓐᓂ. ᑕᐃᒪᓐᓇ ᑐᑭᓯᔾᔨᑦ? ᖃᐅᔨᓴᖅ, ᐃᑦᓯᖏᐅᒥᖅ.
Chairperson (interpretation): Thank you, Mr. Enook. Ms. Stockley.	**ᐃᑦᓯᖏᐅᒥᖅ**: ᖃᐅᔨᓴᖅ, ᒥᔭᑕ ᐃᓄᒃ. ᒥᓵ ᓯᒥᑦᓂ.
Ms. Stockley: Thank you, Madam Chairperson. Caretakers and nurses are expected to take X-rays and the training that we will be developing will be a type of training for caretakers and a type of training for nurses. Thank you, Madam Chairperson.	**ᓯᒥᑦᓂ** (ᑐᐃᓕᑎᒍᑦ): ᖃᐅᔨᓴᖅ, ᐃᑦᓯᖏᐅᒥᖅ. ᒥᓐᓇ ᐊᓐᓂᐊᓯᐅᖅᑎ ᐊᓕᒪᓗ ᑕᐃᑦᑯᐊ ᑲᓗᓕᖅᑲᐃᔪᑦ ᐊᔪᔾᑕᐅᓕᓕᐅᖅᑲᑦᑕᖅᑐᑦ. ᐊᓐᓇ ᑕᐃᒪ ᐃᓕᓂᐊᖅᑎᑎᓕᒋᐊᑕᖅᑐᒍᑦ ᐊᓐᓂᐊᓯᐅᖅᑎᓂᑦ ᐊᓕᒪᓗ ᑕᐃᑦᑯᐊ ᐊᓐᓂᐊᕐᓇᖅᑎ ᑲᒪᔾᐅᖅᑲᑦᑕᖅᑐᑦ. ᖃᐅᔨᓴᖅ, ᐃᑦᓯᖏᐅᒥᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Enook.	**ᐃᑦᓯᖏᐅᒥᖅ** (ᑐᐃᓕᑎᒍᑦ): ᖃᐅᔨᓴᖅ, ᒥᓵ ᓯᒥᑦᓂ. ᒥᔭᑕ ᐃᓄᒃ.

Mr. Enook (interpretation): Thank you, Madam Chairperson. If X-ray machines break or need to be upgraded or replaced, who takes care of installing the new machines? Thank you, Madam Chairperson.	**ᐃᓄᒃ**: ᖃᓄᖅᓭᓐ. ᑕᒃᑯᐊᓕ ᒪᖅᓭ ᐊᐅᓂᐊᕕᖃᕐᓂᑐᐃᓐᓇᕐᓂᑦ ᐊᐅᓕᐅᓇᓱᑎᑦ ᓯᕿᓕᑦ ᓴᓇᔨᕆᐊᖃᖅᑐᑦ, ᑭᐊᑦ ᐱᓕᕆᐊᕆᐅᑎᑎᓂᖅᓭᐃᑦ? ᖃᓄᖅᓭᓐ, ᐃᒃᓯᕈᐅᑦᖅ.
Chairperson (interpretation): Thank you, Mr. Enook. Ms. Stockley.	**ᐃᒃᓯᕈᐅᑦᖅ**: ᖃᓄᖅᓭᓐ, ᒥᔅᑕ ᐃᓄᒃ. ᒥᔅ ᓯᑕᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. Installation of new X-ray equipment would be part of the purchase agreement. They have to be installed and [calibrated] by the appropriate personnel that we wouldn't have on staff. There are special kinds of technicians who do that work. Thank you, Madam Chairperson.	**ᓯᑕᒃᓕ** (ᑐᐊᔨᑎᒍᑦ): ᖃᓄᖅᓭᓐ, ᐃᒃᓯᕈᐅᑦᖅ. ᑕᐃᒃᑯᐊ ᓄᑕᑦ ᐃᓕᓴᐅᑎᐊᖃᖅᑐᑕ ᐃᒃᑯᐊ ᓂᐅᐃᔅᓂᐊᕈᑎᑦ ᐊᓐᕈᑕᑎᓂᒃ, ᐊᑎᓕᐅᓇᖅᑎᑦᓯᒪᑕ ᑕᐃᒃᑯᐊ ᓂᐅᐃᔅᐃᐅᐸᑦ, ᐊᐅᖏᒃᓯᐃᓗᑎᑦ ᑕᐃᔨᓯᒥᓂᒃ ᐃᑐᐊᓭᐅᖓᓂᖓ ᐱᔨᔪᑎᑎᓪᓗᒍ ᑕᐃᒪᐃᑦᑐᓄᓂᒃ ᐊᐅᖏᒃᓯᖅᑕᖅᑐᒍᑦ. ᖃᓄᖅᓭᓐ, ᐃᒃᓯᕈᐅᑦᖅ.
Chairperson: Thank you, Ms. Stockley. (interpretation) Mr. Enook, do you have any further questions?	**ᐃᒃᓯᕈᐅᑦᖅ** (ᑐᐊᔨᑎᒍᑦ): ᖃᓄᖅᓭᓐ. ᒥᔅᑕ ᐃᓄᒃ, (ᑐᐊᔨᑎᒍᒋᑭᓂᖅᑐᖅ) ᒥᔅᑕ ᐃᓄᒃ, ᐊᑎᓗᒃ?
Mr. Enook (interpretation): Thank you, Madam Chairperson. Just for further clarity, if an X-ray machine breaks, then very likely the community would have to wait for a technician to come to their community to install or fix the X-ray machine because no one is trained to install or repair the machine. Do I understand that correctly? Thank you, Madam Chairperson.	**ᐃᓄᒃ**: ᖃᓄᖅᓭᓐ, ᐃᒃᓯᕈᐅᑦᖅ. ᑐᑭᓯᐊᑐᐃᓐᓇᓱᓐᓂᖓ. ᐊᐅᔨᓕᐅᑭᓐᓂᒃ ᓯᕿᓕᑦ ᑕᐃᒪ ᐅᑕᖅᑭᓴᓕᐊᖅᑕᕋᖅᑐᑦ ᓄᓇᓕᖓᓂ ᑎᑭᑐᑦᖅᕿᓯᖓᓂᖓᓂ ᑕᓐᓇ ᓴᓇᔨᐅᓂᐊᖏᓪᓕᐊᑦ ᐊᐅᔨᓕᐅᑭᓐ. ᓄᓇᓕᖓᓂ ᐱᓕᕆᔨᓇᖅᑐᑦᓴᖅᓯᐅᐊᖅᑐᖅ. ᓯᕿᐅᔨᓗᑦᑕ ᑕᐃᒪᓗ ᐅᑕᖅᑭᓴᓕᐊᖅᑕᕐᓗᑕᓗ ᑎᑭᑐᑦᖅᕿᓯᖓᓂᖓ. ᑕᐃᒪᓐᓇ ᑐᑭᓯᒋᐊᖅᑎᓯᓯᒪᔪᑦ? ᖃᓄᖅᓭᓐ, ᐃᒃᓯᕈᐅᑦᖅ.
Chairperson (interpretation): Thank you, Mr. Enook. Ms. Stockley.	**ᐃᒃᓯᕈᐅᑦᖅ**: ᖃᓄᖅᓭᓐ, ᒥᔅᑕ ᐃᓄᒃ. ᒥᔅ ᓯᑕᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. Yes, that is correct. There are medical technicians who we would contract to come in and do that work. Thank you, Madam Chairperson.	**ᓯᑕᒃᓕ** (ᑐᐊᔨᑎᒍᑦ): ᖃᓄᖅᓭᓐ, ᐃᒃᓯᕈᐅᑦᖅ. ᐊ, ᑕᐃᒪᐃᑎᐊᖃᓯᑦ ᑕᐃᒃᑯᐊ ᐊᐅᓂᐊᖃᖅᓇᓱᑎᑦᑕᓚᓂᖏᑦ ᐊᐅᑕᓪᓕᐅᓂᓂᖓ ᓴᓇᔨᐸᔭᐃᓕᑦ ᑎᑭᑎᐊᖃᖅᓴᖅᑐᑦ. ᖃᓄᖅᓭᓐ, ᐃᒃᓯᕈᐅᑦᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Qirngnuq is next on my list.	**ᐃᒃᓯᕈᐅᑦᖅ** (ᑐᐊᔨᑎᒍᑦ): ᖃᓄᖅᓭᓐ, ᒥᔅ ᓯᑕᒃᓕ. ᒥᔅᑕ ᖃᓄᓱᒍᖅ ᑭᓱᓪᓕᐅᓕᖏᓪᓗᕐᓂᖅ.

Mr. Qirngnuq (interpretation): Thank you, Madam Chairperson. I just want to completely understand. I know the question was already asked, but it didn't really satisfy what I wanted to hear. There is a table at the top of page 3 listing health indicators. I'm not sure who to direct my question to, but if you understand my question, please respond to it appropriately.	**ᕿᑭᓐᓇᖅ**: ᖃᐅᔨᓐᓇᒃ, ᐃᒃᓯᕐᐅᑕᖅ. ᒥᓐᓇ ᑐᑭᓯᑎᐊᕈᒪᑦᑐᒍ ᐊᐱᖅᑯᑕᐅᓕᖅᑐᑦᓴᓇᐊᖅ ᐃᓯᒪᑎᓕᕆᓂᒃ ᐅᖅᑲᐅᓯᒪᓇᖅᑐᒪᒪᑦ. ᑕᕐᕈᓂ ᒪᒃᐱᕋ ᐱᖓᓯᓯᑎᑦᑐᖅ. ᖃᐅᔨᓴᑦᑐᖅ ᒥᓐᓇ ᐅᓐᓂᑐᖅᑐᓯᒪᔪᖅ ᐊᑲᓂᓂᐊᕐᓗᒃᑐᑦ ᓇᓐᓇᐃᒃᑯᑎᓴᒃ. ᓇᓕᐊᓇᑭᐊᖅ ᐊᐱᖅᑯᑎᑎᓂᐊᖅᐸᖅ. ᑐᑭᓯᔪᓐᓇᖅᑐᒪ ᑭᐅᔾᐅᓂᐊᖅᑯᖓ.	
There are statistics here for Nunavut and Canada. Nunavut is really small in terms of population, but these statistics are really high and they make you think. Can you help me understand how these numbers can be improved? Thank you, Madam Chairperson.	ᒥᒃᑯᐊ ᓄᓇᕗᑦᓗ ᑲᓇᑕᓗ, ᐅᓇ ᓄᓇᕗᑦ ᒥᑭᔨᓴᑎᑦᓗᒍ ᐃᓄᑭᑐᑎᑦᓗᒍ, ᓇᓴᐅᑎᑦ ᐅᑯᐊ ᑕᑯᑦᓗᐊᓂᖏᓪᓗ ᐃᓯᒪᔨᓇᖅᓱᑎᑦᓗᓂ. ᒥᔨᓇ ᑐᑭᓯᑲᑲᐅᓇᖅᑯᖓ ᖃᑲᓂᓂ ᐃᑦᓗᐊᖅᓯᐅᕙᑦᓂᐊᓂᐊᖅᐸ ᐅᕐᕙᓄᔨᓂᖅ ᖃᓄᐃᓕᖅ? ᑐᑭᓯᑲᑲᐅᑎᐊᕐᑦᓂᒥᓕᕆᖓ ᒡᓵᓕᖓ. ᖃᐅᔨᓇᖅᑐᒃ, ᐃᒃᓯᕐᐅᑕᓚᖅ.	
Chairperson (interpretation): Thank you, Mr. Qirngnuq. Please indicate who you are asking. Mr. Qirngnuq.	**ᐃᒃᓯᕐᐅᑕᖅ**: ᖃᐅᔨᓴᑦᑐᒃ, ᒥᓵᑕ ᕿᑭᓐᓇᖅ. ᐅᓗᓄᐃᑲᐃᓴᓕᕆᒃ ᑭᓇᒧᓪᓚᖅ ᐊᐱᑦᓇᕐᓂ? ᒥᓵᑕ ᕿᑭᓐᓇᖅ.	
Mr. Qirngnuq (interpretation): My question is for the Department of Finance, if they can respond. Thank you.	**ᕿᑭᓐᓇᖅ**: ᑕᐃᒃᑯᓄᖓ ᑭᓇᐅᔨᓕᑦᓴᕐᔪᐊᓄᑦ ᐊᐱᑦᓕᖓ ᑭᐅᔨᐅᔪᓄᓇᓂᖅᐸᑦ. ᖃᐅᔨᓄᑦᑐᒃ.	
Chairperson (interpretation): Thank you, Mr. Qirngnuq. Mr. Chown.	**ᐃᒃᓯᕐᐅᑕᖅ**: ᖃᐅᔨᓴᑦᑐᒃ, ᒥᓵᑕ ᕿᑭᓐᓇᖅ. ᒥᓵᑕ ᓴᐅᓄ.	
Mr. Chown: Thank you, Madam Chairperson. I think Health might be a better place to answer that question in detail, but certainly from the Department of Finance perspective, in looking at the statistics on here, certainly continuing to provide funding to our health care system and attempting to continue to reduce smoking rates in the territory seem to be a couple of areas where we could certainly help to improve these stats. Thank you, Madam Chairperson.	**ᓴᐅᓄ** (ᑐᐊᓕᑎᒍᑦ): ᖃᐅᔨᓴᑦᑐᒃ, ᐃᒃᓯᕐᐅᑕᖅ. ᐊᓂᔨᐊᖅᑲᓇᓐᕕᑕᑐᓕᕆᔨᓂᖅ ᒥᒃᑯᐊ ᑭᐅᔨᑎᐊᑭᓂᓇᖅᓴᐅᕐᓯᐃᓚᑐᐊᓕ ᐅᓐᓂᐃᓕᑐᐃᓐᓇᕐᓂᑎᑦᓂᕐᓂᕐᓂ ᐊᓂᔨᐊᖅᑲᓇᓐᕕᑕᑎᓂᔨᓂᖅ ᒥᒃᑯᐊ ᐅᓇᓴᐅᑎᓂᒃ ᖃᑭᒥᖅᐊᖅᑲᓂᕐᒥᓂᕐᒥᑦᑐᕐᑭᕐᐅᖅ ᐊᓂᔨᐊᖅᑲᓇᓐᕕᑕᑎᓂᕐᒥᓂᐅ ᐊᒻᒪᓗ ᖃᑲᑎᓂᐅᓂᖅᐸᓯᓕᑎᓂᐊᓕᖅᑐᓂᑎᑦᑐᒍᒍᔪ ᓄᑲᓕᐊᖅᑐᓂᖅᑐᓂᓗᑭᓂᐅᓂᖅᑐᑦᓴᓇᐊᖅᑐᒍᒍ ᒥᒃᑯᐊ ᐅᓇᓴᐅᑎᓂᒃ ᐱᖓᓱᐊᕐᓂᖅᑐᓂᐅᑎᒃ. ᖃᐃᓕᖅᑐᒃ, ᐃᒃᓯᕐᐅᑕᖅ.	
Chairperson: Thank you, Mr. Chown. I believe that should have really gone to Mr. Ferguson.	**ᐃᒃᓯᕐᐅᑕᖅ** (ᑐᐊᓕᑎᒍᑦ): ᖃᐅᔨᓴᑦᑐᒃ, ᒥᓵᑕ ᓴᐅᓄ. ᒥᓵᑕ ᑭᓴᓇᖏᓵᖅᐃ ᑭᐅᑎᐊᖅᑲᑕᖅᐸᓯᓕᑎᓂᐊᓕᖅᑐᖅ.	

Mr. Ferguson: Thank you, Madam Chairperson. That question is obviously beyond what we were looking at in the audit. I think, though, as you look at these, you have to look at the whole continuum of the health care system. Again, I think it is really the Department of Health that can speak best to it. When you look at it, as Mr. Chown said, you can consider some prevention type of measures, for example, the smoking rate, which presumably also feeds into the level of respiratory diseases, so some prevention type programs.	**ᕗᒍᓴᓐ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑕᖅ. ᑖᓐᓇᐃᑖᒃ ᐊᐱᖅᑯᑎ ᐅᖓᑖᓄᒻᒪᕆᐊᓗᑦᑎ ᐅᕙᒍᑦ ᖃᐅᔨᓴᕋᓯᓚᐅᖅᑕᑦᑕ ᑕᒪᓐᓇᑎᑳᓗᒃ ᐋᓐᓂᐊᕐᓇᑎᕆᓂᖅ ᑲᔪᓯᑎᑕᐅᓂᑎᒫᑳᓗᐊ ᑭᐅᒐᓱᐊᕆᐊᖃᕋᔭᕋᑦᑎᒍ. ᐋᓐᓂᐊᕐᖃᕐᓇᓐᖏᑦᑐᑎᕆᔾᒃᑯᓄᑦᑐ ᑭᐅᔭᐅᑦᑕᐅᑎᐱᕗᓐᓈᑐᕋᓗᐊᖅ. ᒥᔅᑕ ᓴᐅᓐᖏᑖᒃ ᐅᖃᕋᑖᕐᖓᑦ ᑕᒪᒃᑯᐊ ᐃᓱᒪᒋᔭᐅᓐᖑᐊᕈᓐᓇᕐᖓᑕ ᓄᖅᑲᕚᒥᒐᓱᐊᕈᑎᐅᕙᑦᑑᑦ ᓯᐅᒐᑎᐊᖅᑐᖃᑦᑕᑐᐃᑦᑐ ᓄᖅᑲᕚᒥᒐᓱᐊᖅᑎᑕᐅᕙᑦᑐᑎᒃ. ᑕᒪᐅᓇ ᓱᕐᒐᑎᐊᖅᑐᖃᑦᑕᖅᑐᐃᓂᑖᒃ ᐳᕙᒃᑯᑦ ᐊᓯᕈᑎᖃᑦᑕᕐᖓᑕ.
Some of it, though, also maybe is the Department of Health having a plan that makes sure that the services are provided in the areas that match the population and population growth and some of those types of things. I think it's a matter of looking at the whole range of health services from better prevention to detection to services to being able to provide services in remote areas. Probably all of those things would be needed to help try to improve some of those indicators.	ᐊᒻᒪᑦᑕᐅᖅ ᐃᓚᒃᑲᓐᓂᐊᒍᑦ ᑖᒃᑯᐊ ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᑎᕆᔾᒃᑯᑦ ᐸᕐᓇᐅᑎᖃᖅᑲᑕ, ᐸᕐᓇᐅᑎᖃᑎᐊᖃᕐᓂᐊᖅᑑᔫᖓᑕ, ᐱᔾᑦᑎᕋᐅᑎᖃᖅᑎᑦᑎᓗᑎᒃ ᓈᒻᒫᓂᐊᖅᑑᔫᖅᓯᒪᔪᓂᒃ ᖃᑦᑎᖕᒍᑕᐅᓂᖏᑦ ᐃᓄᖏᑦ ᒪᓕᒃᑐᒋᑦ, ᐊᒥᓱᕈᖅᐸᓕᐊᓂᖏᒃᑐ ᒪᓕᒃᑐᒋᑦ. ᑕᐃᓐᓇᓕ ᐋᓐᓂᐊᖃᕐᓂᖏᑦᑐᓕᑎᓂᕐᔪᑦ ᐱᔾᑦᑎᐅᕋᕐᓂᓕᒫᒍᕗᑦᑐᐃᑦ ᐃᓱᒪᒋᒐᓯᑦᑐᒋᑦ ᐃᒫᒃ ᐋᓐᓂᐊᓕᖅᑕᐃᓕᒪᑎᑦᑎᓂᖅ ᐋᓐᓂᐊᒻᒪᖖᒑᑕᓗ ᖃᐅᔨᒍᓐᓇᕋᓯᓐᓂᖅ, ᓄᓇᓕᕋᑖᖑᓂᖅᓴᓂᒃ. ᑕᒪᒃᑯᐊᓕᒫᒐᓗᐃᑦ ᐃᓱᒪᒋᔭᐅᑉᐸᑕ ᑭᓯᐊᓂ ᐋᖅᑭᒋᐊᕆᐅᒪᐊᕈᓐᓇᖅᐸᓪᓚᐃᔾᑦ. ᓈᓴᐃᑎᖏᓐᓂᒃ ᑕᒪᒃᑯᓂᖓ ᐱᐅᓯᕚᓪᓕᑎᑦᑎᒐᔭᖅᐸᓪᓚᐃᔾᑦ.
Again, perhaps the Department of Health is the one that would have the best information on how to improve the indicators. Thank you, Madam Chairperson.	ᑭᓯᐊᓂᓕ ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᓕᑎᔾᒃᑯᑦ ᖃᐅᔨᒪᓂᖅᐹᖑᔭᕆᐊᖃᕐᒪᕆᒃᑐᑦ ᖃᐅᔨᒪᓂᖅᐹᖑᒋᐊᖃᖅᑐᑦ ᖃᓄᖅ ᐱᐅᓯᑉᐹᓕᖅᑎᑕᐅᔪᓐᓇᕐᒪᖔᑕ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Ferguson. Mr. Qirngnuq.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕗᒐᓴᓐ. ᒥᔅᑕ ᕿᓐᖑᖅ.
Mr. Qirngnuq (interpretation): Thank you, Madam Chairperson. I directed my question to the wrong person. I apologize for that, Madam Chairperson.	**ᕿᓐᖑᖅ**: ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑕᕋᓛᒃ. ᒪᒥᐊᓇᖅ ᑖᑉᑯᐊ ᑭᓪᓕᕙᕐᓗ ᑕᐃᒻᓂᕋᑉᑭᑦ ᑕᐃᔫᓰᑦ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᑎᒥᒃ ᑕᐃᓂᐊᕋᓗᐊᕐᓂᖅᓗᒍ. ᒪᒥᐊᐸᖓ, ᐃᒃᓯᕙᐅᑕᕋᓛᒃ.
The reason I am asking this question is because the Chairperson talked about it in her opening comments. May 5 to May 7, 2015 is the last time they were here.	ᐅᓇ ᐃᓱᒪᒋᐸᓗᒍ ᐊᐱᖅᑯᑎᒋᕙᕋ. ᑖᕙᓂ ᒪᐃ, ᐃᒃᓯᕙᐅᑕᕋᓛᒃ, ᐅᓇ ᐅᖃᐅᓯᕆᓚᐅᕋᖓ ᓯᕗᓪᓕᖅᐹᒥᒃ ᐅᒃᑯᐃᑎᒋᓚᐅᑕ ᐃᓗᐊᓂ. ᒪᐃ 5-ᒥ 7-ᒧᑦ 2015-ᖑᑎᑉᓗᒍ ᕿᖑᓪᓕᖅᐹᒥ ᑕᒪᐅᙵᖅᓯᒪᒻᒪᑕ.

Are these health indicator statistics produced every year? Are they updated every year as the population increases or decreases? We should come up with some ways to mitigate those numbers. I hope that make sense, Madam Chairperson. Thank you.	ᐅᑯᐊ ᖃᐸᓯᓄᑦ ᐅᑭᐅᓄᑦ ᐊᑐᖅᑕᐅᖃᐸᑕᖅᐸᑦ ᑖᐸᑯᐊᑦ ᐋᓐᓂᐊᖅᑐᓂᕆᔪᓄᑦ ᓇᓗᓇᐃᒃᑯᑕᐅᔪᑦ ᐊᓪᓚᒍᑦ ᑕᓖᑦ ᐊᑐᖅᑕᐅᖃᑦᑕᕐᓯᒻᒪᑖ? ᐃᓄᖃᓕᖅᐸᑉᓕᐊᑎᑉᐳᒍ ᐃᓱᒪᓐᓇᕋᓗᐊᕐᒪᑦ ᖃᓄᖅᑑᕈᑎᒃᓴᐅᕚᓪᓗᕐᒥᒃ ᑕᐃᐸᓱᒪ ᐋᓐᓂᐊᖃᖅᑕᐃᓕᒪᓂᓕᓇᓂᐅᑉ ᒥᒃᓵᓄᑦ? ᑐᑭᓯᓇᕐᓂᕈᒪ ᐃᒃᓯᕙᐅᑕᑖᒃ. ᖁᔭᓐᓇᒦᒃ.
Chairperson (interpretation): Thank you, Mr. Qirngnuq. Ms. Stockley.	ᐃᒃᓯᕙᐅᑕᖅ: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕿᓐᖑᖅ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. These indicators are generally thought of to be representative of the healthiness of a population or the health status of a population. We know that the health status of a population points to social determinants of health. Those are things that support health, like education, housing, employment, and those kinds of indicators that support people being healthy.	ᓯᑖᒃᓕ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᔅᓯᕙᐅᑕᖅ. ᑖᒃᑯᐊ ᖃᓄᐃᑦᑐᖃᓕᕐᒪᖔᑦ ᓇᓗᓇᐃᖅᓯᔾᔪᑏᑦ ᐃᓅᖅᑲᑎᒌᓕᒫᕋᓗᐃᑦ, ᓄᓇᓕᒥᓕᒻᒥᐅᑕᓕᒫᕋᓗᐃᑦ ᖃᓄᐃᒻᒪᖔᑕ ᓴᖅᑮᔭᖅᑎᑦᓯᓐᓈᕋᓱᐊᖅᑐᑦ ᐊᒻᒪᑦᑕᐅᖅ ᑕᖅᑲᒃᑯᐊ ᖃᓄᐃᒻᒪᖔᑕ ᑎᒥᒻᒥᑎᒍᑦ ᐃᓕᓐᓂᐊᖅᓯᒪᑦᑎᐊᕐᓂᖏᓐᓂᓘᓐᓃᑦ, ᐃᓪᓗᖃᑦᑎᐊᕐᓂᓕᓐᓂᓘᓐᓃᑦ, ᐃᖅᑲᓇᐃᔮᖃᑦᑎᐊᕐᓂᓕᓐᓂᓘᓐᓃᑦ, ᐄ, ᖃᐅᔨᒪᔾᔪᑎᖃᕈᓐᓇᕐᒥᔪᑦ, ᖃᐅᔨᒪᒐᓱᒍᓐᓇᕐᒥᔪᑦ ᑕᒪᒃᑯᐊᖏᓛᒃ ᐃᓄᐃᑦ ᖃᓄᐃᖏᑦᑎᐊᕋᓱᐊᓘᖕᒍᒐᓗᐊᕐᒐᑕ..
When you dig down into the particular indicators, from a health perspective, you look at it from the perspective of the things that are "upstream" as we call it, along the lines of prevention and then things that are downstream, so that's the treatment. Someone already has the illness or has the medical condition that has to be treated. A simple example would be a flu vaccine. The upstream treatment or the prevention is to get a flu shot. The downstream part of that is you get the flu and need to be treated or it turns into pneumonia or something else happens and then you require health care. That is just a simple example.	ᑖᒃᑯᐊ ᓇᓗᓇᐃᖅᓯᒍᑕᐅᓲᑦ ᓇᓗᓇᐃᓇᐊᕐᓗᒋᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᓕᕆᔨᑦᓗᑕᓕ ᑕᑯᓐᓈᕆᓯᓇᒐᑦᑎᒍ ᒪᑯᐊ ᓴᖅᑮᔭᕐᓂᖅᐹᖑᔪᐃᑦ ᓄᖅᑲᖅᑎᒐᓯᕆᐊᖏᑕ. ᐊᒻᒪ ᐅᓇᓂ ᐱᕐᔪᐊᖑᓐᖏᓂᖅᓴᐃᑦ ᐅᐊᑦᑎᐊᕈᒃᑲᓐᓂᖅ ᐋᓐᓂᐊᖕᒐ ᖃᐅᔨᔭᐅᓯᒪᓕᖅᑎᓪᓗᒍ, ᒪᒥᓴᖅᑕᐅᕙᓪᓕᐊᓕᖅᑎᓪᓗᒍ ᑖᓐᓇ ᑭᖑᓕᕆᔫᕆᓪᒪᒍ. ᐆᑦᑑᑎᑐᐃᓐᓇᐅᒍᓐᓇᖅᑐᖅ ᐆᓇᓗᐊᓕᖅᑐᓄᑦ ᐋᓐᓂᐊᓕᖅᑕᖅᑐᓄᑦ ᑕᐃᒪᐃᑦᑐᓂᒃ ᑕᐃᒪᐃᔾᔭᐃᒃᑯᑎᓂᒃ ᑲᐹᑎᑕᖅᑲᓖᖕᒍᒻᒪᑦ ᐅᑭᐊᔅᓵᒃᑯᑦ. ᑕᐃᒪᓕ ᑲᐱᔭᐅᓯᒪᓐᓂᖏᒃᑯᕕᑦ, ᐆᓇᖅᓯᑦᑕᕋᔭᖅᑯᑎᑦ, ᐋᓐᓂᐊᓕᑦᑕᕋᔭᖅᑯᑎᑦ, ᐳᕚᒃᑭᓘᓐᓃᑦ ᐃᒻᒪᒍᓐᓇᕋᔭᖅᑐᑎᒃ. ᑕᑉᐸ ᑖᓐᓇ ᐆᒃᑑᑎᑐᐃᓐᓇᖅ ᐃᑲᔫᑕᐅᔪᓐᓇᕐᓂᖏᑦ.
Life expectancy at birth, again, usually points to the social determinants of health and health indicators of generally how healthy a population is, and that is right from before you're born until you pass away. In Nunavut the expectancy is	ᐃᓅᕋᑖᒥᓃᑦ ᐃᓅᒍᓐᓃᕐᓂᐅᓴᓂᖏᑦ ᓇᓗᓇᐃᖅᑕᐅᓲᖑᒻᒥᒻᒪᑕ. ᖃᓄᑎᒋ ᐃᓅᑲᑎᒌᑦᑐᐃᑦ ᑎᒥᒥᑎᒍᑦ ᖃᓄᐃᖏᑦᑎᐊᕋᓱᐊᕐᒪᖔᑕ ᖃᐅᔨᔭᐅᓲᖑᒻᒥᒻᒪᑕ ᕿᑐᕐᖓᖅᑖᕐᒋᑎᒍᑦ ᐃᓅᒍᓐᓃᖅᓴᕋᐃᓐᓂᖏᑕ. ᓄᓇᕘᒥᓕ

almost ten years less than the Canadian average. That would speak to the upstream things, so making sure moms and babies are healthy, and the downstream issues, such as making sure people get adequate care when they become ill.	ᖃᑦᑕᓂᒃ ᒪᑯᐊ ᐃᓐᓇᐅᓪᓗᑎᒃ ᐃᓇᔪᓐᓂᖅᑐᖅᓯᒪᔪᑦ ᖃᑦᑕᓂᑦ ᐊᖏᖁᔪᓂᒃ ᓄᓇᕗᖅᑎᑕᐃᑦ ᑐᖃᓪᓚᖅᑐᑦᓯᓚᐅᒪᒪᑕ. ᑕᒪᓐᓇᑦ ᐱᑎᐊᖅᓯᒪᔪᓪᓗᑎᒃ ᐃᓇᓴᖏᑦᓂᓐᓇᓂᓐᓂ. ᐃᓇᓴᖏᑦᒐᑎᒃ ᑲᒪᒋᐅᑦᑎᐊᖅᑕᖅᑲᑕ ᐃᓐᓇᑐᖅᑐᓪᓗᑎᒃ ᑐᑭᓯᓚᐅᒪᔪᓐᓇᖅᑐᑦ.
Infant mortality, again, is a lot higher in Nunavut. You will remember a few months ago the Department of Health came forward with a baby bed initiative. That's part of helping to reduce infant mortalities. That's one part of doing that and that's the prevention part.	ᓯᖅᑯᐃᓯᑦᑐᓴᐅᒋᔭᓯ ᑕᖅᑭᑦ ᖃᑎᖅᑎᑭᖅᐊᖅ ᐊᓂᔪᖅᓯᒪᓕᖅᑐᑦ ᐋᑦᓂᖅᑎᖃᖅᑐᑦ ᖃᓄᖅᓴᖅᑕᕐᓗᓂᑦ ᐃᑎᑎᕐᐃᐅᓴᒃᑕᕐᓗᓂᑦ ᐃᑲᔪᑎᑎᓂᖅᑕᖅᑐᑦ ᐃᑲᔫᑎᑎᓂᐊᖅᑕᓕᖅᑎᑦ ᐃᓇᓴᖏᑦᒐᑎᒃᓴᑦ ᐃᓇᓴᖏᑦᑐᓂ ᑐᑭᔫᒋᑦᑯᓂᓗᑎᑦ ᖃᑎᖅᑎᐅᓂᖓᑦ.
Our smoking rate is quite high and so there are a number of initiatives that are helping to reduce the smoking rate, which also then feeds into our respiratory diseases and that would include cancers and so on from smoking, but it would also include influenza. That's why we come out and ask everyone to really consider rolling up your sleeves and getting your flu shot every year.	ᓯᓚᑕᐊᖅᑐᑦᑎᒃᑕᖅᑐᑦ ᐊᒥᓯᐊᓕᒻᒪᒪᑕ ᓯᑕ. ᐱᑎᐊᖅᑎᑎᑕᓯᐊᓕᒻᒥᔪᑦᑕᐅᖅ ᓄᖅᑲᕐᒪᑕᖅᑎᑎᑐᓴᐊᖅᑐᓂᒃ. ᑕᐃᒪ ᓯᓚᑕᐊᖅᑐᑦᑎᒃᑕᖅᑐᑦ ᐳᓴᑯᑦ ᐊᔪᕈᑎᖅᑲᓯᖏᓐᓄᑦᒪᒪᑕ ᐃᑕᓐᓂᑦ ᑲᖏᔪᑎᒃᓴᕐᓂᑦ. ᑕᐃᒪᓕᒃ ᑕᕐᓂ ᑭᓕᑦᑐᓂᒃ ᐃᓯᒪᔭᖅᓯᐅᑦᔨᓴᕐᔪᑦ ᑲᐱᖅᑐᑦᓯᓚᐅᒪᔪᓐᓇᖅᑐᑦ ᐊᐱᕈᑎᖅᑲᑲᓯᖏᓐᓄᑦᒪᒪᑕ ᐊᐅᓚᓯᓯᖏᓐᓄᑦᒪᒪᑕ ᐊᓯᖅᓯᒪᓕᕐᓂᖅᐸᑕ.
We know that suicides and self-inflicted injuries are much higher in Nunavut and why we were successful in establishing the Quality of Life Secretariat and the funding that the Members gave us just very recently to put forward long-term actions on that.	ᐃᒪᒋᐅᖅᑎᑕᖅᑕᖅᑐᐃᓪᓗ ᐊᒋᑦᓯᖅᑲᒪᒪᓕᕆᔨᒪᒪᑕ ᑕᒧᓐ. ᓯᕗᓂᑐᖅᑕᑎᓪᓗᑕ ᑕᒪᓪᓗ ᓯᑎᐊᖅᑕᐅᑲᓯᑎᐊᖅᑐᓴ ᐅᖅᑲᐅᓯᐅᖅᑎᑕᖅᓯᒪᓕᖅᑐᑦ ᖃᓄᖅᑲᑎᓪᓗᑕᐅᑲᓯᓪᓗᑎᒃ.
Those are the ways that the department is trying to mitigate or help address some of the issues that would come out as indicators. I hope that answers your question. Thank you, Madam Chairperson.	ᐃᓕᓐᓂᑦ ᑕᒪᒃᑯᐊ ᐱᓕᖅᑭᑦᐅᖅᑎᑕᖅᑐᑦᑕᖅᑐᐃᑦ. ᑭᐅᖅᑎᑦᓗᐊᖅᑭᑐᖅᑲᐃ. ᖃᐅᔨᓪᓗᑎᒃ, ᐃᒃᓯᐊᐅᑦᑕᑦ.
Chairperson: Thank you, Ms. Stockley. (interpretation) Mr. Qirngnuq, do you have any more questions?	**ᐃᒃᓯᐊᐅᑦᑕᖅ** (ᑐᓴᔨᑎᒍᑦ): ᖃᐅᔨᓪᓗᑎᒃᑕᑦᑕᐅᖅ, ᒥᔅ ᓯᑦᓂᓕ. (ᑐᓴᔨᑎᒍᑭᓐᓂᖅᑐᖅ) ᒥᔅᑕ ᖃᓄᖅᖠᖅ, ᓯᓂ?
Mr. Qirngnuq (interpretation): Thank you, Madam Chairperson. I also thank the	**ᖃᓄᖅᖠᖅ**: ᖃᐅᔨᓪᓗᑎᒃ, ᐃᒃᓯᐊᐅᑦᑕᓂᒃ ᖃᐅᔨᓪᓗᑎᒃᐸᕐᓗᓗ

health representative for the very clear answer. It's very worrisome looking at the statistics and as I stated earlier, those of us who live in Nunavut have the smallest population and we want to continue living. Thank you for explaining those things. That's it for me. Thank you.	ᐋᓐᓂᐊᖅᑐᓕᕆᔨᒃᑯᑦ ᑭᐅᑦᑎᐊᕈᓐᓇᕐᒪᑦ. ᑖᒻᓇ ᐃᕼᐅᒪᓐᓇᕐᒪᑦ, ᐃᕼᐅᒪᓐᓇᕐᓗᐊᕐᒪᑦ ᐅᐊᑦᑎᐊᖅ ᓯᕗᓪᓕᕐᒥᑦ ᐅᖅᑳᓪᓚᒃᑲᒪ ᓄᓇᕗᑦᒥᐅᑕᐅᔪᑎᒍᑦ ᐃᑭᑉᑐᓐᓄᐊᑦᑑᕙᑉᑕ ᐃᓅᕚᓪᓕᕈᒪᕙᓪᓚᔅᓱᑕ. ᑖᒻᓇ ᖁᔭᓐᓇᒦᓪᓕᖅᐳᖓ ᑐᑭᓯᓐᓇᖅᓯᑦᑎᐊᕐᒪᑦ. ᑕᐃᒫᖅᑐᖓ, ᖁᔭᓐᓇᒦᒃ.
Chairperson (interpretation): Thank you, Mr. Qirngnuq. (interpretation ends) Mr. Akoak, you are next on the list.	**ᐃᒃᓯᕙᐅᑕᖅ**: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕿᓐᖑᖅ. (ᑐᓵᔨᑎᒍᑦ) ᑭᖑᓪᓕᐅᓕᕐᒥᔪᖅ ᒥᔅᑕ ᐋᖁᐊᖅ.
Mr. Akoak: Thank you, Madam Chairperson. Good afternoon, Mr. Ferguson and staff. Department of Health and Department of Finance, good afternoon.	**ᐋᖁᐊᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐅᓐᓄᓵᒃᑯᑦ, ᒥᔅᑕ ᕘᒑᓴᓐ ᐱᓕᕆᔨᑎᓪᓗ. ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᓪᓗ, ᑮᓇᐅᔭᓕᕆᔨᒃᑯᓪᓗ ᑐᓐᖓᓱᒋᔅᓯ. ᐅᓐᓄᓵᒃᑯᑦ.
My first question: in your report on page 3 in paragraph 10 you have, "To work in Nunavut, community health nurses must meet certain minimum education…" I'm just having a hard time understanding what that means and "…certain minimum education and work experience…" Are those people just coming out of nursing school? Thank you, Madam Chairperson.	ᓯᕗᓪᓕᖅᐹᖅ ᐊᐱᖅᑯᑎᒐ ᒪᐸᒐᖓ 3, ᓈᓴᐅᑎᓕᒃ 10. ᓄᓇᕗᑦᒨᖅ ᐱᓕᕆᓂᐊᕐᓗᓂ ᓄᓇᓕᓐᓂ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᒥᑭᓂᖅᐹᖕᒐᒍᑦ ᐃᓕᓐᓂᐊᖅᓯᒪᓂᖅᑲᓇᐊᖅᑲᖅᖕᒐᑕ ᓇᓗᓇᐃᖅᑕᐅᓯᒪᔪᓂᒃ. ᑭᓱ ᓇᓗᓇᐃᖅᑕᐅᓯᒪᕙ? ᐊᒻᒪᓗ ᐃᖅᑲᓇᐃᔭᓚᐅᖅᓯᒪᓂᖅᑲᓇᐊᖅᑲᖅᑐᑎᒃ. ᒥᑭᓂᖅᐹᓇᓗᒋᑦ ᐃᓕᓐᓂᐊᖅᓯᒪᓂᖏᑦ ᑭᓲᕙ? ᒥᑭᓂᖅᐹᓇᓗᒋᑦ ᐃᖅᑲᓇᐃᔭᖅᓯᒪᓂᖏᑦ ᑭᓲᕙ? ᑕᐃᒃᑯᐊ ᐋᓐᓂᐊᓯᐅᖅᑎᕈᓇᐅᖅᓴᓂᕐᒥᑦ ᐊᓂᕋᑖᕐᒥᓃᑦ ᐱᔭᓃᕋᑖᕐᒥᓃᑦ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Akoak. I believe Ms. Stockley already answered that question, but Ms. Stockley, I'm going to hand that back to you and maybe you can answer it again. Thank you.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᐋᖁᐊᖅ. ᒥᔅ ᓯᑖᒃᓕᐅᑉ ᑖᓐᓇ ᑭᐅᕇᖅᐸᓚᐃᖅᑲᐅᔭᕋᓗᐊᖓ ᑭᐅᑦᑎᐊᒃᑲᓐᓂᕈᒪᒻᒪᖕᒑᒍ ᐊᐱᕆᑐᐃᓐᓇᓕᖅᑲᕋ. ᖁᔭᓐᓇᒦᒃ.
Ms. Stockley: Thank you, Madam Chairperson. Nurses that are just coming out of nursing school, those that are coming out of Nunavut Arctic College, Members will recall that we came forward with a business case that was approved and we are going to be offering a mentorship program starting with this graduating class that's coming out now. They will have their graduation ceremony on June 8 and hopefully then they're coming to us to start their mentorship	**ᓯᑖᒃᓕ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᕈᓇᐅᖅᓴᓂᕐᒥᑦ ᐱᔭᓃᕋᑖᖅᑐᑦ ᓄᓇᕗᑦᒥ ᓯᓚᑦᑐᓴᕐᕕᒦᙱᖅᑐᐃᑦ. ᐃᖅᑲᐅᒪᓂᐊᖅᑐᔅᓴᐅᕗᓯ, ᑕᐃᒪ ᑐᒃᓯᕋᐅᑎᓕᐅᓚᐅᖅᓯᒪᒻᒥᒐᑦᑕ ᐃᖅᑲᓇᐃᔭᖅᑐᓂ ᒪᓕᔅᓱᐊᖅᑲᑦᑕᖅᓗᑎᒃ ᐃᖅᑲᓇᐃᔭᓇᐅᖅᓴᑎᑕᐅᓛᖅᖕᒐᑕ ᐊᒻᒪᓗ ᐱᔭᓃᖅᑎᑕᐅᓗᑎᒃ ᔫᓂ 8-ᖑᓕᖅᑲᑦ. ᑕᐃᒪᓕᖅᑲᐃ ᐱᔭᓃᖅᑲᑕ ᐅᕙᑦᑎᓐᓄᑦ ᐃᖅᑲᓇᐃᔮᒃᓴᔅᓯᐅᖅᑯᓇᑮᖅᑑᒐᓗᐊᑦ

program. That's a one-year program right now.	ᐊᕐᕿᒍᒥ ᐊᑕᐅᓯᕐᒥ.
Once they're finished the mentorship program like that, they would be able to work in Qikiqtani General Hospital, for example. For nurses that would go out into community health centres, we would want them to be more experienced. The minimum requirement for a community health centre is that of course you're a graduate of a nursing program and that you have successfully completed your RN examinations and are eligible for a licence with the Registered Nurses Association of the Northwest Territories and Nunavut, and that you would have two years of experience. In order to be a CHN, those are the minimum requirements that we would need you to have.	ᐋᓐᓂᐊᓯᐅᖅᑎᒥᒃ ᒪᓕᔅᓱᐊᕐᓗᑎᒃ ᐃᖅᑲᓇᐃᔭᕆᐅᖅᓴᑎᒍᓐᓇᕋᔭᕋᑦᑎᒍ. ᐱᓕᕆᔫᓐᓇᕐᓗᑎᓪᓗ ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕕᒻᒥ. ᑕᐃᒃᑯᐊᓕ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᓄᓇᓕᓐᓂ ᐋᓐᓂᐊᕕᓐᓅᕋᔭᖅᑐᐃᑦ ᐃᖅᑲᓇᐃᔭᖅᓯᒪᓂᖅᓴᐅᕐᑯᔭᕗᑦ, ᓄᓇᓕᓐᓂ ᐋᓐᓂᐊᓯᐅᖅᑎᕈᕐᓂᐊᕐᓂᕈᕕᑦ ᐱᔭᕇᖅᓯᒪᔭᕆᐊᖅᑲᖅᑐᑎᒃ ᐋᓐᓂᐊᓯᐅᖅᑎᕈᕆᐅᖅᓴᓂᕐᒥᒃ ᐊᒻᒪᓗ ᐊᕐᕿᒍᒥ ᐊᑕᐅᓯᕐᒥᒃ ᖃᐅᔨᓴᖅᑕᐅᓂᕐᓂ ᐃᖅᑲᓇᐃᔭᕆᐅᖅᓴᓯᒪᓗᑎᒃ ᐊᑎᓕᐅᖃᑕᐅᓯᒪᓗᑎᓪᓗ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐊᑎᓕᐅᕐᕕᖓᓄᑦ ᓄᓇᕗᑦᒥ ᓄᓇᑦᓯᐊᕐᒥᓗ ᐊᕐᕿᒎᓐᓂ ᒪᕐᕉᓐᓂᒃ ᐋᓐᓂᐊᕕᒻᒥ ᐃᖅᑲᓇᐃᔭᓚᐅᖅᓯᒪᓗᑎᒃ. ᑕᕝᕙ ᒥᑭᓂᖅᐹᖑᓗᑎᒃ ᖃᐅᔨᒪᓂᐅᔭᕆᐊᖅᑲᖅᐸᑦᑐᑦ ᓄᓇᓕᓐᓂ ᐋᓐᓂᐊᓯᐅᖅᑎᕈᕐᓂᐊᖅᑐᓄᑦ.
Your other experience and things we would look at, we would look at the resumé and certain kinds of experiences might make you more suitable to go into certain other communities. I know most communities have a lot of children, but particularly if people have that kind of background, we would look at those kinds of communities. We also are always trying to prioritize which nursing stations or which nursing centres need their staffing next. It's always a prioritization when we get applications for nurses of where they best fit.	ᐊᓯᖏᑦ ᐊᑐᓚᐅᖅᓯᒪᓂᕆᐊᓕᑎᑦ ᐃᖅᑲᓇᐃᔮᖅᑖᕋᓱᐊᕈᑎᓐᓂᒃ ᑎᑎᕋᕈᓐᓇᕐᒥᔭᑎᑦᑕᐅᖅ. ᑎᑎᕋᕈᕕᒋᑦ, ᐃᖅᑲᓇᐃᔮᖅᑖᕐᓂᐅᓴᓂᖅᓴᐅᒐᔭᖅᑐᑎᒃ ᓇᓕᐊᓐᓂᑐᐃᓐᓇᖅ ᓄᓇᓕᒻᒥ. ᓄᓇᓕᒃ ᕿᑐᙵᓕᕕᔾᔪᐊᕋᓘᑉᐸᑕ ᐆᑦᑑᑎᒋᓗᒍ, ᓱᕈᓯᖁᓕᕕᔾᔪᐊᕋᓘᑉᐸᑕ ᓱᕈᓯᖁᓕᓂᒃᑲᕕᔾᔪᐊᕋᓘᒍᕕᑦ ᑕᐃᒪᐃᑦᑐᒧᑦ ᓄᓇᓕᒻᒧᑦ ᑐᕋᕐᓯᐊᕈᓐᓇᕋᔭᖅᑐᑎᑦ ᓇᓗᓇᐃᖅᓯᓗᑎᑦ, ᓇᓗᓇᐃᕈᓐᓇᕋᔭᕋᑦᑎᒍ ᓇᓕᐊᒃ ᐋᓐᓂᐊᕕᒃ ᓱᕈᓯᓕᕆᖁᔨᖁᔪᒻᒪᙳᑕᓗ ᑕᒪᒃᑯᓂᖓ. ᓇᒧᑦ ᐃᓕᔭᐅᑦᑎᐊᕈᓐᓇᕐᒪᖔᑕ ᐋᓐᓂᐊᓯᐅᖅᑎᕈᖅᑐᐃᑦ ᖃᐅᔨᒪᑦᑎᐊᕋᓱᐊᓲᖅᑯᑦ.
I hope that answers your question. Thank you, Madam Chairperson.	ᑭᐅᑦᑎᐊᕋᓗᐊᖅᑲᓯᖅᑲᐃ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Just a reminder again we have interpreters. Mr. Akoak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᒥᔅ ᓴᑖᒃᑯ ᐳᐃᒍᖅᑕᐃᓕᒋᑦ ᑐᓵᔨᖃᕋᑦᑕ. ᒥᔅᑕ ᐋᕐᑯᐊᖅ.
Mr. Akoak: Thank you, Madam Chairman. Thank you for the explanation. My next question is: are you getting a lot	**ᐋᕐᑯᐊᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ ᖁᔭᓐᓇᒦᑦᑕᐅᖅ ᓇᓗᓇᐃᖅᓯᑦᑎᐊᕋᕕᑦ. ᑭᖑᓪᓕᕐᒥ ᐊᐱᖅᑯᑎᒐ,

of those students coming to the government to go work once they have the education? Thank you, Madam Chairperson.	ᐃᓕᓐᓂᐊᖅᑏᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᕈᓇᐅᖅᓴᔪᒥᓃᑦ ᐊᒥᓱᑦ ᐃᓕᔅᓯᓐᓄᑦ ᐃᖅᑲᓇᐃᔮᖅᑖᕋᓱᐊᖅᐸᑉᐸ, ᐃᓕᓐᓂᐊᓃᕋᐃᒐᒥ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Akoak. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᐋᖁᐊᖅ. ᒥᔅ ᓯᑖᒃᓚ.
Ms. Stockley: Thank you, Madam Chairperson. I assume that you mean Nunavut Arctic College. We know that there are going to be three graduates this year. We don't know how many of those will apply for the nurse mentorship program yet. Thank you, Madam Chairperson.	**ᓯᑖᒃᓚ** (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᓄᓇᕗᑦᒥ ᓯᓚᑦᑐᓴᕐᕕᒻᒥ ᐋᓐᓂᐊᓯᐅᖅᑎᕈᓇᐅᖅᓴᔪᒥᓃᑦ ᐊᐱᖅᑯᑎᑏᑦ? ᐱᙳᓱᓂᑦ ᑕᐃᒪ ᐱᔮᕆᕐᓂᐊᖅᑐᓂᑦ ᑐᓴᐅᒪᒐᑦᑕ. ᖃᐅᔨᒪᙱᑦᑐᒍᑦ ᖃᑦᑎᓂᒃ ᐋᓐᓂᐊᓯᐅᖅᑎᒥᒃ ᒪᓕᔅᓱᐊᓛᕐᓗᓂ ᐋᓐᓂᐊᓯᐅᖅᑎᕈᓇᐅᖅᓴᒍᒪᓂᐊᕐᒪᖔᑕ ᐊᕐᕌᒍᒥ ᐊᑕᐅᓯᕐᒥ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. If I may just ask a quick question, does that mean, just for clarification, if one does not take the mentorship, what kinds of implications does that have on the graduate? Thank you. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑑᓵᔨᑎᒍᑦ) ᖁᔭᓐᓇᒦᒃ, ᒥᔅᓯᔅᑖᒃᓚ. ᐊᐱᕆᓵᖅᑲᐃᓐᓇᕐᓚᙵᐃᕐ, ᑕᐃᒪᓕ ᑐᑭᓯᑦᑎᐊᕐᓂᐊᕋᑦᑕ. ᐊᑕᐅᓯᕐᒥ ᐊᕐᕚᒍᒥ ᒪᓕᔅᓱᐊᕐᓗᓂ ᐃᖅᑲᓇᐃᔭᕈᓇᐅᖅᓴᒍᒪᓐᓂᙱᑉᐸᑦ ᑕᐃᒪᓕ ᐊᓱᐊᓂᙶᖅ ᑭᓱᒥᒃ ᓂᕈᐊᕋᔅᓴᕐᖅᑲᓂᖅᑲ? ᖁᔭᓐᓇᒦᒃ. ᒥᔅ ᓯᑖᒃᓚ.
Ms. Stockley: Thank you, Madam Chairperson. In order to qualify for the mentorship, they have to successfully complete their program. As I said, we're expecting three graduates this year. The other part of that is they have to successfully complete their examination. Their NCLEX, or their registered nurse licensing examination, is another way it's referred to. It will then be up to them whether or not they want to apply for the mentorship program. If they do, then we would happily take them on and match them to a community. The memo that has gone to the graduates is a memo from me and it asks them where their area of practice, what they're interested in, and what community they would like to work in and those kinds of things. Then we try to match them up and make sure that they get their mentorship	**ᓯᑖᒃᓚ** (ᑑᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᐃᒪᓕ ᐊᔪᓇᖅᓯᐅᔾᔭᐅᕙᓪᓚᐊᓗᓂ ᑕᐃᒪ ᐃᓕᓐᓂᐊᓃᓇᐊᕐᑲᖅᐳᖅ. ᐅᕐᑲᖅᑲᐅᒐᒪ ᑕᐃᒪ ᐱᙳᓱᓂᒃ ᐱᔮᕆᕐᓂᐊᖅᑐᕆᑦᑎᒐᑦᑕ ᐋᓐᓂᐊᓯᐅᖅᑎᕈᓇᐅᖅᓴᓂᕐᒧᑦ, ᑕᐃᒪ ᖃᐅᔨᓴᖅᑕᐅᔭᓇᐊᕐᑲᕐᒪᑕ ᒪᑯᓂᙶ ᓄᓇᕗᒻᒥ ᓄᓇᕐᓯᐊᕐᒥᓗ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᑲᑐᔾᔮᕐᑲᑎᒌᖕᒋᓐᓄᑦ ᖃᐅᔨᓴᖅᑕᐅᓗᑎᒃ, ᑕᐃᑯᓇᓐᖓᓪᓕ ᑕᐃᒪ ᐃᓱᒪᖅᑰᑕᐅᒐᔭᖅᑐᑦ. ᑖᒪᓂ ᐃᖅᑲᓇᐃᔭᖅᓱᓐᓈᖅ ᐃᓕᓐᓂᐊᕈᒪᓪᓚᑦᑕ, ᑕᐃᒪᓪᓚᑦᑕ ᖁᕕᐊᓱᒃᑲᔭᖅᐳᒍᑦ ᓄᓇᓕᓐᓄᑦ ᐅᕗᙵᖅᑎᓪᓗᒋᑦ. ᑕᐃᒪᓕ ᐱᔮᕆᖅᓯᓂᐊᖅᑐᓄᑦ ᑎᑎᕋᕐᕕᒋᓯᒪᔭᒃᑲ ᐊᐱᖅᓱᖅᓱᕆᑦ ᖃᓄᐃᓕᐅᖅᑲᑦᑕᕈᒪᒻᒪᖔᑕ, ᓄᓇᓕᓐᓄᓪᓗ ᓇᓕᐊᓅᕈᒪᒻᒪᖔᑕ, ᐃᖅᑲᓇᐃᔭᕐᕕᖃᕈᒪᒻᒪᖔᑕ. ᑕᐃᒪᓕ ᑕᐃᒪᓐᓇ

opportunity that's geared toward what their goal is.	ᐱᕕᖏᖅᑎᓐᓇᓯᔾᔪᖏᑕᖅᑕᕐᓂ ᐱᔨᒪᓕᖅᑭᑦ ᒪᓕᓪᓗᑎᑦ.
If they don't avail of the mentorship program, they are certainly, once they're graduates and once they're licensed, free to go and work wherever they wish in Canada. Thank you, Madam Chairperson.	ᑕᐃᒪᓕ ᐃᖅᑲᓇᐃᓕᖅᓯᓐᓇᓂ ᐃᓕᓐᓂᐊᐸᒪᐸᐸᑕ, ᑕᐃᒪᓕ ᓕᐃᔪᖏᑦᑕᕐᑎᑦ ᓇᒥᑐᐃᓐᓇᕎᕎᐊᖅ ᐃᖅᑲᓇᐃᓕᖅᕕᑎᒍᒪᓕᕆᓂᖅ ᑲᓇᑕᒥ ᐃᖅᑲᓇᐃᓕᕈᓐᓇᖅᓯᖏᑦᑕᕐᓕᒪᑕ. ᖃᐅᔨᓇᒧᑦ, ᐃᓱᓯᒪᐅᑦᖅ.
Chairperson: Thank you, Ms. Stockley, for that clarification. Mr. Akoak.	**ᐃᓱᓯᒪᐅᑦᖅ** (ᑐᓴᔨᑎᒍᑦ): ᖃᐅᔨᓇᒧᑦ, ᒥᔪ ᓴᒃᑕᓂ. ᒥᔪᑕ ᐊᖃᑦᑯᐊᖅ.
Mr. Akoak: Thank you, Madam Chairperson. On page 5, paragraph 21 in your report you have, "As of 31 March 2016, in health centres outside of Iqaluit, there were 69 positions for community health nurses providing primary and emergency care and 25 positions for nurses-in-charge." There are a lot of vacancies. "By region, this rate varied from 60 percent for Qikiqtaaluk (excluding Iqaluit) and Kivalliq to 71 percent for Kitikmeot."	**ᐊᖃᑦᑯᐊᖅ** (ᑐᓴᔨᑎᒍᑦ): ᖃᐅᔨᓇᒧᑦ, ᐃᓱᓯᒪᐅᑦᖅ. ᒪᑦᐱᖅᑐᒪᖅ 5, ᓇᓴᐅᑎᖓ 21 ᑕᕐᓯᓂ ᐅᓂᒃᑲᓂ ᒧᑉᓱ 31, 2016-ᒧᑦ ᑎᑭᑦᑐᒍ ᐃᖅᑲᓗᐃᑦ ᓱᓕᑦᓂᑐᑦᑕᓂᑦ ᐊᓐᓂᐊᕐᓂ 69-ᖓᓕᓕᐅᖏᒪᑕ ᐃᓂᐅᔨᑦ ᓄᓇᓕᓐᓂ. ᐊᓐᓂᐊᓱᐅᖅᑎᓂᑦ ᒪᔾᔪᖓᖓ ᑐᐊᕐᓇᖅᑐᑕᓗᓂᕐᒧᑦ ᐊᓐᓂᐊᓱᐅᖅᑎᑐᐃᓐᓇᐅᓂᖏᓐᓄ ᐊᒻᒪᓗ 25 ᐃᓂᐅᔨᑦ ᐊᖓᔪᖅᑲᓚᕆᐅᔪᓄᑦ ᐊᓐᓂᐊᕐᓂ. ᐃᓄᖏᓐᓄᕐᑐᑎᓪᓚᐅᒪᒪᑕ ᐊᕐᕌᖏᑦᑐᑎᓱᓂᖅ ᐊᓱᐸᓐᓄᕐᑐᑦᑕᓂ, ᑕᒪᓐᓄᑦ 60 ᐳᖅᓂᑎ ᖃᑭᖅᑕᓗᒍ ᐃᖅᑲᐃᑦ ᓱᓕᑦᓂᑐᒃᑯ, ᑭᓯᓐᓄᑦ 71 ᐳᖅᓂᑎ ᖃᑭᑎᒥᐅᓄᑦ.
Have you been told why they're having a hard time getting nursing staff in the Kitikmeot region? Thank you, Madam Chairperson.	ᐅᖏᑲᐅᖅᓱᐅᓱᒪᕕᓵᓱ ᖏᑲᓄᐃᒪᒪᑦ, ᖏᑲᓄᐃᒪᒪᑦ ᐃᓄᐃᑦ-ᓱᖏᑕᕐᖏᓐᓇᑕ ᐊᓱᓴᓐᓂᕐᑐᓂᑦ, ᑕᒪᓐᓂᓱᑕ 60 ᐳᖅᓂᑎ ᖃᑭᑭᖅᑕᓗᒥᒥ ᐃᖅᑲᐃᑦ ᓱᓕᑦᓂᑐᒃᑯ, ᑭᓚᓐᓂᑕᖏᓗ, 71 ᐳᖅᓂᑎ ᖃᑭᑎᒥᐅᓄᑦ.
Chairperson: Thank you, Mr. Akoak. You're a little bit ahead of us. We're doing paragraphs 1 to 18. I'll ask, (interpretation) who did you direct this to? Ms. Stockley?	**ᐃᓱᓯᒪᐅᑦᖅ** (ᑐᓴᔨᑎᒍᑦ): ᖃᐅᔨᓇᒧᑦ, ᒥᔪᑕ ᐊᖃᑦᑯᐊᖅ. 1-ᒥᑦ 18-ᒧᑦ ᓇᓴᐅᑎᑕᓐᓂ ᐱᑕᓗᑎᑦᑕ. (ᑐᓴᔨᑎᒍᒧᑉᓯᓐᓂᖅᑐᖅ) ᑭᓗᒧᓄᓗ ᑐᖃᖅᑎᑕᐃᑦ? ᒥᔪ ᓱᒃᑕᓂ?
Mr. Akoak: Mr. Ferguson.	**ᐊᖃᑦᑯᐊᖅ**: ᒥᔪᑕ ᑲᑎᓴᓐ.
Chairperson: Mr. Ferguson.	**ᐃᓱᓯᒪᐅᑦᖅ**: ᒥᔪᑕ ᑲᑎᓴᓐ.
Mr. Ferguson: Thank you, Madam Chairperson. We didn't break it down any further than that into what the reasons were. Again, I think the whole audit report talks about a number of the reasons why there are vacancies in general. I think we	**ᑲᑎᓴᓐ** (ᑐᓴᔨᑎᒍᑦ): ᖃᐅᔨᓇᒧᑦ, ᐃᓱᓯᒪᐅᑦᖅ. ᒃᑯᑦᐊ ᐊᓴᒍᑐᖅᑐᓂᒃᑯᓂᒪᓕᕆᓂᖅᑐᑎᓪᓗᒍ ᑭᓱᓂᖅ ᐱᔨᑎᖏᑦᓯᖓᓕᒫᑦ, ᒃᑯᓐᓇᓕ ᐅᓂᒃᑲᖅ ᐊᑕᖓᕐᓗᒍ ᐅᖏᑲᐅᓱᖏᑦᓯᓕ ᐱᔨᑎᑲᓕᖓᓂᖅ ᖏᑲᓄᐃᒪᒪᑦ ᐃᓐᓇᑐᑕᐅᓱᓕᕆᓂᖅᑐᑎᓪᓗᒍ.

touch on a number of those things, but we don't get down and talk about why one region might have a certain vacancy rate compared to another one. We weren't trying to do it on a region-by-region basis. We were just trying to get an understanding of the reasons on a system-wide basis. Thank you, Madam Chairperson.	ᑕᒃᑯᐊ ᐅᖅᑲᐅᓕᓚᒃᓴᒪᓕᕆᔨᓗᐊᕐᓂ ᑭᓴᐊᓂ ᐅᖅᑲᐅᓴᖅᑭᓴᒪᓂᑐᓕᕐᒥ ᖃᓄᐃᓕᓴᒥ ᐊᕐᓇᖅᑐᖅᓴᓕᖅ ᐃᓐᓇᐃᓴᒪᓂᑐᓂᖅᓴᖅᑕᕐᓂᒃ ᐃᓐᓇ ᑕᐅᑐᑦᓗᐃ. ᑕᐃᒪ ᐊᕐᓇᖅᑐᖅᓴᒪᔪᓂᒃ ᐱᑕᓕᓇᓴᒃᑕᖅᑕᕆᔨᓗᐊᕐᓂ ᑐᑭᓴᓇᓴᒃᑐᒃ ᐱᓪᔪᐊᑎᓐᓂᓂᓂ ᐊᑕᓐᑯᔪᒥᒃ. ᖃᐅᔨᓇᒃ, ᐃᒃᓴᕐᐅᑕᖅ.
Chairperson: Thank you, Mr. Ferguson. Just a reminder, we are on paragraphs 1 to 18. Mr. Akoak.	**ᐃᒃᓴᕐᐅᑕᖅ** (ᑐᐃᓚᐅᑎᔪᑦ): ᖃᐅᔨᓇᒃ, ᒥᔭᑦ ᑭᒃᓴᔨᓂ. ᐃᖅᑲᐃᑎᑕᐊᑐᐃᓇᓪᓗᑎᑦ ᐅᓴᐅᐅᑎᓕᒥᒃ 1-ᒥᑦ 18-ᒍᑦ ᐅᖅᑲᐅᓴᖅᑲᖅᑐᔪᑦ. ᒥᔭᑦ ᐊᑦᑯᐊᖅ.
Mr. Akoak: Thank you, Madam Chairperson. I just have pages 1 to 5, so that's why I went to page 5, but it can be my last question on this topic, on paragraph 21, if I can direct it to the Department of Health. Were there any improvements since then? Thank you, Madam Chairperson.	**ᐊᑦᑯᐊᖅ** (ᑐᐃᓚᐅᑎᔪᑦ): ᖃᐅᔨᓇᒃ, ᐃᒃᓴᕐᐅᑕᖅ. 1-ᒥᑦ 5-ᒍᑦ, ᑭᖓᔪᓕᖅᐸᓇᓂᐊᓕᖅᑕᕐᓂ ᐊᐱᖅᑯᑎᓂᓂᒃ. ᑕᕐᕆᖏᓐ 21-ᒧᐅᓂᕐᑐᖏᓐ ᑕᒃᑯᓇᓐᓂ ᐊᐟᓂᐊᖅᑲᓇᖏᑦᑕᓂᓇᓕᒃᑯᓂᓂ, ᑕᒪᓂᓇ ᐱᐅᓴᕆᓕᓕᖅ, ᐊᒃᐅᓴᕆᓕᓕᖅᐸᑦ? ᖃᐅᔨᓇᒃ, ᐃᒃᓴᕐᐅᑕᖅ.
Chairperson: Thank you, Mr. Akoak. Ms. Stockley.	**ᐃᒃᓴᕐᐅᑕᖅ** (ᑐᐃᓚᐅᑎᔪᑦ): ᖃᐅᔨᓇᒃ, ᒥᔭᑦ ᐊᑦᑯᐊᖅ. ᒥᔭᑦ ᓴᑕᒃᓕᓂ.
Ms. Stockley: Thank you, Madam Chairperson. The vacancy rates tend to be a snapshot in time and they vary. As we move through the process, I'm sure we will get to the specifics of the nurse recruitment numbers and so on.	**ᓴᑕᒃᓕᓂ** (ᑐᐃᓚᐅᑎᔪᑦ): ᖃᐅᔨᓇᒃ, ᐃᒃᓴᕐᐅᑕᖅ. ᑕᐃᒪ ᐃᒃᑐᓂᑕᐃᓇᑕᓇᔪᓐᓇᒃ ᑕᒃᑯᐊ ᐊᓚᐅᑎᓐᓂᓂ ᐊᑦᖁᒃᓴᓕᒪᓕᒐᓂ, ᐊᓕᔪᐅᖅᐸᑦᓕᐊᕐᑐᑐᓂ ᑕᒪᓐᓇᓕ ᑕᒪᓐᓇ ᐊᑐᖅᐸᑦᓕᐊᓗᒍ ᒪᓐᓇ ᐊᐟᓂᐊᓕᓴᐅᖅᑎᓂᒃ ᐃᖅᑲᓇᐃᔨᓕᖅᑎᑎᓂᖅ ᐊᓚᐅᑎᓐᓂᓂᒃ ᑎᑭᐅᐅᑎᓂᐊᖅᑐᑦ.
Generally, if I were to answer a question today with regard to what the vacancy rate was and then you were going to ask me the question again next week, there would be some slight differences in that. Some of the variations can be that we have gone out and concentrated on one area as opposed to another in terms of nurse recruitment. We advertised and we got a number of applicants who wanted to work in one region rather than another region, it could be as simple as that.	ᐅᑦᓗᒥ ᑭᐅᔨᓐᓇᕆᔨᐃ ᑭᓯᓚᒪᑕ ᐃᓐᓇᑲᓚᓐᓂᑐᓂᑐᑦ ᐱᓇᓴᐊᑭᓯᐅᓂᐊᖅᑐᑦ ᐊᔪᕐᑎᑎᐊᖅᑐᓂ ᓯᑦᓗ ᐃᑲᐃᓂᖏᓐᓂᒃ ᐊᓐᓂᑦᑎᐊᖅᓴᓐᓂᑕᒪᔭᐃᑦ, ᐱᓇᓴᑲᑦᓗ ᐃᑲᑕᖅ ᐊᑐᖅᑲᐃᑎᑕᐊᑐᐃᓇᓪᓗᑎᑦ ᑕᐅᑐᖏᓐᓄᑦᑎᓐ ᑲᖅᑭᖅᓯᖅᑎᓕᐅᑦᓗᑎᑦ, ᐱᓇᓴᒃᑦᓗ ᐃᑲᑕ ᐊᑐᖅᑲᐃᑎᑕᐊᑐᐃᓇᓪᓗᑎᑦ ᑕᐃᒪᓐᓇᕐᓗᒍ.

We're not aware of anything systemic where people don't want to go work in the Kitikmeot if that's what your concern is. I guess I'll just leave it there for now. Thank you, Madam Chairperson.	ᐃᒪᓐᓇ ᖃᓄᐃᒻᒪᑦ ᕿᑎᕐᒥᐅᓂ ᐃᖅᑲᓇᐃᔭᕆᐊᕈᒪᙱᓪᒪᙲᑕ ᖃᐅᔨᓯᒪᙱᑦᑐᒍᑦ, ᑖᓐᓇ ᐃᓱᒫᓘᑎᒋᒍᕙᐅᒃ. ᑕᕗᓐᖕᒐᑐᐃᓐᓇᑲᐃᓐᓇᖅ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Next on my list is Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᔅᑖᒃᓕ. ᐊᑎᖁᑎᒃᑲ ᒪᓕᓪᓗᒋᑦ, ᒥᔅᑕ ᒥᑭᙳᐊᖅ.
Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. My first question is for the Office of the Auditor General on paragraph 15. After the audit, I know they looked at documents. I'll use the Kivalliq as an example. Baker Lake is a Kivalliq community and they fall under the jurisdiction of Rankin Inlet. My first question is: did you look at the two communities of Rankin Inlet and Cambridge Bay equally or were there differences between them? Thank you very much, Madam Chairperson.	**ᒥᑭᙳᐊᖅ**: ᒫ'ᓇᓪᓗᐊᕙᒃ, ᐃᒃᕼᐃᕙᐅᑕᖃᖅᑑᖅ. ᕼᐃᕗᓪᓕᖅᐹᖅ ᐊᐱᖅᑯᑎᒋᓂᐊᒐᕋ, ᑖᑉᑯᓄᖓ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᑎᒃᑯᓐᓄᑦ. ᑖᓐᓇ ᖁᓕᓪᓗ ᑕᓪᓕᒪᒋᔮ, ᑕᐃᒪ ᖃᐅᔨᕼᐊᓚᐅᖅᑎᓪᓗᒋᑦ, ᐊᒻᒪᓗ ᖃᐅᔨᒪᓪᓛᖅᕼᐅᑎᒃ ᑎᑎᖅᑲᓂᒃ ᑎᑎᖅᑲᓐᓇᒃᑕᓚᐅᕐᒪᑕ ᓇᓗᓇᙱᑦᑐᓂ ᖃᐅᔨᕼᐊᖅᑐᑎᓪᓗ. ᑖᒻᓇ ᖁᓕᓪᓗ ᑕᓪᓕᒪᒋᔮ ᑎᑎᖅᑲᖅ, ᐆᑦᑑᑎᒋᓗᒍ ᑭᕙᓪᓕᕐᒥ ᑭᒡᒐᖅᑐᖅᑎᐅᖅᑲᑕᐅᒐᒪ, ᐃᓛᒃ ᖃᒪᓂᑦᑐᐊᖅ ᑭᕙᓪᓕᕐᒦᖖᓘᖅᕼᐃᒪᒻᒪᑦ, ᑲᖏᖅᖠᓂᕐᒥᑦ ᑲᒪᒋᔭᐅᒃᑕᖅᕼᐅᑎᒃ ᐃᓚᖏᑦ. ᑖᒻᓇᓕ ᐊᐱᖅᑯᑎᒋᕼᐅᐊᖅᑕᖃ ᕼᐃᕗᓪᓕᖅᐹᒥ, ᑖᒃᑯᐊ ᒪᕐᕉᖅ ᑐᖅᑲᖅᑕᕐᕚᒃ ᓄᓇᓖᒃ, ᑲᖏᖅᖠᓂᕐᒧ, ᐃᖃᓗᒃᑑᑦᑎᐊᕐᒧ. ᐊᔾᔨᒌᑦᑐᒥᒃ ᑕᐅᑐᓚᐅᖅᐱᒌ ᐅᕝᕙᓘᕝᕙ ᐊᓪᓚᒌᓐᓂᖃᐅᓚᐅᖅᐸᑦ? ᒫ'ᓇᓪᓗᐊᕙᒃ, ᐃᒃᓯᕙᐅᑕᖃᖅᑑᖅ.
Chairperson (interpretation): Thank you, Mr. Mikkungwak. Mr. Ferguson.	**ᐃᒃᓯᕙᐅᑕᖅ**: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᙳᐊᖅ. ᒥᔅᑕ ᕘᒐᓴᓐ.
Mr. Ferguson: Thank you, Madam Chairperson. Again I'll start, but then perhaps ask Mr. McKenzie to provide some more details.	**ᕘᒐᓴᓐ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᒥᔅᑕ ᒥᑭᓐᓯᖃᐃ ᐅᖃᒃᑲᓐᓂᖁᓂᐊᖅᐸᕋ, ᐃᓚᒋᐊᖅᓯᖁᓂᐊᖅᐸᕋ.
Again, what we were doing was we were looking at the health system as a whole as it operates in Nunavut. To get an understanding of how the system as a whole operates, we had to go to different regions to see the operations to get a sense on the basis of the different regions, the different population makeups, how far they were from centres, and what their health status was like just to get an overall understanding. In the course of the audit, again, we didn't compare one region to another or we didn't just audit what was going on in the one region. We were using	ᐃᒪᓐᓇᐃᓕᐅᓚᐅᕋᑦᑕ ᑖᓐᓇ ᐃᓗᐃᒃᑑᓪᓗᒍ ᕿᒥᕐᕈᐊᓚᐅᕋᒃᑯ ᐋᓐᓂᐊᖅᑲᕐᓇᙱᑦᑐᓕᕆᓂᖅ ᓄᓇᕗᑦᒥ ᐊᐅᓚᓂᖓ, ᑐᑭᓯᐅᒪᑦᑎᐊᑲᓐᓂᕋᓱᑦᑐᑕ ᐊᑕᖏᖅᑐᒍ ᑐᑭᓯᒐᓱᒃᑐᒍ ᐊᔾᔨᒋᙱᑦᑐᓂᑦ ᐊᕙᑎᖅᓯᒪᔪᓄᑦ ᐊᐅᓚᓂᖏᑦ ᑕᑯᓇᕆᐊᖅᑐᓇᖅᑲᓚᐅᖅᑎᒍ ᑕᒪᒃᑯᐊ ᐊᔾᔨᒋᙱᑦᑐᑦ ᐊᕙᒃᑐᖅᓯᒪᔪᑦ, ᐃᓄᒋᐊᓂᖏᓪᓗ ᐊᔾᔨᒋᙱᑎᓪᓗᒋᑦ, ᖃᓄᖅ ᐅᖓᓯᒃᑎᒋᒻᒪᖔᑕ ᑐᖅᑲᖅᑕᕐᕕᓐᓄᑦ, ᐃᒪᓐᓇ ᑐᑭᓯᔭᐃᓐᓇᓇᔭᐃᓐᓇᓇᒐᓱᒃᑐᒋᑦ. ᑕᐃᒪᓕ ᑭᓪᓕᓯᓂᐊᖅᑐᑕ ᐊᕙᒃᑐᖅᓯᒪᔪᑦ ᐃᑲᖓ, ᐊᕙᒃᑐᖅᓯᒪᔪᒧᑦ ᐃᒪᓐᓇ ᑕᐅᑐᒃᑕᑦᑕᐅᑎᓚᐅᙱᑕᕗᑦ ᑕᐃᒃᑯᐊ

that information to get an understanding of how the system as a whole operates. I'll ask Mr. McKenzie if he has anything else that he wants to add in terms of what we looked at in some of those regions. Thank you, Madam Chairperson.	ᖃᐅᔨᕙᓪᓕᐊᔭᕗᑦ ᑐᑭᓯᓇᓱᒍᑎᒋᓚᐅᖅᑕᒃᑲ ᑖᓐᓇ ᐃᓗᐃᒃᑑᓗᓂ ᐊᐅᓚᓂᖓᓂᒃ. ᒥᔅᑕ ᒥᑭᓐᓯ ᐊᐱᕆᓂᐊᕋᒃᑯ ᐃᓚᒋᐊᕆᔪᒪᒻᒪᖔᖅ ᕿᒥᕐᕈᓚᐅᖅᑕᑎᓐᓂ ᑕᐃᑲᓂ ᐊᕕᒃᑐᖅᓯᒪᔪᓂ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Ferguson. Mr. McKenzie.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕘᒐᓴᓐ. ᒥᔅᑕ ᒥᑭᓐᓯ.
Mr. McKenzie: Thank you, Madam Chairperson. No, we treated all the communities that we visited or we approached all the communities that we visited the same way. We spoke to the individuals within the health centres to get their views on orientation and training in the various aspects we looked at in the audit, quality assurance procedures and safety measures that were in place. We didn't treat any one community differently than another. We tried to talk to each one in terms of, if you will, the same approach in terms of the issues that we looked at. Thank you.	**ᒥᑭᓐᓯ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐋᒡᒐ, ᓄᓇᓖᑦ ᐳᓚᕋᑕᕗᑦ ᐳᓛᕆᐊᖅᑕᕗᑦ ᐊᔾᔨᒌᒃ ᐱᓚᐅᖅᑐᒍᑦ, ᐃᓄᐃᑦ ᐅᖃᖃᑎᒋᓪᓗᒋᑦ ᐋᓐᓂᐊᕕᓐᓂ ᐊᐱᖅᓱᖅᑐᒋᑦ ᒪᑯᐊ ᐱᔪᓵᔅᓴᑎᑕᐅᓂᖁᑦ ᐃᓕᓐᓂᐊᕈᑎᒍᑦ, ᒪᑯᐊᓗ ᐱᐅᓂᖏᓐᓄᑦ ᐊᑦᑕᕐᓇᖅᑐᒦᑦᑕᐃᓕᓂᖏᓐᓄᑦ ᐃᓕᔭᐅᓯᒪᔪᓄᑦ, ᐃᒪᓐᓇ ᓄᓇᓕᒃ ᐊᔾᔨᒌᓐᖏᑦᑐᒥᒃ ᐱᓚᐅᓐᖏᑕᕗᑦ, ᐊᔾᔨᒌᑐᐃᓐᓇᖅᒥᒃ ᐅᐸᒍᓚᐅᖅᑕᕗᑦ. ᖁᔭᓐᓇᒦᒃ.
Chairperson: Thank you, Mr. McKenzie. Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᓐᓯ. ᒥᔅᑕ ᒥᑭᖕᒍᐊᖅ.
Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. I'll direct my question to the same people. Listening to you, it is clear that you looked at the health system as a whole equally. Some of my colleagues represent smaller communities and others represent bigger communities. Some communities are developing and growing much faster and some have mines near their communities. Did you look at such areas during your audit so that you can see how the health system as a whole needs to develop in Nunavut? Thank you, Madam Chairperson.	**ᒥᑭᖕᒍᐊᖅ**: ᒪ'ᓇᓪᓗᐊᕕᒃ, ᐃᒃHᐃᕙᐅᑕᖃᖅᑑᖅ. ᑖᒃᑯᓄᖕᒐᔅᓴᐃᓐᓇᖅ ᓱᓕ ᐊᐱᖅᓱᕐᓂᐊᖅᐳᖕᒐ. ᓇᓗᓇᓐᖏᑦᑐᖅ ᐅᖃᖅᑐᓯ, ᓇᓗᓇᐃᔭᐃᑦᑎᐊᖅᑐᓯᓗ ᑐHᐋᑉᓗᓂ ᓇᓗᓇᐃᔭᐃᑦᑎᐊᕐᐸᓯ ᑕᒪᔅᓱᒥᖕᒐ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ, ᓄᓇᕗᑦᒥᐅᑕᓗᒃᑖᑦ, ᓄᓇᓕᓗᒃᑖᑦ ᐊᔾᔨᒌᒃᑎᓐᓄᓗᒃᑐᒋᑦ. ᑭHᐊᓂᑉᑕᐅᖅ ᒪᓕᒐᓕᐅᖅᑎᐅᖃᑎᒋᔭᕐᒪ ᐃᓚᖏᑦ ᓄᓇᓖᑦ ᒥᑭᓂᖅHᐊᐅᑉᓗᑎᒃ, ᐊᒻᒪᓗᑦᑕᐅᖅ ᐃᓚᖏᑦ ᓄᓇᓖᑦ ᐊᖏᓂᖅHᐊᐅᑉᓗᑎᒃ, ᐱᕙᓪᓕᐊᖃᓚᖅᑲᑦᓯᐊᒥᐊᖅᑐᑎᓪᓗ ᐃᓚᖏᑦ ᓄᓇᓖᑦ ᐱᕈᖅᐸᓪᓕᐊᖃᓛᑦᑎᐊᒥᐊᖅᑐᑎᒃ ᐃᓚᖏᓪᓗ ᐅᔭᖅᑲᑕᓇᐊᖃᖅᑐᑎᒃ ᐃᓚᑎᒐᔾᔪᖏᓐᓂ. ᑕᒪᒃᑯᐊᑦᑕᐅᖅ ᐃᓱᒪᒋᔭᐅᓚᐅᓐᖏᑉᐸᑦ ᑕᒪᔅᓱᒥᖕᒐ ᖃᐅᔨᓴᖅᐸᓪᓚᐊᓂᐊᖅᑎᓪᓗᓯ, ᑕᑯᔅᓯᐊᖅᑑᓪᓗᐊᕐᓂᐊᖅᓯ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᖅ ᖃᓄᖅ ᐱᕚᓪᓕᓂᐊᖅᑲᓪᓚᓂᖕᒪᖔᑦ ᓄᓇᕗᑦᒥ. ᒪ'ᓇ, ᐃᒃᓯᕙᐅᑖᖅ.

Chairperson (interpretation): Thank you, Mr. Mikkungwak. Mr. Ferguson.	**ᐃᒃᓯᕗᑦᑕᖅ**: ᖃᓄᖅᓇᒋᒃ, ᒥᔪᑕ ᒥᑭᓐᖓᐊᖅ. ᒥᔪᑕ ᑯᓚᔪᓐ.
Mr. Ferguson: Thank you, Madam Chairperson. That question, I think, gets to the part of the report that starts at about paragraph 104 because those are the types of things that we said that we expected that the Department of Health would have had information about, the fact that the populations are growing, that they're changing, that they would have ways of determining how to allocate resources, how many health care practitioners would be needed on the basis of, perhaps, population or other factors.	**ᑯᓚᔪᓐ** (ᑐᐃᔨᑎᒍᑦ): ᖃᓄᖅᓇᒋᒃ, ᐃᒃᓯᕗᑦᑕᖅ. ᑕᓐᓇ ᐊᐱᖅᑯᑎ, ᑕᕐᕿᓂ ᐅᓂᒃᑲᖅ 104 ᐱᑎᐊᑭᑎᖅᑯᑦᓯᒪᑦ ᑕᒃᑯᐊᖏᓐᓴᒪᑕ ᐅᖅᑲᐅᓴᓇᕐᓂᖅᑕᕐᓂᑦ ᓂᓇᐅᑎᓕᐅᖅᑕᕐᓂᑦ ᐊᐪᓂᐊᖅᑲᓇᓐᖏᑦᑐᑕᓂᓇᓕᒃᑯᑦ ᑎᑎᖅᑲᑯᑎᑎᕆᔭᖏᓐᓂᐊᓕᕆᔨᖅᑎᒍᒍ. ᑕᒪᒃᑯᐊ ᐃᓄᑎᐊᒃᑲᓂᕐᓂᐊᓪᓚᑐᑦ, ᐊᓯᔪᖅᑮᓪᓗᑐᑦ ᐊᒻᒪᓗ ᖃᓄᖅ, ᖃᓄᖅ ᐱᓕᓇᐴᖅᓴᓂᒃ ᓴᓂᕐᐸᐃᖅᑕᖅᑮᑦ, ᖃᑲᓯᓂᓗ ᐊᐪᓂᐊᓯᐅᖅᑎᓂᒃ ᐊᐪᓂᐊᖅᑲᓇᓐᖏᑦᑐᑕᓂᓇᓕᒃᑯᑦ ᐱᔪᓕᐊᖅᑲᕆᔨᖅᑮ, ᐊᓯᖏᑐᓂᒃᓗ ᐱᔾᔨᑕᐅᔪᑦ.	ᑕᐪᓇ ᐊᐱᖅᑯᑕᐅᔪᖅ ᐃᒃᓯᕗᑦᑕᖅ, ᑕᐅᕐᓂ 104 ᓇᓴᐅᑎᓕᖓᒃ ᐱᑎᐊᖅᓂᐊᖅᑯᑦᓯᒪᑦ ᒪᑯᓇᖏᑦ ᐊᐪᓂᐊᖅᑲᓇᓐᖏᑦᑐᑕᓂᓇᓕᒃᑯᑦ ᐱᖅᑲᐅᑎᓕᔪᖅᑐᑦᑕᖅᑕᕐᑎᐪᓂᓂᒃ ᐸᖅᓇᒃᑲᓪᓕᐊᖅᑲᑕᖅᓯᓐᓂᑦ ᑕᐅᑐᒃᓴᑎᑦ. ᖃᓄᖅᓇᒋᒃ, ᐃᒃᓯᕗᑦᑕᖅ.	**ᐃᒃᓯᕗᑦᑕᖅ** (ᑐᐃᔨᑎᒍᑦ): ᖃᓄᖅᓇᒋᒃ, ᒥᔪᑕ ᑯᓚᔪᓐ. ᒥᔪᑕ ᒥᑭᓐᖓᐊᖅ.
Mr. Mikkungwak: Thank you, Madam Chairperson. I guess, when I look at my questions, I'm leading myself to the next question here.	**ᒥᑭᓐᖓᐊᖅ** (ᑐᐃᔨᑎᒍᑦ): ᖃᓄᖅᓇᒋᒃ, ᐃᒃᓯᕗᑦᑕᖅ. ᑕᐃᒪ ᐊᐱᖅᑯᑎᑎᕐᕿᖅᑎᐃ ᑐᑯᖓᓐᖓ ᐊᐱᖅᑯᑎᖅᑲᓇᓐᖏᑦᑐᑕᓂᓇᓕᒃᑯᑦ.
When I look at paragraph 17, paragraph 17 of your report states that "…having the right number and type of staff in health centres, with the training and tools they need to deliver health services, is essential to ensuring that residents of Nunavut receive the health services they need…" Why did your audit not also examine public health, mental health, or long-term community care services in community health centres? Thank you, Madam Chairperson.	ᑕᐃᒪ 17 ᑕᑯᔪᒃᑯ ᑕᕐᕿᓂ ᐅᓂᒃᑲᓂᓂ ᐅᖃᖅᓯᒪᔭᓐᓂ ᑕᒃᑯᑦᐊ ᐅᓄᖅᓂᖏᑦ ᐃᖅᑲᐅᐃᕐᖅᑎᑐᑦᓯᒪᓕ ᐊᐪᓂᐊᖅᑲᓇᓐᖏᑦᑐᑕᓂᓇᓕᒃᑯᑦ. ᑕᒃᑯᑦᐊ ᓄᓇᖅᑲᖅᑐᑦ ᓄᓇᕗᑦᑎ ᐃᒪᓐᓇ ᐊᐪᓂᐊᖅᑲᓇᓐᖏᑦᑐᑕᓂᓇᓕᒃᑯᑦ ᐃᓄᒃᑎᑐᖅᑕᐅᓂᑎᑦ, ᖃᐅᔨᓴᐊᓕᐅᖅᖏᓐᓂᒪᑦ ᐅᖅᑎᒪᐃᓐᓂᓂᐊᕐᓂᖅᑎᓂᒃ, ᐃᓕᓴᕐᒪᑐᑦ ᐃᓗᐊᖅᖏᓐᖏᑦᑐᖅᑕᐅᓂᒃ, ᐊᓯᒪᓗ ᓯᕗᑐᒥᓂᒃ ᑕᒪᒃᑯᓂᖅ ᐊᐪᓂᐊᖅᑲᓇᓐᖏᑦᑐᑕᓂᓇᓕᒃᑯᑦᓴᓐᓂᒃ? ᖃᓄᖅᓇᒋᒃ, ᐃᒃᓯᕗᑦᑕᖅ.	

Chairperson: Thank you, Mr. Mikkungwak. Mr. Ferguson.	**ᐃᒃᓯᕐᐅᑕᖅ** (ᑐᓴᓵᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᒥᔭᑦ ᒥᑭᖅᖢᐊᖅ. ᒥᔭᑦ ᑲᑎᓴᖅ.
Mr. Ferguson: Thank you, Madam Chairperson. All of those are important areas of the health system that could be the subject of future audits.	**ᑲᑎᓴᖅ** (ᑐᓴᓵᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓯᕐᐅᑕᖅ. ᑕᒃᑯᐊ ᑕᕐᕈ ᐱᓕᒪᓇᐅᖏᓪᓕᑕ ᐊᓐᖅᓂᖅᖃᓕᖅᖏᑕᑐᓂᒪᓵᒍᑦ ᓯᑲᓂᐅᓴᒥᖅᑎᖅᐃ ᑭᓱᓕᓯᐅᐊᖅᓂᖅᓗᑦ ᐃᓕᓕᐅᑕᐅᔪᓐᓇᖅᑐᑦ.
Again, as I think I said earlier, the health system is complex. It touches on a lot of things. As we have heard, it goes from prevention to detection to treatment, so there is a lot to it and there are those types of things like public health, mental health, and long-term care facilities. There is a lot in the health care system that we could look at.	ᑕᒪᐃᓐ ᐃᓗᓕᑯᒍᑐᖅᖃᐅᔪᖅᑐᑦᑐᒃᓗᒪᓕᐅᖏᓪᒪᑦ ᐊᐸᑎᓐᖏᑦᑐᑯᒍᑐᖅᑐᑦᓱᓂ ᐊᐅᑐᐊᓯᓂᓗᓂ. ᐃᒪᓐᓇᐅᖏᓪᒪᑦ ᐊᑲᓂᐊᖅᑲᖅᑕᐃᓕᒪᓂᖅᓗᑦ ᑕᒪᐅᑯᐊᖏᓪᒪᑦ ᐅᖃᖅᓯᒪᐃᓂᖅᑎᑦᓂᖏᓪᓕᖅᑎᑦ, ᐃᓱᒪᒥᒍᑦ ᐃᓗᐃᓐᖏᑦᑐᓂ, ᓴᓇᔨᓕᕆᓂᖅ <ᖅᑭᐅᐅᓴᓕᐊᖅᑲᖅᓂᖏᑦ. ᑕᒪᓐᓇ ᖃᑎᖃᕐᐊᖅᑕᐃᓐᓇᓕᓐᓂᐊᕐᓂᑎᒍ.
In order to get a report done within a reasonable time frame, we had to focus on one part of the health care system. In this case what we focused on, again, was the people at the front end, the nurses in the community health centres primarily and the other people that were dealing with patients directly, the interpreters, people taking X-rays and that type of thing.	ᑭᓱᐊᓂ ᐅᓂᒃᑲᒥᒃ ᐱᓕᕆᕐᓱᐃᓐᓇᒪᐅᑦᑕ ᐱᙵᖅᑎᓂᕐᑎᐃᓂ ᑕᕐᔪᒥᖏ ᐃᒪᐃᓐᓇᖏᓂᑦ ᐊᑕᐅᓱᖅᑕᐅᑕᓕᕐᕆᑦ ᑕᐅᔪᖅᑎᓪᓗᐊᑕᒪᐅᕆᑦᑕ. ᑕᒪᒃᑯᐊ ᐱᑕᕆᓪᓗᐊᑕᖅᐸᒃᑐᑦ ᐃᓄᖏᓂᒃ ᐱᑕᕆᖅᑎᖅᖅᑕᖅᑐᑦ ᓄᓇᑕᖏᓂ ᐊᐃᓂᐊᙵᖏᓂ ᐊᓪᒪᒪᓗ ᐊᓯᖏᑦ ᐃᓅᑕᓪᕿᐊᖅᑕᐅᔪᖅᑐᑦ, ᒪᑯᐊ ᑐᓴᓵᑦ, ᑕᕆᕆᖅᑐᑎᑕᒪᓵᑦ.
In order to get a report out in a reasonable period of time that touched on some of the important subjects in the Department of Health and the health care system in Nunavut, we had to scope it to those specific questions, but the types of areas you're talking about certainly could be the subject of future audits. Thank you, Madam Chairperson.	ᑕᐃᒪᓕᑕ ᖃᓄᒪᒥᐅᓯᒃᑯᑦ ᐅᓂᒃᑲᑕᐅᑭᓇᖏᓪᓕᖅᑯᓗᑦᑕ ᐱᓪᒪᒪᓕᐅᔨᓂᒃ ᐊᐃᓂᐊᖅᑲᖅᓇᖏᓪᑕᑐᓂᒪᓵᒃᑯᑦ ᐱᑕᕆᙵᙳᖏᓪᓕᑕ, ᓄᓇᕗᒥᒍ ᐊᐃᓂᐊᖅᑲᖅᓇᖏᓪᑕᑐᓂᒪᓵᒍᑦ ᐃᓗᐊᓇᓕᐊᖅᑲᑕᐅᔪᖅᑎᑦᓂᓗ ᑕᙵᕗᖅ ᐊᐱᖅᑯᖏᓪᑕᑦ. ᑕᐃᒪᓕᑕ ᐅᖅᑲᐅᔨᓚᖅᑎᑦ ᔨᕗᑕᐅᑕᓪᓕᐅᔪᖅᑐᑦ. ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓯᕐᐅᑕᖅ.
Chairperson: Thank you, Mr. Ferguson. Mr. Mikkungwak.	**ᐃᒃᓯᕐᐅᑕᖅ** (ᑐᓴᓵᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᒥᑭᖅᖢᐊᖅ. ᑲᑎᓴᖅ. ᒥᔭᑦ ᒥᑭᖅᖢᐊᖅ.
Mr. Mikkungwak: Thank you, Madam Chairperson. One more question before I transfer on to the government to the Office of the Auditor General.	**ᒥᑭᖅᖢᐊᖅ** (ᑐᓴᓵᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓯᕐᐅᑕᖅ. ᐊᑕᐅᔨᒃᖅᓂᖅ. ᒐᕐᒪᒃᑯᓂᓄᑦ ᓴᒋᐊᒥᐅᖏᓪᖅᑎᓂᓂᑦ ᑭᓱᓕᓯᐅᐊᖅᑎᑯᒃᑯᓂᓄᑦ ᐃᑦᑲᖅᑐᖅ.

When you indicate a tool that is used in the health centres, did you not also take into consideration any other tools that the Department of Health uses, for example, heart monitors, or were you just focused on X-ray machines across the board? Thank you, Madam Chairperson.	ᑕᐃᒪ ᐃᖅᑲᐅᓇᕆᐅᑎᓂᒃ ᓴᓇᔨᑎᓂᒃ ᐊᐪᓂᐊᕕᖓᑦ ᑕᑯᓴᓛ ᐃᓱᒪᕐᑲᓱᐅᑎᓕᐅᖅᑐᓂᓚᐅᓂᒡᓗ, ᒎᑲᐊᐊᐪᓂᐊᖅᑲᖓᓕᖅᖢᓂᒋᑦᓯᒪᓕᕐᓂᒃ ᐊᑐᓂᒃ ᐅᓪᓗᒥᑎᓂᒃ ᑲᑎᕕᐅᓴᐅᑎᓂᒃ ᑕᐅᔾᔨᐊᓕᓕᐅᖅᐱᓱᐅᒃ ᑕᕐᕕᒃᑐᑎᓂ ᑕᒪᕐᒥᓕᖅᐱᒻᒪᕆᐊᖃᖅ? ᕿᑐᐊᓗᒃ, ᐃᒃᓱᒋᐊᑦᑕᕐᒃ.	
Chairperson: Thank you, Mr. Mikkungwak. Mr. Ferguson.	**ᐃᒃᓱᒋᐊᑦᑕᕐᒃ** (ᑐᓴᐃᓚᒍᑦ): ᕿᑐᐊᓗᒃ, ᑎᓪᓗ ᒥᑭᐊᖓᓂᒃ. ᑎᓪᓗ ᑲᑎᓴᐊ.
Mr. Ferguson: Thank you, Madam Chairperson. Really what we put our focus on was the training, the orientation, and making sure that the staff were trained. When it came to things like equipment, it really was just the one specific where we dealt with the X-ray technicians, the training they had and their ability to take X-rays.	**ᑲᑎᓴᐊ** (ᑐᓴᐃᓚᒍᑦ): ᕿᑐᐊᓗᒃ, ᐃᒃᓱᒋᐊᑦᑕᕐᒃ. ᑕᐃᒪᓕ ᑕᐅᑐᓇᕆᑦᓗᐊᑕᐅᖅᑎᑦᑕ ᐱᓕᒪᒃᓴᐃᓂᕐᓗᑦ ᐃᓕᓴᐊᓂᕐᓂᑦᒋᑦ ᑕᒪᒃᑯᐊ ᐃᖅᑲᐅᓇᐃᖅᑲᑦᑎᓂ. ᑕᐃᒪᓕ ᐃᖅᑲᐅᓇᐃᖅᑎᑯᓚᓄᓕᒫᓂᒡ ᒎᓚᓇ ᐊᑕᐅᓱᓗᑕᑐᐊᓕᐅᖅᑕ ᒎᑲᐊᐊ ᑕᕐᕕᒃᑐᑎᓚᓐᓂᐊᕕᓂ ᐱᓕᒪᒃᓴᐃᖅᑲᐅᓱᓚᓐᓗ ᑕᕐᕕᒃᑐᑎᓂᑕᓚᓇᓕᓕᒫᓂ.	
Again, something like how those health centres are equipped is something that we could look at in another audit perhaps in the future, but in the meantime again, what we were primarily focusing on was the training part of that sentence. Thank you, Madam Chairperson.	ᒎᑲᐊᐊ ᐊᐪᓂᐊᕕᖓᑦ ᕿᑲᓂᒃ ᐃᖅᑲᐅᓇᐃᖅᑎᑯᓴᖅᑭᓕᒫᓂᒡ ᑕᐪᓇᓚᓇᕐᑎᕆᔨᒃᑯᑦ ᐊᓯᐊᔪᑦ ᑭᓴᓂᓱᓂᐊᕐᓂᒡᓗ ᓱᔨᓂᑯᑎᑕᐅᒪ. ᑭᓱᐊᓂᓕ ᒻᓚᐅᐅᓴᖅ ᑕᐅᔾᔨᐊᓕᓕᐅᖅᑐᓂᓚᐅᓂᒡᓗ ᐱᓕᒪᒃᓴᐃᖅᑲᐅᓂᖅᑎᓚᓐᓂ ᑕᕐᕕᒃᑐᑎᓂᑕᓚᓇᓕᓕᒫᓂ ᑕᔨᓇ. ᕿᑐᐊᓗᒃ, ᐃᒃᓱᒋᐊᑦᑕᕐᒃ.	
Chairperson: Thank you, Mr. Ferguson. Mr. Mikkungwak.	**ᐃᒃᓱᒋᐊᑦᑕᕐᒃ** (ᑐᓴᐃᓚᒍᑦ): ᕿᑐᐊᓗᒃ, ᑎᓪᓗ ᑲᑎᓴᐊ. ᑎᓪᓗ ᒥᑭᐊᖓᓂᒃ.
Mr. Mikkungwak: Thank you, Madam Chairperson. I guess the government sort of got a lead here on the questions that I am about to ask.	**ᒥᑭᐊᖓᓂᒃ** (ᑐᓴᐃᓚᒍᑦ): ᕿᑐᐊᓗᒃ, ᐃᒃᓱᒋᐊᑦᑕᕐᒃ. ᒎᑲᐊᐊ ᓴᒧᓕᒃᑯᑦ ᕿᑲᐅᓴᓕᑦᑐᖅᑕᒃᑲᐅᓕᒡᑕ ᐊᐱᕐᑲᐊᓯᓂᐊᕕᖓᑕᓕᐅᑎᓂᒃ.
I guess this would be to the Department of Health. Did your department assist the Office of the Auditor General in identifying and selecting which communities to visit in the course of the audit and, if so, what factors influenced your recommendations? Thank you, Madam Chairperson.	ᐱᓕᓚᖏᓐᓄᓱ ᐊᐪᓂᐊᕕᖓᑦᑕᕐᑐᓂᒡᓚᓇᓕᐅᑯᑦ ᐱᓕᓚᖏᓐᓄᓕᒡᓕᑦ ᐃᑲᔪᓕᐅᕕᒃᑭᑦ ᑭᓴᓂᓱᓂᐊᕕᖓᒃᑎᐅᐳ ᑎᑎᕆᔨᓄᓕᒡᓕᑦ ᓇᓗᓇᐃᔨᐃᑎᑎᓐᓂᑦᓗᑎᑦ ᓇᓕᐊᖏᓂᑦ ᓄᓇᓕᖏᓂᑦ ᐳᓴᓚᐊᕆᓂᐊᕕᖓᓂᒡᓗ ᐊᓯᒪ ᐃᑲᔪᓕᐅᑕᓱᓀ ᑭᓱᐃᓚᖅ ᐱᓕᓚᖏᓐᓄᐸᓀᓂᒃᑲᓀᓀ ᑕᐃᑲᔪᐊ ᓄᓇᓴᓂᑦ ᓂᕈᐊᕕᒃᑎᓕᐅᕕᒃᐸᑦ? ᕿᑐᐊᓗᒃ, ᐃᒃᓱᒋᐊᑦᑕᕐᒃ.	

Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᒃᓯᐊᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. Staff were asked to be completely open and honest with the Office of the Auditor General, all staff were, and we had many meetings with the auditors when they were here doing their audit.	**ᓯᑖᒃᓕ** (ᑐᒃᓯᐊᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐃᖅᑲᓇᐃᔭᖅᑏᑦ ᒪᑐᐃᖓᑦᑎᐊᓚᐅᕐᒪᑕ ᒪᑐᐃᖓᑦᑎᐊᕆᐊᖃᓚᐅᖅᑐᑦ ᐊᐱᖅᓱᖅᑕᐅᒍᑎᑦ ᑖᒃᑯᓄᖓ ᑮᓕᓯᓂᐊᖅᑎᓄᑦ. ᖃᔅᓯᐊᖅᑎᐊᓗᑭᐊᖅ ᑲᑎᒪᖃᑎᒌᖃᑦᑕᖅᓯᒪᓚᐅᖅᑕᑦ ᐅᑯᐊ ᑮᓕᓯᓂᐊᖅᑏᑦ ᑎᑎᕋᕝᕚᖏᓐᓃᓐᖔᖅᑐᓂᒃ.
If I am recalling correctly, there were a couple of different conversations with regard to who on the frontline should be spoken to and where information could be gathered. Our recommendation to the Auditor General's team was that they look at our bigger health centres, our regional centres, and to also make sure that they looked at a health centre in every region and recommended that there be consideration to looking at smaller health centres and medium health centres.	ᐅᖃᓚᖃᑎᒌᖃᑦᑕᓚᐅᖅᐳᑕ ᑕᐃᒃᑯᐊ ᐊᐱᖅᓱᕐᓂᐊᖅᑕᑦ ᓇᓕᐊᒃ ᐅᖃᓚᖃᑎᒋᓂᐊᕐᒪᖔᑦᑎᒍᑦ ᓇᑭᓪᓗ ᑎᑎᖅᑲᓂᒃ ᓄᐊᑦᑎᓂᐊᕐᒪᖔᑦᑕ. ᑖᒃᑯᐊ ᑮᓕᓯᓂᐊᖅᑏᑦ ᐅᖃᓚᖃᑎᒋᓪᓗᒋᑦ ᓄᓇᓖᑦ ᐊᖏᓂᖅᓴᓂᒃ ᐋᓐᓂᐊᕕᓖᑦ ᑕᐃᒃᑯᐊ ᑕᑯᔭᖅᑐᕆᒪᓚᐅᖅᑕᕗᑦ. ᐊᕕᒃᑐᖅᓯᒪᔪᑦ ᓄᓇᕗᒻᒥ ᓈᓪᓗᑎᒍᑦ ᐊᒻᒪᓗ ᓄᓇᓖᑦ ᒥᑭᓂᖅᓴᐃᑦ ᑕᐃᒃᑯᐊ ᑕᑯᔨᒪᓚᐅᕐᒥᔭᕗᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᖏᓪᓗ ᑲᑎᖅᑲᑎᒋᔨᒪᓪᓗᑎᒃᑯᑦ.
I don't recall if we asked for specifics or not or recommended specific communities, but again if I am recalling correctly and remembering certain discussions with me, it was to make sure that they got a good snapshot of the kinds of health centres that are operating throughout the whole of the territory. Thank you, Madam Chairperson.	ᐃᖅᑲᐅᒪᓐᖏᑦᑐᖓ ᓱᓇᓪᓚᑦᑖᓂᒃ ᐊᐱᕆᓚᐅᕐᒪᖔᑦᑕ ᐅᕙᓘᓐᓂᑦ ᐊᑐᓕᖁᔭᓕᐅᓚᐅᕐᒪᖔᑦᑕ ᓇᓪᓕᐊᑦ ᓄᓇᓖᑦ ᐅᐸᒃᑕᐅᖁᓪᓗᒋᑦ, ᑭᓯᐊᓂ ᐅᖃᓚᖃᑎᒌᒃᑯᑕ ᓲᖅᑐ ᐊᔾᔨᓕᐅᕆᓂᐊᖅᑐᑎᑐᑦ ᑕᐃᒪᓐᓇ ᓱᓕᔪᓂᒃ ᑕᑯᔪᒪᓚᐅᖅᑐᒍᑦ ᓄᓇᕘᓕᒫᖅ ᓈᓪᓗᒍ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᒃᓯᐊᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. ᒥᔅᑕ ᒥᑭᙳᐊᖅ.
Mr. Mikkungwak: Thank you, Madam Chairperson. My question is again to the Department of Health officials. The Auditor General's audit of health care services in Nunavut focused on primary and emergency care. From your perspective, would an audit of other types of health care delivered at community health centres be beneficial and	**ᒥᑭᙳᐊᖅ** (ᑐᒃᓯᐊᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᓐᓇ ᐊᐱᖅᑯᑎᒋᓂᐊᕐᒥᔭᕋ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔾᑯᑦ ᐱᓕᕆᔾᖏᓐᓄᑦ. ᑮᓕᓯᓂᐊᖅᑏᑦ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᑎᓪᓗᒍ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᐱᔾᑎᕈᑎᓂᒃ ᐱᓗᐊᕐᓗᒋᑦ ᑕᐃᒃᑯᐊ ᑐᐊᕕᖅᓇᖅᑐᓕᕆᓂᖅ ᐊᒻᒪᓗ ᑲᒪᒋᔭᐅᓪᓚᕆᐊᓖᑦ. ᐊᓯᙵᓂᒃ ᓄᓇᓕᙵᓂᒃ ᑮᓕᓯᓂᐊᓕᖅᑎᓪᓗᓯ ᐋᓐᓂᐊᕆᔭᐅᕈᔪᙱᔪᑦ ᑖᒃᑯᐊ ᕿᒥᕐᕈᓇᒃᑕᐅᖃᓯᐅᔾᔭᐅᓚᐅᖅᐸᑦ ᐅᓪᓗᒥᐅᓕᖅᑐᖅ

informative for improving your service delivery model? Thank you, Madam Chairperson.	ᐱᓕᕆᑭᑕᒃᑲ ᐱᐅᓂᖅᓴᐅᓕᕆᓂᑯᓪᓗᑎᑦ? ᖃᐅᔨᓴᒥᒃ, ᐃᒃᓱᖏᐅᑦᖅ.
Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.	**ᐃᒃᓱᖏᐅᑦᖅ** (ᑐᓴᓕᑎᒍᑦ): ᖃᐅᔨᓴᒥᒃ, ᒥᓵ ᒥᑭᓚᐅᔪᓂᖅ. ᒥᓵ ᓱᑦᓚᓪ.
Ms. Stockley: Thank you, Madam Chairperson. I have been reflecting on that very question actually for the last number of weeks and months to be honest. As I have mentioned to a few people, once we have heard the recommendations and agree with the recommendations, we're looking forward to getting down to getting the work done that needs to be done to correct and deal with the recommendations that have been put forward. Since I became deputy a little over two and a half years ago, the department has been under constant audits or reviews or external reviews and things, and all of them have come with recommendations.	**ᓱᑦᓚᓪ** (ᑐᓴᓕᑎᒍᑦ): ᖃᐅᔨᓴᒥᒃ, ᐃᒃᓱᖏᐅᑦᖅ. ᐃ, ᑕᒪᓐᓇ ᐊᐱᖅᑯᑎᑭᔭᐃᑦ ᐃᓱᒪᒃᖏᓱᐅᑭᑎᑎᓱᒪᓕᕆᖅᑯ ᑕᖅᑭᒪᔭᖅᓴᓄᑦ ᐱᓇᓱᐊᕐᓱᒪᔭᖅᓴᓄᑦᓗ ᐊᒪᓚᓗ ᐅᖅᑐᓕᖅᑎᖅᑕᖅᓱᒪᒪᒪ ᐃᓄᖅᓂᒃ ᐊᒪᓚᓗ ᐊᑐᓕᖅᑯᐃᑦ ᑕᐃᒃᑯᐊ ᐅᖅᑲᒪᔪᖅᑎᒃᑯᑦ ᓂᕈᐅᒃᓴᒍ ᐃᖅᑲᐅᐃᔭᖓᓱᒪᓕᒃᓯᓕ ᑕᐃᒃᑯᐊ ᐊᑐᓕᖅᑯᐃᑦᖃᓪᓚᐅᑦ ᐊᑐᓕᖅᑯᐃᑦ ᓚᒃᓗᑎᒃᑯᑦ ᐊᒪᓚᓗ, ᑕᐃᒪᖅᓴᓂᒥ ᒥᓂᑕᒧᑦ ᑐᖅᑭᓕᓚᐅᕐᕋᒪ ᐊᖅᑦᔪᒃ ᒪᖅᑐᒃ ᐅᖅᓴᑎᐊᖅᓵᓄᓪᓗ, ᐊᓄᓂᐊᖅᑲᖅᑭᑐᑐᓕᓚᓂᖅ ᑕᒪᓐᓇ ᖃᑎᖅᑭᓇᓚᑦᑎᓕᑎᑦᑐᓂᒃ ᐊᒪᓚᓗ ᐊᑐᓕᖅᑯᓂᖅᓴᓄᑦ ᓴᖅᑭᑐᑐᖅᐃᓄᖅᓱᓪᓗᒍ.
The thing that you have to balance is that we have capacity issues right throughout the territory and health is no exception. When we take our health staff away from delivering health care to participate in audits, no matter how valuable they are, that does place a burden and that does take away from the delivery of health services. You have to be very careful to balance that. While the process was excellent, we had a very good working relationship with the Auditor General, and their recommendations were also excellent and a very high quality, we did have to spend a considerable amount of our health care resources on working with the Auditor General's team to get this report together.	ᑕᐃᒪ ᐃᓗᐊᓪᓚᐊᖅᑎᑦᑎᑦᑕᐃᑦᒪᓕᕆᓚᐊᖅᑲᖅᑐᒍᑦ ᒧᓐᓇ ᐃᖅᑲᐅᐃᔭᖅᑎᑭᑦᑐᐊᖅᑦᑕ ᓄᐅᕐᓪᒥᓴᖅ ᑕᑯᓐᓇᔭᓂᒃ. ᑕᐃᒪᓐᓇ ᐱᓕᕆᑭᒪᓂ ᓴᖅᑭᑎᑦᑎᓂᕆᔨᖅᑕᖅᑐᓂᒃᑕ ᐊᑐᖅᑐᑦᓯᔪᓂᖅ ᑕᒪᓐᓇ ᐱᐅᔨᐊᓕᔪᓚᒃ ᐃᖅᑲᐅᐃᔭᖅᑎᑭᑦᑐᐊᖅᑦᓯᓕᑦᑐᓕᓪᓗᑎᑦᑕᓐᓂ ᑕᐃᒃᑯᐊ ᐅᓇᓱᐊᕐᓂᖅ ᑎᑎᕆᖃᕐᓚᑦ. ᐊᑐᓕᖅᑯᐃᑦᖃᓪᓚᐅᑦᑐᓂᒃ ᐊᒪᓚᓗ ᐊᑐᓕᖅᑯᐃᑦᖃᓪᓚᐅᑦᑐᓂᒃ ᑕᐃᒃᑯᐊ ᐅᓇᓱᐊᕐᓂᖅ ᑎᑎᕆᖃᕐᓚᑦ. ᐊᑐᓕᖅᑯᐃᑦᖃᓪᓚᐅᑦᑐᓂᒃ ᐱᓕᕆᓚᐊᖅᑐᑦ ᑕᐃᒃᑯᐊ ᐅᓇᓱᐊᕐᓂᖅ ᑎᑎᕆᖃᕐᓚᑦ.
All of that to say that yes, there is value, but I hope that there is a bit of time granted to give the health team, including	ᐃ, ᐊᑐᑎᖅᑲᓕᓚᓕᐅᖅᑐᑦ ᑭᓱᐊᓂ ᐱᕕᖅᑲᖅᑎᑕᐅᔨᓕᔪᒍᑦ. ᐊᑐᓂᐊᖅᑲᖅᑭᑐᑐᓕᓚᓕᓴᒥᑦ ᐊᑐᓂᐊᓱᐅᖅᑲᖅᑭᑦᓗ ᑕᐃᒃᑯᐊ ᐃᓕᓴᐅᔾᔪᓂᑦ

those on the frontline because they have to be interviewed and so on, an opportunity to do the work that's outlined here and the very critical work that we have to do, particularly with the model of care. I think that will turn out to be the key to our long-term solutions in health care and making sure we have the right professionals at the right time doing the right jobs and doing the parts of their jobs that they were hired to do. We don't want CHNs or nurses in charge doing a lot of administrative work. We want them delivering health care services to Nunavummiut.	ᑕᐃᒃᑯᓂᖓ ᐱᓕᕆᐊᖑᔭᕆᐊᓕᖕᓂᒃ ᐱᓕᕆᐊᖅᑲᕈᓐᓇᖅᓂᐊᖅᒪᑕ. ᐱᔪᐊᖅᔪᒥᑦ ᑕᐃᒃᑯᐊ ᐃᓅᓕᓴᐃᔾᔫᑦ. ᑕᒪᓐᓇ ᑐᓐᖓᕕᒋᔭᐅᓪᓚᕆᖕᓂᐊᖅᒪᑦ ᓯᕗᓂᒃᓴᑦᑎᓐᓂ ᐋᓐᓂᐊᖅᑲᖅᓇᖏᓐᓂᓕᕆᓂᖅ ᐱᔾᔪᑎᒋᓪᓗᒍ. ᐱᓕᕆᑦᑎᐊᖅᓗᑕ ᑕᐃᒪᐃᑦᑐᓕᕆᔩᐅᖅᑯᔭᐅᓪᓗᑎᑦ ᐃᖅᑲᓇᐃᔮᖅᑖᖅᑎᑕᐅᓯᒪᖕᒪᑕ. ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐊᖓᔪᖅᑳᖅᑎᓂᒃᑯᐊ ᐸᐃᑉᐹᓕᕆᖅᑯᑐᐃᓐᓇᖏᓐᓇᑦᑎᒍᑦ ᐃᓅᓕᓴᐃᔨᐅᖅᑯᒐᑦᑎᒍᑦ ᐱᔨᑦᑎᖅᑎᑉᓗ ᓄᓇᕗᒻᒥᐅᓄᑦ.
I hope I answered your question. Thank you, Madam Chairperson.	ᐊᐱᖅᑯᑎᖓ ᑭᐅᔭᒃᓴᓇᒐᓗᐊᖅᐸᕋ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ**: ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. ᒥᔅᑕ ᒥᑭᙳᐊᖅ.
Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. I also thank her. I have another question to the Department of Health. Earlier it was mentioned that there would be another follow-up audit in the future. Your main recommendation is to look at different communities in Nunavut.	**ᒥᑭᙳᐊᖅ**: ᒪ'ᓇᓪᓗᐊᕙᒃ, ᐃᒃᓯᕙᐅᑖᖅ ᐊᒻᒪ ᒪ'ᓈᒦᖅᓱᒍ. ᑖᒃᑯᓄᖓ ᐋᓐᓂᐊᖅᑐᓕᕆᔩᓄᑦ ᐊᐱᕆᒃᑲᓐᓂᕐᓂᐊᓕᕋᒪᓕ. ᑕᐃᒪ ᐅᕙᑦᓯᐊᖅ ᑑᓴᓚᐅᖅᓱᑎᑦ ᑖᒃᑯᐊ ᑕᒻᒪᖅᓯᒪᔦᖅᓯᐅᖅᑎᒃᑯᑦ ᓯᕗᓂᒃᓴᒥᒃ ᐊᕐᕌᒍᓂᒃ ᖄᖏᖅᑐᓂᒃ ᖃᐅᔨᓴᒃᑲᓐᓂᖅᓯᓐᓇᓇᐊᖅᑲᖅᒪᑕ. ᑕᐃᒪᓕ ᑐᓵᓚᐅᖅᓱᒋᑦ ᑭᐅᔾᔪᑎᒋᔭᓄᑦ ᓇᓗᓇᐃᖅᕕᒋᓚᐅᖅᑲᑉᓯᐅᒃ ᓄᓇᓕᓐᓂ ᓇᓕᐊᓐᓂ ᐱᓕᕆᖅᑎᒌᑦᑐᓯᐅᒐᓗᐊᖅ.
There is advancement in Nunavut and since health care is very important and provides services to many people, my question is: if there should be a follow-up audit of the Department of Health, would you consider looking at the communities where there has been a population explosion, especially in communities with nearby mines? It's going to have an effect on health care professionals and nurses. Would you consider looking at the communities where the population is exploding? Thank you very much, Madam Chairperson.	ᑭᓯᐊᓂᓕ ᐅᓇ ᐊᐱᖅᑯᑎᒋᓕᖅᐸᕋ. ᓄᓇᕗᒻᒥ ᐱᕚᓪᓕᐊᒻᒦᖅᓱᓂ ᐊᒻᒪᓗ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᖅ ᑕᒪᓐᓇ ᐱᓪᓚᕆᐅᑎᓪᓗᒍ, ᐊᒥᓱᓄᓪᓗ ᐃᓄᖕᓄᑦ ᐊᒃᑐᐊᓂᖅᑲᖅᑎᓪᓗᒍ ᐅᓇ ᐊᐱᖅᑯᑎᒋᓕᖅᐸᕋᓕ. ᓯᕗᓂᒃᓴᒥ ᖃᐅᔨᓴᓚᐅᒃᑲᓐᓂᕆᐊᖃᖅᐸᑕ ᐋᓐᓂᐊᖅᑐᓕᕆᔨᒃᑯᑦ ᐃᓱᒪᒃᓴᖅᓯᐅᖅᐸᖅᐱᓯ ᓄᓇᓕᖕᒥᒃ ᐱᕈᖅᐸᓪᓕᐊᖃᓪᓛᓯᐊᒥᐊᖅᑐᒥᒃ, ᐱᔪᑎᖃᕐᓗᐊᖅᓱᒍ, ᐅᔭᕋᒃᑕᓇᐊᖅᑲᖅᓂᖓᓄᑦ ᓄᓇᓕᐅᑉ ᖃᓂᒋᔮᓂᑦ ᓯᕗᓂᒃᓴᒥ? ᑖᓐᓇ ᓇᓗᓇᖏᒻᒪᑦ ᐋᓐᓂᐊᕕᖕᓄᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᕙᓄᑦ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᐊᒃᑐᐊᓂᖅᑲᓪᓚᕆᒻᒪᑦ ᑕᐅᑐᒃᓱᒍᓕᑖᒃ. ᐃᓱᒪᒃᓴᖅᓯᐅᕈᑎᒋᔭᐅᓇᔭᕐᒪᖔᑦ ᑕᒪᓐᓇ ᐊᐱᖅᑯᑎᒋᓕᖅᐸᕋ. ᒪ'ᓇᓗᐊᕙᒃ, ᐃᒃᓯᕙᐅᑕᖅᑲᖅᑰᖅ.
Chairperson (interpretation): Thank you,	**ᐃᒃᓯᕙᐅᑕᖅ**: ᖁᔭᓐᓇᒦᒃ,

Mr. Mikkungwak. Ms. Stockley.	ᒥᔅᑕ ᒥᑭᙵᒍᐊᖅ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. You raise really good points. Those are pieces of work that we have identified in our model of care review. I certainly don't want to give the impression that we wouldn't welcome working with our colleagues in the Auditor General's office again on an audit. I just want to note that those are some of the very questions that we have as the basis of our model of care review.	ᓯᑖᒃᓕ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᓐᓇ ᐅᖃᐅᓯᒃᓴᑦᑎᐊᕙᒃ ᐊᒻᒪᓗ ᑖᒃᑯᐊ ᓇᓗᓇᐃᖅᓯᒪᓕᓈᖅᑕᕗᑦ. ᐄ, ᑕᐃᒃᑯᐊ ᓅᓇᓖᑦ ᐃᓐᓄᒃᐸᓪᓕᐊᓕᓵᕐᓂᖅᐹᑦ. ᐃᖅᑲᓇᐃᔭᖅᑲᑎᖅᑲᑦᑎᐊᕈᒪᒐᔭᖅᑐᒍᑦ ᑭᒡᓕᓯᓂᐊᖅᑎᐅᑉ ᑎᑎᕋᖅᕕᐊᓂᒃ. ᑭᓯᐊᓂ ᑕᐃᒃᑯᐊ ᐊᐱᖅᑯᑎᕆᖅᑲᑦᑕᖅᓯᒪᔭᕗᑦ ᐊᐱᖅᑯᑎᕆᔭᑎᑦ.
As the model of care review rolls out, just building on something that Mr. Ferguson said a few minutes ago, we have started with the people at the front end, those who are delivering health care services, to get their ideas and impressions and understanding of what their workload is exactly, what it's comprised of, and what kind of duties so that we can understand what the people on the frontlines are facing.	ᑕᐃᒪᓐᓇ ᓄᑖᓂᑦ ᐊᑐᓕᖅᑎᑦᑎᕙᓪᓕᐊᑎᓪᓗᑕ ᕿᒥᕐᕈᓇᓕᖅᓗᑎᒍᑦ ᑕᐃᓐᓇ ᐊᑐᖅᑕᐅᓂᐊᓕᖅᑐᖅ ᐃᓅᓕᓴᐃᓂᕐᒧᑦ ᑐᕌᖓᔪᖅ. ᑕᐃᒃᑯᐊ ᐱᕆᐊᕈᑎᕆᓚᐅᖅᑕᕗᑦ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐊᐱᖅᓱᖅᐸᓪᓕᐊᓪᓗᑎᒍᑦ ᐃᓱᒻᒥᐅᑎᒃᓴᖅᓯᐅᖅᕕᒋᓪᓗᑎᒍᑦ ᐊᒻᒪᓗ ᑐᑭᓯᓇᓱᒃᓗᑕ ᖃᓄᑎᒋ ᐅᖁᒪᐃᑎᒋᖕᒪᖔᑦ ᐃᖅᑲᓇᐃᔮᖏᑦ ᐊᒻᒪᓗ ᐃᖅᑲᓇᐃᔮᓇᖅᑲᑦᑕᖅᑕᖏᑦ ᐱᓕᕆᐊᕆᖅᑲᑦᑕᖅᑕᖏᑦ. ᑕᐃᒃᑯᐊ ᑭᓱᓂᒃ ᐅᖁᒪᐃᓪᓕᐅᑎᖅᑲᖅᑲᑦᑕᖅᒪᖔᑕ ᑐᑭᓯᒃᑲᓐᓂᕈᒪᓪᓚᐅᖅᑐᒍᑦ.
Once we had an idea of what that looked like, and again it's still in its preliminary stages, we then interacted with NTI and brought NTI into the process to start working more closely with them. As it unfolds, we will be going out to all health centres, all communities, and making sure we get the input of Nunavummiut on a broader basis.	ᑕᐃᓐᓇ ᑐᑭᓯᒍᑦᑎᒍᑦ ᑭᓯᐊᓂ, ᑭᓯᐊᓂᓗ, ᑕᒪᓐᓇ ᐱᕆᐊᓕᓵᖅᒪᑦ. ᑕᐃᒃᑯᐊ ᑐᑭᓯᐊᓂᒃᑯᑦᑎᒍ ᓄᓇᕗᑦ ᑐᓐᖓᕕᒃᑯᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᕆᓯᕆᐊᓚᐅᖅᑕᕗᑦ ᖃᓄᖅᑑᖅᑲᑎᕆᓂᐊᖅᑦᑎᒍᑦ. ᐋᓐᓂᐊᕖᑦ ᓄᓇᓕᓕᒫᑦ ᐊᒻᒪᓗ ᑕᐃᒃᑯᐊ ᓄᓇᕗᒻᒥᐅᑦ ᑐᑭᓯᓇᓱᒡᕕᑭᔪᒪᓂᐊᖅᒥᔭᕗᑦ ᐃᓗᐃᒃᑲᐅᓂᖅᓴᓂᒃ ᑕᑯᓐᓇᕈᓐᓇᖅᓂᐊᖅᑕ.
This isn't something that's going to happen in a couple of months. As you may recall, when we asked for money, it was approved in our business case. This is still a two-year process. We think we're headed in the right direction and we do believe that we're going to get to those issues that you raised. Thank you, Madam Chairperson.	ᑕᒪᓐᓇ ᒪᖅᐹᓐᓂᒃ ᑕᖅᑮᓐᓈᓐᓂᒃ ᐱᓕᕆᐊᖑᔾᔮᙱᑦᑐᖅ. ᐃᖅᑲᐅᒪᔾᔭᐅᕙᓯ ᕿᓇᐅᔭᓂᒃ ᑐᒃᓯᕋᕌᖕᖓᑦᑕ ᐊᖏᖅᑕᐅᓚᐅᖅᓯᒪᔪᑦ ᑕᐃᒃᑯᐊ ᑐᒃᓯᕌᓇᔭᕗᑦ. ᑕᒪᓐᓇ ᒪᖅᐹᓄᒃ ᐊᖅᕌᒍᓄᑦ ᐱᓕᕆᐊᖑᓂᐊᖅᑐᖅ. ᕿᒥᕐᕈᓇᒃᐸᓪᓕᐊᔪᒍᑦ ᒫᓐᓇ ᑕᐃᑯᖓᓪᓗᐊᖅ ᑐᕌᖅᐸᓪᓕᐊᖅᑰᕋᑦᑕ. ᑕᒪᒃᑯᐊ ᐊᐱᖅᑯᑎᕆᖅᑲᑦᑕᖅᑕᑎᑦ ᑕᐃᒃᑯᐊ ᐱᓕᕆᐊᕆᐅᓪᓕᐊᓕᖅᑕᕗᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.

Chairperson: Thank you, Ms. Stockley. (interpretation) Mr. Mikkungwak, are you done? (interpretation ends) Okay. Before we proceed to the next name on my list, we're going to take a 10-minute break. Thank you.	**ᐃᒃᓯᕐᐅᑕᖅ** (ᑐᓴᐃᓂᒍᓐᓇᖅ): ᖃᐅᔨᓐᓇᒥᒃ, ᒥᔭ ᓯᑦᒃᓕ. (ᑐᓴᐃᓂᒍᓐᓇᑕᐅᓪᓗᖅᑐᖅ) ᒥᔭᑦ ᒥᑭᓐᖏᕐᕕᖅ, ᑕᐃᒪᓕ? (ᑐᓴᐃᓂᒍᓐᓇᖅ) ᐊᓯᐊᓇᓄᑦ ᓇᓕᒃᐅᓐᖑᑭᓂᑎᓐᓂᓂ 10 ᒥᓂᔨᓯᒃ ᓄᖅᑲᖏᓪᓕᐅᑲᓐᓂᕐᕕᖅᑐᑐᓄᑦ. ᖃᐅᔨᓐᓇᒥᒃ.	
>>Committee recessed at 15:09 and resumed at 15:29	*>>ᑲᑎᒪᓕᕆᓂᑦ ᓄᖅᑲᖏᒃᐃᓐᓇ ᖅᑐᑦ 15:09-ᒥ ᐊᓯᒪᓗ ᐱᑎᐊᖅᑲᓐᓂᖅᑐᑎᒃ 15:29-ᒥ*	
Chairperson: Thank you for coming back, everybody. Who's on my… ? Tom Sammurtok, you're the next one on the list.	**ᐃᒃᓯᕐᐅᑕᖅ** (ᑐᓴᐃᓂᒍᓐᓇᖅ): ᖃᐅᔨᓐᓇᒥᒃ ᐅᑎᕆᔨ. ᐊᑎᖃᐅᑎᖅᑲ, ᑕᒪ ᓴᓪᒧᖅᑐᖅ, ᐃᖏᕕᑦ ᑕᐃᒪ.	
Mr. Tom Sammurtok: Thank you, Madam Speaker. (interpretation) Thank you. I only have one question on this section that goes up to paragraph 18. My question is on (interpretation ends) paragraph 18. (interpretation) It says, (interpretation ends) "For more details on the audit objective, scope," etcetera, and this is my question to the Auditor General. It says, "See pages 28 to 31."	**ᑕᒪ ᓴᓪᒧᖅᑐᖅ** (ᑐᓴᐃᓂᒍᓐᓇᖅ): ᖃᐅᔨᓐᓇᒥᒃ, ᐃᒃᓯᕐᐅᑕᒃᑯᖅ. (ᑐᓴᐃᓂᒍᓐᓇᑕᐅᓪᓗᖅᑐᖅ) ᖃᐅᔨᓐᓇᒥᒃ. ᑕᓐᓇ ᐊᐱᖅᑯᓯᔪᓂᐊᖅᑕᑦᕋ ᐊᑕᐅᓯᑐᑦᑎᐊᓕᓚᐅᒃ ᑕᓪᕿᓂ 18-ᒧᑦ ᑎᑭᓯᓕᔪᖅ. ᑕᓐᓇ ᐊᐱᖅᑯᓯᔪᓕᓴᕋ (ᑐᓴᐃᓂᒍᓐᓇᖅ) ᑎᑎᕋᖅᓯᓕᔪᖅ 18. (ᑐᓴᐃᓂᒍᓐᓇᑕᐅᓪᓗᖅᑐᖅ) ᑎᑎᕋᖅᓯᓕᖅᓴᑦ (ᑐᓴᐃᓂᒍᓐᓇᖅ) ᑭᓯᑯᓗᑐᖅᓂᑦ ᑕᓪᒪᓴᓕᔪᖅᓯᐅᖅᑎᑦ ᑐᕌᖓᖅᓂᑦ, ᑐᕌᖓᖅᑎᑦ ᑕᐅᑯᐊ ᐱᓕᓚᐊᓚᓴᐅᑦᓗᑎᑦ. ᐅᓗ ᐊᐱᖅᑯᓯᑎᑦᒪᓕᕋᕋ ᑭᓴᓯᓂᐊᖅᑎᒍᓐᓇᑦ. ᐅᖅᑲᖅᓯᓕᖅᓴᑦ ᓴᓇᖅᑐᖅᓂᒍᓐᓇᖅ 28-31-ᓯᓯᓕᑕᓴᕐᓗᓂᓗ.	
On page 28 of your report it states that you did not examine the implementation of information technologies in the scope of your audit. Given the increased reliance on information technology for such activities as transferring data, long-distance consultations with health specialists, and access to departmental policies over the Internet, why did you decide not to review this aspect of Nunavut's health care service delivery? (interpretation) Thank you, Madam Speaker.	ᓴᓇᖅᑐᓴᖅ 28-ᒥ ᐅᖅᑲᖅᓯᓕᔪᖅᑕᖅᑭᓕᑦ ᓴᓄᕋᐅᔭᕋᐃᑦ ᖃᐅᔨᓴᖅᑕᐅᖅᑲᖅᓯᐅᔭᕐᓕᐅᖅᓕᑕᒍᖅ ᐊᓚᓗᓐ ᐊᑐᖅᑕᐅᓕᕆᓪᓕᐊᑐᐃᓐᓇᖅᑕᖅᑲᓐᓂᓕᑦ ᑕᓴᐅᑦᐃᓐᓇᖅ ᐃᓕᓴᕐᓂᐊᕐᓂᖅ ᐱᔪᓐᓇᕐᓂᓗᐊ ᐊᓚᓗᓐ ᓴᓄᕋᐅᔭᕋᐃᑦ ᐃᓚᓕᓂᓴᐅᓂᖅ ᐊᑐᖅᑕᐅᔭᖅᑕᖅᑎᓐᓂᓂ ᓴᓄᕋᐅᔭᕐᓂᐅᓪᓚᓐᓂᑦ ᐊᑐᖅᑕᐅᔭᖅᑕᖅᑎᓐᓂᓂ? (ᑐᓴᐃᓂᒍᓐᓇᑕᐅᓪᓗᖅᑐᖅ) ᖃᐅᔨᓐᓇᒥᒃ, ᐅᔭᖅᑎᑎᑎᓐᓇᑦ.	
Chairperson: Thank you, Mr. Sammurtok. Mr. Ferguson.	**ᐃᒃᓯᕐᐅᑕᖅ** (ᑐᓴᐃᓂᒍᓐᓇᖅ): ᖃᐅᔨᓐᓇᒥᒃ, ᒥᔭᑦ ᓴᓪᒧᖅᑐᖅ. ᒥᔭᑦ ᐅᓴᓴᓄᑦ.	
Mr. Ferguson: Thank you, Madam Chairperson. I think that paragraph at the bottom of page 28 in the section on	**ᐅᓴᓴᓄᑦ** (ᑐᓴᐃᓂᒍᓐᓇᖅ): ᖃᐅᔨᓐᓇᒥᒃ, ᐃᒃᓯᕐᐅᑕᖅ. ᐊᓚᓗᓐ, ᑕᓐᓇ ᑎᑎᕋᖅᓯᓕᔪᖅ ᓴᓇᖅᑐᖅᓂᒍᓐᓇᖅ 28	

“About the Audit” which talks about the things that we did not examine gives you a list of all of the potential topics that could be covered in audits of health. As I have said, I think, a couple of times, the health system is complex. It’s a system that touches essentially on everybody in the territory and there are a lot of different components to it.	ᐱᓕᒋᑕᒃ ᑭᓪᓕᓂᐊᕐᓂᖅ. ᑕᐃᒃᑯᐊ ᖃᐅᔨᓴᓕᐅᕐᓇᕐᑕᕐᔪᑦ. ᐅᑯᐊ ᐅᓱᓇ ᓇᓗᓀᐃᓕᐅᕆᔨᕐᓂᒍᑦ. ᑕᐃᒃᑯᐊ ᖃᐅᔨᓴᖃᐅᕈᓐᓇᖅᑐᓗᒃᑲᓕᑦ ᐅᓱᓇ ᑎᑎᕋᓕᐅᕆᔨᕐᓂᒍᑦ. ᐅᖃᖅᖃᐅᓚᓕᐃᒃᑐ ᐊᓐᓂᐊᕐᖃᓇᓇᕐᑕᑕᓕᕐᓂᖅ ᐃᓕᓴᕐᓂᖅ ᐱᑐᐃᓇᐅᕐᓇᕐᑐᓚᐊᒪᓕᕐᓂᒃᑲᓪᓚᑦ ᐅᓂᕐᖃᐅᑐᑕᓐᓂᒃᑲᓪᓚᑦ ᐃᓕᓴᕐᓂᖅᓯᓂᒃ.	ᑭᓪᓕᓂᐊᕐᓂᖅᑕᕐᖃᕐᓂᖅᑎᓪᓗᒍ ᐸᕐᓇᓕᓪᓗᑎᒍ ᐊᓯᖅᑭᓯᐊᓇᕐᑐᖅᑕᕐᑐᒍᑦ ᑭᓯ ᖃᐅᔨᓴᖃᐅᕈᓐᓇᕐᒪᖓᓕᕐᓂᒍᑦ ᐊᕐᕋᑦ. ᒪᑯᐊ ᐱᕐᓯᐊᖅᓗᐃᑦ ᐅᓄᖅᑐᒍᓗᐊᖅᑎᓪᓗᒍᑦ ᑕᒪᕐᒥᐊᓗᒃ ᖃᐅᔨᓴᖃᐅᕈᓐᓇᖅᑐᑦ ᑕᒪᐃᑯᐊ ᓇᓗᓀᐃᓕᓴᕐᓂᖅᑕᕐᑕᕐᔪᑦ. ᐃᒪᒋᐃᑯᑦ ᑕᐅᓇᐊᕐᑎᐊᒪᓕᐅᕆᔨᐅᓇᓕᓪᓗᒍ.	All of the issues around why we left things out just came down to there was only so much we could cover in the time that we had available. Thank you, Madam Chairperson.	ᐅᑯᐊ ᐃᓗᓕᖅᑲᐅᓗᐊᕐᓂᖏᓐᓄᑦ ᑕᐃᒪᐅᓇ ᓇᓗᓀᐃᕆᑐᐃᐅᓇᕈᑕᕐᔪᑦ ᑕᐃᒃᑯᐊ ᖃᐅᔨᓴᖃᐅᓇᖅᓯᓕᐅᕈᑕᕐᔪᑦ. ᕿᑭᖅᓇᒃᑐᒃ, ᐃᒃᓯᐊᐅᑕᖅ.
Chairperson: Thank you, Mr. Ferguson. (interpretation) Mr. Sammurtok, any more questions?	**ᐃᒃᓯᐊᐅᑕᖅ** (ᑐᓴᓵᑎᒍᑦ): ᕿᑭᖅᓇᒃᑐᒃ, ᒥᓪᑕ ᔅᑲᓴᖅ. (ᑐᓴᓵᑎᒍᒋᐊᖅᓂᖅᑐᖅ) ᒥᓪᑕ ᓴᓕᒧᖅᑐᖅ, ᓯᓚᒃ?
Mr. Tom Sammurtok (interpretation): Thank you. That’s the only question I have on this topic, but I’ll ask more questions once we reach the appropriate sections. Thank you.	**ᑕᒪ ᓴᓕᒧᖅᑐᖅ**: ᕿᑭᖅᓇᒃᑐᒃ. ᐃᓯᒃ ᑕᖅᓇᑐᐊᖅ ᐊᐱᖅᑯᑎᑭᓂᐊᖅᑕᕐᓴ, ᑭᓯᐊᓂ ᑕᖅᓂ ᓯᔨᓂᓇᓂᐊᖅᑕᕐᓂᖅᑕᑦ ᑕᐃᒃᑯᐊ ᐊᐱᖅᑯᑎᑭᓚᐅᒃᑐ ᑎᑭᓂᑎᒃᑯᐊᖅᑐᑦ ᐊᐱᖅᑯᓯᓗᓴᖅᑲᖅᑐᒃᑯᓐᓇᖅᑐᑦᓴᖅᑐᒃ. ᕿᑭᖅᓇᒃᑐᒃ.
Chairperson (interpretation): Thank you, Mr. Sammurtok. (interpretation ends) I have no more names on the list for paragraphs 1 to 18. We will go on to paragraphs 19 to 41. If everybody can write that down, 19 to 41. Mr. Rumbolt, I see your name is on the list for that section. Thank you.	**ᐃᒃᓯᐊᐅᑕᖅ**: ᕿᑭᖅᓇᒃᑐᒃ, ᒥᓪᑕ ᓴᓕᒧᖅᑐᖅ. (ᑐᓴᓵᑎᒍᑦ) ᐊᑎᕿᑭᖅᑎᓪᓗᒋᐊᖅᓂᖅᑐᖅᓴᖅᑐᒃ. ᐅᑯᐊᓇᖅᑐᒃ 1-ᒥᒃ 18-ᒧᑦ. ᐊᑎᕿᑭᖅᑎᓪᓗᒋᐊᖅᓂᖅᑐᖅᓴᖅᑐᒃ. ᐊᓯᐊᓇᓂᑦ ᓄᒃᑎᕿᓂᐊᓕᕐᕋᑦᑕ. 19-ᒥᒃ 41-ᒧᑦ ᑎᑭᓪᓗᒍ. ᑕᖅᓇᒃ ᑎᑎᕿᕋᓂᐊᖅᑲᓴᓯᐅᒃ 19-ᒥᒃ 41-ᒧᑦ. ᒥᓪᑕ ᕿᓕᑦ ᐊᑎᖅᑯᕿᑕᐅᑲᓚᕿᑦ. ᕿᑭᖅᓇᒃᑐᒃ.

Mr. Rumbolt: Thank you, Madam Chairperson. My first question is maybe more of a clarification. This is for the Department of Health. The audit referred to seven communities that they visited and the names were given earlier. We have like 18 other communities. I'm just wondering if the audit findings for these particular communities are common throughout the rest of the communities. Are they the same issues throughout Nunavut or would you say that the communities that were chosen were unique and had special issues with those particular communities? Thank you, Madam Chairperson.	ᕋᒻᐹᑦ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐅᓇ ᐊᐱᖅᑯᑎᒋᔪᒪᔭᕋ. ᑐᑭᓯᒋᐊᕐᓂᕐᒧᑐᐃᓐᓇᕆᐊᖃᕐᓇᖅᑐᖅ ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦᑐ ᑐᕌᖅᑎᓂᐊᖅᓱᒍ. ᐃᒃᑯᐊ ᐊᑎᖏᑦ ᑕᐃᔭᐅᖅᑲᐅᕚᓘᔪᐊᑦ 18-ᖑᓪᓗᑎᒡᓗ ᓄᓇᓖᑦ ᖃᔅᓰᓐᓇᑯᓗᐃᑦ ᑕᐃᒃᑯᐊ ᐅᐸᒃᑕᐅᓚᐅᕐᒪᑕ. ᓄᓇᕗᓕᒫᒧᓄᑯᐊ ᑐᕌᖓᓚᐅᖅᑏᑦ ᑕᐃᒃᑯᐊ ᓂᕈᐊᓚᐅᖅᑕᓯ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Rumbolt. I'm sorry; I forgot who you were directing that to. Oh. Ms. Stockley.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕋᒻᐹᑦ. ᒪᒥᐊᓇᖅ, ᑭᓇᒧᑦ ᑖᓐᓇ ᑐᕌᖅᑎᑕᐃᑦ? ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. While there could be variation among the communities, the Department of Health feels that the findings of the Auditor General were fairly reflective of what we expected them to find. We had very upfront and open conversations with the Auditor General's team with regard to our officials' concerns, also letting them know some of the things that we were planning to create business cases on that were going through the approval process because this audit of course was 2014-15 and 2015-16. We were well into business case planning for the fiscal year 2017-18 when this audit occurred.	ᓯᑖᒃᓕ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐊᔾᔨᒌᓐᖏᑦᑑᕙᓐᓇᖅᑎᓪᓗᒋᑦ ᓄᓇᓖᑦ ᐋᓐᓂᐊᖃᕐᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᐃᓱᒪᖃᖅᑐᑦ ᑕᐃᒃᑯᐊ ᖃᐅᔨᔭᐅᓚᐅᖅᑐᑦ ᑕᒻᒪᖅᓯᒪᕙᖅᓯᐅᖅᑎᓄᑦ ᑕᐃᒪᐃᑦᑑᓂᐊᖅᑐᒋᓚᐅᖅᑕᕗᑦ. ᐅᖃᓪᓚᖃᑎᒋᕈᓘᔭᖃᑦᑕᓚᐅᕋᑦᑎᒃᑯᓄᑯᐊ ᑭᒡᓕᓯᓂᐊᖅᑎᑦ ᓱᕐᓗ ᐅᕙᒍᑦ ᐃᓱᒫᓘᑎᒋᔭᕗᑦ ᑕᐃᒃᑯᐊᓗ ᑕᒻᒪᖅᓯᒪᕙᖅᓯᐅᖅᑎᒃᑯᓐᒃ, ᖃᐅᔨᒪᑎᑦᑐᒋᓪᓗ ᐊᐅᓚᓂᕐᒧᑦ ᓴᖅᑭᓂᐊᖅᑕᑦᑎᓐᓂᒃ ᐊᙱᖅᑕᐅᕙᒃᓴᐅᑕᐅᓂᐊᖅᑐᑦ ᑕᒪᓐᓇ ᖃᐅᔨᓴᐃᓂᖅ ᐱᓚᐅᖅᓯᒪᒻᒪᑦ 2014-15-ᒥ ᐊᒻᒪᓗ 2015-16-ᒥ. ᐊᐅᔭᐟᔪᑎᓄᑦ ᐸᕐᓇᐃᓂᕐᒥ ᐱᓕᕆᓚᐅᖅᑐᒍᑦ 2017-18 ᐊᕐᕌᒍᖓᓄᑦ ᑕᒪᓐᓇ ᖃᐅᔨᓴᕿᓂᖅ ᐱᓕᕐᒪᑦ. ᑕᒪᓐᓇ ᖃᐅᔨᓴᐃᓂᖅ ᐱᑕᕐᑲᓚᐅᕐᒪᑦ.
In our discussions with the Auditor General's team, again our recommendation was that they make sure that they go to every region and that they look at a cross-section of health centres, if they couldn't go to all of them, that they look at a cross-section from the bigger to	ᖃᐅᔨᓴᖅᑎᕐᔪᐊᑉ ᑎᑎᕋᕐᕕᖓᓃᓐᖖᒑᖅᑐᑦ ᐅᕐᑲᕐᑲᑎᒋᓪᓗᑎᒍᑦ ᐊᑐᓕᕐᑯᔭᓕᐅᓚᐅᖅᑐᒍᑦ ᓄᓇᓕᓕᒫᑦ ᓄᓇᕘᒻᒥ ᐊᕕᒃᑐᖅᓯᒪᔪᓕᒫᑦ ᑖᒃᑯᐊ ᓈᓗᒋᑦ ᑕᒪᕐᒥᐊᓗᒃ ᐅᐸᒍᓐᓇᖏᓐᓇᑦᑎᒍᑦ ᐊᖏᓂᖅᐹᑦ ᒥᑭᓐᓂᖅᐹᓪᓗ ᑕᐃᒪᓐᓇ ᐋᖅᑭᒃᓯᒪᓚᐅᖅᑐᒍᑦ.

the smaller. Thank you, Madam Chairperson.	ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓱᕕᐅᑦᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Rumbolt.	**ᐃᒃᓱᕕᐅᑦᖅ** (ᑐᐊᔨᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᒥᔪ ᓱᑦᒃᓫ. ᒥᔭᑕ ᖁᓕᓪᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. This question is for the Auditor General. In paragraph 19 it indicates that your audit "found that the Department of Health did not adequately support community health nurses and other selected health care personnel working in community health centres" while paragraph 21 describes the very high vacancy rates for community health nursing positions. Did your audit identify specific instances where a lack of support directly impacted the department's ability to retain staff? Thank you, Madam Chairperson.	**ᖁᓕᓪᑦ** (ᑐᐊᔨᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓱᕕᐅᑦᖅ. ᐅᓇ ᑭᖑᓪᓗᐊᖅᑎᓄᑦ ᐊᐱᖅᑯᑎᑭᓗᐊᖅᑕᕋ. ᐃᓕᔨᑎᒥᓴ 19-ᒥ ᐊᑲᓂᐊᖅᑲᓇᓱᑦᑐᑕᓂᓚᐅᓴᑯᑦ ᐃᑲᔪᖅᓯᖅᑕᐅᓱᓂᑕᐊᖅᓂᖅᑐᖅᑕᐅᓕᖅᓕᑕ ᐊᒻᒪᓗ ᐃᓄᓕᕆᔨᑦ ᓄᓇᕗᖅᓴᓐᓂᖅᓴᓂᒃ ᐃᖅᑲᓇᐃᓴᖅᑐᑦ ᐊᒻᒪᓗ ᐃᓂᓄᐊᕐᓱᓕᔪᓐᓇᒃ ᐅᓄᖅᑐᐊᑦ. ᑭᖑᓪᓗᐊᖅᑎᑦᓗᓯ ᑐᑭᓯᐊᓕᖅᓯᓯ ᐃᑲᔪᖅᓯᖅᑕᐅᓱᓂᖅᓴᓂᖅᓂᓂᒃ ᑕᒪᓂᓇ ᐊᒃᑐᐃᓂᖅᑐᓴᖅᓯᓂᒃ? ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓱᕕᐅᑦᖅ.
Chairperson: Thank you, Mr. Rumbolt. Mr. Ferguson.	**ᐃᒃᓱᕕᐅᑦᖅ** (ᑐᐊᔨᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᒥᔭᑕ ᖁᓕᑦ. ᒥᔭᑕ ᑲᓪᓚᓴ.
Mr. Ferguson: Thank you, Madam Chairperson. I don't think I could say that we identified specific cases, but I think the types of issues that we raise in the audit did come up time and again as obstacles to filling some of the positions. As you go through the whole audit and identify the issues that we're talking about, maybe it's some of the terms and conditions in terms of being able to have some time off or whether it's some of the issues around safety in the health centres. I think we talked about some other items that have come up in the course of that, things like having housing available, proper facilities available, and all of those types of things. They came up as issues that made it more difficult to fill the vacancies, but I couldn't say that we were able to identify that in this case it was very	**ᑲᓪᓚᓴ** (ᑐᐊᔨᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓱᕕᐅᑦᖅ. ᒪᓯᓄᓐᓚ ᐊᑕᐅᓱᓕᒧᓐᓂᖅ ᖃᓄᑕᐅᓕᖅᑐᑐᑐᒍᑦ ᑭᓱᐊᓂ ᐊᑕᐅᓱᐊᖅᓇᓂ ᑕᒪᓕᓇ ᐃᑲᔪᖅᓯᖅᑕᐅᓕᖅᑐᑐᖅᓂ ᓴᖅᑭᖅᑲᑕᒪᐅᖅᓴᑦ, ᐃᓕᓄᐃᔪᓕᓇᐃᑕᐅᖅᑲᓂᖅᓗᑐ ᐃᑕᓐᑐᓕᓂᒃ ᐃᖅᑲᓇᐃᓴᓂᒃ. ᑕᒪᓕᓇ ᐃᓅᓕᓇᓕᒃ ᑭᓄᓕᖅᓗᑎᒍᑦ ᑕᐃᒃᑯᐊ ᓇᑐᐃᓇᐃᑕᐅᖅᑕᖅᓴᑦ. ᐃᓕᓄᐃᔪᓕᓇᐃᑕᐅᖅᑲᓂᖅ ᒪᑯᐊᑐ ᑕᖅᐃᖅᓯᒪᔪᓐᓇᖅᑐᑦ ᑕᖅᑲᐃᓱᑕᓄᑦᓴᓐᓇᖅᑐᖅᑕᐅᓱᓂᖅᓴᓂᖅᓂᓂᒃ. ᐃᓕᑦᑐᓂᓐ ᐊᓄᓕᐊᕐᓂᒃ ᐊᓄᓕᐊᕐᓇᕐᓂᖅᓴᓂᒃ ᐃᖅᑲᓇᐃᓴᖅᑐᑦ ᐊᒻᒪᓗ ᐃᑲᔪᖅᓯᖅᑕᐅᓱᓂᖅᓴᓂᖅ ᐃᓕᓴᕐᓂᖅᓯᓂᒃ ᐃᑲᔪᖅᓯᖅᑕᐅᓱᓂᖅᓴᓂᖅ

clearly this reason that caused a particular vacancy. Thank you, Madam Chairperson.	ᑕᒪᵒᓇ ᐱᓇᐃᓗᑕᑌᓴᐅᐅᓂᖅᑯᖓᔪᓂᖅᓯᒪ. ᖃᐅᔨᓇᒥᒃ, ᐃᒃᓱᖏᐅᑦᖅ.
Chairperson: Thank you, Mr. Ferguson. Mr. Rumbolt.	**ᐃᒃᓱᖏᐅᑦᖅ** (ᑐᐊᔭᑎᒍᑦ): ᖃᐅᔨᓇᒥᒃ, ᒥᔅᑕ ᐅᑐᓴᔨᵒ. ᒥᔅᑕ ᖁᓕᓪᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. My next question is for the Department of Health. Also in paragraph 21 of the Auditor General's report it lists a number of community nursing positions. I know Mr. Akoak asked this question earlier, but I'm just going to add a little bit to it if I could. Nursing positions as of March 31, 2016, the vacancy rates were between 60 and 71 percent. Has your department conducted any kind of analysis of changes in vacancy rates over time? Are we seeing a trend in, let's say, over the 10 years, whether the vacancy rates are getting better or getting worse in the health professions? Thank you, Madam Chairperson.	**ᖁᓕᓪᑦ** (ᑐᐊᔭᑎᒍᑦ): ᖃᐅᔨᓇᒥᒃ, ᐃᒃᓱᖏᐅᑦᖅ. ᐊᓚᓗ, ᐊᓇᓂᐊᖃᖅᓇᓇᕐᑕᑐᓗᓂᒪᔭᒃᑯᓇᓂᒃ ᐅᓇ ᓇᓗᓇᐃᔅᓂᐊᖃᖅᑕᕆ. ᐅᓴᐅᑎᓕᓂᒃ 21-Γ ᐅᓂᒃᑲᓂᒃ ᐊᓚᓗ ᒥᔅᑕ ᐊᐅᖃᑦ ᐊᐱᖅᑯᑎᑕᖅᑲᐅᕐᕕᖏᓐᓄᑦᑐᐊᖃᖅᑯᑦ. ᐊᓇᓂᐊᓂᐅᖅᑎᑦ ᐃᓇᓇᒃᑕᐅᓂᒪᓕᕐᓂᑦ ᐃᓇᓇᒃᑯᑎᑕᐅᖅᑐᑦ. ᐊᓇᓂᐊᓂᐅᖅᑎᑦ ᐊᐱᖅᑯᑎᑕᖅᑯᑦ. ᐊᓇᓂᐊᓂᐅᖅᑎᑦ 31, 2016-Γ, 60-71% ᐊᑯᓇᓐᓂᓇᓂᐅᖅᑐᑦ. ᑕᒪᵒᓇ ᐱᓕᓚᖏᓐᓄᑦ ᖃᐅᔨᓴᐃᓕᐅᖅᑰᑦ ᖃᓄᖅᐱᓕᕐᓂᐊᕐᓂᖅᓯᒪᓂᑦ ᖃᐅᔨᓴᒍᑦ ᓂᕆᓂᖓᓕᓇᓂᐅ ᐅᖏᓪᓗᓂᑦ ᖃᓄᖅᑐᑐᒃᑯᑦᑎᓐᓂᒃ? ᖃᐅᔨᓇᒥᒃ, ᐃᒃᓱᖏᐅᑦᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.	**ᐃᒃᓱᖏᐅᑦᖅ** (ᑐᐊᔭᑎᒍᑦ): ᖃᐅᔨᓇᒥᒃ, ᒥᔅᑕ ᖁᓕᓪᑦ. ᒥᔅᑕ ᓂᑦᑕᓂᓪ.
Ms. Stockley: Thank you, Madam Chairperson. No, we haven't conducted such an analysis and the reason being is that we have added so many different kinds of professionals to the health centre mixes, so home care nurses, nurse practitioners, TB nurses, and so on. It would be like comparing apples to oranges, I think, which is why we have asked to go down the road of doing the model of care review so that we can determine what is needed in the health centres, the skill mix that is needed, and then once we have those positions in place, it will set the groundwork for being able to track those issues into the future. Thank you, Madam Chairperson.	**ᓂᑦᑕᓂᓪ** (ᑐᐊᔭᑎᒍᑦ): ᖃᐅᔨᓇᒥᒃ, ᐃᒃᓱᖏᐅᑦᖅ. ᐊᖏᓚ, ᑕᐃᒪᐃᓕᑐᓂᒃ ᖃᐅᔨᓴᐃᓂᓕᓂᑦᑕᑐᓂᒃ. ᑕᐃᒪᐃᓕᐅᕐᓯᑎᖃᖅᑯᓂᒃᑐᑦᑕᑐᓂᒃ ᐱᓕᕐᓇᓂᓕᓂᒃ ᐃᓇᓇᒃᑲᓂᓪᓂᒃ ᐃᓇᓇᒃᑯᑎᑕᐅᖅᑐᑦ. ᒪᓂᐊ ᐅᓪᓗᓂᒃᑐᑦᑕᓂᒃ, ᑭᓇᓂᒪᓕᑦ. ᑲᓇᐊ ᐊᓇᓂᐊᓂᐅᖅᑎᑦᑕᒪᓂᒪᓕᐊᓂᒃᑐᑦ ᑭᓇᓂᒪᓕᐊᓂᒃᑐᑦ ᐃᓇᓇᒃᑯᑎᑕᐅᖅᑐᑦ. ᑐᓇᓇᕐᒪᑐᑦ ᐊᓇᓂᐊᓂᐅᖅᑎᑦᑕᒪᓂᒪᓕᐊᓂᒃᑐᑦ ᑭᓇᓂᒪᓕᐊᓂᒃᑐᑦ ᐃᓇᓇᒃᑯᑎᑕᐅᖅᑐᑦ. ᑕᐃᒃᓴᓂᒃᑐᑦ ᐃᓇᓇᒃᑯᑎᑕᐅᖅᑐᑦ ᑕᐃᒪ ᐅᓇᓗᓇᐃᔅᓂᐊᖃᖅᑎᑦᑕᒪᓂᒪᓕᐊᓂᒃᑐᑦ ᑭᓇᓂᒪᓕᐊᓂᒃᑐᑦ ᐃᓇᓇᒃᑯᑎᑕᐅᖅᑐᑦ. ᑐᓇᓇᕐᒪᑐᑦ ᐃᓇᓇᒃᑯᑎᑕᐅᖅᑐᑦ. ᖃᐅᔨᓇᒥᒃ, ᐃᒃᓱᖏᐅᑦᖅ.
Chairperson: Thank you, Ms. Stockley.	**ᐃᒃᓱᖏᐅᑦᖅ** (ᑐᐊᔭᑎᒍᑦ): ᖃᐅᔨᓇᒥᒃ, ᒥᔅ ᓂᑦᑕᓂᓪ.

Mr. Rumbolt.	ᒥᔅᑕ ᕋᒻᐴᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. I would like to switch back to the Auditor General's office with a question. In paragraph 23 of your report you noted that the Department of Health is "responsible for preparing job descriptions and designing and adjusting the Department's organizational structure..." Did your audit examine any instances where adjustments to the department's organizational structure had a measurable impact on health service delivery at the community health centres? Thank you, Madam Chairperson.	ᕋᒻᐴᑦ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕗᐅᑖᖅ. ᑭᒡᓕᓯᓂᐊᖅᑎᓄᑦ ᐅᑎᒃᑳᓂᕈᒪᒐᒪ. ᓈᓴᐅᑎᓕᒃ 23-ᓂᒃ ᐅᓂᒃᑮᓂᒃ ᐋᓐᓂᐊᖅᑲᓐᓂᖅᑎᑦᑐᓕᕆᔩᑦ ᐅᑯᐊ ᐃᖅᑲᓇᐄᔫᑦ ᑭᓱᓂᒃ ᐃᓗᓕᖅᑲᕆᐊᖅᑲᖕᒫᑦ ᑎᑎᕋᖅᑕᑦᑕᕐᒪᑕ ᐊᒻᒪᓗ ᐱᓕᕆᕝᕕᐊᑕ ᐃᓗᐊ ᐋᖅᑭᑦᐊᖅᑕᐅᖅᑲᑦᑕᖅᓱᓂ. ᑭᒡᓕᓯᓂᐊᖅᑎᓪᓗᓯ ᖃᐅᔨᓴᐃᓚᐅᖅᐹᑦ ᑖᒃᑯᐊ ᑎᒥᖁᑖᑕ ᐋᖅᑭᒃᓯᒪᓂᖏᓐᓂ ᖃᓄᖅ ᐊᒃᑐᐃᓂᖅᑲᑦᑕᕐᒪᖖᑦ ᐋᓐᓂᐊᖅᑲᓐᓂᖅᑎᑦᑐᓕᕆᓂᕐᒥᑦ ᐱᔨᑦᑎᕈᑎᓂᒃ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕗᐅᑖᖅ.
Chairperson: Thank you, Mr. Rumbolt. Mr. Ferguson.	ᐃᒃᓯᕗᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕋᒻᐴᑦ. ᒥᔅᑕ ᕗᒡᓴᓐ.
Mr. Ferguson: Thank you, Madam Chairperson. I think that my answer to that would be in fact it's sort of the other way around. As opposed to us sort of finding any instances where the organizational structure had a measurable impact on the health service delivery, I think the issue really comes up later on again when we talk about the planning starting in paragraph 104, the fact that it is important that the organizational structure and I guess what is being referred to as the model of care, that that organizational structure reflect the needs of each of the communities in sort of designing the services that need to be delivered by the community health centres.	ᕗᒡᓴᓐ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕗᐅᑖᖅ. ᑖᓐᓇ ᑭᐅᒋᐊᕐᓗᒍ, ᐃᒡᓗᖕᒫᖕᒐᓅᖅᑰᔨᒻᒪᕆᖕᒪᑦ. ᑖᔅᓯᒪ ᐋᓐᓂᐊᖅᑲᓐᓂᖅᑎᑦᑐᓕᕆᔾᒃᑯᑦ ᑎᒥᖓ ᓴᖅᑭᒃᑲᓐᓂᕐᓂᐊᖅᓱᓂᓗ ᑕᒪᓐᓇ ᐸᕐᓇᐃᓂᖅ ᑎᑭᒃᑯᑦᑎᒍ. 104-ᒥᑦ ᐱᒋᐊᕐᓗᒍ, ᐱᕙᐊᖑᕙᖅ ᑖᒃᑯᐊ ᐋᖅᑭᒃᓯᒪᓂᖏᑦ ᐃᓅᓕᓴᐃᔾᔪᔾᔫᑦ ᐊᑐᕐᓗᒍ ᑎᒥᐅᕚᑉ ᐋᖅᑭᓱᖅᓯᒪᓂᖓ ᑐᑭᓕᐊᕆᐊᓕᒃ ᓄᓇᓖᑦ ᐊᑐᓂ ᐱᔭᕆᐊᓕᓐᖏᓐᓂᒃ ᐱᔨᑦᑎᕈᑎᖃᕆᐊᖅᑲᖅᓂᖏᑎᒍᑦ ᐋᓐᓂᐊᕖᖏᓐᓂ.
It wasn't so much that we found instances where the department's organizational structure had a measurable impact, but I think what's important is that the department's organizational structure needs to be able to adjust to what the needs of the community are moving forward. That's why the section on	ᐋᖅᑭᒋᐊᕐᕕᒃᓴᖅᑲᕈᓐᓇᕆᐊᓖᑦ ᑕᐃᒃᑯᐊ ᓄᓇᓖᑦ ᑭᖖᒎᒪᔭᖏᑦ ᐃᓚᓕᐅᔾᔭᐅᖅᑲᑦᑕᕈᓐᓇᕐᓂᐊᕐᒪᑕ ᐸᕐᓇᐃᓂᒃᑯᑦ,

planning and the model of care is so important to the success of the health system in the future. Thank you, Madam Chairperson.	ᑕᐃᒪᵒᓇ ᐊᖏᑭᕕᖏᑲᑯᵒᓂᖅᐸᑦ ᓱᕐᓂᑯᑦᑕᕐᓂᖅ. ᖃᐅᔨᵒᓇᒋᑦ, ᐃᑲᓱᕈᐅᑦᖅ.
Chairperson: Thank you, Mr. Ferguson. Mr. Rumbolt.	**ᐃᑲᓱᕈᐅᑦᖅ** (ᑐᐊᔨᑎᒍᑦ): ᖃᐅᔨᵒᓇᒋᑦ, ᒥᔭᑦ ᐅᑐᔨᵒ. ᒥᔭᑦ ᕿᓕᕐᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. My next couple questions will be for the Department of Health first and then maybe Finance.	**ᕿᓕᕐᑦ** (ᑐᐊᔨᑎᒍᑦ): ᖃᐅᔨᵒᓇᒋᑦ, ᐃᑲᓱᕈᐅᑦᖅ. ᐊᐱᖅᑯᑎᒃᑲᐅᑯᐊ ᐊᖏᓂᕐᑲᖅᓇᵒᕈᑐᑕᓗᓂᔭᑯᵒᓄᑦ ᐱᓇᐅᔭᓕᓗᔭᑯᵒᓄᑦ.
The Department of Health employs casual and agency nurses to fill vacant positions or to replace nurses on leave. Paragraph 22 states that in the 2015-16 fiscal year approximately $16.3 million was spent on agency nurses and $15 million on casual nurses. Has your department worked with the Department of Finance to analyze trends in the costs for agency nurses and casual nurses over the years? Are we becoming more dependent on agency nurses or is it the other way where we're hiring more staff and not having to rely on the agencies? Thank you, Madam Chairperson.	ᐃᖅᑲᓇᐃᔭᑲᐃᵒᓇᖏᓂᕐᑐᖅᑐᓂᒃ ᐊᖏᓂᕐᓯᐅᖅᑎᓂᒃ ᑎᑭᓴᐃᖅᑕᕐᕋᔪᓯ ᐃᵒᓄᑯᓯᒪᵒᕕᑦᑐᑦ ᐃᵒᓄᑯᑕᐅᓯᒪᓕᕐᓂᖅᓯᒪᓕᒡ. 22, ᐅᖅᑲᓯᒪᔪᖅ 2015-16 ᐊᖏᕐᒧᐊᓂ ᐊᖏᓂᕐᓯᐅᖅᑎᐅᑲᐃᵒᓇᖏᖅᑐᑦ ᐱᓇᐅᔭᕐᓂᐊᕐᑎᕃᓵᓂᑦ $16,300,000, ᐊᒻᒪᓗ $15 ᒥᓂᐊᵒ ᐃᓂᓯᒪᑲᐃᵒᓇᖏᖅᑐᑦ. ᐱᓇᐅᔭᓂᔪᓕᑯᵒᓂᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᖅᑲᓯᒪᓕᕆᓯ ᑕᒪᑲᑯᓂᖏᑦ ᐃᖅᑲᓇᐃᔭᑲᐃᵒᓇᖏᖅᑐᑦ ᐊᑐᓗᐊᖏᑲᕈᖅᑐᖏᖅᑐᑦ ᐱᓇᐅᔭᕐᓂᐊᕐᑎᕃᓵᓂᑦ ᓴᖅᑭᑐᖅᑐᑦ ᐅᖅᑲᓇᐃᔭᑲᐃᵒᓇᖏᖅᑐᑦ. ᖃᓄᖅᑐᖅᑐᑦ? ᖃᐅᔨᵒᓇᒋᑦ, ᐃᑲᓱᕈᐅᑦᖅ.
Chairperson: Thank you, Mr. Rumbolt. Ms. Stockley.	**ᐃᑲᓱᕈᐅᑦᖅ** (ᑐᐊᔨᑎᒍᑦ): ᖃᐅᔨᵒᓇᒋᑦ, ᒥᔭᑦ ᕿᓕᕐᑦ. ᒥᔭ ᓱᒃᑲᓕ.
Ms. Stockley: Thank you, Madam Chairperson. There are actually a couple of different parts that would answer the question for the Member. With regard to agency nurses, as Members may recall, we went out with a new RFP for agency nurses last year. We have 11 contracts with nurse agencies right now to get agency nurses or relief nurses.	**ᓱᒃᑲ** (ᑐᐊᔨᑎᒍᑦ): ᖃᐅᔨᵒᓇᒋᑦ, ᐃᑲᓱᕈᐅᑦᖅ. ᑕᒪᵒᓇ ᐃᓗᓕᕐᑲᐅᕐᓯᒪᔪᑦ ᐊᔪᔨᑲᓴᵒᓂᕐᑐᓂᒃ, ᑕᐃᑲᑯᐊ ᑎᑭᐱᓇᓴᐅᖅᑲᕐᑕᖅᑐᑦ ᐊᖏᓂᕐᓯᐅᖅᑎᑲᓂᑦ ᐱᔪᔪᑎᑎᓪᓗᑎᑦ ᑲᵒᑐᖅᑲᓇᒥᑦ ᓴᖅᑭᑐᑎᓪᓗᐅᖅᓯᒪᔪᓄᑦ ᐊᑐᖅᑐᑲᓇᐅᑦᑕᐃᓂᖅᑐᑦ ᑎᑭᐱᓇᓴᐅᖅᑲᕐᑕᖅᑐᓄᑦ ᐊᑐᖅᑐᑲᓇᓂᒃ. 11-ᓂᒃ ᑲᵒᑐᖅᓴᐅᖅᑲᓯᒪᔪᓕᒡᓗᑦ ᒪᵒᓇ ᐊᖏᓂᕐᓯᐅᖅᑎᐅᑲᐃᵒᓇᖏᖅᑐᑦ.
With regard to dependency on casual and agency nurses, we do interact quarterly with the Department of Finance to look at where our needs are and what the trends	ᐃᓇᔭᑎᖅᑎᑲᓂᒃ ᐅᕙᓚᑲᵒᓂᒃ ᐃᓇᔭᑦᓴᐅᑲᑕᖅᑕᕐᓂᖅᑐᒃ ᐃᓕᓴᐃᓕᒪᵒᕕᑦᑐᑦ. ᐃᖅᑲᓇᐃᔭᑲᐃᵒᓇᖏᖅᑕᕐᑐᑦ ᑕᐃᑲᑯᐊ ᐱᔪᔪᑎᑎᓪᓗᑎᑦ ᐱᓇᐅᔭᓕᓗᔭᑯᵒᓄᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᑎᕐᑕᖅᑕᕐᕕᓂᑦ

are looking like. One of the things that we did note was that the fragmentation of hiring casual nurses even within the Department of Health was something we had to address. We centralized our nursing recruitment function and we're almost ready to launch a new recruitment process where the HR part of the Department of Health will be continuing their work on getting indeterminate nurses.	ᑭᓇᐅᔭᖅᑦ ᐱᓵᐊᑎᑦᓯᓗᑦ. ᐃᖅᑲᓇᐃᔨᑲᐃᓐᓇᖅᑐᓂᕆᐊᖅᑐᖅᓗᓂ ᑕᒪᓐᓇ ᐅᖅᑲᐅᓯᓂᒋᔪᓕᑎᓗᑲᑦᑐᓂᐅᔭᖅᑕᒪᑦ. ᐃᖅᑲᓇᐃᔨᓴᖅᓯᐅᖅᑎᓄᑦ ᐊᑦᑭᑭᓯᒋᐅᖅᑐᑐᒍᑦ ᓄᑕᓂᖅ. ᐃᖅᑲᓇᐃᔨᖅᑎᒋᒪᔪᖅᑯᑦ ᐱᒋᒪᐊᖅᐃᓐᓇᕆᐊᖅᑐᑦ ᐃᖅᑲᓇᐃᔨᐃᓐᓇᖅᑐᓂᖅ ᖃᑭᓂᓗᑎᖅ.
I just want to bring to the Member's attention that we actually hired 57 nurses from April 2016 to April 30, 2017. We have 42 nurse hires pending so far in 2017-18 and we're only a month into the year. Nine interviews are set up and ready to go. That's our indeterminate piece.	ᒪᒋᑐᒋᐅᖅᑎ ᖃᑲᐅᓕᖅᑯᔪᖅ 57-ᓂᒃ ᐊᓐᓂᐊᓯᐅᖅᑎᓂᒃ ᐃᒋᓯᒋᐅᖅᑐᑦᒪᑦ ᐊᐃ>ᕈ 2016-ᒥᒃ ᐊᐃ>ᕈ 30, 2017-ᒧᑦ. 42-ᓂᒃ ᐊᓐᓂᐊᓯᐅᖅᑎᓂᒃ ᐃᖅᑲᓇᐃᔨᖅᑎᕆᑎᓂᐅᕐᓴᒋᒪᖅᑐᑦᒪᑦ 2017-18 ᐊᖅᑦᔪᔭᓄᓂ ᑕᖅᑭᑐᐃᓐᓇᒥᓪᓗ ᑭᓇᐅᔨᒋᓗᓐᓇᐅᔨᐸ ᐊᖅᑦᔪᔪᐊ ᐱᑎᐊᒋᓱᖅᑲᖅᐅᓗᐊᖅᑎᓪᓗᒍ. ᖃᑯᒋᐅᓐᓚᕆᐃᓴᖅᑐᑐᒍ ᐊᐱᖅᓯᓚᖅᑎᐊᖅᑐᑦ ᐱᖅᓯᓂᒋᒪᓂᐅᓐᓂᒃ ᑕᒪᓐᓇᓗ ᐊᐱᖅᑯᑕᐅᖅᑲᐅᑎᓪᓗᓂ ᖃᖅᑲᐅᑦᑐᓂᒃ ᐊᔪᓐᓚᑎᓴᑎᖅᑲᓕᖅᑲᒪᖅᓯᐃᑕ ᐊᑐᓂ ᓄᓇᑕᓐᓂᒃ. ᐊᖅᑭᑲᓇᐃᔨᓂᒋᒪᔪᑦ ᐱᐅᓯᓂᒋᒪᖅᑯᑦᓯᐅᑦᑎᓪᓗᒍ ᖃᖅᑲᐅᑦᑐᓂᒃ ᐱᖅᓯᓂᒋᒪᓂᓗᒍ ᖃᖅᑲᐅᑦᑐᓂᒃ ᐊᔪᓐᓚᑎᓴᑎᖅᑲᓕᖅᑲᒪᖅᓯᐃᑕ ᐊᑐᓂ ᓄᓇᑕᓐᓂᒃ. ᐊᖅᑭᑲᓇᐃᔨᓂᒋᒪᔪᑦ ᐱᐅᓯᓂᒋᒪᓂᓗᒍ ᖃᖅᑲᓇᐃᔭᑐᔪᖅᑕᐅᔪᑦ.
For the casual piece we're also putting forward a new process where the staffing of casual nurses will occur with a lot of input from operations, from the frontline staff, so that we know what health centres are in need, what their particular needs are, and it gets to the question that was asked earlier as well and what kinds of skills and so on are required for that community. There are several pieces that we're putting in place to, I guess, try to improve things going on.	ᐊᖅᑭᑲᓇᐃᔨᓯᒡᓗᐊᓕᖅᑐᑦᒪᑦ ᑕᒪᐃᑯᐊ ᐊᓐᓂᐊᓯᐅᖅᑎᐅᓕᐅᐱᕐᑐᑦ ᐃᓂᖏᑦᑐ ᐃᓐᓇᓕᑦᑕᐅᖅᑯᑦᓯᓗᑦᑐᓂᒃ ᑐᐱᖅᓚᕆᐅᖅᓗᓂ ᐃᖅᑲᓇᐃᔨᖅᑲᓱᑦ ᑕᖅᑲᓂᕐᑐᑦ ᖃᖅᑲᐅᔪᖅᑕᖅᑕ ᐊᓐᓂᐊᓯᐃᓵᑦ ᐱᔪᓚᐊᖅᑲᖅᑕᖏᓐᓂᓐᓂᒃ ᑕᒪᓐᓇᓗ ᐊᐱᖅᑯᑕᐅᖅᑲᐅᑦᑐᓂᓗᓂ ᖃᖅᓄᐃᑦᑐᓂᒃ ᐊᔪᓐᓇᑦᑎᔪᑎᖅᓚᐊᖅᑲᖅᓯᐅᑦᑕ ᐊᑐᓂ ᓄᓇᑕᓐᓂᒃ. ᐊᖅᑭᑲᓇᐃᔨᓯᒡᓗᐊᔪᑦ ᐱᐅᓯᒡᓗᑕᐊᖅᑯᑦᓯᓗᑦᑐᓂᒃ ᖃᓄᐃᓕᓐᓄᑦᑐᖅᑕᐅᔪᐃᑦ.
One of the things that we also did was map out all of the steps that are required in staffing a nursing position indeterminately and on a casual or locum kind of process. There is still a little bit of work being done, but we know we're up over 90 steps in each of those processes. What we have done is mapped them and who is accountable and responsible for every single step in the process.	ᐃᓕᓐᓇᑦ ᑕᐃᖅᑯᐊ ᐊᑐᓚᐊᖅᑲᖅᑕᐅᓕ ᓇᓗᓇᐃᖅᓴᑦᓯᓗᐊᖅᑐᑦ ᐃᖅᑲᓇᐃᔨᐃᓐᓇᕆᐊᖅᑐᖅᓗᓄᑦ, ᐃᖅᑲᓇᐃᔨᖅᐃᓐᓇᕆᐊᖅᑐᖅᓗᓄᑦᓗ. ᓱᓕ ᑕᒪᓐᓇ ᐱᓕᓚᐊᓚᖅᑐᑦ. ᑭᓱᐊᓂ ᑕᒪᖅᑯᐊ ᐊᑦᑭᑭᓴᑦᓯᓗᐊᓂᖅᓴᑕ 90-ᓂᒃ ᐊᑐᓕᖅᑎᑕᐅᖅᓚᐊᓕᓕᓐᓂᒃ ᓇᓗᓇᐃᔨᐃᓱᒪᔪᑦ ᑭᓇ ᓴᑕᔪᖅᑐᓯᐊᖅᓯᒪᓂ ᓇᓕᐊᑐᐃᓐᓇᖅ ᖃᒪᑎᖅᐅᑎᓪᓗᑐᐃ 90-ᖏᔪᓂᖅᑲᐅᖅᑲᖅ. ᓇᓗᓇᐃᖅᓱᒪᓕᖅᑕᖅᑐᑦ ᐊᒪᒪ ᑭᖅᑯᑦ ᑭᐅᖅᓚᐊᖅᑲᒪᖏᓐᓂ ᖃᒪᖅᓚᐊᖅᑲᒪᖏᓐᓂᕗᓪ ᐊᑐᓂ ᐃᓕᓴᖅᑯᓱᓚᖅᐅᔪᓂ.
Once we're finished that in the next few weeks, it will be shared more broadly within the department and we will know	ᐱᓇᓱᐊᕈᓱᓂᖅ ᑕᒪᓐᓇ ᐱᖅᓱᖅᓯᑦ ᓴᓴᑭᑎᓐᓂᐊᓂᐊᖅᑕᕐᓴᑦ ᐱᓕᓚᖏᓚᓐᓂᒃ ᑐᑭᓯᓗᑕᓗ

where things are working well and possibly along the steps where things aren't working so well. That is the first step in having the kind of metrics that the Member is referring to and that the Auditor General has made reference to throughout this report. Thank you, Madam Chairperson.	ᓇᓕᐊᒃ ᐃᖅᑭᕎᑎᐊᕐᓚᖅᑐᖅᑕ ᓇᓕᐊᓪᓗ ᐃᖅᑭᕎᑎᐊᖅᑭᓚᖅᑐᓕ. ᑕᐃᒪᖅᓇ ᐱᓯᓕᓕᐊᑎᑎᓇᓕᔪᓕᑐᒍᑦ ᐊᓚᒪᓗ ᒡᒃᑯᐊ ᐅᕆᐅᔨᓗᓴᖅᑲᒃ ᓇᓗᓇᐃᖅᓯᒪᓪᓗᓂᑦ ᐅᑯᑎᒍᓇᖅ ᐱᓕᕎᑭᑎᒍᑦ. ᕿᑯᖅᓇᒪᒃ, ᐃᒃᓯᖅᐅᑦᓴᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Rumbolt.	**ᐃᒃᓯᖅᐅᑦᓴᖅ** (ᑐᐊᓕᑎᒍᑦ): ᕿᑯᖅᓇᒪᒃ, ᒥᔅ ᓯᒡᒃᓕ. ᒥᔅᑕ ᕿᒪᐅᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. My next question will be for the Department of Finance. In paragraph 24 it notes that the Department of Finance has the responsibility for "hiring non-nursing employees, reviewing and evaluating all job descriptions for the Department of Health, and determining the salary of a position." Can you describe your department's working relationship with the Department of Health on these matters? Thank you, Madam Chairperson.	**ᕿᒪᐅᑦ** (ᑐᐊᓕᑎᒍᑦ): ᕿᑯᖅᓇᒪᒃ, ᐃᒃᓯᖅᐅᑦᓴᖅ. ᑭᖑᓪᓕᖅ ᐊᐱᕆᐅᔨᓕᓚᐅᖅᑯᓇᓂᑦ ᑐᕐᖑᑦᓯᐊᓕᕐᒥᕐᔪᖅ. ᒡᒃᑯᐊ ᑲᑎᕐᖑᑦᓴᖅᑐᑦ 24-ᒥ ᐃᓱᐅᑎᓕᑦ ᐅᕆᖅᓯᓪᓚᒪᒃ ᑭᓇᐅᔨᓕᓚᐅᖅᑯᓇᓂᑦᑎᐅᔨᒪᒃ ᐊᓐᓂᐊᓯᐅᖅᑎᐅᕐᓂᑐᓂ ᐃᖅᑲᓇᐃᖅᑯᖅᑎᑦ ᐃᖅᑲᓇᐃᖅᑎᓂᓪᓗ ᐊᓚᒪᓗ ᐃᖅᑲᓇᐃᓐᓂ ᓇᓗᓇᐃᖅᑐᑐᖅᓯᓂᓐᓂᓕᓐᓂ ᑭᓇᐅᔨᓐᓂᖅᑐᑦ. ᕿᑲᓐᖅ ᕿᑲᓂᓱᖅᑐᐊᓗ ᐊᓕᓚᖅᑎᖅᑭᖅᑕᐊᓕᕐᓂᓕᓐᓂᓕᓐᓂᖅᑐᑦ ᑭᒡᒃᑯᐊ ᐱᑦᓗᑦ? ᕿᑯᖅᓇᒪᒃ, ᐃᒃᓯᖅᐅᑦᓴᖅ.
Chairperson: Thank you, Mr. Rumbolt. Mr. Chown.	**ᐃᒃᓯᖅᐅᑦᓴᖅ** (ᑐᐊᓕᑎᒍᑦ): ᕿᑯᖅᓇᒪᒃ, ᒥᔅᑕ ᓱᓕᑦ. ᒥᔅᑕ ᓴᐅᓐ.
Mr. Chown: Thank you, Madam Chairperson. I think I would describe our working relationship as collaborative. Over the last probably two years with interactions back and forth with Health, some of the items that we have seen here in this report have actually already become obvious to us. It's over that period that we initiated regular meetings, I think, initially almost monthly and we have moved to quarterly now, where we get together at a senior level, identify what is working well and what is not, and how we can improve our communications. We particularly focus on the areas of staffing recruitment, job evaluation, and trying to make those processes work efficiently between our two departments. Thank you,	**ᓴᐅᓐ** (ᑐᐊᓕᑎᒍᑦ): ᕿᑯᖅᓇᒪᒃ, ᐃᒃᓯᖅᐅᑦᓴᖅ. ᐅᓂᒃᑲᓚᔪᓇᖅᑕᕋ ᐱᓕᓚᖅᑎᑭᖅᓂᐅᓂᑦ ᑲᑐᔨᖅᑎᑭᖅᓂᐅᓂᕋᓐᓂᔪ. ᐊᕋᑦᔪᓂ ᒪᕋᒃᑲᓂᒃᑯᐊᓂᓂᖅᑐᓂᑦ ᐊᓂᔪᖅᓯᒪᓕᖅᑐᑦ ᐅᖅᔪᓕᐊ. ᑕᐃᒧᒃ ᑕᖅᓇᓇᖅᑐᓂᑦ ᓇᓗᒪᐃᖅᓇᓂᐅᓂᑦᓴᖅᑐᓂᑦ ᑕᐃᒪᖅᓚᓂᒃ ᑲᑎᒪᓂᖅᑐᑦ ᐱᖓᓱᖅᑐᓂᑦ ᑕᖅᑭᑕᒧᖅ ᐊᒻᒪᓗ ᐱᖓᓕᕐᓂ ᑕᖅᑭᑕᖅᑕᖅᑐᑦ. ᕿᑯᖅᓇᒪᒃ, ᐃᒃᓯᖅᐅᑦᓴᖅ.

Madam Chairperson.	
Chairperson: Thank you, Mr. Chown. Mr. Rumbolt.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᓵᐅᓐ. ᒥᔅᑕ ᕋᒻᐹᑦ.
Mr. Rumbolt: Thank you, Madam Chairperson. Just a question and I know it's going to come up later on in the audit, but just to maybe get it started here, when it comes to both departments working together in the hiring process, and this could be maybe a question to the Department of Health, do you feel that it would be better if you did all the hiring on your own and not involve another department or is it more efficient to do it the way that you're doing it right now? Thank you, Madam Chairperson.	ᕋᒻᐹᑦ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐊᐱᕆᑲᓐᓂᑐᐃᓐᓇᖅᑐᑕ ᐅᐊᑦᑎᐊᕈ ᐅᖅᑲᐅᓯᐅᒃᑲᓂᖅᓂᐊᖅᑑᒐᓗᐊᖅᖏᓛᖅ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᑎᓄᑦ ᐅᖅᑲᐅᓯᕆᒋᐊᖕᖓᓗᑐᐃᓐᓇᖅᑐᒍ. ᑕᒪᒃᐆᒃ ᑮᓇᐅᔭᓕᕆᔨᒃᑯᑦ ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᐱᓕᕆᖃᑎᒌᖅᑲᑦᑕᑎᓪᓗᒋᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᑖᖅᑕᓯᐊᖅᑐᑎᑦ. ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᐊᐱᕆᓗᒋᑦ ᐊᑲᐅᓂᖅᓴᐅᒐᔭᖅᑐᒋᙵᖅᓯᐅᒃ ᓇᒻᒥᓂᖅ ᐃᖅᑲᓇᐃᔭᖅᑎᑖᖅᓯᐊᖅᑲᑦᑕᕈᓯ ᐊᓯᔾᔨᓐᓄᑦ ᐃᑲᔪᖅᑕᐅᙱᖕᒑᖅᓗᓯ ᐅᕝᕙᓘᓐᓃᑦ ᐱᐅᓂᖅᓴᐅᕙ ᒫᓐᓇ ᑕᐃᒫᒃ ᑲᑐᔾᔩᖅᑲᑎᒌᑉᐸᑲᔅᓯ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Rumbolt. I also need reminding. Ms. Stockley.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕋᒻᐹᑦ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. Like most changes that could be contemplated, there will be pros and cons of that kind of change.	ᓯᑖᒃᓕ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᖃᓄᑐᐃᓐᓇᖅ ᐊᓯᔾᔩᓕᓱᑦᑐᓃᓛᒃ ᐱᐅᓂᖅᑕᖅᑲᓲᖕᒍᒻᒪᑦ ᐱᐅᙱᓂᖅᑕᖅᑲᖅᑐᓂᓗ.
If we were to look at other jurisdictions, I know the question was asked to Mr. Ferguson and his staff earlier about how Nunavut is different where Nunavut is responsible for delivering the health system. In other jurisdictions there would be health authorities or health boards and they would be responsible for the operations of the health system, which includes all frontline hiring of all the different health professionals, paraprofessionals, and non-professionals that would be working on the frontline and throughout the health system.	ᑕᐃᒪᓕ ᐊᓯᙱᓐᓂ ᓂᕈᐊᖅᑕᐅᓯᒪᕕᐅᔪᓂᒃ ᑕᑯᒋᐊᕈᑦᑕ, ᒥᔅᑕ ᕘᒐᓵᙱᓛᒃ ᐊᓯᕗᑦ ᒐᕙᒪᖅᑲᖅᕕᐅᔪᑦ ᑕᑯᓐᓇᕈᑦᑎᒍ, ᖃᐅᔨᒪᔭᖅ ᐊᐱᖅᑯᑕᐅᖅᑲᐅᔪᖅ ᒥᔅᑕ ᕘᒐᓲᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᙱᓐᓄᑦᑐ ᖃᓄᖅ ᓄᓇᕗᑦ ᐊᔾᔨᒋᔭᐅᙱᓐᓂᖃᒻᖕᒐᑦ ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᓂᖕᒐ. ᐊᓯᙱᓐᓂᓕ ᓂᕈᐊᖅᑕᐅᓯᒪᕕᐅᔪᓂᒃ ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᑲᑎᒪᔨᖅᑲᑦᑕᖅᑲᔭᖅᑯᑦ ᑕᐃᒃᑯᐊ ᐊᐅᓚᑦᑎᔨᐅᒐᔭᖅᑐᑦ ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᓂᖅᒥᒃ ᐃᖅᑲᓇᐃᔭᖅᑎᑖᖅᑎᑦᑎᓂᖅᒥᒃ ᐋᓐᓂᐊᓯᐅᖅᑎᓕᒫᑦᑎᐊᓂᒃ, ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒫᑦᑎᐊᓂᓪᓗ, ᐃᓄᓕᕆᖅᑲᑦᑕᖅᑲᔭᖅᑐᓂᒃ ᐋᓐᓂᐊᕕᒻᒥ.
The department is responsible for the oversight, policy setting, and all the other things that departments do related to government process. In our environment	ᑖᒃᑯᐊ ᐋᓐᓂᐊᖅᑲᖅᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᑲᒪᔨᐅᖅᑲᑦᑕᖅᑐᑎᑦ ᐊᑐᐊᓗᓕᕆᓂᖅᒥᒃ ᐊᑐᐊᓗᓕᐅᖅᓂᖅᒥᒃ ᐊᓯᖏᓐᓂᓪᓗ ᑕᒪᒃᑯᓂᙵ ᒐᕙᒪᒃᑯᑦ ᐊᐅᓚᓂᙱᓐᓂ ᑲᒪᒋᔭᐅᔫᓂᒃ.

we do have staff and we do have delegated authority for nursing hiring. If we were to move to a system where Health was responsible for hiring all health staff, particularly I assume you're meaning clinical staff, then we would need the resources, tools, and capacity to do that.	ᐃᖅᑲᓇᐃᔭᖅᑎᖃᖅᑐᒍᑦ ᒫᓐᓇ ᓇᓗᓇᐃᖅᓯᒪᔾᑎᓐᓂ ᐋᓐᓂᐊᓯᐅᖅᑎᑖᕋᓱᐊᖅᑎᐅᔪᓂᒃ ᑕᐃᒪᓕ ᐊᓯᔾᔨᓂᐊᕐᓂᕈᑦᑕ ᐋᓐᓂᐊᕐᑲᕐᓇᓐᖏᑦᑐᓕᕆᔾᑯᑐᐊᖅ ᓇᒻᒥᓂᖅ ᐃᖅᑲᓇᐃᔭᖅᑎᒥᓂᒃ ᐃᖅᑲᓇᐃᔮᖅᑕᑎᑦᑎᕐᑦᑕᓕᕐᓂᖅᑲᑕ. ᑕᐃᒹᖏᓛᖅ ᐋᓐᓂᐊᕖᒥ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᒐᔭᖅᑐᓂᒃ ᖃᐅᔨᓴᖅᑎᓂᒃ. ᑕᐃᒪᓕ ᐱᓕᕆᔾᔪᑎᑖᖅᑎᑕᐅᒃᑲᓐᓂᖅᑎᑕᐅᔭᕆᐊᖅᑲᖅᑐᒍᑦ ᑆᓇᐅᔭᒃᑲᓂᕐᓂᑦᑐ.
Is it easier to do it on your own than to involve another department? Well, even with nurse hiring, we still have to involve the Department of [Finance] because the process that government has chosen requires us to be back and forth with regard to the salary piece with the job evaluation and so on.	ᐱᔭᕆᐊᑭᓐᓂᖅᓴᐅᕚ ᓇᒻᒥᓂᖅ ᐱᓕᕆᒐᓱᑦᑐᓂ ᐊᓯᖏᓐᓂ ᒐᕙᒪᒃᑯᑦ ᐱᓕᕆᕝᖏᓐᓂ ᐱᓕᕆᖅᑎᖅᑳᖏᑦᑐᑕ? ᑕᐃᒪᐃᒃᑲᓗᐊᖅᑎᑦᑐᒍ, ᑲᑐᔾᔨᖅᑎᑏᑦᓯᐊᖅᑲᐃᓐᓇᓱᙶᔪᑦ [ᑆᓇᐅᔭᓕᕆᒃᑯᓐᓂᑦ] ᒐᕙᒪᒃᑯᑦ ᐋᖅᑭᓯᒪᓂᖓ ᒪᓕᑦᑐᒍ ᑆᓇᐅᔾᔭᕵᖏᑦᑐ, ᐃᖅᑲᓇᐃᔮᖓᑕᑐ ᖃᒥᖕᐊᖅᑕᐅᓂᖓ, ᑲᒪᒋᔭᐅᓐᖏᓐᓇᕆᐊᖅᑲᖏᑦ ᑎᒍᓯᒪᒐᓗᐊᖅᑎᑦᑐᒍ.
Even though we have delegated authority for nurse hiring, we still have many touch points between us and the Department of Finance. Unless there is an overall change where everything health hiring-wise was in the health department, we would still be having to work in collaboration with the Department of Finance.	ᓇᒻᒥᓂᖅ ᐃᖅᑲᓇᐃᔮᖅᑖᖅᑎᑦᑎᒐᓱᐊᕐᓂᖅ ᐃᓚᖏᒍᑦ ᐊᓯᐊᒍᑦ ᑲᑐᔾᔨᖅᑎᖅᐃᓐᓇᕆᐊᖅᐸᑦᑐᒍᑦ ᑆᓇᐅᔭᓕᕆᔾᑯᓐᓂ ᐊᓯᖏᓐᓂᑦᑐ ᐱᓕᕆᔾᑯᓐᓂ. ᐋᓐᓂᐊᕐᑲᕐᓇᓐᖏᑦᑐᓕᕆᔾᑯᓐᓄᑐᐊᖅ ᓇᒻᒥᓂᖅ ᐃᖅᑲᓇᐃᔮᖅᑖᑎᑦᑎᕐᑦᑕᕋᓯᓕᕐᓂᕋᑐᐊᕈᑦᑕ ᑆᓇᐅᔭᓕᕆᔾᑯᑦ ᐱᕐᑕᐅᑎᒋᐊᖅᑲᕐᓂᐅᓴᑐᐃᓐᓇᕆᐊᖅᑲᕋᔭᖅᑕᕗᑦ.
I hope that answers your question. Thank you, Madam Chairperson.	ᑭᐅᑦᑎᐊᕋᓗᐊᖅᐳᖓᖅᑲᐃ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Looking at my list, Mr. Mikkungwak, you're next.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑑᓴᐲᑎᒍᑦ): ᖁᔭᓐᓇᒦᑦᑕᐅᖅ, ᒥᔅ ᔅᑖᒃᓕ. ᒥᔅᑕ ᒥᑭᙵᐊᖅ ᑭᙵᑦᓕᐅᓕᕐᒥᔪᖅ ᐅᕙᖓ ᑎᑎᕋᖅᓯᒪᔭᖏᑦ ᒪᓕᑦᑐᒋᑦ.
Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. My first question is for the Office of the Auditor General. In paragraph 26 of your report you note that the Department of Health did not deliver consistent orientation and training to its nurses or selected support staff working in health centres. Did your audit evaluate the different types of training that could have been offered? Thank you, Madam Chairperson.	**ᒥᑭᙵᐊᖅ**: ᒪ'ᓇᑦᑐᐊᕖᒃ, ᐃᒃᕼᐃᕙᐅᑖᖅ. ᑖᓐᓇ ᓯᕗᓪᓕᖅᐹᖅ ᐊᐱᖅᑯᑎᒋᓂᐊᕋᕚ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᑎᒃᑯᓐᓄᑦ ᑎᑎᖅᑲᖓᓐᓂᑦ 26, 26 ᑎᑎᖅᑲᖓᓐᓂᑦ ᓇᓗᓇᐃᔭᐃᓯᒪᒻᒪᑕ ᐋᓐᓂᐊᕼᐃᐆᖅᑎᓕᕆᔾᑯᓐᓄᑦ, ᐃᓕᓐᓂᐊᖅᑎᑦᑎᑕᕐᓂᑰᓐᓂᕐᒪᑕ ᐅᐯᓘᓐᓃᑦ ᓄᓇᓕᒻᒧᑦ ᑐᑭᕼᐅᒪᑉᓕᖅᑎᑦᑎᓂᑐᒃᕼᐅᑎᒃ ᖃᓄᐃᑦᓚᕆᓐᓂᕐᒪᖔᑦ ᓄᓇᓕᒃ ᓇᔭᙳᐊᕆᔭᐅᔪᓄᑦ ᐅᐯᓘᓐᓃᑦ ᑕᐃᒃᑯᐊ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᓂᐊᖅᑐᑦ ᐋᓐᓂᐊᕐᕕᓐᓂ ᐱᓕᕆᓂᐊᖅᑐᑦ. ᑖᓐᓇ ᖃᐅᔨᓴᕐᓂᕆᓚᐅᖅᑕᓯ ᖃᐅᔨᓴᓚᐅᖅᐱᓯ ᖃᓄᖅ ᐃᓕᑦᑎᑉᓖᓕᕋᔭᕋᓗᐊᕐᓂᕐᒪᖔᑕ? ᐅᐯᓘᓐᓃᑦ ᖃᓄᒃᑲᓐᓂᖅ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᒃᑲᓐᓂᕋᔭᕋᓗᐊᕐᓂᕐᒪᖔᑕ? ᒪ'ᓇ, ᐃᒃᓯᕙᐅᑖᖅ.

Chairperson: Thank you, Mr. Mikkungwak. Mr. Ferguson.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᙵᐊᖅ. ᒥᔅᑕ ᕚᒐᓴᓐ.
Mr. Ferguson: Thank you, Madam Chairperson. No, we didn't specifically evaluate the different types of training that could have been offered.	ᕚᒐᓴᓐ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᐃᒫᒃᑲᓐᓂᕐᕿᓖᒃ ᖃᐅᔨᓴᓪᓚᑦᑖᓚᐅᖕᖏᓇᑦᑎᒍ ᐱᓕᒻᒪᒃᓴᐃᓂᐅᔪᓐᓇᕋᔭᖅᑐᒥᓂᐅᕙᓗᐊᑦ.
I think, as you look through the report, you will see, for example, in paragraph 33 where we say, "Department officials told us that some community health nurses had not received adequate orientation and training…" Similarly in paragraph 36 we say, "Most of the X-ray takers we met had not taken training, felt more was needed, or had not taken training in many years." We identified a number of weaknesses in the training that they were doing.	ᐅᓂᒃᑳᓕᐊᒥᓂᕗᑦ ᑕᑯᓕᐊᕈᔅᓯᐅᒃ, ᐆᑦᑑᑎᒋᓗᒍ 33-ᒥᑦ ᓈᓴᐅᑎᓕᒃ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔾᑯᓐᓄᑦ ᐅᖃᐅᕝᔭᐅᔪᕙᑦᑕ. ᐃᓚᖏᓐᓂᒎᖅ ᓄᓇᓕᓐᓂ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐱᓕᒻᒪᒃᓴᖅᑎᐊᖅᑎᑕᐅᓯᒪᓐᓂᙱᒻᒪᑕ ᐊᒻᒪᓗᑦᑕᐅᖅ ᑲᑎᙵᐅᖅᑐᓂ 36-ᒥᑦ ᓈᓴᐅᑎᓕᒻᒥ. ᑕᐃᒃᑯᐊᑦᑕᐅᖅ ᐊᔾᔨᓕᐅᕆᔩᑦ ᑎᒥᒥᑦ ᐊᔾᔨᓕᐅᕆᔩᑦᑕᐅᖅ ᐊᕐᖁᒍᑖᓗᓐᓂ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᖃᑦᑕᕈᓐᓃᖅᓯᒪᓐᓂᖕᖑᑕ.
We made a recommendation in paragraph 39 that "The Department of Health should ensure that appropriate orientation and training are made available on a timely basis…" That recommendation is really leaving it up to the Department of Health to determine what is appropriate in terms of the orientation and training. In doing that, they need to take into account, again, the fact that the health workers, the nurses in the community health centres in Nunavut, are working often in an expanded scope of practice, a system where you do have people like caretakers and clerks who are performing X-rays, so a system that operates differently than many other systems.	ᐱᓕᒻᒪᒃᓴᐃᓂᓇᖅᑦᑕᖅᑕᕐᕿᓐᓂ ᐊᑐᓕᖁᔭᓕᐅᓚᐅᖅᑐᒍᑦ 39-ᒥᑦ ᓈᓴᐅᑎᓕᒻᒥ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔾᑯᑦ ᖃᐅᔨᒪᑦᑎᐊᕋᓱᕆᐊᖃᓪᓚᑦ ᐱᓕᒻᒪᔅᓴᐃᒍᑎᔅᓴᓂᒃ ᐊᑐᐃᓐᓇᖅᑲᑦᑎᐊᐸᒃᑲᓗᐊᕐᒪᙶᑕ ᐱᑕᖅᑲᓇᐊᖅᑲᓕᕋᐃᐸᐸᑦ. ᑖᓐᓇ ᑕᕝᕙ ᐊᑐᓕᖁᔭᓕᐊᖅ, ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔾᑯᓐᓂᑦ ᐱᔭᓇᐊᖅᑲᖅᑎᑦᑎᐋᖅ, ᐋᖅᑭᒃᓯᕆᐊᖅᑲᕐᓗᑎᑦ ᑭᓱᑦ ᓈᒻᒪᒻᒪᙶᑕ ᐱᓕᒻᒪᒃᓴᐃᓃᑦ, ᐊᒻᒪᓗ ᑕᐃᒪᐃᓕᐅᓕᖅᑲᑕ ᐃᓱᒪᖅᑲᕐᕖᒥᒐᓱᕆᐊᓖᑦ ᒪᑯᓂᖓ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᓂᕐᒥᑦ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ. ᐋᓐᓂᐊᓯᐅᖅᑏᓪᓗ ᓄᓇᕗᑦᒥ ᐱᓕᕆᖅᑦᑕᕋᖓᑕ ᐊᖏᓂᖅᓴᒻᒪᕆᓐᓂᒃ ᐊᓯᖏᓐᓄᓪᓕ ᐋᓐᓂᐊᓯᐅᖅᑎᓄᑦ ᐱᓕᕆᐊᖑᕆᐊᖅᑲᓲᓂᑦ. ᑕᐃᒃᑯᐊᓗᑦᑕᐅᖅ ᐱᑭᓇᖅᓴᐃᔾᔪᑦ ᐊᔾᔨᓕᐅᕆᓯᐅᖅᑲᑦᑕᒥᒪᑕ ᑎᒥᐅᑉ ᐃᓗᖏᓐᓂ. ᐊᓯᖏᓐᓂᑦ ᑲᒪᔨᐊᖅᑲᖅᐸᑭᓪᓗᑎᑦᑕᐅᖅ.
In dealing with our recommendation in paragraph 39, they need to identify which of their staff need training, what type of training they need, is there an appropriate training program available that can be provided, or does training material have to be developed? Once it has been identified, who needs training and what training that	ᓇᓗᓇᐃᖅᑐᐃᑦᑎᐊᕆᐊᓖᑦ ᐊᑐᓕᖁᔭᓕᐊᕗᑦ ᑲᒪᒋᔭᐅᕙᓱᓪᓗᓂ 39-ᒥᒃ ᓈᓴᐅᑎᓕᒃ ᓇᓗᓇᐃᖅᑐᐃᓗᑎᒃ ᓇᓕᐊᒃ ᐃᖅᑲᓇᐃᔭᖅᑎᖓ ᖃᓄᖅ ᐱᓕᒻᒪᔅᓴᖅᑕᐅᑲᓐᓂᕆᐊᖅᑲᒻᒪᖔᖅ. ᓈᒻᒪᒃᑐᓂᓪᓗ ᐱᓕᒻᒪᒃᓴᐅᒍᑎᔅᓴᓂᑦ ᐊᑐᐃᓐᓇᖅᑕᖅᑲᒻᒪᖔᖅ, ᐃᓕᓐᓂᐊᕈᑎᔅᓴᓕᐅᓇᐊᖅᑲᓐᖏᑲᓗᐊᖅᑲᒻᒪᖔᑕᓘᓐᓃᑦ. ᑕᐃᒪᓕ ᓇᓗᓇᐃᖅᑕᐅᑉᐸᑕ ᑭᒃᑯᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᒃᑲᓐᓂᓇᐊᖅᑲᒻᒪᖔᑕ, ᖃᓄᖅᑐ

they need to have, they need to track whether those people are actually being trained so that they know that these people who are doing these tasks that are supposed to be receiving some sort of mandatory training are receiving that training and they also need to know whether the training is delivered when it should be delivered.	ᐃᓕᓐᓂᐊᖅᑎᑕᐅᒃᑲᓐᓂᕆᐊᖃᕐᒪᖔᑕ ᖃᐅᔨᓴᖃᑦᑕᕆᐊᓖᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᓕᕋᓗᐊᕐᒪᖔᑕ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᕆᐊᓕᒥᓃᑦ. ᑕᐃᒃᑯᐊ ᐱᓕᕆᐊᖃᖅᐸᑦᑐᐃᑦ ᓈᒻᒪᒃᓯᒐᐃᒻᒪᑦ ᐱᓕᒻᒪᓴᖅᑕᐅᒃᑲᓐᓃᓐᓇᖃᑦᑕᕆᐊᖃᖅᑐᑎᒃ.
We didn't specifically evaluate the types of training that need to be offered. That's what the Department of Health should do and taking into account the types of considerations that I just said as they respond to our recommendation in paragraph 39.	ᑕᐃᒪᓕ ᖃᐅᔨᓴᓪᓚᑦᑖᓚᐅᙱᓇᑦᑕ ᖃᓄᐃᑦᑐᓂᒃ ᐱᓕᒻᒪᒃᓴᐃᓂᕐᓂᑦ ᓴᖅᑮᕆᐊᖃᕐᒪᖔᑕ. ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᓪᓕ ᑕᐃᒪᐃᓕᐅᕆᐊᖃᙵᑕ ᐃᓱᒪᖃᕆᐊᕐᓗᑎ ᐅᕙᖓ ᐅᖃᐅᓯᕆᕋᑖᖅᑕᖏᓐᓂᒃ, ᐊᑐᓕᖁᔭᓕᐊᑦᑎᓂᓪᓗ ᓈᓴᐅᑎᓕᒻᒥ 39-ᒥᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Ferguson. Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕘᒐᓴᓐ. ᒥᔅᑕ ᒥᑭᓐᖑᐊᖅ.
Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. He referred to paragraph 36 and I'll continue with my next question on that.	**ᒥᑭᓐᖑᐊᖅ**: ᒪ'ᓇᓪᓗᐊᕕᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᓐᓇ ᐅᖃᐅᕼᐃᕆᔫᓗ 36 ᑖᒃᑯᓄᙵᔅᓴᐃᓐᓇᖅ ᕼᐅᓕ ᐊᐱᖅᕼᐅᕐᓂᐊᕋᒪ.
Paragraph 36 of your report discusses training for health centre staff who take X-rays and states that an analysis concluded that some of the X-ray images were of poor quality for diagnostic purposes. What other types of analyses were conducted with respect to X-rays taken at health centres? Thank you, Madam Chairperson.	ᑕᐃᒪ ᐅᖃᓗᖕᒪᑦ ᑕᒪᒃᑯᐊ ᐋᓐᓂᐊᕐᕖᑦ ᐊᔾᔨᓕᐅᕈᑎᙱᑦ, ᑎᒥᒧᑦ ᐊᔾᔨᓕᐅᕈᑏᑦ ᑕᐃᒃᑯᐊ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᔪᑦ ᐊᑐᖅᐸᑦᑐᑦ ᑕᒪᒃᑯᓂᖓ. ᐃᓚᖏᑦ ᐃᓕᓐᓂᐊᒃᑲᓐᓂᕆᐊᖃᕐᓂᖁᒍᐅᑉᓗᑎᒃ ᐊᒻᒪᓗᑦᑕᐅᖅ ᖄᒃᑲᓐᓂᐊᒍᑦ ᐅᖃᖅᓯᒪᖕᒥᒻᒪᑦ ᑖᒃᑯᐊ ᐊᔾᔨᓕᐅᖅᑕᐅᓂᑰᔪᑦ ᑕᑯᓐᓇᕐᓯᐊᖖᒋᓚᐅᕐᒪᑕ ᐱᔾᔪᑎᖃᕐᑐᑎᒃ ᓱᓇᒥᒃ ᐋᓐᓂᐊᕐᓂᖃᕐᓂᕐᒪᖔᑦ ᑐᑭᓯᔭᐅᑦᑎᐊᕈᓐᓇᙱᖅᓗᑎᒃ. ᑖᒃᑯᓄᖓ ᑎᒥᒧᑦ ᐊᔾᔨᓕᐅᕈᑎᓂᒃ ᖃᐅᔨᓴᖅᑎᓪᓗᓯ ᖃᓄᒃᑲᓐᓂᖅᓕ ᑐᑭᓯᕚᓪᓕᓚᐅᖅᐱᓯ ᑖᒃᑯᐊ ᑎᒥᒧᑦ ᐊᔾᔨᓕᐅᕈᑏᑦ ᒥᒃᓵᓄᑦ ᐋᓐᓂᐊᕐᕕᖕᒥ? ᒪ'ᓇ, ᐃᒃᓯᕙᐅᑕᖃᖅᑑᖅ.
Chairperson (interpretation): Thank you, Mr. Mikkungwak. Mr. Ferguson.	**ᐃᒃᓯᕙᐅᑕᖅ**: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᓐᖑᐊᖅ. ᒥᔅᑕ ᕘᒐᓴᓐ.
Mr. Ferguson: Thank you, Madam Chairperson. Essentially what we identified in terms of the X-rays is explained in paragraph 36. There was an issue of a lack of training for the people who were taking X-rays in many of the health centres. The department had identified that as a problem and they	ᕘᒐᓴᓐ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᓇᓗᓇᐃᖅᓯᓚᐅᖅᑐᒍᑦ ᑕᒪᒃᑯᐊ ᑕᖅᖃᖅᑑᑎᓂᓛᒃ ᐊᔾᔨᓕᐅᕈᑏᑦ ᐱᓪᓗᒋᑦ, ᓈᓴᐅᑎᓕᒃ 36 ᑕᕝᕙᓂ ᑎᑎᖅᑲᑎᓐᓂ. ᐃᓱᒫᓗᓇᖅᑐᖅᑕᖅᑲᓚᐅᖅᑐᖅ ᐱᓕᒻᒪᓴᖅᑕᐅᓯᒪᖖᒋᓐᓂᖏᑦ ᑕᐃᒃᑯᐊ ᑲᒪᔨᐅᖃᑦᑕᖅᑐᐃᑦ ᐊᔾᔨᓕᐅᕆᔨᐅᖃᑦᑕᖅᑐᐃᑦ ᐋᓐᓂᐊᕕᓐᓂ. ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᑦ ᓇᓗᓇᐃᖅᓯᓯᒪᔪᑦ ᑖᓐᓇ ᐊᑲᐅᙱᓕᐅᕈᑎᐅᒻᒪᑦ.

conducted a review in 2015 that raised these issues. It was their analysis that actually discovered that this 45 percent of the 711 X-ray images taken in the period of time that they analyzed were of too poor a quality to be used for diagnostic purposes.	ᕿᒥᕐᕈᔭᐅᓂᐊᖅᑐᒥᓂᐅᓪᓗᓂ 2015-ᒥ ᑕᒪᒃᑯᓂᖓ ᓴᖅᑭᓚᕿᕚᒥᓂᐅᓪᓗᓂ ᐃᓱᒫᓗᓇᖕᒐᑦ. ᖃᐅᔨᕚᒥᓂᐅᓪᓗᑎᑦ 45 ᐳᓴᖏᑦ 711-ᓂᒃ ᐊᔾᔨᓕᐅᖅᑕᒥᓃᑦ ᑕᐃᑲᓂ ᖃᐅᔨᓴᖅᑎᓪᓗᒋᑦ ᐱᐅᙱᓗᐊᖅᑐᒥᓃᑦ ᐊᑐᕋᔅᓴᐅᓂᙱᑦᑐᑦ ᖃᐅᔨᒍᑎᔅᓴᐅᓂᙱᑦᑐᑦ ᖃᓄᖅ ᐋᓂᖅᓯᒪᒻᒪᖔᖅ ᐋᓂᐊᕐᒪᖔᕐᓘᓐᓃᑦ.
As we said, they did some training sessions after that, but most of the X-ray takers that we met still had not been trained or they felt they needed more training or it had been a long time since they had done the training. I think the story here is really that it's a recognized issue; it's a problem that the department is aware of. Even though they were aware of it, they did try to put some additional training in place, but that doesn't seem to have actually dealt with the problem.	ᑕᐃᒪᓕ ᑭᖑᓂᐊᒍᑦ ᐱᓕᒻᒪᔅᓴᐃᕙᒥᓂᐅᒐᓗᐊᑦ. ᐊᑕᖏᐸᓗᑦᑐᑎᑦ ᑕᐃᒃᑯᐊᓕ ᐊᐱᖅᓱᖃᑦᑕᓚᐅᖅᑕᕗᑦ ᐊᔾᔨᓕᐅᕆᔩᑦ ᐱᓕᒻᒪᓴᖅᑕᐅᓯᒪᓂᙱᑦᑐᒡᒎᖅ ᐊᒻᒪᓗ ᐅᐊᑦᑎᐊᕈᐊᓗᓂᒃ ᐱᓕᒻᒪᓴᖅᑕᐅᑲᓂᓚᐅᖅᓯᒪᓂᓂᙱᑦᑐᑦ. ᑕᐃᒪᓕ ᒫᓇ ᑐᑭᓯᓇᖅᓯᕈᐋᖅᑐᖅ ᐃᓕᓴᕆᔭᐅᓯᒪᕙᖅ ᐊᑲᐅᙱᓕᐅᕈᑕᐅᒻᒪᑦ ᐋᓂᐊᕐᑲᕐᓇᙱᑦᑐᓕᕆᔾᑯᓐᓄᑦ ᖃᐅᔨᒪᔭᐅᕙᖅ. ᐊᓪᓛᒃ ᖃᐅᔨᒪᒐᓗᐊᖅᑎᓪᓗᒋᑦ ᐋᖅᑭᒋᐊᖅᑕᐅᒐᓱᑦᑐᒥᓂᐅᒐᓗᐊᖅ ᐱᓕᒻᒪᖅᓴᐃᕆᐊᒃᑲᓂᕋᓱᑦᑐᒥᓂᐅᓪᓗᑎᑦ ᑭᓯᐊᓂ ᐊᑲᐅᙱᓕᐅᕈᒻᒥᑦᓄᒧ ᐋᖅᕿᓂᙱᑦᑐᖅ.
Hopefully in the measures that they are taking now, they will be able to identify who needs to be trained on taking X-rays, make sure that they are trained, and then have a process in place to evaluate the quality of the X-rays that are being taken by those people after they receive the training. The issue here again was an issue of the quality of the X-ray images.	ᑕᐃᒃᑯᐊᓕᖃᐃ ᒫᓇ ᐱᓕᕆᓇᓱᒐᓱᑦᑕᖏᑦ ᓇᓗᓇᐃᖅᓯᑎᐊᕋᓱᓂᕆᔭᖏᑦ ᑭᒃᑯᓈᓃᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᒋᐊᖃᕐᒪᖔᑕ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᓯᒪᒐᓗᐊᕐᒪᖔᑕᓗ ᖃᐅᔨᒪᒐᓱᓐᓃᑦ. ᐋᖅᑭᑎᕆᐊᖃᕋᔭᖅᑐᑦ ᖃᐅᔨᓴᑦᑎᐊᑲᓂᕐᓗᑎᑦ ᐊᔾᔨᓕᐅᕆᑦᑎᐊᖃᑦᑕᓕᕐᒪᖔᑕ ᐱᓕᒻᒪᔅᓴᐃᑎᑕᐅᓚᐅᖅᑎᓪᓗᒋᑦ. ᑕᐃᒃᑯᐊ ᐱᐅᓂᖅᓴᐅᓕᕐᒪᖔᑕᐃᓛᒃ ᐊᔾᔨᓕᐅᖅᑕᒥᓃᑦ.
It wouldn't be sufficient just to put a training program in place and to make sure that the training is being followed by the people who are taking the X-rays. They need to follow up on this analysis and make sure that they can see an improvement in the quality of the images that are being taken after that training has been put in place. Thank you, Madam Chairperson.	ᐃᓕᓐᓂᐊᑎᑦᑎᑐᐃᓐᓇᕐᓗᑕ ᐱᐅᒐᔭᙱᑦᑐᖅ. ᒪᓕᑦᑕᐅᑦᑎᕋᓗᐊᕐᒪᖔᕐᓗ ᐃᓕᑦᑕᐅᑎᐊᕐᓂᕋᓗᐊᕐᒪᖔᑕᓗ ᖃᐅᔨᓴᖅᑕᐅᑲᓂᓇᐊᓖᑦ ᐱᐅᓯᑬᓪᓕᕈᑕᐅᓂᕋᓗᐊᕐᒪᖔᑕ ᐃᓕᓐᓂᐊᓚᐅᖅᑐᑎᑦ ᐊᔾᔨᓕᐅᖅᑕᒥᓂᖏᑦ ᐱᐅᓯᑬᓪᓕᕐᓂᕋᓗᐊᕐᒪᖔᑕ ᐃᓕᓐᓂᐊᖅᑎᑕᓚᐅᖅᑐᑎᑦ. ᕿᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Ferguson. Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᕿᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕗᒐᓴᓐ. ᒥᔅᑕ ᒥᑭᙵᒍᐊᖅ.
Mr. Mikkungwak: Thank you, Madam	**ᒥᑭᙵᒍᐊᖅ** (ᑐᓵᔨᑎᒍᑦ): ᕿᔭᓐᓇᒦᒃ,

Chairperson. My next set of questions will be to the Department of Health. Paragraph 31 of the Auditor General's report discusses the importance of orientation for employees while paragraph 32 addresses the issue of training. Can you provide a brief overview of how orientation and training activities are currently coordinated within the department? Thank you, Madam Chairperson.	ᐃᒃᓱᖅᐅᑦᓴᖅ. ᑭᖓᔪᓕᓕᒥ ᐊᐱᖅᑯᑎᑭᓐᖓᖓᔪᓱᓕᒥᕐᓴᒃᑲ ᑕᐃᒪ ᐊᐟᓂᐊᖅᑲᓐᓇᕐᓂᑐᑕᓕᕐᓂᐅᔪᓐᓇᑯᓐᓂᒃ. ᑕᒃᑯᐊ ᑲᑎᓐᖓᕐᓴᕐᒪᐃᑦ ᐅᓴᖅᑎᓕᒃ 31-ᒥ ᑕᓪᓕᖅᓱᓕᕆᔨᖅᑎᐅᓪ ᐅᓂᒃᑲᓕᐊᒥᓂᖓᓐᓂᒃ. ᐱᓪᓚᐊᔭᓂᕆᐃᓪᓕᑕ ᑐᑭᓱᓵᓕᓂᑎᑎᑦᑕᕆᓂᒥᒃ ᐱᓕᓪᓕᓴᓴᐃᕋᓂᒥᒃ ᐃᖅᑲᐅᐃᕐᓴᖅᑎᓂᒃ ᐱᓕᓪᓕᓴᓴᐃᓂᖓᓂᒃ ᐃᓱᒪᑎᓪᓗᒍ. ᐅᓗᐅᐃᖅᑎᓚᒍᓐᓇᖅᑭᓪ ᖃᑲᓂᖅ ᐃᓕᓴᐸᓕᖅᑎᑕᐅᔪᓐᓇᖅᑎᓂᒃ ᐱᓕᓪᓕᓴᓴᐃᓕᓴᕐᓂᖓᓂᒃ ᐊᐟᓂᐊᖅᑲᓐᓇᕐᓂᑐᑕᓕᕐᓂᐅᔪᓐᓇᑯᓐᓂᒃ ᐃᓕᓴᐸᓕᖅᑎᓂᒃᑕᓐᓂᒃ ᐊᐟᓂᐊᖅᑲᓐᓇᕐᓂᑐᑕᓕᕐᓂᐅᔪᓐᓇᑯᓐᓂᒃ ᐃᓱᒪᑎᓪᓗᒍ. ᐃᓕᓴᐸᓕᖅᑎᓚᒍᓐᓇᖅᑭᓪ ᐃᓚᐊᓂ? ᖃᐅᔨᓪᓚᑦᑐᒃ, ᐃᒃᓱᖅᐅᑦᑕᖅ.	
Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.	**ᐃᒃᓱᖅᐅᑦᑕᖅ** (ᑐᐃᓵᓕᑎᒍᑦ): ᖃᐅᔨᓪᓚᑦᑐᒃ, ᒥᓵᑕ ᒥᑭᔪᖓᒐᖅ. ᒥᓵ ᓱᑕᒃᑕᓂ.
Ms. Stockley: Thank you, Madam Chairperson. The orientation activities are fragmented at best and we are aware of that. We're preparing an RFP to develop the curriculum for the clinical orientation program for the nursing workforce, but we know it can't wait. In the interim the chief nursing officer's clinical orientation program is being implemented. That has an initial abbreviated session being delivered in June of 2017. We're getting on this and making some changes as of next month. It is anticipated that the complete orientation will be delivered in the fall of 2017. Thank you, Madam Chairperson.	**ᓱᑕᒃᑕᓂ** (ᑐᐃᓵᓕᑎᒍᑦ): ᖃᐅᔨᓪᓚᑦᑐᒃ, ᐃᒃᓱᖅᐅᑦᑕᖅ. ᑕᐃᒃᑯᐊ ᐃᑕᖅᓴᑦᑕᓕᕐᓂᐅᓕᕐᓂᓕᕐᓂᐅᔪᓐᓇᖅᑎᑦᑕᖅᑐᐃᑦ ᐊᒥᑕᖅᑐᒃ ᖃᐅᔨᓪᓚᑦᑐᒃ. ᐃᓐᓇ ᑕᐃᒪ ᑲᓇᑐᑦᑕᓱᓱᐊᕐᓂᓚᒥᒃ ᒪᓂᒪᑎᓕᕐᓂᑕᓕᕐᓗᒍᑦ ᐊᓇᓂᓱᓱᐊᕐᓂᖓᓂᒃ ᐱᓕᓪᓕᓴᓴᐃᑕᕐᓂᒃ. ᖃᐅᔨᓪᓚᑦᑐᒃ ᐃᓐᓇᕐᓂᑕᕐᓂᒃ ᖃᓄᖅᑭᐊᓂᖅᑲᓐᓂᒃ. ᐃᓐᓇᓂ ᑕᐃᒪ ᐊᓇᓂᓱᓱᐊᕐᓂᖓᓂᒃ ᖃᐅᔨᓪᓚᑦᑐᒃᓂᖓᓂᒃ ᐊᓱᐊ ᐱᑎᐊᖅᑎᓱᒪᓕᕐᓗᑦ ᓄᓇ 2017-ᒥ ᐱᑎᐊᑭᒪᖅᓇᐊᖅᑐᓂᒃ. ᑕᓐᓇ ᑲᒪᑎᓱᓂᖅᑕᕐᓗᑦ ᑕᖅᑭᑦᓴᕐᑕᑎᓐᓂ ᐱᑎᐊᓴᓂᖅᑐᒃ. ᑕᐃᒪ ᐅᑭᐅᓵᓕᖅ 2017-ᒥ ᐃᓗᐃᑕᑐᓂᒃ ᐃᓕᓐᓂᐊᖅᑎᓂᒃᑎᓂᒃᑕᓴᓕᖅᑐᒃᑐᓂ ᑐᑭᓱᓵᓴᓴᐃᕋᓂᒥᒃ ᐃᖅᑲᐅᐃᕐᓴᖅᑎᓂᒃ. ᖃᐅᔨᓪᓚᑦᑐᒃ, ᐃᒃᓱᖅᐅᑦᑕᖅ.	
Chairperson: Thank you, Ms. Stockley. Mr. Mikkungwak.	**ᐃᒃᓱᖅᐅᑦᑕᖅ** (ᑐᐃᓵᓕᑎᒍᑦ): ᖃᐅᔨᓪᓚᑦᑐᒃ. ᒥᓵᑕ ᒥᑭᔪᖓᒐᖅ.
Mr. Mikkungwak: Thank you. This question is also going to the Department of Health again. Paragraph 33 of the Auditor General's report refers to training for community health nurses to perform delegated medical functions. Can you provide some examples of these medical functions? Thank you, Madam Chairperson.	**ᒥᑭᔪᖓᒐᖅ** (ᑐᐃᓵᓕᑎᒍᑦ): ᖃᐅᔨᓪᓚᑦᑐᒃ. ᐅᓚᐅᑎᓕᓂᒃ 33, ᑕᕐᖓᓂ ᑕᓪᓕᖅᓱᓕᕆᔨᖅᑎᐅᓪ ᐅᓂᒃᑲᖓᓕᓂᒃ ᐊᐟᓂᐊᖅᑲᓐᓇᕐᓂᑐᑕᓕᕐᓂᐅᔪᓐᓇᑯᓐᓂᒃ ᐊᐱᑌᒃᑲᓂᖅᑐᑦᑐᖓᔪᒃ. ᑕᒃᑯᐊ ᑲᑎᓐᖓᕐᓴᖅᑐᐃᑦ ᐅᓚᐅᑎᓕᓂᒃ 33 ᐅᓂᒃᑲᖓᓕᓂᒃ ᐱᓕᓪᓕᓴᓴᐃᖅᑲᓐᓇᕐᓂᑐᑕᓕᕐᓂᒃᑎᓂᒃᑕᓴᓕᖅᑐᒃ ᓄᓇᓕᓂᒃ ᐊᐟᓂᐊᖅᑲᓐᓇᕐᓂᑐᑕᓕᕐᓂᐅᔪᓐᓇᖅᑎᓂᒃ ᐅᓗᐅᐃᖅᑎᓚᒍᓐᓇᖅᑭᓪ ᐃᓚᓕᓴᐃᓂᕐᓂᒃ ᐃᓕᓂᓂᐊᖅᑎᓂᒃᑕᓐᓂᐊᖅᑎᓂᒃᑕᓴᓕᖅᑐᒃᑐᓂ ᐃᓚᓕᓴᐃᓂᕐᓂᒃ. ᖃᐅᔨᓪᓚᑦᑐᒃ, ᐃᒃᓱᖅᐅᑦᑕᖅ.
Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.	**ᐃᒃᓱᖅᐅᑦᑕᖅ** (ᑐᐃᓵᓕᑎᒍᑦ): ᖃᐅᔨᓪᓚᑦᑐᒃ, ᒥᓵᑕ ᒥᑭᔪᖓᒐᖅ. ᒥᓵ ᓱᑕᒃᑕᓂ.

Ms. Stockley: Thank you, Madam Chairperson. Those functions would include setting bones, so putting casts on. It would include dispensing medications. It would include taking X-rays in some cases. Those are the kinds of advanced practice skills that are required. Thank you, Madam Chairperson.	ᓯᑖᒃᓕ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᐃᒃᑯᐊ ᐃᓅᓕᓴᐃᔾᔪᑏᑦ, ᓴᐅᓂᕐᓂᒃ ᓇᑲᓯᒪᔪᓂᒃ ᐋᖅᑭᔅᓯᒃᑲᓐᓂᕐᓂᖅ, ᐋᔭᒐᖅᑎᑦᑎᓂᖅ, ᐊᒻᒪ ᐊᔾᔨᓕᐅᕆᖅᑦᑕᕐᓂᖅ ᑎᒥᓕᒫᒧᑦ ᑕᕐᕿᖅᑑᑎᒧᑦ ᖃᐅᔨᒪᒃᑲᓐᓂᕆᐊᖃᖅᑕᖏᓐᓂᒃ ᐃᓕᓴᑎᑕᐅᔪᖅᑐᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. ᒥᔅᑕ ᒥᑭᙵᐗᖅ.
Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. I'll ask another question to the Office of the Auditor General. Paragraph 37 of your report discusses training for clerk interpreters and indicates that a "non-mandatory" course on medical terminology was available for clerk interpreters. Did your audit identify any "mandatory" courses required for clerk interpreters? Thank you, Madam Chairperson.	**ᒥᑭᙵᐗᖅ**: ᒫ'ᓇᓪᓗᐊᕙᒃ, ᐃᒃᓯᕙᐅᑕᖅᑰᖅ. ᑖᑉᑯᓇᙵᓕ ᐊᐱᕆᒃᑲᓐᓂᕐᓂᐊᓕᖅᐳᖓ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᑎᒃᑯᓐᓄᑦ. ᑖᓐᓇ ᓈᕼᐊᐅᑎᖓ 37, (ᑐᓵᔨᑎᒍᑦ) ᑎᑎᕋᖅᓯᒪᔪᑦ ᐊᕕᓐᓂᖓᑕ 37, (ᑐᓵᔨᑎᒎᕈᓐᓃᖅᑐᖅ) ᑎᑎᕋᖅᕼᐃᒪᔭᑉᕼᐃᓐᓂᑦ ᐅᖅᑲᐅᓯᖅᑲᕼᐃᒪᖕᒪᑦ ᐃᓕᓐᓂᐊᖅᑎᑦᓯᓂᖅ ᑳᒃᑯᓄᖓ ᑐᕼᐋᔨᐅᕙᒃᑐᓄᑦ ᐋᓐᓂᐊᕐᕕᖕᓂ ᑖᒻᓇᓗ ᑎᑎᕋᖅᕼᐃᒪᑉᓗᓂ ᐊᑐᓇᐊᖅᑲᓗᐊᓐᓐᕆᑦᑐᖅ, ᑭᕼᐃᐊᓂ ᑐᑭᕼᐃᐅᒪᔅᓯᐊᓇᐊᖅᑲᕐᒪᑕ ᐋᓐᓂᐊᕐᓂᕐᒥᒃ ᖃᓄᖅ ᑕᐃᓂᕐᒥᒃ ᑳᑯᓄᖓ ᑐᕼᐋᔨᐅᕙᒃᑐᓄᑦ. ᑖᒻᓇ ᖃᐅᔨᕼᐊᕐᓂᓕᐅᒃᑲᕼᐃ ᓇᓗᓇᐃᔭᐃᑦᓯᐊᓚᐅᖅᐸ ᕼᐅᓇ ᐊᑐᓪᓚᓇᕆᐊᖅᑲᕐᒪᖔᑖ ᐊᒻᒪᓗ ᑳᒃᑯᐊ ᐃᓕᓐᓂᐊᖅᑕᐅᔭᓇᐊᓖᑦ ᑐᕼᐋᔨᐅᕙᒃᑐᓄᑦ ᓇᓗᓇᐃᔭᐃᑦᓯᐊᓚᐅᖅᐱᕼᐋ ᑕᒪᑦᓱᒥᖓ ᑎᐊ'ᓇ ᐅᖅᑲᖅᑎᓪᓗᕼᐃ? ᒪ'ᓇ, ᐃᒃᓯᕙᐅᑕᖅᑰᖅ.
Chairperson: Thank you, Mr. Mikkungwak. Mr. Ferguson.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᙵᐗᖅ. ᒥᔅᑕ ᕘᒐᓴᓐ.
Mr. Ferguson: Thank you, Madam Chairperson. No, there was nothing of a mandatory nature that was brought to our attention. What we did identify was this "non-mandatory" course on medical terminology. I think again this is something that the department needs to consider and I think we have heard this afternoon that they're taking steps related to their clerk interpreters. Again, I think they need to identify to what extent is it mandatory for clerk interpreters to be able to understand medical terminology and have the appropriate terminology in the different languages so that they can help to pass messages between the health care	**ᕘᒐᓴᓐ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐋᒡᒐ, ᐃᒪᓐᓇ ᐱᑕᖅᑲᓇᐊᖅᑲᓪᓚᑦᑖᖅᑐᒥᒃ ᑐᓴᖅᑎᑕᐅᓚᐅᓐᖏᑦᑐᒍᑦ. ᑕᐃᒪᓕ ᓇᓗᓇᐃᖅᓯᓚᐅᕋᓗᐊᖅᑐᒍᑦ ᐱᔭᐅᓐᖏᒃᑲᓗᐊᕐᓗᓂ ᒪᑯᐊ ᑕᐃᒎᓯᕐᓂᒃ ᐋᓐᓂᐊᖅᑲᓐᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᑖᓐᓇ ᐃᓱᒪᒃᓴᖅᓯᐅᕈᑎᒋᔭᐅᔭᕌᖅᑰᖅᑐᖅ ᐱᓕᕆᕝᕕᖕᒥ. ᑕᐃᒪ ᑐᓴᖅᑲᐅᖕᒥᒐᑦᑕ ᐱᓕᕆᐅᓪᓕᐊᓕᖅᑑᒐᓗᐊᒃᑑᖅ ᑳᒃᑯᓄᖓ ᑐᓵᔨᖏᓐᓄᑦ. ᓇᓗᓇᐃᖅᓯᔭᓇᐊᖅᑲᖅᑯᖅ ᖃᓄᑎᒋ ᐱᔭᓇᐊᖅᑲᓪᓚᑦᑖᖅᑐᓂᒃ ᑐᓵᔩᑦ ᑐᑭᓯᐅᒪᖅᑯᓪᓗᑎᑦ ᐋᓐᓂᐊᖅᑲᓐᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᑕᐃᒎᓯᕐᓂᒃ ᐊᒻᒪᓗ ᑕᐃᒎᓯᖅᑲᑦᑎᐊᖅᑯᓪᓗᑎᑦ ᑕᕝᕙᓂ ᐊᔾᔨᒌᓐᖏᑦᑐᓂᒃ ᐅᖅᑲᐅᓯᖅᓂᒃ ᐃᑲᔪᕈᓐᓇᖅᓂᐊᖅᒪᑕ, ᑐᑭᓯᐅᒪᑎᑦᑎᓂᐊᖅᒪᑕ

provider and the patient.	ᐋᓐᓂᐊᓯᐅᖅᑎᒥᒃ ᐃᓅᓕᕆᖅᑕᐅᔪᒥᒡᓗ.
I think the fact that these courses were non-mandatory sort of raises, really, the question for the department about understanding or deciding to the extent this type of course should in fact be mandatory for their interpreters. Thank you, Madam Chairperson.	ᑖᒃᑯᐊᓕ ᐃᓕᓐᓂᐊᖅᑕᐅᙱᒃᑲᓗᐊᖅᐸᑕ ᖃᓄᐃᒋᔭᐅᙱᑎᓪᓗᒍ ᐊᐱᖅᑯᑎᑦᖃᓕᕐᒥᖕᒪᑦ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔩᒃᑯᑦ ᑐᑭᓯᐅᒪᒐᓗᐊᖅᐹ ᐅᕝᕙᓘᓐᓃᑦ ᐋᖅᑭᒃᓯᔪᓐᓇᖁᓗᐊᖅᐸᑦ ᓇᓕᐊᒃ ᐃᒪᓐᓇ ᐃᓕᓐᓂᐊᖅᑕᐅᔭᕆᐊᖃᓪᓚᑦᑖᕆᐊᖃᖏᓗᐊᖅᑎᓪᓗᒋᑦ ᑐᓵᔨᓂᒃ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Ferguson. Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕓᒍᓴᓐ. ᒥᔅᑕ ᒥᑭᙳᐊᖅ.
Mr. Mikkungwak (interpretation): Thank you very much, Madam Chairperson. I'll be asking this question to the Department of Health officials. Health worked on the physical well-being for medical travel clients of Nunavut. Would the courses be written down when you're going to be providing assistance to a person who is ailing and the interpreter has to be well trained? That's my question to the Department of Health. Thank you, Madam Chairperson.	**ᒥᑭᙳᐊᖅ**: ᒪ'ᓇᓪᓗᐊᕙᒃ, ᐃᒃᓯᕙᐅᑕᖅᑳᖅ. ᑖᒃᑯᓇᙵ ᐋᓐᓂᐊᖅᑐᓕᕆᔨᓂᓪᓕ ᐊᐱᕆᓂᐊᓕᖅᐳᖓ ᑖᒻᓇ ᐊᐱᖅᑯᑎᒋᔭᓂHᐋᒐᖁ Hᐆᙳᓐᓂᖅᒪᙵᑦ ᑎᐊ'ᓇ ᑎᑎᖁᖅHᐃᒪᓐᓂᖅᒪᙵᑦ. ᐋᓐᓂᐊᖅᑐᓕᕆᓂᖅ ᐃᓅᓯᖅᑲᑦᓯᐊᖅᓂᖅᒧᑦ ᐃᑲᔪᖅᓂᓗᒃᑕᔪᙵᑕ ᑎᒥᖕᒋᓪᓗ ᖃᓄᐃᙱᑦᑎᐊᕐᓯᐊᖅᑯᐸᓗᒋᑦ ᑕᐃᒃᑯᐊ ᐋᓐᓂᐊᖅᕕᓕᐊᖅᐸᒃᑐᐃᑦ ᓄᓇᕗᒻᒥᐅᑕᐅᔪᐃᑦ. ᓈᙳᙵᑦ ᑎᐊ'ᓇ ᑎᑎᖁᖅᓯᒪᓇᔭᖅᒪᙵᑦ ᑐᑭᓯᓱᐊᖅᐸᙵᓕ ᐃᓄᖕᒥᒃ ᐋᓐᓂᐊᖅᑐᒥᒃ ᐃᑲᔪᖅᓂᐊᖅᓗᓂ ᐋᓐᓂᐊᖅᑐᓕᕆᔩᑦ ᑐᑭHᐃᐅᒪᔪᓯᐊᕆᐊᖃᖅᒪᑕ ᑐHᐋᔩᖃᔪᓯᐊᖅᓗᑎᒡᓗ, ᑐHᐋᔩᐅᔪᖅᓗ ᐃᓕᓐᓂᐊᔪᓯᐊᖅHᐃᒪᔭᕆᐊᖃᖅᓗᓂᐅᖕᒪᑦ. ᑖᓐᓇᓕ ᐊᐱᖅᑯᑎᒋᓕᖅᐸᖁ ᐋᓐᓂᐊᖅᑐᓕᕆᔩᒃᑯᓐᓄᑦ. ᒪ'ᓇ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson (interpretation): Thank you, Mr. Mikkungwak. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ**: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᙳᐊᖅ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. Medical interpreting courses and modules are offered as part of Nunavut Arctic College's interpreter training program. Up until fiscal year 2016-17 the Department of Health didn't have a budget to offer training to staff. We were successful in getting I think it was $1.6 million that Members approved for that fiscal year as ongoing funding. That has allowed us to do some work with Nunavut Arctic College to get more medical clerk interpreter type courses available.	**ᓯᑖᒃᓕ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᒪᒃᑯᐊ ᐃᓕᓐᓂᐊᕐᓃᑦ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᓂᕐᒧᑦ ᓄᓇᕗᒥ ᓯᓚᑦᑐᖅᓴᕐᕕᖕᒥ ᑐᓵᔨᐅᓂᕐᒧᑦ ᐃᓕᓐᓂᐊᖅᑎᑦᑎᔾᔪᓯᖕᒋᓐᓂᕐᓄᑦ ᑎᑭᑦᑐᒍ 2016-17 ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔩᒃᑯᑦ ᑮᓇᐅᔭᓂᒃ ᓴᓂᕝᕕᓯᒪᖃᑦᑕᓚᐅᙱᒻᒪᑕ ᐃᓕᓐᓂᐊᕈᑎᒃᓴᖏᓐᓂᒃ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ. $1.6 ᒥᓕᐊᓂᒃ ᓴᓂᕝᕕᔭᓐᓇᖅᓯᖅᑰᓚᐅᖅᑑᒐᓗᐊᖅ ᒪᓕᒐᓕᐅᖅᑎᓄᑦ ᐊᖏᖅᑕᐅᓪᓗᑎᒃ ᑮᓇᐅᔭᕆᔭᐅᖃᑦᑕᕐᓗᓂ ᑕᐃᒪᓕ ᐱᓕᕆᔾᔭᑎᒋᔭᓐᓇᖅᓯᓚᐅᖁᑦᑎᒍ ᐱᓕᕆᖃᑎᒋᓪᓗᒋᑦ ᓯᓚᑦᑐᖅᓴᕐᕕᒃᑯᑦ ᒪᒃᑯᓇᙵ ᐋᓐᓂᐊᖃᖅᑐᓕᕆᓂᕐᒧᑦ ᑐᓵᔨᒃᓴᓄᑦ ᑐᕌᖓᔪᑦ.
The department, in conjunction with NAC, offered medical interpreting module	ᑕᐃᒪᓕ ᓯᓚᑦᑐᖅᓴᕐᕕᒃᑯᑦ ᐱᓕᕆᖃᑎᖃᖅᑐᑦ ᑖᒃᑯᐊ

3, which focuses on diseases, and module 4, which focuses on ailments to department staff in January and February this past year in 2017 in Rankin Inlet. We had 14 staff attend there. Module 2, which focuses on physiology as part of the interpreter/translator course, was offered March 9 to 27 in Iqaluit and we had six employees attend that.	ᐱᖓᔪᐊᓐᓂᒃ ᐃᓕᓐᓂᐊᖅᑕᐅᔪᓐᓇᖅᑐᑦ, ᑎᓴᒪᖓᓪᓗ ᐋᓐᓂᐊᕐᓂᕐᓄᑦ ᐋᓐᓂᐊᕐᑲᖅᑐᓄᓪᓗ ᔫᓄᐊᕆ/ᕕᕝᕗᐊᕆ ᑕᒫᓂ ᑲᖏᖅᖠᓂᕐᒥ 14-ᓂᒃ ᐃᖅᑲᓇᐃᔭᖅᑎᓂᒃ ᐃᓕᓐᓂᐊᖅᑐᕐᑲᓚᐅᖅᑐᖅ. ᑖᒃᑯᐊ ᑎᒥᐅᑉ ᕐᑲᓄᐃᑦᑑᓂᖏᓐᓂᒃ ᑐᓵᔨᐅᓂᕐᒧᑦ ᐃᓕᓐᓂᐊᕐᓂᖅ ᒫᑦᓯ 9-ᒥᒃ 27-ᒧᑦ ᐃᖃᓗᖕᓂ. ᐱᖓᓲᔪᖅᑐᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᕗᑦ ᐃᓕᓐᓂᐊᕐᑲᑕᐅᓚᐅᖅᑐᑦ.
NAC will be offering five medical interpreting modules as part of the 2017-18 academic year. Members may wonder why they're just hearing about five now because it has usually been in the past there have been four courses. I'm happy to advise that a new mental health terminology module is under development and will be offered this coming year. The dates will be need to be determined on that, but that is what puts our medical interpreting courses up to five. Thank you, Madam Chairperson.	ᓯᓚᑦᑐᖅᓴᕐᕕᒃᑯᑦ ᑕᓪᓕᒪᐃᓕᖅᑲᖓᔪᓂᒃ ᐃᓕᓐᓂᐊᖅᑎᑦᑎᕈᖅᑐᑦ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᑐᓵᔨᐅᓂᕐᒧᑦ 2017-18 ᐃᓕᓐᓂᐊᕐᓇᐅᑉ ᐊᕐᕋᒍᐊᓄᑦ. ᑕᐃᒪ ᒪᓕᒐᓕᐅᖅᑏᑦ ᑐᓴᓕᑕᐃᓐᓇᖅᐸᑦ ᕐᑲᓄᐃᒻᒪᑦ ᑎᓴᒪᐅᕐᑲᑦᑕᖅᓯᒪᑎᓪᓗᒋᑦ, ᑕᐃᒪᓕ ᕐᑯᕕᐊᓲᒃᐳᖓ ᐅᕐᑲᕈᓐᓇᕋᒪ ᐃᓱᒪᒥᒎᑦ ᐃᓗᐊᓐᖏᑦᑐᓕᕆᓂᕐᒧᑦ ᑕᒫᓂ ᐊᕐᕌᒎᓂᐊᖅᑐᒥᒃ ᐃᓕᓐᓂᐊᖅᑕᐅᓗᓂ ᐅᓪᓗᖏᑦ ᓱᓕ ᐋᖅᑭᒃᑕᐅᔭᕆᐊᕐᑲᕐᓂᐊᖅᑑᖓᓗᐊᑦ ᑕᐃᒫᒃ ᑕᓪᓕᒪᐅᓕᖅᑲᖓᓕᕐᓂᐊᖅᑐᑎᒃ ᑐᓵᔨᐅᓂᕐᒧᑦ ᐃᓕᓐᓂᐊᖅᑕᐅᔪᓐᓇᖅᑐᑦ. ᕐᑯᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. That is very encouraging to hear. Mr. Mikkungwak.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᕐᑯᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑳᒃᓕ. ᑕᒪᓐᓇ ᑐᓴᕈᒥᓇᖅᑐᖅ. ᒥᔅᑕ ᒥᑭᖕᒍᐊᖅ.
Mr. Mikkungwak (interpretation): Thank you, Madam Chairperson. I agree with your earlier comment in part, but I also disagree with it. I'll give you my opinion.	**ᒥᑭᖕᒍᐊᖅ**: ᒪ'ᓇᓪᓗᐊᕕᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐃᒃᓯᕙᐅᑕᕐᓗ ᐅᕙᑦᓯᐊᖅ ᐅᕐᑲᐅᕼᐃᕆᔭᐃᑦ ᐃᓚᖓᒍᑦ ᐊᖏᕐᑲᑎᒋᓪᓗᐊᖅᑯᒍ ᐃᓚᖓᒍᑦ ᐊᖏᕐᑲᑎᒋᓐᖏᕼᐃᓐᓇᑐᐃᓐᓇᕆᐊᕐᑲᖅᑯᒍ, ᑭᕼᐃᐊᓂᓕ ᐅᕙᒻᓂᒃ ᐃᕼᐅᒪᒋᔭᒻᓂᒃ ᐅᕐᑲᕐᓂᐊᕋᒪ.
Some interpreters have already been trained, but some others have not completed their training. You were provided funding of $1.6 million so that the interpreters could be fully trained. Looking at the whole of Nunavut, we have health centres in all of the communities that require properly trained interpreters for unilingual Inuit. The nurses in turn need accurate interpretation when talking with patients. I want to ask: if all the interpreters are to be fully trained, will these funds be sufficient? Thank you,	ᑖᒃᑯᐊ ᑐᕼᐋᔨᐅᕙᒃᑐᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᕼᐃᒪᓕᖅᑐᐃᑦ ᐊᒻᒪᓗ ᐃᓚᖏᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᓖᓂᒃᓯᒪᓐᖏᓐᓂᓕᕆᐊᕐᒪᑕ. ᑮᓇᐅᔭᐃᓪᓕᐅᓚᐅᖅᑯᕼᐃᓗ ᑐᕼᐋᔨᒃᓴᑦ ᑐᑭᕼᐃᐅᒪᑦᓯᐊᕐᓂᐊᕐᒪᑕ, ᐃᓕᓐᓂᐊᑦᓯᐊᖅᕼᐃᒪᓂᐊᕐᒪᑕ. ᑖᒻᓇ $1.6 ᒥᓕᐊᓐᖑᓚᐅᖅᑐᖅ, ᓄᓇᕗᑦ ᑕᐅᑐᒃᑖᖅᑯᒍ ᐋᓐᓂᐊᕐᕕᖅᑲᖅᑐᐃᓐᓇᐅᖓᑕ ᓄᓇᓕᑦᑎᒃᑖᑦ, ᑕᐃᒃᑯᐊ ᑐᕼᐋᔨᐅᕙᒃᑯᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᒃᑖᖅᕼᐃᒪᓂᐊᖅᐸᑦ ᑐᑭᕼᐃᐅᒪᑦᓯᐊᕆᐊᕐᑲᕐᒪᑕ ᐋᓐᓂᐊᕐᓃᑦ ᒥᒃᓵᓄᑦ ᐊᒻᒪᓗ ᕐᑲᐸᓘᓈᑦ ᐅᕐᑲᓗᒍᓐᓇᓐᖏᑦᑐᓂᒃ ᑐᑭᕼᐃᐅᒪᑎᑦᑎᑦᓯᐊᕆᐊᕐᑲᕐᒪᑕ ᐃᓪᓗᐊᒍᑦᓯᐊᖅᑕᐅᖅ ᓇᔭᖑᐊᖑᔪᖅ ᐃᓄᒃᑐᑦ ᑐᑭᕼᐃᐊᓐᖏᑦᑐᖅ ᑲᒪᒋᔭᕐᑲᕐᓂᐊᕐᓗᓂ ᐃᓄᖕᒥᒃ ᐃᓄᖓᔪᒥᒃ ᐋᓐᓂᐊᖅᑐᒥᒃ ᑐᑭᕼᐃᐅᒪᑦᓯᐊᕆᐊᕐᑲᕐᒥᖕᒪᑦᑕᐅᖅ. ᑖᒻᓇ ᐊᐱᖅᑯᑎᓕᖅᐸᕋ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᕼᐃᒪᓗᒃᑖᑦᓯᐊᕐᓂᐊᖅᐸᑦ ᑕᐃᒃᑯᐊ ᑐᕼᐋᔨᐅᕙᒃᑐᑦ ᐊᒻᒪᓗ ᑖᒻᓇ ᑮᓇᐅᔭᖅ ᓈᒻᒪᒃᑲᓗᐊᖅᐸ?

Madam Chairperson.	ᒫ’ᓇ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Mikkungwak. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓇᒦᒃ, ᒥᔅᑕ ᒥᑭᙳᐊᖅ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. The funding that we determined that we needed to address clerk interpreter, X-ray training, and so on was over $5 million. We were granted $1.6 million, so no, the funding is not adequate.	**ᓯᑖᒃᓕ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᐃᒃᑯᐊ ᕿᓇᐅᔭᐃᑦ ᕿᓇᐅᔭᓴᔭᓴᐊᖃᖅᑐᕆᓚᐅᖅᑕᕗᑦ ᑐᓵᔨᓄᑦ ᑎᒥᓕᒫᒧᑦ ᑕᕋᖅᑑᑎᓕᓴᔨᓄᑦ $5 ᒥᓕᐊᓐ ᐅᖓᑖᓃᓚᐅᕐᒪᑕ, $1.6 ᒥᓕᐊᓐᓂᒃ ᑐᓂᔭᐅᓚᐅᖅᑐᒍᑦ. ᐋᒡᒐ, ᑖᒃᑯᐊ ᓈᒪᙱᑦᑐᑦ ᑖᒃᑯᐊ ᕿᓇᐅᔭᐃᑦ.
The bulk of the funding this year is going to the clerk interpreters and to the X-ray training. Again, we have to make choices and prioritize within a particular funding envelope, but our focus this year is the nurse training, the X-ray, and medical terminology with the hope that all clerk interpreters would be provided with a whole suite of training. That would be the ideal and it’s something that we would hope that we would get the support to achieve. Thank you, Madam Chairperson.	ᑕᒫᓂ ᕿᓇᐅᔭᐃᑦ ᐊᕐᕌᒎᓂᐊᖅᑐᒥᒃ ᑐᓵᔨᓄᑦ ᑐᕌᖓᓂᐊᖅᑐᑦ ᑎᒥᓕᒫᒧᑦ ᑕᕋᖅᑑᑎᓕᓴᔨᓄᓪᓗ. ᑕᐃᒪ ᓂᕈᐊᓴᔭᓴᐊᖃᓚᐅᕐᒪᑕ ᐱᒻᒪᓴᐅᓂᖅᓴᐅᔪᑦ, ᑐᐊᕕᓴᓂᖅᓴᑦᑎᓐᓂᑦ ᑖᒃᑯᓄᖓ ᕿᓇᐅᔭᓴᔪᓐᓇᖅᑕᕗᑦ ᑕᐅᑐᒃᓱᒋᑦ. ᑭᓯᐊᓂ ᑕᐅᑐᒐᓴᒡᓗᐊᖅᑕᕗᑦ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᖁᓪᓗᒋᑦ ᑖᒃᑯᐊᓗ ᑕᐃᒎᓯᓂᒃ ᑐᓵᔨᓕᒫᑦ ᐱᓕᒻᒪᒃᓴᔭᐅᓯᒪᖃᑦᑕᕐᑯᓪᓗᒋᑦ ᐃᓕᓐᓂᐊᕆᐊᓕᖕᒋᓐᓂᒃ. ᑕᐃᒫᒃ ᐃᑲᔪᖅᓱᖅᑕᐅᔪᒪᓂᐊᖃᓗᐊᖅᐳᒍᑦ ᑕᒪᑐᒧᖓ ᐱᔭᕇᕐᓂᐊᖃᑦᑎᒍ. ᖁᔭᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. (interpretation) Mr. Mikkungwak, do you have any more questions? (interpretation ends) Okay. Let me see. Who is next on my list? Mr. Joanasie.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. (ᑐᓵᔨᑎᒎᕈᓐᓃᖅᑐᖅ) ᒥᔅᑕ ᒥᑭᙳᐊᖅ, ᓱᓕ? (ᑐᓵᔨᑎᒍᑦ) ᐆᑮ. ᑕᑯᑲᐃᓐᓇᕐᓚᖓ ᑭᓇ ᑭᖑᓪᓕᐅᒪᖖᒎᑦ ᐊᑎᖁᑎᖓᓂ. ᒥᔅᑕ ᔫᐊᓇᓯ.
Mr. Joanasie: Thank you, Madam Chairperson. Many of my questions have already been answered, but I do still have a few questions, namely, towards the Department of Health.	**ᔫᐊᓇᓯ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓇᒦᒃ, ᐃᑦᓯᕙᐅᑖᖅ. ᐊᐱᖅᑯᑎᒃᓴᖃᓗᐊᒃᑲ ᑭᐅᔭᐅᔭᕇᖅᑐᖓᓗᐊᑦ, ᑭᓯᐊᓂ ᐊᐱᖅᑯᑎᒃᓴᖅᒥᔪᖓ ᓱᓕ ᐱᓗᐊᖅᑐᒥᒃ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ.
I’m going to jump ahead to the audits, paragraph 102, only because it touches upon recruitment and retention. It states that the GN Nursing Recruitment and Retention Strategy had been designed to reduce the vacancy rate from its historical range from 30 to 40 percent to a range of 15 to 20 percent by 2012.	ᐱᒋᐊᕈᑎᒋᓗᒍᖃᐃ ᓯᕗᒧᒋᐊᖃᐃᓐᓇᕐᓂᐊᕋᒪ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐊᕕᒃᓯᒪᓂᖓ 102-ᒥ ᓲᖃᐃᒻᒪ ᐅᖃᐅᓯᖃᐱᓪᓚᖕᒪᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᖃᐃᓐᓇᕐᓂᕐᒥᒃ. ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᖏᒃᒎᖅ ᐋᓐᓂᐊᓯᐅᖅᑎᑳᕐᓯᖃᑦᑕᕐᓂᕐᒧᑦ ᐃᓱᒪᒃᓴᖅᓯᐅᕈᑎᒥᒃ ᑖᒃᑯᐊ ᐃᓄᒃᑕᐅᓯᒪᙱᑦᑐᑦ ᐅᓄᓐᓂᖅᑎᕆᐊᕐᓗᑎᒃ 30-ᒥᒃ 40 ᐳᓴᓐᑎᒎᖕᒐᖅᑦᑕᓚᐅᖅᑎᓪᓗᕆᑦ ᑕᒪᐅᙵ 15-ᒥᒃ 20 ᐳᓴᓐᑎᒎᖓᓗᒍ 2012-ᒧᑦ ᑎᑭᓪᓗᒍ.

Then we look at paragraph 21 of the report, it says that of the 69 community health nurses, there are 43 that were vacant, which equals to 62 percent. Was this just a bad year for recruitment and retention or has it been at this point for a long time? I think it kind of touches upon Mr. Rumbolt's question on how you're trying to deal with the vacancy rate. Has it gotten worse since 2012 looking at these figures? Thank you, Madam Chairperson.	ᑕᐃᒪᓗ ᑕᑯᓪᓗᖓ ᑖᓐᓇᓗ ᓈᓴᐅᑎᖓ 21 ᑕᑯᒍᕕᐅᒃ ᐅᖃᖅᓯᒪᖕᒪᑦ ᑕᕝᕙᓂ 69-ᖑᔪᓂᒃ ᐋᓐᓂᐊᓯᐅᖅᑎᓂᒃ 43 ᐃᓐᓄᒃᑕᐅᓯᒪᓚᐅᓐᖏᑦᑐᑦ ᑖᓐᓇ 62 ᐳᓴᓐᑎᒧᑦ ᑎᑭᐅᑎᓯᒪᑲᓴᖕᒪᑦ. ᐊᖏᕈᖅ ᑖᓐᓇ ᐱᐅᓐᖏᑐᐃᓐᓇᓚᐅᖅᑐᖅᑲᐃ ᐋᓐᓂᐊᓯᐅᖅᑎᑖᕋᓱᖕᓂᖅᒧᑦ ᐅᓪᓗᒥᒧᓪᓘᓐᓃᑦ ᐊᑯᓂᐅᔪᖅ ᑕᐃᒪᐃᓕᖕᖓᓕᖅᐸ? ᑖᓐᓇ ᐊᑦᑐᖅᓯᒐᓛᒃᓯᒪᒻᒪᑦ ᒥᔅᑕ ᕋᒻᐴᑦ ᐊᐱᖅᑯᓯᓇᖅᑲᐅᔭᓂ ᖃᓄᖅ ᑕᒪᓐᓇ ᑲᒪᒋᓇᓱᖕᒪᖕᒫᔅᓯᐅᒃ ᐃᓐᓄᐃᖅᑲᑦᑕᖕᖏᓐᓂᖅ. ᐱᐅᔪᓐᓃᖅᐹᓪᓕᖅᓯᒪᕖ 2012- ᒥᓂᑦ ᑖᒃᑯᐊ ᓈᓴᐅᑏᑦ ᑕᑯᓐᓈᖅᑐᒋᑦ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Joanasie. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔪᐊᓇᓯ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. Trends in hiring tend to be a bit cyclical in nature. We know that nurses are in demand and in short supply right through the country, so that could certainly be having an impact on our numbers.	**ᓯᑖᒃᓕ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᒪᓐᓇ ᓇᒧᓐᖓᕙᖅᐸᓪᓕᐊᓂᖓ ᐃᖅᑲᓇᐃᔮᑦ ᐃᒪᓐᓇ ᑲᔪᖅᑕᕈᔪᖕᒪᑦ. ᖃᐅᔨᒪᒐᑦᑕ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐱᔪᒪᔭᐅᒻᒪᕆᖕᒪᑕ ᐊᒥᒐᖅᓱᑎᒃᓗ ᑲᓇᑕᓕᒫᒥ ᑖᓐᓇ ᐊᒃᑐᖅᓯᓯᒪᖅᑲᑦᑕᖅᓂᐊᖅᒪᑦ ᓈᓴᐅᑎᖅᑯᑎᑦᑎᓐᓂ.
One of the other things that could be having an impact is we only have so many people able to work on recruitment and so many people able to do recruitment in the health centres, the directors, and all the levels that need to be involved in recruitment. Our focus over the last few years has been on nurse practitioners, mental health nurses, and mental health workers, all very important, while we are also focusing on community health nurses and supervisors of community health programs.	ᑕᐃᒪᓗ ᐊᓯᐊᒎᖓᓗᒍ ᐊᒃᑐᖅᓯᓯᒪᒃᑲᓂᖅᒥᔪᖅ ᑕᐃᒪ ᐃᖅᑲᓇᐃᔭᖅᑎᑖᕋᓱᒃᑏᑦ ᐃᓱᖅᑲᖅᒥᖕᒪᑦᑕᐅᖅ ᐅᓄᖅᓂᖕᒋᑦ ᑕᒫᓂ ᐋᓐᓂᐊᕕᖕᓂ, ᑕᒪᒃᑯᐊᓗ ᐊᐅᓚᑕᖕᒋᑦ, ᑕᒪᒃᑯᐊᓗ ᐃᖅᑲᓇᐃᔭᖅᑎᑖᕋᓱᖕᓂᖅᒧᑦ ᐱᓕᕆᖅᑕᐅᔪᓕᐊᓛᑦ ᐊᖏᖐᒎᓯᒪᔪᓂᒃ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐃᓱᒪᓕᕆᔫᓪᓗ ᐱᒻᒪᕇᓐᓇᐅᖕᒪᑕ, ᐊᒻᒪᓗ ᑕᐅᑐᒐᖅᑲᖅᒥᒐᑦᑕ ᓄᓇᓕᖕᓂ ᐋᓐᓂᐊᓯᐅᖅᑎᓂᒃ ᐊᒻᒪᓗ ᐊᖑᔭᖅᑳᕆᔭᐅᒐᔭᖅᑐᓂᒃ.
All of that to say that we're doing a lot of recruitment and we only have so much capacity. It's a balancing act of where we put that focus and that's not to offer an excuse. That's just to underline where we put our effort and where we put our focus. We haven't put our eye off the requirements to make sure our health centres are fully staffed, but we have been	ᐅᖃᐳᓐᓇᖅᑐᖕᖓᓕ ᒫᓐᓇ ᐃᖅᑲᓇᐃᔭᖅᑎᑖᖅᐸᓪᓕᐊᔪᒻᒪᓂᐅᔪᑦ, ᑭᓯᐊᓂ ᐱᔪᓐᓇᖅᓂᖁᑦᑕᐅᖅ ᐃᓱᖅᑲᖅᒥᖕᒪᑦ ᑖᓐᓇ ᓇᓚᒧᑎᑦᑎᓇᓱᖕᓂᐊᖅᒪᑦ ᓇᐅᒃᑯᑦ ᑕᐅᑐᖕᓂᖅᓴᓂᐊᖅᒪᖕᖑᑦᑎᒍ. ᐄ, ᐃᒪᓐᓇ ᐱᔾᔪᑎᖅᑲᕋᓱᑐᐃᓐᓇᓐᖏᑦᑐᒍᑦ, ᑭᓯᐊᓂ ᑕᑯᒃᓴᐅᔾᔪᑎᒋᓐᒪᒍ ᓇᐅᒃᑯᑦ ᐊᒃᓱᕉᑎᒋᓂᖅᓴᓇᖕᒪᖕᖑᑦᑎᒍ ᓇᐅᒃᑯᓪᓗ ᑕᐅᑐᓐᓂᖅᓴᓇᖕᒪᖕᖑᑦᑎᒍ. ᑕᐅᑐᒍᓐᓃᖅᓯᒪᓐᖏᑦᑕᖅᓗᐊᕈᑦ ᑕᒪᒃᑯᐊ ᐋᓐᓂᐊᕕᒃᐳᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᖕᒋᑦ ᓈᒪᖅᑯᓪᓗᒋᑦ. ᑭᓯᐊᓂ

adding all of these different health professionals and different kinds of nurses to the nursing complement. That's one of the reasons that we knew we had to move forward with the model of care because we didn't have any metrics. We don't know how many of a certain population or what the number of population to nurse ratio should be.	ᐃᓕᖅᑯᓕᐊᓯᒪᓕᕆᑎᑦᑕ ᐊᐟᓂᐊᓂᕐᓗᓂᐊᓂᕐᓗᒃ ᐃᑲᔪᕆᑎᑦᓕᐊᓂᕐᓗᒃᑐᓂᒃ. ᑕᒪᓐᓇ ᐱᔪᓯᑎᕐᒪᔪ ᓯᕗᒍᐊᓚᐊᑲᑲᓐᓂᕐᓂᐊᓂᕐᓗᒃᑐᔪᑦ. ᐸᖅᑭᑲᓯᓂᒍᑦ ᖃᑲᐅᒪᔭᓯᑎᑲᖃᖅᑐᓐᓇᓕᐅᑦᑐᓐᓇᓕᑦᑕ, ᓯᐢᓗᓂ ᖃᓄᖅ ᐃᓄᑦᐊᑲᑎᑎᔪᑦ ᐃᒪᓐᓇ ᖃᑲᔾᓯᓂᒃ ᐋᓐᓯᓯᓂᕐᓂᖅᑎᖃᖅᑲᖅᓯᒪᑕ ᐃᓄᑦᐊᓐᓂᕐᓂᑦ ᐊᑐᔾᔨᒪᔪᑦ. ᐃᓕᓐᓇ ᖃᑲᔾᓯᓂᒃ ᐱᔪᓯᑎᑦᓕᐊᓂᕐᓂᑦ. What we have is a little bit of a fragmented system where you go to the community health nurse for certain things, you go to the public health nurse for something else, you go to the mental health nurse for something else, and the nurse practitioner. The patient or the client doesn't care about our different stovepipes or our different, I guess, silos. They just want to go to the health centre and be taken care of. That's what underlined to us the necessity of moving forward to looking at our model of care and who is delivering what services and how they interact with the patient and the client's family when they present at the health centre. Thank you, Madam Chairperson.	ᑕᒪᐅᔪᐊ ᓄᓇᓕᓐᓂᓂ ᐋᓐᓂᐊᓂᕐᓗᒃᑎᑐᐃᓐᓇᓐᓂᒃ ᐅᖅᔪᒪᐃᓐᓂᖅᓂᐊᖅᑐᑦ ᐃᓂᒪᓕᓚᐅᓛᓕᑐᓄ ᐋᓐᓂᕐᓂᑦ ᐃᓕᓴᕐᓂᒃ. ᐃᓄᒃᑎᑲᖅᑕᐅᔭᖅᑐᑐᐃᓐᓇᓕᑦ ᓯᖅᔪᑎᐅᓴᖅᓯᒪᓕᑕ ᐊᐟᓂᐊᓂᕐᓂᑐᓂᒃ ᐱᓕᒪᓐᓂᕐᓂᐊᖅᑎᖃᖅᓂᕐᓂᓐᓂᒃ ᐋᓐᓂᐊᕕᓕᐊᑕᐃᓐᓇᓂᒡᓗᓕᑕᓕ ᐃᓄᒃᑎᑲᖅᑕᐅᔭᓕᓐᓄᒃ. ᐃᓕᓐᓇ ᓯᕗᒍᐊᑎᖅᑲᓂᕐᓂᓐᓄᑦ ᐋᖅᑭᒃᓯᖅᓯᒪᔨᑦ ᐅᑯᔪᓐᓇ ᐱᓕᕆᐊᓂᖅᑲᖅᑕ ᐃᓄᒃᑎᑲᖅᑕᐅᔭᖅ ᐃᓄᒃᑎᑲᖅᑕᐅᔭᓯᓐᓄ ᐃᓕᓴᕐᓂᑦ ᑲᑎᒪᔨᐅᓕᖅᑐᓂ. ᓴᓗᕐᓇᒃᑐᒃ, ᐃᒃᓯᕗᐅᑦᓴᖅ. **Chairperson**: Thank you, Ms. Stockley. Mr. Joanasie.	**ᐃᒃᓯᕗᐅᑦᓴᖅ** (ᑐᐃᓚᐅᑎᔪᑦ): ᓴᓗᕐᓇᒃᑐᒃ, ᒥᓵ ᓯᑦᒃᓕᓪᓕ. ᒥᔪᑕ ᔨᐊᐅᓕᓯ. **Mr. Joanasie**: Thank you, Madam Chairperson. Along the same lines, we know that there has been no update to that nursing strategy since 2012. Can Ms. Stockley provide us a brief status report on that if I may, Madam Chairperson? Thank you.	**ᔨᐊᐅᓕᓯ** (ᑐᐃᓚᐅᑎᔪᑦ): ᓴᓗᕐᓇᒃᑐᒃ, ᐃᑦᓯᕗᐅᑦᓴᖅ. ᑕᒪᐅᓕᑕᐃᒃᓕᓕᓯᓯᒪᒃ ᓯᓪ, ᑕᐃᒪ ᓄᑦᓴᕐᓗᐊᓂᖅᑕᐅᓯᒪᖏᒪᑦ 2012-ᒥᓂᑦ ᐃᓯᒪᒃᓴᓯᐅᕗᖅᑕᓯ. ᒥᓵ ᓯᑦᒃᓕᓪᓕᖅᐃ ᐅᑦᖅᑎᐊᖅᓂᐊᑦᔪᐃᓕᖅᐸ ᖃᓄᐃᐃᓪᓕᖏᓐᓄᑦ ᑕᒪᐃᓐᓇ ᐱᔪᓐᓇᖅᑎᓄᖅᓴᖏᓐᓄᑦ, ᐃᑦᓯᕗᐅᑦᓴᖅ? ᓴᓗᕐᓇᒃᑐᒃ. **Chairperson**: Thank you, Mr. Joanasie. That's recruitment. That's later on down between paragraphs 80 and 103. I would like to try to keep to the paragraphs that we have identified. Right now we're looking at paragraphs 19 to 41. Mr. Joanasie.	**ᐃᒃᓯᕗᐅᑦᓴᖅ** (ᑐᐃᓚᐅᑎᔪᑦ): ᓴᓗᕐᓇᒃᑐᒃ, ᒥᔪᑕ ᔨᐊᐅᓕᓯ. ᑭᓐᓇᓕᓕ ᐃᖅᑲᐅᐃᓴᖅᑎᑦᓴᓯᓕᒥᑲ ᐱᔪᓯᑎᖅᑲᖅᑐᖅ. ᓯᐊᑭᑲᖅᑲᓂᕐᓂᐊᖅᑕᐅᔭᑦ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐊᕐᕕᑐᖅᑲᓂᕐᓂᓐᓄᒃ 80-ᒥᒃ 103-ᒧᑦ. ᐃᓐᓇ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐊᕐᕕᑐᖅᓯᒪᓂᕐᓂᑦ ᓇᓗᓇᐃᖅᓯᒪᔭᑦᑎᓐᓄᒃ ᐱᓕᓕᐊᖅᑲᖅᓯᐅᓚᐅᐊᕐᓗᒍ. ᐃᓐᓇᐅᔨᕋᖅ ᑎᑎᕋᖅᓯᒪᔪᑦ ᐊᕐᕕᑐᖅᓯᒪᓂᕐᓂᓐᓄᒃ 19-ᒥᒃ 41-ᒧᑦ ᐱᓕᕆᐊᖅᑲᖅᑕᒍᑦ. ᒥᔪᑕ ᔨᐊᐅᓕᓯ.

Mr. Joanasie (interpretation): Thank you. That's fine. (interpretation ends) I'll move on to my other area of questioning. In paragraph 26 it talks about the orientation and training aspect of nurses and what's called the clinical nurse educators. For clarity, I believe there are three, one for every region in Nunavut. Is that correct? It's a question for the department. Thank you, Madam Chairperson.	ᔪᐊᓇᓗ: ᖃᓄᖅᓇᒥᒃ. ᐃᓚᒌᑐᖅ. (ᑐᐃᓕᑎᒍᑦ) ᐊᓯᐊᓂᑕᐅᖅ ᐊᐱᖅᓯᓚᐊᖏᔪᐊᓕᒥᑎᒪᓚᒪ. ᐃᓕᓴᐅᑎᖓ 26 ᐅᖅᑲᓯᖅᑎᒋᑦ ᐃᓕᓴᖅᔪᐊᖏᔪᑎᑕᐅᓂᖅᑎᓂᓴ ᐱᓕᒪᒃᓴᐅᓂᒃᓗᓂᓗ ᐊᐧᖅᓂᐊᓯᐅᖅᑏᑦ ᑕᒃᑯᐊ ᐃᓇᓕᓕᒃᑕᐅᓂᔭᑦ ᐃᓕᓴᖅᔪᐊᖏᓂᑎᓵᓕ. ᐱᖓᓱᓯᖅᑯᖏᓚᒋᑕ ᐊᕐᕕᒃᑐᓯᒪᔪᓂ, ᐊᑕᐅᓯᖏᑦ ᐱᖅᑲᖅᑐᐃᓴᖅᓇᐅᑉᐳᑦ? ᐊᐧᖅᓂᐊᖏᖅᓴᓐᖏᑕᑐᓗᓇᒃᑯᓇᓂᒃ ᐊᐱᖅᑯᑎᒪ. ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓯᐳᐅᑦᖅ.

Chairperson: Thank you, Mr. Joanasie. Ms. Stockley.

ᐃᒃᓯᐳᐅᑦᖅ (ᑐᐃᓕᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᒥᔭᑕ ᔪᐊᓇᓗ. ᒥᔭ ᓯᑦᒃᑕ.

Ms. Stockley: Thank you, Madam Chairperson. Yes, that's correct. Thank you, Madam Chairperson.

ᓯᑦᒃᑕ (ᑐᐃᓕᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓯᐳᐅᑦᖅ. ᐃ, ᑕᐃᒪᐃᓕᓚᓴᖅ. ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓯᐳᐅᑦᖅ.

Chairperson: Thank you, Ms. Stockley. Mr. Joanasie.

ᐃᒃᓯᐳᐅᑦᖅ (ᑐᐃᓕᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᒥᔭ ᓯᑦᒃᑕ. ᒥᔭᑕ ᔪᐊᓇᓗ.

Mr. Joanasie: Thank you, Madam Chairperson. I understand that there have been some difficulties with staffing these positions. Can Ms. Stockley say what's the status on staffing those positions currently? Thank you, Madam Chairperson.

ᔪᐊᓇᓗ (ᑐᐃᓕᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓯᐳᐅᑦᖅ. ᑕᐃᒪᓂᓇ ᐊᒃᓯᑐᖏᓇᖅᑐᒃᑯᑦᖁᓕᑦᑎᓚᒪᑕ ᑕᒃᑯᐊ ᐃᓂᓇᑦᓴᑐᑎᑕ ᐃᓂᐅᔭᔪ. ᒥᔭ ᓯᑦᒃᑕ ᐅᖏᑐᓇᖅᓴᐸ ᖃᒃᓇᐃᓕᓴᖏᓕᖓᑎᒍᑦ ᑕᒃᑯᐊ ᐃᓂᓄᒃᑕᐅᓇᓯᓂᑎᒍᑦ? ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓯᐳᐅᑦᖅ.

Chairperson: Thank you, Mr. Joanasie. Ms. Stockley.

ᐃᒃᓯᐳᐅᑦᖅ (ᑐᐃᓕᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᒥᔭᑕ ᔪᐊᓇᓗ. ᒥᔭ ᓯᑦᒃᑕ.

Ms. Stockley: Thank you, Madam Chairperson. I will have to get back to the Member on that. I'm not sure of the status of the recruitment on one of those positions right now. Sorry. Thank you, Madam Chairperson.

ᓯᑦᒃᑕ (ᑐᐃᓕᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓯᐳᐅᑦᖅ. ᐅᑎᖃᐸᒥᐊᖏᑎᖃᐊᖏᑕᕿ ᑲᑎᒪᔨ ᖃᑲᓇᐃᑕᓴᓕᒪᓕᖓᑎᑦ ᐃᓅᓂᐅᑕᐅᓇᓯᓂᑲ ᐃᑕᓴᑦᓇᑦ. ᒪᒥᐊᓇᐅᑦᓴᐊᖏᖅ. ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓯᐳᐅᑦᖅ.

Chairperson: Thank you, Ms. Stockley. Mr. Joanasie.

ᐃᒃᓯᐳᐅᑦᖅ (ᑐᐃᓕᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᒥᔭ ᓯᑦᒃᑕ. ᒥᔭᑕ ᔪᐊᓇᓗ.

Mr. Joanasie: Thank you, Madam Chairperson. I'll look forward to the response. Also with that, these clinical nurse educators, it says in that paragraph

ᔪᐊᓇᓗ (ᑐᐃᓕᑎᒍᑦ): ᖃᓄᖅᓇᒥᒃ, ᐃᒃᓯᐳᐅᑦᖅ. ᑭᐅᔪᑎᖓ ᓂᓚᐅᑎᓂᐊᖏᖅᐸᑦ ᐊᓴᒪᓗᑦᑕᐅᖅ ᑕᒃᑯᐊ ᐃᓅᓕᓴᖅᑕᐅᔪᓇᓂ ᐊᐧᖅᓂᐊᓯᐅᖅᑎᓂ ᐃᓕᓐᓂᐊᖏᑦᑎᓂᔪᐸᑦ

that they “help manage and coordinate the delivery of orientation and training to nurses…” The audit found that there is no systematic tracking of that orientation and training.	ᑲᒪᖏᑲᑕᐅᖏᑲᑕᖏᒪᒐᑕᒧᖅ ᑐᑭᒧᐊᒃᑎᕆᑎᖏᑲᑕᐅᑦᓗᑎᑲᑕᐅᖏᖅ ᓄᓇᓕᓐᓄᐊᕆᒡᓕᖅᑐᑦ ᐃᓕᓴᐅᐊᑎᑕᐅᑎᑕᐅᓂᖏᓐᓄᑦ ᐊᐟᓴᐅᓂᐅᖏᖅᑎᑦ. ᑕᐃᒪ ᖏᑲᐅᔪᖏᑎᕆᐊᖏᖅ ᑕᐃᒃᑯᐊᒍᒧᖅ ᓇᐅᑦᑎᖏᓂᐅᖏᖅᑕᐅᓴᐊᑎᖅᓴᓄᓇᓕᓐᓄᑦ ᓄᓚᐅᑦ <<ᕆᑎᖏᑦᑕᖅᓴᒪᒪᒡᓕᑕ.
If I may, if it makes sense, I would like to make my own recommendation that, perhaps, these clinical nurse educators can have that systematic tracking in place and report it to their superiors and maybe they can build off of that. Maybe this is something that the department has already looked into. If Ms. Stockley can comment on that. Thank you, Madam Chairperson.	ᑕᐃᒪᓕᒡ ᐊᑐᓕᕐᑯᔭᖅᓱᒪᓕᕐᖅᓱᒐ ᓇᖅᑎᓂᖅ ᑕᒃᑯᐊ ᐃᓕᓴᐅᐊᖏᑎᑎᐅᔭᖏᑲᑕᖏᑐᑦ ᑕᐃᒪᖅᓇ ᑎᑎᕆᖏᓕᒃᑲᓕᖅᑲᑕᐅᓇᖅᓴᓇ ᐅᓂᒃᑲᐅᓕᐊᕆᓇᖅᓴᓇ ᐊᖅᓱᒪᓕᖏᑲᑎᖅᑐᓂ. ᑕᔪᓕᖅᓴᖅᑲᐃ ᐱᑎᐊᕐᕕᖏᓕᕐᓇᖅᓴᑕ ᑕᐃᒪᖅᓇ ᑕᑯᐅᒃᑕᐃᓇᖅᑲᑕᐅᓇᖅᓴᑕ ᑲᑎᒪᔨᖏᑲᒥᖅᓂ. ᑕᔪᓕᖅᓴᖅᐃ ᐊᐟᓂᐊᖏᑲᖅᓇᖅᑎᑦᑐᓕᑕᐊᓂᒃᑯᐊᓂ ᑕᑯᐅᒃᑕᐅᔨᓇᖏᓕᖅᓴᖅᑕᕐᓂᖅ? ᑎᑦ ᓯᑕᒃᑕᐅᐸ ᐅᖏᑲᕕᑎᐊᖅᓇᖅᓴᐅ. ᖏᑯᖅᓇᒥᒃ, ᐃᒃᓯᐊᐅᑕᖅ.
Chairperson: Thank you, Mr. Joanasie. Ms. Stockley.	**ᐃᒃᓯᐊᐅᑕᖅ** (ᑐᐃᔨᑎᒍᑦ): ᖏᑯᖅᓇᒥᒃ, ᑎᑦᑕ ᔪᐊᓇᓯ. ᑎᑦ ᓯᑕᒃᑕᓗ.
Ms. Stockley: Thank you, Madam Chairperson. Yes, that is something that the department will track as we roll out our orientation and training. Thank you, Madam Chairperson.	**ᓯᑕᒃᑕ** (ᑐᐃᔨᑎᒍᑦ): ᖏᑯᖅᓇᒥᒃ, ᐃᒃᓯᐊᐅᑕᖅ. ᐃ, ᑕᒪᖅᓇ ᐱᑕᓚᖕᕕᒃᑎᖅᓂᒃᑕ ᓇᐅᑦᑎᖏᓯᓯᖏᑲᑕᐅᐅᑦᑕᓕᐊᑕᖏᑐᖏᑕᖏᑐᑦ ᒪᑐᒍᓐᓇ ᐃᑕᓚᖅᓂᒃᑕ ᑎᑎᕆᓂᑎᓂᖏᓐᓄᑦ. ᖏᑯᖅᓇᒥᒃ, ᐃᒃᓯᐊᐅᑕᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Joanasie.	**ᐃᒃᓯᐊᐅᑕᖅ** (ᑐᐃᔨᑎᒍᑦ): ᖏᑯᖅᓇᒥᒃ, ᑎᑦ ᓯᑕᒃᑕ. ᑎᑦᑕ ᔪᐊᓇᓯ.
Mr. Joanasie: Thank you, Madam Chairperson. I’m going to move on to another area, on the X-rays, the 45 percent of which were of poor quality. Is all the equipment up to date? Is the equipment the problem or more of the training aspect? Can the department comment on that? Thank you, Madam Chairperson.	**ᔪᐊᓇᓯ** (ᑐᐃᔨᑎᒍᑦ): ᖏᑯᖅᓇᒥᒃ, ᐃᒃᓯᐊᐅᑕᖅ. ᐊᓯᐊᓇᓄᑦ ᓄᖅᓂᐊᕆᖏᒥᒪᒪ ᑕᐃᒃᑯᐊ ᑎᑎᕆᒪᒪᑦ ᑕᖏᖅᑐᖅᑕᖅᑐᑦ ᑎᒃᓴᓄᑦ. ᓇᓗᓇᐃᖅᓯᔨᓇᖅᐲᑦ ᐃᒪᒪᖅᑲᒃ ᑕᐃᒃᑯᐊ ᓯᓇᒃᑯᑦ ᐊᐟᓂᐊᖏᑕᖅᑲᑕᖅᑐᑦ ᐊᐟᓂᐊᐃᖏᓐᓇ ᐅᑦᓗᒥᓯᐊᑦᑕᐅᓕᖅᑎᓐᓄᑦ, ᓄᑕᐅᔨᔪᒥᒪᖅᓄᑦ, ᐅᕐᓂᓗᓂᐊᓂᒃ ᐊᑲᐅᓂᓕᐅᑎᖅᓄᖅᑎᓐᓄᑦ ᐃᓕᓴᐅᐊᖏᑲᑕᖅᑐᑦ? ᖏᑯᖅᓇᒥᒃ, ᐃᒃᓯᐊᐅᑕᖅ.
Chairperson: Ms. Stockley.	**ᐃᒃᓯᐊᐅᑕᖅ**: ᑎᑦ ᓯᑕᒃᑕ.
Ms. Stockley: Thank you, Madam Chairperson. It’s both. It was partly a little bit the equipment, more the training. This review that was done in 2014-15 was done at Health’s request. It was done by a group of X-ray experts in terms of interpretation and so on of X-rays. We reviewed them to	**ᓯᑕᒃᑕ** (ᑐᐃᔨᑎᒍᑦ): ᖏᑯᖅᓇᒥᒃ, ᐃᒃᓯᐊᐅᑕᖅ. ᐃ, ᑕᒪᒃᑭᒃ. ᑕᐃᒃᑯᐊ ᓯᓇᒃᑯᑦ ᖏᑲᒃ ᐊᐅᑕᐅᑕᖏᑕᑎᓐᓄᑕ ᐃᓕᓴᐅᐊᑭᐸᑎᖅᓂᒃᑕᐅᑦᑕᖅᑐᑦ. 2014-15-ᒥ ᑕᒪᖅᓇ ᑐᒃᓯᒋᓚᒃᑐᓐᒪᑦ ᐃᓕᓴᐅᐊᖏᑲᑎᑎᓚᐅᑲᒃᓯᒪᔪᑦ ᑎᑎᕆᓂᒪᒡᓕᑕ ᑕᖏᖅᑐᑦᐃᐃᓂᖅᑎᑦ.

see where our problems were and what needed to be done to mitigate the issues with the poor quality. We also reviewed to make sure that nobody had come to any harm because of the poor quality. We're happy to say that our review indicated that nobody had come to any harm.	ᐊᑲᐅᓐᖏᑕᐅᑭᑎᖅᑲᖅᑕᒋᓕᐅᖅᓯᒪᓚᑦ ᖃᖅᓄᐃᑕᐅᓗᐊᖅᑲᖓᓴᖏᑦᓗ ᑕᐃᖅᑯᐊ ᐱᐅᓐᖏᓗᐊᖅᑐᐊᔭᖅᑕᒋᓕᐅᖅᓚᑕ ᐊᐳᕐᑕᐊᓗᓴᐅᔨᓚᐊᑦ. ᐱᐅᓐᖏᓗᐊᖅᓂᖏᓐᓄᑦ ᐱᔨᔪᑎᑦᓗᑦ ᐃᑕᓐᓂᐊᖅᓯᒪᔪᖅᑕᓕᒃ ᖃᖅᓄᐃᑕᐅᑭᖅᑕᒋᓕᐅᖅᓯᒪᔪᖅᑐᓂᓗ.
Given that we learned this in 2014-15 that was the impetus behind our business case, looking for orientation and training dollars that we came forward in 2015-16. As I said, Members supported orientation and training funds for the department in the amount of around $1.6 million because we felt the biggest issue identified in our review of the X-rays was the training.	2014-15-ᒥ ᑕᐃᒪᓐᓇ ᐃᑕᓐᓂᐊᖅᑎᑦᑎᔪᒪᑕᓕᐅᖅᓯᒪᔪᔪᑦ ᐊᓚᒪᓗ ᑭᓇᐅᔨᓂᒃ ᑐᖅᓯᕐᓕᐅᖅᓯᒪᔪᓗᑎᓗ 2015-16 ᐊᖏᕐᕕᐊᓂ ᐊᖓᑎᖅᑕᐅᓕᐅᖅᓯᒪᔪᓗᑎᓗ $1.6 ᒥᑕᐊᓐᓂᒃ ᐃᑕᓴᓐᓄᑦ. ᑕᒪᓐᓇ ᖃᑭᒥᖏᓐᓇᖅᑐᒃᑯᑎᑎᓂᒃ ᑐᑭᓯᔨᒥᑌᑦᑕ ᑕᐃᖅᑯᐊ ᐊᔾᔨᑕᐅᓚᔨᐅᓗᑕᐊᑦ ᐊᔪᓗᐊᖏᓐᓂᖅᓄᑦ ᐃᑕᓐᓂᐊᖅᑎᑦᑎᔪᒪᑕᓕᐅᖅᓯᒪᔪᔪᑦ.
To answer the question about the equipment, digital X-ray machines are still in the process of being put out - "put out" is the only word I can think of right now - throughout the territory. Once that is done, it will require a different set of training for the X-ray takers because they will be moving from films, hard plates, and things like that to more of a computer-based type of training. We have to make sure and we have made sure that the training that is offered will be current and kept up to date, depending on what the equipment is that's in the health centre where the person is being trained. Thank you, Madam Chairperson.	ᑭᐅᓗᔪ ᐊᐱᖅᑯᑎᐅᔪᖅ, ᐊᓐᓇ ᑕᐃᖅᑯᐊ ᐊᔾᔨᑕᐅᑭᑎᒃ ᓄᓇᕗᑦᑕᒻᒪᑦ ᐃᑕᐅᖅᑲᖅᑕᐅᓂᐊᖅᑐᑦ ᐊᓚᒪᓗ ᐃᑕᓐᓂᐊᖅᑎᑦᑎᐸᓚᐊᖅᑲᖓᓂᐊᖅᓇᓂ ᐊᔾᔨᑕᐅᓚᔨᐅᖅᑲᖓᓂᐊᖅᑐᓄᖅ. ᐊᓐᓇᐃᖅᑯᐊ ᐊᔾᔨᑕᐅᑭᑎᑭᓇᓂᖅ ᐊᑐᖅᑕᒋᓕᐅᖅᓯᒪᓚᑐᐊᖏᓕ ᐊᓐᓇ ᖃᖅᑲᐅᖅᑯᓂᖅᑎᑦᑎᓕᒫᓂᖏᓐᓄᑦ ᐃᑕᓐᓂᐊᖅᑎᑦᑎᐸᓚᐊᖅᑲᖓᓂᐊᖅᓯᒪᔪᖏᑦ ᐃᑕᓐᓂᐊᖅᑎᑦᑎᐸᓚᐊᖅᑲᖓᓂᐊᖅᓯᒪᔪᔪᑦ.
Chairperson: Thank you, Ms. Stockley. Mr. Joanasie.	**ᐃᖅᓯᖅᐅᒃᑯᓐᓂᖅ** (ᑐᓴᔨᑎᒍᑦ): ᖃᐅᔨᓐᓇᒪᓕᖅ, ᒥᔅ ᓯᒃᑲᓕ. ᒥᔅᑕ ᔫᐊᓇᓯ.
Mr. Joanasie: Thank you, Madam Chairperson. Thank you for that response. When you said that no one that had their X-ray taken… . I forget the term she used, but they weren't harmed. I just wanted to make sure that someone that maybe had a broken rib or a fractured rib or whatnot, out of those 711 X-rays taken, you guys	**ᔫᐊᓇᓯ** (ᑐᓴᔨᑎᒍᑦ): ᖃᐅᔨᓐᓇᒪᓕᖅ, ᐃᖅᓯᖅᐅᒃᑯᓐᓂᖅ. ᖃᐅᔨᓐᓇᒪᓕᖅᑲᑎᑕ ᑭᐅᔭᓚᖅ. ᑕᐃᖅᑯᐊ ᐊᔾᔨᑕᐅᖅᑕᐅᔪᑕ ᐊᐧᓐᓂᑕᐅᓐᖏᓚᒪᓕᑕ. ᑐᓴᕐᑎᐊᖅᑲᐅᖅᓯᒪᓚᐊᖅᑲᖓᓂᖅᓴᖓᓴᕆᐃᑦ? ᐃᓚᒪᖅᑲ ᑐᑕᒧᐊᓂ ᓯᖅᑯᒥᓯᒪᓐᓂᖅᐸᑦ, ᖅᑲᓐᖅ
	ᐊᔾᔨᑕᐅᖅᑕᐅᑦᑎᐊᖅᓯᒪᓂᖏᓐᓇᑲᐊᖅᑎᓂᖅᓄᑦ

didn’t have to redo any X-rays and found that there’s something wrong that you found out later on. I’m just trying to make that clear. Thank you, Madam Chairperson.	ᐅᑎᖅᑎᑕᐅᔪᖅᑕᖃᖃᑦᑕᖅᓯᒪᕚ ᐊᒻᒪᓘᓐᓃᑦ ᐊᔾᔨᓕᐅᕆᒃᑲᓐᓂᕆᐊᖃᓕᖅᑐᕕᓂᐅᓂᖅᐱᓯ? ᑐᑭᓯᓇᖅᓯᑎᒋᐊᒃᑲᓐᓂᕈᒪᑐᐃᓐᓇᖅᑯᒍ. ᑕᐃᓐᓇ ᐊᔾᔨᓕᐅᑦᑎᐊᓐᖏᓗᐊᕐᓂᖓᓄᑦ ᐋᓐᓂᖅᑐᖃᓚᐅᖅᐹ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Joanasie. Ms. Stockley.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᔫᐊᓇᓯ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. We went through a whole quality review on that and made sure there were some cases that additional X-rays were necessary. When we talk about no harm had come, it was just to make sure that diagnoses were not made in error to have long-term health effects. That’s what we’re referring to.	ᓯᑖᒃᓕ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐋ, ᑕᒪᓐᓇ ᖃᒥᕐᕈᓇᑦᑎᐊᓚᐅᖅᓯᒪᔭᕗᑦ. ᐋ, ᐃᓚᖏᑦ ᐊᔾᔨᓕᐅᖅᑕᐅᒃᑲᓐᓂᕆᐊᖃᖃᑦᑕᓚᐅᖅᑐᑦ. ᐋᓐᓂᖅᑐᖃᓚᐅᓐᖏᑦᑑᓚᖅᑲᐅᔪᖓ, ᓱᕐᓗ ᐊᔾᔨᓕᐅᖅᓯᒪᑦᑎᐊᓐᖏᓗᐊᕐᓂᖓᓄᑦ ᑕᐃᒫᑦᑎᐊᖑᓐᖏᑦᑐᖅ ᐋᓐᓂᐊᖓ ᓯᕐᑯᒥᓯᒪᓂᖓᓘᓐᓃᑦ ᑕᒻᒪᖅᑕᐅᓪᓗᓂ ᐃᓱᒪᓕᐅᕈᑕᐅᔪᖅ. ᑕᐃᒪᓐᓇ ᑐᑭᖃᖅᑎᕐᓗᒍ ᑕᐃᒪᐃᓕᖅᑲᐅᔪᖓ ᐋᓐᓂᖅᑐᖃᓚᐅᓐᖏᑦᑐᕈᖅ.
Madam Chairperson, if I may, I do have the information on the clinical educators now if you permit me to go ahead. Okay. With regard to the clinical educators, we have one position here in Iqaluit that is currently filled. We have one new hire pending in the Baffin area in Pangnirtung, one casual contract coming up to do orientation, and we have one person acting as director that’s providing some coverage in the region. We’re in the process of reposting any that would need to be reposted. Thank you, Madam Chairperson.	ᐃᒃᓯᕙᐅᑖᖅ, ᐊᔪᖅᑎᓐᖏᒃᑯᕕᖓ, ᑐᓴᒃᓴᖃᖅᑐᖓ ᐋᓂᐊᖅᑐᓕᕆᓂᕐᒥᒃ ᐃᓕᓴᐃᖃᑦᑕᖅᑐᓂᑦ. ᐊᒻᒪᓗ ᐃᓕᓐᓂᐊᖅᑎᒋᖃᑦᑕᖅᑕᕗᑦ ᐊᑕᐅᓯᕐᒥᒃ ᐃᓕᓴᐃᔾᖃᖅᑐᒍᑦ, ᐊᑕᐅᓯᕐᓗ ᑖᓐᓇ ᐃᓅᒃᑕᐅᓯᒪᓪᓗᓂ ᖃᖃᖅᑖᓗᖕᒥ. ᐊᒻᒪᓗ ᑳᓐᑐᕌᒃᑕᐅᓯᒪᔪᖅᑕᖃᕐᓂᐊᕐᒥᔪᖅ ᐊᑕᐅᓯᕐᒥᒃ ᐊᒻᒪᓗ ᐊᖓᔪᖅᑳᖃᖅᓗᑎᒃ. ᒫᓐᓇ ᑕᐃᓐᓇ ᑕᖅᑲᐅᓐᖓᖅᑕᐅᒃᑲᓐᓂᐊᓕᒃ ᐃᓅᓂᕋᒃᑲᓐᓂᕐᓗᑎᒃᑯᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. The next person on the list is Mr. Keyootak.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᓕ. ᑭᖑᓪᓕᖅ ᐊᑎᕐᑯᑎᑦᑎᓐᓃᑦᑐᖅ ᒥᔅᑕ ᕿᔫᒃᑖᖅ.
Mr. Keyootak (interpretation): Thank you, Madam Chairperson. Some of the questions I was going to ask have already been posed by my colleagues, so I’ll ask a short question because I don’t want to go back to the same ones. However, I would like to go back to the community tours that were done during the audit.	ᕿᔫᒃᑖᖅ: ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐊᐱᖅᑯᓯᓇᓂᐊᖅᑲᐅᔭᒃᑲ ᐃᓚᖏᑦ ᒪᓕᒐᓕᐅᖅᑎᐅᖃᑎᖓᓄᑦ ᐊᐱᖅᔫᑕᐅᕋᔭᓅᕋᑖᕐᖓᑕ, ᓇᐃᑦᑐᑯᓗᒻᒥᒃ ᐊᐱᓕᓂᐊᖅᑐᖓ ᑖᒃᑯᐊᓴᐃᓐᓇᐃᑦ ᐅᑎᖅᑕᑐᐃᓐᓇᕈᒪᖏᓐᓇᒪ. ᑭᓯᐊᓂ ᐅᒦᖓ ᐅᑎᕐᐊᑲᐃᓐᓈᕐᔫᓐᓇᕈᒪ ᑕᒪᓐᓇ ᐳᓚᕋᕐᓂᐅᓚᐅᖅᑐᖅ ᐱᔾᔪᑎᒋᓪᓗᒍ.

You indicated which communities you visited and I had thought that you had gone to visit the smaller communities. I would like to suggest that the smaller communities be visited at the next round. If you're going to be visiting the other health centres or doing an audit, you should look at the smaller communities. They don't have daily flights, but we do need to include those smaller communities. Health care is required in any community, whether they have a small or large population.	ᐅᖃᐅᓯᐅᖅᑲᐅᒻᒪᑦ ᐃᒃᑯᐊ ᓄᓇᓖᑦ ᐳᓚᖅᑕᐅᔪᒥᓃᑦ ᓄᓇᓕᓐᓂᑦᑕᐅᖅ ᒥᑭᓂᖅᓴᓂᒃ ᑐᓴᕐᓂᐊᖅᑐᕆᖅᑲᐅᒐᓗᐊᕋᒪ. ᑭᖑᓪᓕᕐᒥᒃ ᐳᓚᖅᑕᐅᔪᖅᑳᓕᕐᒥᑉᐸᑦ ᑕᒪᒃᑯᐊ ᐃᓱᒪᒋᔭᐊᒃᑲᓐᓂᓖᖁᔭᕋᓗᐊᒃᑲ ᓄᓇᓖᑦ ᒥᑭᓂᖅᓴᐅᔪᑦ, ᓲᕐᓗ ᐃᓛᑎᒍᑦ ᑭᒡᒐᖅᑐᐃᒐᑦᑕ ᓄᓇᓕᓐᓂ ᒥᑭᓐᓂᖅᓴᒻᒪᕆᑯᓗᓐᓂᒃ. ᑖᒃᑯᐊ ᐳᓚᕋᓛᖅᑲᑕ ᐃᓱᒪᔅᓯᐅᕈᑕᐅᒃᑲᓐᓂᓖᖁᔭᕋᓗᐊᕋ ᑕᒪᓐᓇ ᐳᓚᖅᓂᑦᑕᖅᑲᒃᑲᓐᓂᕈᒫᖅᑲᑦ ᑕᒪᒃᑯᐊ ᓄᓇᓖᑦ ᒥᑭᓂᖅᓴᒃᑲᓐᓂᐅᔪᑦ. ᖃᐅᑕᒫᑦᑕ ᖃᖓᑕᓲᖃᖃᑦᑕᕋᑎᑦᓘᒻᒪᑕ ᑕᒪᒃᑯᐊ ᐅᐸᑦᑕᐅᖃᑕᐅᖃᑦᑕᕆᐊᖃᕋᓗᐊᕐᖓᑕ ᓄᓇᓕᕋᓛᖑᓂᖅᓴᐃᑦ. ᑕᒪᓐᓇ ᐋᓐᓂᐊᓂᖅ ᐃᓄᒋᐊᒃᑐᖅᓯᐅᑎᑐᐃᓐᓇᐅᓐᖏᒻᒪᑦ, ᑭᒃᑯᑐᐃᓐᓇᑦᑎᐊᓄᑦ ᐃᓅᓴᒃᑲᓗᐊᖅᑲᑕ ᐋᓐᓂᐊᖅᑲᕈᓐᓇᖅᑐᖅ ᑭᓇᑐᐃᓐᓇᖅ ᓇᒥᑐᐃᓐᓈᕈᓐᓇᕐᖓᑦ ᐃᓄᑭᑦᑐᓃᒃᑲᓗᐊᕈᓂ.
I would like to make this suggestion, Madam Chairperson, if I may. We heard that training is provided at the community level and that includes the nurses. In my community, which is the same as another community, there was a problem in Qikiqtarjuaq and at that time I wanted the department to make sure that there's proper training provided to the staff. My suggestion is that the next round should include the smaller communities. Thank you, Madam Chairperson.	ᐱᔾᔪᑎᒋᓪᓗᒍ ᐅᓇ ᐅᖃᐅᓯᕆᒃᑲᓐᓂᕈᒪᓪᓗᒍ, ᐃᒃᓯᕙᐅᑖᖅ, ᓇᓗᓇᐃᖅᓯᔪᓐᓇᕈᒪ ᑕᒪᒃᑯᐊᒎᖅ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᖃᑦᑕᕐᖓᑕ ᓄᓇᓕᓐᓂ ᐃᖅᑲᓇᐃᔮᖅᑕᖅᓯᒪᔪᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᓄᓇᓕᓐᓃᑦᑐᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᓯᒪᑦᑎᐊᖃᑦᑕᕐᖓᑕ. ᑕᐃᒪ ᑭᒡᒐᖅᑕᓐᓂ ᑖᓐᓇ ᐊᔾᔨᐅᔪᓇᑐᐃᓐᓇᖅᑕᕋ ᓄᓇᒋᔭᕋ. ᐊᑲᐅᙱᓕᐅᕈᑎᑕᖃᓚᐅᖅᓯᒪᒻᒪᑦ ᖃᐅᔨᒪᔭᐃᓐᓇᕆᔭᔅᓯ ᐅᑭᐅᖑᔪᖅ ᑕᕝᕙᓂ ᓄᓇᒋᔭᓐᓂ ᑕᒪᒃᑯᐊ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ ᐃᓕᓐᓂᐊᑦᑎᐊᖅᓯᒪᖃᑦᑕᕋᓗᐊᕐᒪᖔᑕ ᖃᐅᔨᓴᖅᑕᐅᒃᑲᓐᓂᖃᑦᑕᕆᐊᖃᖅᑰᕐᒪᑕ. ᑖᔅᓱᒥᖓ ᓯᕗᓪᓕᕐᒥᒃ ᐅᖃᐅᓯᖅᑲᑐᐃᓐᓇᑲᐃᓐᓇᖅᑲᑐᖓ ᑕᒪᒃᑯᐊ ᐃᓱᒪᒋᔭᐅᒋᐊᒃᑲᓐᓂᓕᕋᓗᐊᕐᒪᖔᑕ ᐳᓚᕋᑦᑐᖅᑲᒃᑲᓐᓂᓕᖅᑲᑦ ᓄᓇᓖᑦ ᒥᑭᓐᓂᖅᓴᒃᑲᓐᓂᐅᔪᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Keyootak. Mr. Ferguson, would you like to offer any comments on what he just said? Thank you.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕿᔪᒃᑖᖅ. ᒥᔅᑕ ᕘᒐᓴᓐ, ᑕᒪᓐᓇ ᐅᖃᐅᓯᕆᕋᑖᖅᑕᖓ ᓂᓪᓕᖅᕕᒋᒍᒪᕕᐅᒃ? ᖁᔭᓐᓇᒦᒃ.
Mr. Ferguson: Thank you, Madam Chairperson. Certainly, if we do a follow-up on this audit somewhere in the future, we don't necessarily have to select the same communities. We could select different communities and put some additional focus, perhaps, on some of the smaller ones.	**ᕘᒐᓴᓐ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐄ, ᖃᐅᔨᓴᐃᒃᑲᓐᓂᕐᓂᐊᕈᑦᑕ ᓯᕗᓂᒃᓴᑦᑎᓐᓂ ᑖᒃᑯᓂᖓᓗᔅᓴᐃᓐᓇᖅ ᓄᓇᓕᖕᓂᒃ ᓂᕈᐊᔾᔮᙱᓐᓇᑦᑕ. ᐊᓯᖏᓐᓂᒃ ᐅᐸᓚᐅᙱᑦᑕᑦᑎᓐᓂᒃ ᓇᓗᓇᐃᖅᓯᔪᓐᓇᖅᑐᒍᑦ ᑕᐃᒃᑯᐊᓗ ᒥᑭᔫᑕᐅᓂᖅᓴᐃᑦ ᓄᓇᓖᑦ ᖃᓄᐃᓕᖓᒻᒪᖔᑦ ᑐᑭᓯᕝᕕᒋᒃᑲᓐᓂᕋᓱᓪᓗᒋᑦ.
I'll just ask Madam Cotnoir to add some details on that, perhaps, Madam Chairperson. Thank you, Madam Chairperson.	ᐃᒻᒪᖄ ᐅᓇ ᒪᑖᒻ ᑲᑦᓄᐊ ᓴᓂᓐᓃᑦᑐᖅ ᐃᓚᒋᐊᒃᑲᓐᓂᖅᓯᔪᓐᓇᖅᑐᖅ, ᐃᒃᓯᕙᐅᑖᖅ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.

Chairperson: Thank you, Mr. Ferguson. Madam Cotnoir.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕘᒐᓴᓐ. ᒪᑖᒻ ᑲᑦᓄᐊ.
Ms. Cotnoir: Thank you. Thank you for your question. I just wanted to precise that amongst the communities that we had visited, there was Hall Beach, but we also had several phone calls and discussed with several nurses in charge that were working in smaller communities. For example, we had good discussions with the nurses in charge in Arctic Bay and Grise Fiord.	**ᑲᑦᓄᐊ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ. ᖁᔭᓐᓇᒦᒃ, ᑖᓐᓇ ᐊᐱᖅᑯᑎᒋᔭᕐᓂᒃ. ᓇᓗᓇᐃᖅᓯᕙᒐᔭᖓ ᑕᐃᒃᑯᐊ ᓄᓇᓖᑦ ᐅᐸᓚᐅᖅᑕᕗᑦ. ᒥᑭᓖᖅ ᓴᓂᕐᔭᒃ, ᑭᓯᐊᓂ ᐋᓐᓂᐊᓯᐅᖅᑏᑦ ᐊᖓᔪᖄᖏᓐᓂᒃ ᓄᓇᓕᕋᓛᖑᓂᖅᓴᓅᑦᑐᑦ ᐊᐱᖅᓱᕐᑲᑦᑕᓚᐅᕐᒥᔪᕗᑦ, ᐃᒃᐱᐊᕐᔪᖕᒥ ᐊᒻᒪᓗ ᐊᐅᔪᐃᑦᑐᕐᒥ.
Also, when we did the analysis of programs that involved, for example, the training provided to caretakers and also programs that were provided to clerk interpreters, all communities were involved. Although we haven't visited all the communities, our observations apply to most communities. Thank you, Madam Chairperson.	ᑖᒃᑯᐊ ᖃᐅᔨᓴᓕᕋᑦᑎᒍᑦ ᐅᖃᐅᓯᓇᔭᐅᖃᑦᑕᓚᐅᖅᑐᑦ ᐃᓕᓐᓂᐊᕐᓂᓕᕆᓂᕐᒧᑦᑐ ᑐᕌᖓᔪᑦ ᑕᒪᒃᑯᐊ ᐅᖃᐅᓯᓇᓕᕋᑦᑎᒍᑦ, ᒪᑯᐊᓗ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᖃᑦᑕᕐᓂᖏᑦ ᑐᓵᔩᑦ ᐃᓘᓐᓇᖏᑦ ᓄᓇᓖᑦ ᐊᐱᖅᓱᕐᑲᑦᑕᓚᐅᖅᑕᕗᑦ. ᑕᐃᒃᑯᐊ ᑐᑭᓯᔭᕗᑦ ᓄᓇᓕᓕᒫᐸᓗᖕᓄᑦ ᑕᒪᕐᒥᒃ ᐊᑐᖅᑕᐅᖃᑦᑕᓚᐅᖅᑐᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Madam Cotnoir. (interpretation) Any more questions? (interpretation ends) Okay. Next person on my list is Mr. Enook.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒪᑖᒻ ᑲᑦᓄᐊ. (ᑐᓵᔨᑎᒎᕈᓐᓃᖅᑐᖅ) ᓱᓖ? (ᑐᓵᔨᑎᒍᑦ) ᐆᑮ. ᑭᖑᓪᓕᖅ ᐊᑎᖁᑎᑦᑎᓃᑦᑐᖅ ᒥᔅᑕ ᐃᓄᒃ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. I also have quite a number of questions on this section. I'll start with paragraph 31 regarding the orientation and training offered to selected health centre personnel. I would first like to ask a question to the Department of Health. You indicated that there's different training available. How do you include Inuit traditional knowledge, or IQ, in those training programs? Thank you, Madam Chairperson.	**ᐃᓄᒃ**: ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᕝᕙᓂᑦᑕᐅᖅ ᐊᐱᖅᑯᑎᒃᓴᖅᑲᐅᕋᒪ. ᐱᒋᐊᕐᓗᖓ 31-ᒥ ᑎᑎᕋᖅᑕᐅᓯᒪᔪᓂ, ᐋᓐᓂᐊᓯᐅᑎᑖᓐᖑᖅᑐᑦ, ᐃᓛᒃ ᐃᖅᑲᓇᐃᔭᖅᑎᓐᖑᖅᑐᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᖃᑦᑕᕐᓂᖏᓐᓂᒃ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ. ᓯᕗᓪᓕᖅᐹᒥᒃ ᐊᐱᕆᔪᒪᓪᓗᖓ ᐅᖃᖅᓯᒪᒐᔅᓯ, ᐃᓕᓐᓂᐊᖅᑎᑕᐅᖃᑦᑕᕐᒪᑕᒎᖅ ᐊᔾᔨᒌᖏᑦᑐᓂᒃ. ᐃᓄᐃᑦ ᖃᐅᔨᒪᓂᖓᑦ ᖃᓄᖅ ᐃᓚᒋᔭᐅᑎᒋᕙ ᐃᓕᓐᓂᐊᖅᑎᑦᑎᓚᖀᖕᒐᔅᓯ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Enook. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᐃᓄᒃ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. Our most recent training that	**ᓯᑖᒃᓕ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑭᖑᓪᓕᖅᐹᒥᒃ ᐃᓕᓐᓂᐊᕐᓂᖅᑕᖅᑲᖅᑎᓪᓗᒍ

we have rolled out or become involved in is the indigenous cultural competence training, which is focused on building cultural competence and indigenous inclusion through an approach based on knowledge, skills, values, and actions. It's from the indigenous reconciliation group and the content was adapted to reflect Nunavut's content in fiscal year 2016-17.	ᓄᓇᒋᖅᑕᐅᓯᒪᔪᓕ ᐃᓕᓴᕆᐊᖅᑎᓪᓗᓂ, ᓇᓗᖅᓯᑎᓴᖅᓯᓚᐅᕆᐊᓕᖅᓗ ᐃᓕᓴᕆᐊᑭᑎᑦᑎᐅᕐᓂᓗᒍ, ᓄᓇᖃᖅᑲᖅᓯᒪᔪᐃᓕᕆᓂᓄᑦ ᑐᖏᖓᓪᓗᑎᓄᖅᑯᐊ ᐃᓕᓴᕆᐊᖅᑎᓯᑎᓚᐅᕙᖅᑐᑦ 2016-17 ᑭᓇᐅᔭᓕᓴᓄᐅᔪᓕᐊᖅᑐᖅ ᐊᖏᖕᒪᔪᕆᓂ.
There are eight Nunavut trainers, two of which are health staff, and I had indicated that we had two training sessions completed in 2016 with over a hundred participants. Training by Nunavut trainers was completed on April 24, 2017 with 15 participants. It's through this training that we are attempting to ensure that there is cultural competence among the staff that are providing services in health. Thank you, Madam Chairperson.	ᑎᓴᒪᒃᑯᖅᑐᑦ ᓄᓇᕗᑦᑕᐅᑦ ᐃᓕᓴᕆᐊᖅᑎᓯᑎᓗᓚᕆᖅᑕᖅᑕᕗᑦ. 2016-ᒥ ᒪᖏᐊᖅᑎ ᐃᓕᓴᕆᐊᖅᑎᓯᑎᓚᐅᕙᖅᓴᓕ 100-ᖏᑎᓄᓂᑦᑐᑦ ᐃᓕᓴᕆᐊᖅᑎᑕᐅᓚᐅᕙᖅᓴᓕᑎᖅ ᐱᓕᕐᓱᖅᑐᓕᓪᓗ ᐃᓪᓕᐊᑦ 24, 2017-ᒥ 15-ᖏᒪᓚᐅᕙᖅᓴᓕᑎᖅ ᐃᓕᓴᕆᐊᖅᑕᐅᔪᓕ. ᐱᖅᑯᓯᑐᖅᐃᑦ ᒥᖅᓵᓄᖕᖏᓕ ᐃᓚᐅᑎᓄᓇᓯᖅᑕᖅᑕᕗᑦ ᐃᓕᓴᕆᐊᓘᓂᒥᖅ ᐊᑐᐃᓄᓇᑭᐅᐃᓕᕐᓂᖏᓚᑕ. ᖃᓄᓄᓇᒥᒃ, ᐃᖅᓯᒪᐅᑦᑕᖅ.	ᐃᖅᓯᒪᐅᑦᑕᖅ (ᑐᐊᔨᑎᑐᒍᑦ): ᖃᓄᓄᓇᒥᒃ, ᒥᔅ ᓯᑦᒃᑕᓗ. ᒥᔅᑕ ᐃᓄᖅ.
Mr. Enook (interpretation): Thank you. For further clarification, do you include the elders when you're providing those training programs? Thank you, Madam Chairperson.	**ᐃᓄᖅ**: ᖃᓄᓄᓇᒥᒃ. ᑐᑭᓯᑎᐊᖅᑲᓄᓂᓗᖏᓚ. ᖃᑲᔨᒪᔪᕐᓴᐊᖅᑐᑦ ᐃᓄᓇᖃᑎᒌᑦᑐ ᐃᓕᓴᕆᐊᖅᑎᓯᑎᓂᐅᑦ ᐃᓗᐊᓂ ᐃᓕᑎᕐᓂᐅᑦ ᐃᓕᑎᔾᔪᑎᑦᑎᓂᖅᑕᖅᑕᓂᖅᓯᑦ? ᖃᓄᓄᓇᒥᒃ, ᐃᖅᓯᒪᐅᑦᑕᖅ.
Chairperson (interpretation): Thank you, Mr. Enook. Ms. Stockley.	**ᐃᖅᓯᒪᐅᑦᑕᖅ**: ᖃᓄᓄᓇᒥᒃ, ᒥᔅᑕ ᐃᓄᖅ. ᒥᔅ ᓯᑦᒃᑕᓗ.
Ms. Stockley: Thank you, Madam Chairperson. There wasn't an elder involved in the training that I attended on April 24 and that was one of the first ones, but that raises a really good point that I will bring back to our trainers for consideration. Thank you, Madam Chairperson.	**ᓯᑦᒃᑕᓗ** (ᑐᐊᔨᑎᑐᒍᑦ): ᖃᓄᓄᓇᒥᒃ, ᐃᖅᓯᒪᐅᑦᑕᖅ. ᐃᓪᓕᓴᕆᒃ ᐃᓕᓚᐅᑎᓯᑎᓚᐅᓪᓚᕆᓯᑐᑦ ᐊᐃᔨᑭ 24-ᖏᑎᓂᓗᒍ. ᑕᐃᓪᓕ ᓯᑲᓕᓂᖅᓴᕐᑎᐊᖏᓚᐅᕙᖅᓯᒪᓂ, ᑭᓯᐊᓂ ᑕᒪᓪᓕ ᑐᓴᕈᒪᓕᖅᑐᖅ ᐃᓯᒪᒃᓴᓯᑎᑎᖏᓚᐅᕙᖅᑕᖅᑕᐅᖅᖃᓄᐊᖅᑕᐅᔪᓗᓗ ᐃᓕᓴᐃᓚᐅᖅᑕᖅᑕᕗᑎᓪᓗᓂ. ᖃᓄᓄᓇᒥᒃ, ᐃᖅᓯᒪᐅᑦᑕᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Enook.	**ᐃᖅᓯᒪᐅᑦᑕᖅ** (ᑐᐊᔨᑎᑐᒍᑦ): ᖃᓄᓄᓇᒥᒃ, ᒥᔅ ᓯᑦᒃᑕᓗ. ᒥᔅᑕ ᐃᓄᖅ.

Mr. Enook (interpretation): Thank you, Madam Chairperson. Again, in paragraph 33, I would like to direct my question to Mr. Ferguson. Your report refers to training for community health and you indicated here that there is inconsistency. Can you elaborate further on exactly what you mean when you indicated "inconsistent basis"? Can we hear an example so that we can get a better idea of what it means exactly? Thank you, Madam Chairperson.	ᐃᓄᒃ: ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐊᒻᒪᓗ ᑖᕝᕙᓂ ᑎᑎᕋᖅᓯᒪᓂᖓᓂ 7733 ᒥᔅᑕ ᕗᒑᓴᓐ ᐃᓚᔅᓯᓐᓄᑦ ᐊᐱᕆᔪᒪᔪᖓ. ᑖᕝᕙᓂ ᐅᖃᖅᓯᒪᒐᔅᓯ ᑖᒃᑯᐊᒎᖅ ᐋᓐᓂᐊᖃᕐᓇᙱᑦᑐᓕᕆᔩᒃᑯᑦ ᐃᓕᓐᓂᐊᖅᑎᑦᑎᖃᑦᑕᕐᒪᑕ ᖃᐅᔨᓵᓪᓚᖅᑎᑦᑎᓇᓱᐊᕐᓂᕐᒥᒡᓗ ᑐᙵᕝᕙᖃᓪᓚᙱᑦᑐᒥᒃ (inconsistent). ᐃᓖᓐᓂᑦ ᑕᐃᒪᐃᓕᐅᖅᐸᓪᓚᑦᑎᕙᒃᑯᑎᒃ, ᐃᓖᓐᓂᑦ ᑕᐃᒪᐃᓕᐅᖃᑦᑕᖅᑰᙱᔅᑯᑎᒃ. ᑖᔅᓯᒥᙵ ᑐᓴᖅᑎᕆᐊᒃᑲᓐᓂᕈᓐᓇᖅᐱᑎᒌᑦ? ᖃᓄᖕᒍᓇ ᑐᑭᖃᖅᑐᖅ? ᑭᓯᒥᒃ ᐅᖃᕋᓱᒃᐱᑦ "inconsistent basis," ᑲᔪᓲᓐᓇᙱᓪᓚᕆᒃᑐᒃᑯᒎᖅ? ᑐᑭᓕᐅᕐᓯᐅᓐᓇᖅᐱᓯ ᑐᑭᓱᒃᑲᓐᓂᕐᓂᐊᕋᑦᑕ ᖃᓄᖅ ᐅᖃᕋᓱᒻᒪᖔᑕ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson (interpretation): Thank you, Mr. Enook. Mr. Ferguson.	ᐃᒃᓯᕙᐅᑕᖅ: ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᐃᓄᒃ. ᒥᔅᑕ ᕗᒑᓴᓐ.
Mr. Ferguson: Thank you, Madam Chairperson. Yes, inconsistency was one of the issues that we raised. I'll just ask Ms. Cotnoir to provide some details if I could, Madam Chairperson.	ᕗᒑᓴᓐ (ᑐᓵᔨᑎᒎᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐊᔾᔨᒌᙱᓐᓂᖏᓐᓄᐊᖅᑐᐊᓘᖅᑲᑦᑕᕐᒪᑕᒎᖅ ᑕᒪᒃᑯᐊ ᐃᓕᓐᓂᐊᕈᓰᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᓄᑦ. ᐅᓇ ᓴᓂᓕᕋ ᐃᓗᓕᑯᓘᔭᙱᓐᓂᒃ ᐅᓂᒃᑳᕐᓂᐊᕐᒪᑦ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Ferguson. Madam Cotnoir.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒎᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕗᒑᓴᓐ. ᒥᔅ ᑲᑦᓄᐊ.
Ms. Cotnoir: One of our observations was the fact that there were no clinical nurse educators in the Kitikmeot region and also the fact that the one that was in the Kivalliq region was also acting in another position. That had an impact on the training provided in that region. We could see in the documents that we received that the training provided in Baffin Island was different than the one provided in the other regions. If the department can fill those positions, it could make a difference in making sure there are more consistencies in the training.	ᑲᑦᓄᐊ (ᑐᓵᔨᑎᒎᑦ): ᖃᐅᔨᓴᐃᑎᓪᓗᑕ ᑐᑭᓯᓚᐅᖅᑐᒍᑦ ᕿᑎᕐᒥᐅᓂ ᐱᑕᖃᓚᐅᙱᒻᒪᑦ ᐃᓕᓐᓂᐊᖁᑎᔅᓴᓂᒃ ᐊᒻᒪ ᑕᒪᓐᓇ ᐃᓕᓐᓂᐊᕐᓂᓕᕆᓂᕐᒥᒃ ᐊᒃᑐᐃᓂᖃᓚᐅᖅᓯᒪᕗᖅ, ᐃᓕᓐᓂᐊᕈᑏᑦ ᒫᓐᓇ ᕿᑭᖅᑖᓗᙵ ᐊᑐᐃᓐᓇᕈᖅᑎᑕᐅᖃᑦᑕᖅᑐᑦ ᐊᔾᔨᒋᓚᐅᙱᑦᑕᙱᑦ ᕿᑎᕐᒥᐅᓂ ᑭᕙᓪᓕᕐᒥᓗ. ᑕᒪᓐᓇ ᐱᔾᔪᑎᒋᓗᒍ ᐃᓕᓐᓂᐊᕈᑎᒃᓴᓂᒃ ᓴᖅᑭᑦᑎᔪᓐᓇᕈᑦᑕ ᕿᑭᖅᑖᓗᙵ, ᑭᕙᓪᓕᕐᒥ, ᕿᑎᕐᒥᐅᓂᓗ ᐊᔾᔨᒌᓂᒃ ᐊᑐᐃᓐᓇᕈᐃᓯᒪᖃᑦᑕᓚᐊᖟᑦ.
The other thing also, as a part of our observations, we have also discussed with the nurse in charge in different health centres, the ones we have visited but also the ones that we contacted by phone. We were also told by other department	ᐊᓯᐊᓗ ᖃᐅᔨᓴᖅᑕᑎᓐᓂ ᐅᖃᖃᑎᒋᓚᐅᖅᐸᕗᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᓄᑦ ᐊᖓᔪᖄᖏᑦ ᐋᓐᓂᐊᕖᑦ ᐃᓚᖏᓐᓂ ᐳᓚᕋᓚᐅᖅᑕᑎᓐᓂ ᐊᒻᒪᓗ ᐅᖄᓚᐅᑎᒃᑯᑦ ᐊᓯᖏᓐᓄᓪᓗ ᐱᓕᕆᕖᒻᒥ ᐱᓕᕆᔨᓄᑦ ᐅᖃᐅᔾᔭᐅᓚᐅᕆᓪᓗᑕ

officials that some of the nurses that were working in the health centres had not received the minimum training that would be required to work in the health centres. The nurse in charge and the ones that were more experienced had to cover or provide more support to these nurses. We also found out that there were no formal learning plans, no formal orientation and training programs, and it could also have an impact on the consistency of the training provided in the different regions. Thank you, Madam Chairperson. **Chairperson**: Thank you, Madam Cotnoir. (interpretation) Who was it again? Oh. Mr. Enook. *>>Laughter* **Mr. Enook** (interpretation): Thank you, Madam Chairperson. Stop forgetting me. Madam Chairperson, let me ask a question about paragraph 36 regarding the X-rays. I'm very concerned about that. Let me ask the Auditor General's staff first. You discovered that pretty much half of the X-rays were not good enough and worrisomely not good enough in the fact that they were such poor quality. Did the Department of Health know that there were that many bad X-rays being taken in Nunavut? Thank you, Madam Chairperson. **Chairperson** (interpretation): Thank you, Mr. Enook. Mr. Ferguson. **Mr. Ferguson**: Thank you, Madam Chairperson. Yes, in fact it was an analysis that was completed by the department that identified this issue, so	ᐃᓕᓐᓂᑦ ᐊᓐᓂᐊᓱᐅᖅᑎᑦ ᐊᓐᓂᐊᕕᓐᓂᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᓱᒪᓕᐅᓐᓂᒪᒪᑕ ᐃᖅᑲᓇᐃᓴᕐᓇᖅᑎᓂᒃᓗᑎᑦ ᐊᓐᓂᐊᕕᓐᓂ. ᐊᓐᓂᐊᓱᐅᖅᑎ ᐊᖏᓚᐅᖅᑲᖅ ᑕᐃᑦᑯᐊᓗ ᐃᖅᑲᓇᐃᓴᑯᑦᓂᖅᓴᐃᑦ ᐃᑲᐅᖅᑲᓂᖅᑕᕆᐊᖅᑕᐅᖅᓴᑦ ᑭᑦᑯᓂᖏ ᐊᓐᓂᐊᓱᐅᖅᑎᓂᒃ. ᖃᑲᐅᔪᓕᐅᖅᑎᓕᒍᑕᐅᖅ ᐃᓕᓐᓂᐊᕕᑎᓂᒃ <ᖃᓇᑕᐅᓱᓕᐊᖅᑕᖅᑲᓂᖏᓕᒫᑦ, ᐊᔪᓚᖅᓱᓴᐅᓂᕆᑕᖅᕿᓂᓗ ᑕᓕᐢᓇᓗ ᐊᑦᑐᐃᓂᖅᑭᐢᓇᖅᑐᖅ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᓂᐅᓕᑐᓂ ᐊᕕᑐᑐᖅᓱᓕᔪᓂ. ᖃᐅᔨᓇᒃᑲᓂ, ᐃᑲᓱᐅᐅᑦᑯᖅ. **ᐃᑲᓱᐅᐅᑦᑯᖅ** (ᑐᐊᔪᓂᑎᒍᑦ): ᖃᐅᔨᓇᒃᑲᓂ, ᒪᑦᑫᓕ ᑲᑦᓄᐊ. (ᑐᐊᔪᓂᑎᒍᓯᑦᑐᖅ) ᕿᓇᐅᖅᑲᐅᔪᖅᓯᐢᓇᓇ? ᒥᔭᑕ ᐃᓄᑲ. *>>ᐃᓪᓕᓪᓚ ᖅᑐᑦ* **ᐃᓄᑲ**: ᖃᐅᔨᓇᒃᑲᓂᖅ,. >ᐃᑎᔪᖅᑕᑕᓯᑦᓚᓐᓪᓗ. ᐃᑲᓱᐅᐅᑦᑯᖅ, ᐊᐱᑦᓚᐅᑦᕆᓚᓪᓗ ᐅᐱᓂ ᑎᑎᕋᖅᓱᒪᔪᓂᑲᑲ 36 ᑭᒃᑯᐊ ᐊᔨᓕᓂᐅᖅᑕᐅᔪᓯᑎᕃᐃᓂᑦ ᐅᑯᐊ ᐊᑲᓱᒪᓚᓕᐊᓕᑲᑲ ᐃᓱᒧᓕᑐᑎᑲᕈᑦ, ᐃᒪᓐᓇᓪᓚᕆᑦᓴᑲ. ᑭᒃᑯᓄᓐᓂ ᑕᓪᒪᖅᓱᒪᔪᖅᓱᐅᖅᑎᑲᑯᑦ ᐱᓕᓚᕐᐃᓐᓇᓐᓄᓄᑦ ᐊᐱᓚᖅᑲᓕᐅᕐᓪᓕᓐᓂ. ᑭᒃᑯᐊ ᖃᐅᔨᓇᒃᑲᓂᖅᑕᐅᕐᓪᓕᓐᓂᖅᑕᐅᖅᑕᖅᑲᓂ ᐊᑎᑦᑎᐊᖏᓐᓄᑦᑐᖅᑲᓂ ᐱᐅᓐᓂᒪᓕᐅᖅᑕᖅᑲᓂ ᐃᓱᒧᓕᓐᓄᓇᖅᑲᓇᖅᓴᑎᓴᓐᓄᑦᑲᑦ ᐊᔨᓕᓂᐅᖅᑕᐅᓱᒪᓕᔪᑎᓂᑦ ᐱᐅᓐᓂᒪᓕᐅᖅᑕᖅᑲᓂ. ᑭᒃᑯᐊ ᐊᓐᓂᐊᖅᑲᓇᐅᖅᑕᑐᓕᑕᓚᓕᒃᑯᑦ ᐱᑕᓚᓕᓐᓂᑦ ᐱᑕᓚᕐᐃᓐᓇᖏᓪᓕᓐᓂ, ᖃᐅᔨᓕᒪᓕᐅᖅᑕᐅᖅᑭᑦ ᑕᐃᒪᓐᓇᐅᓕᒃ ᐱᐅᓐᓂᑎᑎᔪᖅᑕᖅᑲᐅᓂᓐᓄᓂᖅ ᓄᓇᕘᑦ ᐃᓗᐊᓂ ᑕᒪᒃᑯᓄᓐᓂ ᐊᔨᓕᓂᐅᖅᑕᐅᖅᑲᖅᑕᖅᑐᓂᖅ? ᖃᐅᔨᓇᒃᑲᓂ, ᐃᓕᓴᕐᓂᑦ. **ᐃᓕᓴᕐᓂᑦ**: ᖃᐅᔨᓇᒃᑲᓂ, ᒥᔭᑕ ᐃᓄᑲ. ᒥᔭᑕ ᕘᓴᓴᓐ. **ᕘᓴᓴᓐ** (ᑐᐊᔪᓂᑎᒍᑦ): ᖃᐅᔨᓇᒃᑲᓂ, ᐃᓕᓴᕐᓂᑦ. ᑭᓐᓇ ᖃᐅᔨᓴᓴᓂᖅ ᐊᐪᓂᐊᖃᖅᑲᓇᐅᖅᑎᓂᑕᓪᓚᕆᒃᑯᓐᓄᑦ ᖃᐅᔨᓴᕆᓂᖅ ᓇᑐᓇᐃᖅᑕᒥᓂᖅ ᖃᐅᔨᓴᓴᓘᑕ ᓇᒥᓂᖅ,

they were aware of it. I think the percentage of X-ray images that were of poor quality was very concerning when it was 45 percent, but the department did identify it, so that was the good part of it.	ᑕᒪᔅᓱᒥᖔ ᖃᐅᔨᒪᔪᒥᓂᑦ. ᑖᓐᓇ ᖃᔅᓯ ᐳᓴᖕᒍᓂᖏᓂᑰᒃ ᐱᐅᓐᓂᖏᑦᑐᑦ ᐃᓱᒫᓗᓐᓇᓪᓚᑎᓚᐅᖅᑐᖅ, 45 ᐳᓴᒻᒪᑎᐊᓘᓂᕐᒪᑕ. ᑖᒃᑯᓄᖓ ᐋᓐᓂᐊᖃᕐᓇᖕᖏᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ ᓇᒍᓇᐃᖅᑕᐅᓯᒪᔪᖅ ᐱᐅᖕᖏᓗᐊᖅᑐᒥᓂᑦ. ᑖᓐᓇ ᐃᓚᖏᓪᓚᑎᓚᐅᖅᑕᖓ.
However, we were also concerned that the training that they had offered after, at least up until the time that we did the audit, was still not complete enough, so there were still many X-ray takers who had not been trained. The direct answer to your question is yes, the department was aware of the issue. Thank you, Madam Chairperson.	ᐃᓱᒫᓗᓪᓚᑎᓚᐅᕐᒥᔪᒍᑦᑕᐅᖅ ᐱᓕᒻᒪᖅᓴᐃᓃᑦ ᐊᑐᐃᓐᓇᐅᑎᑕᖕᖏᑦ ᑭᖑᓂᐊᒍᑦ ᖃᐅᔨᓴᓕᖅᑐᑎᒃ ᓱᓕ ᐊᒥᒐᕐᓂᕐᒥᔦᑦ. ᐊᓪᓛᑦ ᓱᓕ ᐊᔾᔨᓕᐅᕆᔨᑦᑲᖅᑐᒥᓂᖅ ᐃᖅᑲᓇᐃᔭᖅᑐᓂᒃ ᐱᓕᒻᒪᓴᖅᑎᑕᐅᓯᒪᓐᖏᑦᑐᓂᒃ. ᐊᖏᑦᑎᐊᒻᒪᕆᒍᓐᓇᖅᑐᒍᑦ. ᐄ, ᐋᓐᓂᐊᖃᕐᓇᖕᖏᑦᑐᓕᕆᔨᒃᑯᑦ ᑕᒪᑐᒥᖔ ᖃᐅᔨᒪᓚᐅᖅᑐᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Ferguson. Mr. Enook.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑐ ᕚᒍᓴᓐ. ᒥᔅᑐ ᐃᓄᒃ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. Let me direct my question to Department of Health. Health is very important to our lives and that is what we are talking about today. If X-rays are done not properly, they have the potential of causing great harm. We know these days about our rights and the fact that we're supposed to be taken care of properly. We know that we can take matters to court. With this being such an important issue, did you know about this and, if so, why didn't you take immediate action? Thank you, Madam Chairperson.	**ᐃᓄᒃ**: ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐋᓐᓂᐊᖃᕐᓇᖕᖏᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ ᐊᐱᕆᓚᐅᕐᓚᖓ. ᐋᓐᓂᐊᖃᕐᓇᖕᖏᑦᑐᓕᕆᓂᖅ ᐱᒻᒪᕆᐊᓘᖕᒪᑦ. ᐃᓅᓯᑦᑎᓐᓂ ᐅᖃᐅᓯᖃᕋᑦᑕ. ᑕᒪᒃᑯᐊ ᑕᕐᕋᖅᑐᖅᑕᐅᖃᑦᑕᖅᑐᓪᓗ ᐊᒃᓯᕐᔪᐊᒻᒪᕆᐊᓗᒃ ᑕᒻᒪᐅᑕᐅᔪᓐᓇᕐᒪᑕ. ᐱᐅᓐᓂᖏᑉᐸᑕ ᑕᒻᒪᖅᓯᒪᓐᓂᖅᐸᑕᓘᓐᓃᑦ. ᐅᓪᓗᒥ ᖃᐅᔨᒪᓕᖅᑕ ᐱᔪᓐᓇᐅᑎᑦᑎᓐᓂᓪᓗ ᐸᖅᑭᔭᐅᔭᕆᐊᖃᕐᓂᑦᑎᓐᓂᒃ ᑲᒪᒋᔭᐅᑦᑎᐊᕆᐊᖃᕐᓂᑦᑎᓐᓂᒃ. ᐃᖅᑲᖅᑐᐃᕝᕕᖅᑎᑦᑎᔪᓐᓇᑦᑎᐊᓚᖃᑦᑕ. ᑖᓐᓇ ᐱᒻᒪᕆᐊᓘᑎᓪᓗᒍ, ᖃᐅᔨᒪᓕᖅᑲᒻᒥᓚᐅᖕᖏᓚᓯᐅᒃ ᐊᒻᒪᓗ ᖃᐅᔨᒪᓕᖅᑲᒥᖕᖏᒃᑯᔅᓯᐅᒃ, ᖃᓄᐃᒻᒪᑦ ᐊᐅᓚᔾᔭᑲᐅᑎᒋᓚᐅᖕᖏᓚᓯ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Enook. Ms. Stockley.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑐ ᐃᓄᒃ. ᒥᔅ ᓯᑖᒃᓕ.
Ms. Stockley: Thank you, Madam Chairperson. We didn't know about it for a long time. When we became aware of it, we had a review done almost immediately, as a matter of fact. We had to get to the bottom what the problem was and understand it. Was it an issue with training? Was it an issue of equipment? Was it an issue that equipment wasn't	**ᓯᑖᒃᓕ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᖃᐅᔨᒪᓚᐅᖕᖏᑕᕗᑦ ᐊᑯᓂᐊᓗᒃ. ᖃᐅᔨᒐᑦᑎᒍᓕ ᖁᒥᕐᕈᔭᐅᑎᒋᐊᒃᑲᓐᓂᓕᓚᐅᖅᑕᕗᑦ ᑕᕝᕙᑦᑕᐅᑎᒋᐸᓗᓪᓚᑎᒃ. ᑕᐃᒪᓕ ᖃᐅᔨᑦᑎᐊᕋᓱᒋᐊᖃᓚᐅᕋᑦᑎᒍ ᑭᓱᒥᒃ ᐊᒃᑲᐅᖕᖏᓕᐅᕈᑎᑕᖃᕐᒪᖔᑦ ᑐᑭᓯᒋᐊᖃᓚᐅᖅᑕᕗᑦ. ᐱᓕᒻᒪᒃᓴᐃᓐᓇᖅᑐᑦᑕᖅᐱᑖ, ᓱᓇᒃᑯᑖᕗᑦ ᐱᐅᖕᖏᓗᐊᓚᖅᐸᖄ, ᐅᕝᕙᓘᓐᓃᑦ ᓱᓇᒃᑯᑖᕗᑦ

calibrated properly? That was one piece of the work that we had to do. The other piece of the work we had to do was to determine had anyone come to any harm by that. That was a whole process that we went into, as I described earlier.	ᐊᖅᑭᒋᐊᖅᑕᐅᔭᓗᐊᖅᑲᓕᑦ, ᑕᒪᒃᑯᐊ ᖃᐅᔨᒋᐊᓗᐊᖅᑲᓗᐅᖅᑕᕐᓂ. ᖃᐅᔨᓇᓯᒋᐊᖅᑲᓗᐅᕐᒥᔪᔪᑦ ᐊᐟᓂᖅᑕᐅᓯᒪᔪᖅᑲᓂᕐᑭᒃᑲᐊᖅᓚᖓᖅ ᑕᔪᓯᒧᖓ. ᑕᐃᒫᒃ ᑕᕐᓄ ᖃᐅᔨᒋᐊᖅᑕᒋᓕᓪᓚᖅ>ᔪᑦ, ᐅᓂᒃᑲᓗᖅᑲᐅᔭᕆᐃᓪᓚᒃ.
With regard to acting on the training, we did come forward with a business case at that same time for the next fiscal year. As I indicated, we were successful in getting $1.6 million. We have been able to do some work with that. We have an X-ray training RFP awarded. This contract is set up as a standing offer agreement with a three-year term and includes the option of two additional one year extensions because, as I noted, we're going to be deploying new X-ray technology into the communities. It's going to be very important that everyone is trained and has ongoing training.	ᑕᐃᒪᓕᓂ ᓯᑎᐊᕆᓯᐟᓂᕐᑦ ᐱᓕᒪᖅᓴᐃᑎᕆᑎᑐᓂᓪᓕᓯᓪᓗᑦ ᑐᒃᓯᕆᐅᑎᓕᐅᓕᐅᖅᑯᓯᒪᔪᑦ ᑕᐃᑲᓂ ᓴᖅᑭᔪᒪᓕᓪᓗᑦ ᐊᕆᔭᖅᑕᐅᓕᐅᖅᑯᓯᒪᔪᑦ $6 ᒥᓕᐊᓂᒃ ᐊᖏᑭᖅᑕᐅᓴᒪᓚᔪᔪᑦ. ᑕᐟᓇ ᐱᓕᓚᔭᑎᑎᔪᐟᓇᖅᑯᓯᓕᐅᖅᑯᕐᓂ. ᐊᐢᔨᓕᐅᓚᔭᓴᓴᓂᒃ ᑲᐟᑐᕆᑯᓯᓕᐅᖅᑐᒍᑦ ᐃᓕᓴᑎᑎᔭᓴᓴᓂᒃ ᐱᖏᓯᓄᓕᑦ ᐊᕆᕆᔪᓄᑦ ᐊᒋᓂᐊᕆᑐᓂ, ᐊᕆᕆᔪᐟᓄᓄᒃ ᒪᕆᑭᐟᓄᒃ ᐊᒋᐅᓯᐅᓇᖅᑎᕆᑦᑐᓂ ᐅᐃᔪᓴᐅᖅᑲᐟᓇᓂᕐᓂᖅᑐᐟᓇᓚᑎᓂᒃ. ᓄᑦᓂᓂᒃ ᑕᐃᒪ ᐊᐢᔨᓕᐅᓇᓯᑎᓂᒃ ᓴᖅᑭᑦᓕᐊᓕᓕᕐᑕᑦ ᐱᓕᓪᒪᓴᖅᑕᐅᓯᓚᐅᖅᑲᓇᐃᓕᓕᓂᖅᑐᐃᓕᑦ ᐱᓕᓪᒪᓴᖅᑎᒋᐅᖅᑲᓕᓪᓕᓂᓪᓗ.
That standing offer agreement came into effect on May 1, just a few days ago. The project lead on that important work will be creating a nursing X-ray training steering committee within the next month to help the implementation of the program. The initial work to develop and tailor the program to meet Health's needs will be ongoing throughout the summer of 2017 and training will begin later in the fall. The initial meeting for that is happening on Wednesday morning. I will personally be attending that meeting.	ᒪᐃ 1-ᒥ ᑕᒃᑯᐊ ᐱᑎᐊᓕᐅᖅᑐᑦ. ᑕᕐᓄ ᑲᒪᑎᔭᐅᓂᖅᑐᑦ ᐊᐟᓂᐊᓯᐅᖅᑎᓄᑦ ᐊᐢᔨᓕᐅᓚᖅᑲᑦᑕᓂᓪᒧᑦ ᑲᑎᒪᔨᕆᓀᑦᑕᓂᖅᑐᒃ ᐊᑐᓕᖅᑎᑎᓂᕐᓀᑦᓕᓕᐊᑦᓴᖅᑐᑐᓂᒃ ᓴᖅᑭᑦᓚᐊᓕᓂᕐᓂᒃ ᓕᑎᒥᕐᑭᖅᑕᑦᓂᐊᕐᓇᐊᑐᑦ ᐊᐅᔪᕐᓂᓂ 2017 ᐅᑭᐊᓵᓴᖅ ᐱᓕᒪᓴᓴᐃᑦᓕᓚᑎᓕᓕᐊᑦᓴᑐᓂᒃ. ᑲᑎᒪᒋᐊᕐᓚᓕᖅᑐᐃᓕᑦ ᐱᖏᓂᑎᐅᓕᖅᑯᓯᒪᔪᖅ ᐱᓕᖅᑲᓂᒃ ᐱᓕᒪᓴᓴᐃᑦᓕᓚᑎᓕᓕᐊᑦᓴᑐᓂᒃ. ᐱᓕᒪᓴᓴᐃᑦᓕᓚᑎᓕᓕᐊᑦᓴᑐᓂᒃ. ᑲᑎᒪᒋᐊᕐᓚᓕᖅᑐᐃᓕᑦ ᐱᖏᓂᑎᐅᓕᖅᑯᓯᒪᔪᖅ ᐱᓕᖅᑲᓂᒃ ᐱᓕᒪᓴᓴᐃᑦᓕᓚᑎᓕᓕᐊᑦᓴᑐᓂᒃ.
Two streams, as I mentioned before, for training will be occurring, one for lay staff and one for nursing staff. It's envisioned that the two trainings will occur simultaneously. However, the implementation plan for that has not yet been awarded. The nurse training component will be on a go-forward basis integrated into the new community health	ᒪᓕᐟᓕᓂᖅᑲᖏᓂᓱᒃ ᐱᓕᒪᓴᓴᐃᑦᓕᓚᐃᓚᑦ ᓴᖅᑭᖅᑐᑕᐅᓴᓴᐃᑦᓕᓚᖅᑯᓯᒪᔪᖅᑯᓂᕐᑦ ᐊᐟᓂᐊᓯᐅᖅᑲᓕᓪᓚᕕᐅᖅᑯᓯᐃᓚᖅᑐᐃᓕᑦ ᐃᖅᑲᓚᐅᐃᓴᖅᑐᑎᓪᓚᖅᑯᓯᓚᐅᖅᑐᒍᑦ ᐊᓯᒪᓗ ᐊᑐᓂᖅᑐᑕᐅᓂᖅᓱᓚᓂᑦ <ᓴᓚᐅᑐᓴᓴᖅᖏᓚ ᐱᓴᓱᖅᑕᐅᓯᒪᓕᕐᓂᖅ. ᐊᐟᓂᐊᓯᐅᖅᑲᑦᑕᑦ ᐃᓕᓴᑎᑎᑕᐅᓂᖅᑲᓇᐅᑦ ᐃᓕᓴᐅᑎᑎᑕᐅᔭᓂᐅ ᓄᓇᓕᓕᒫᓂᐅ

nurse orientation program that we're developing. Those are some of the things that we did in the short term, the medium term, and the long term. Thank you, Madam Chairperson.	ᐊᐢᓂᐊᓱᐅᖅᑎᑦ ᐃᓕᓐᓂᐊᕐᕆᑕᐅᑎᐊᓐᖓᔾᔨᕐᓐᓄᑦ ᐃᓕᓕᐅᑎᕐᐅᔭᓄᓂ. ᑕᐢᓇ ᑕᖅᐳ ᐱᑦᑕᐅᑎᑎᓯᓇᖅᓱᒪᓕᕐᓂ ᐊᓐᓇᐢᑭᓂ ᓴᕈᑎᐊᓄᑦ ᓯᕗᓂᑐᖅᑎᐢᓄᓕᓐᓂ. ᖃᐅᓇᓇᑦᑐᖅ, ᐃᖅᓱᖅᑕᕆᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Enook.	**ᐃᖅᓱᖅᑕᕆᖅ** (ᑐᐃᓵᑎᒍᑦ): ᖃᐅᔨᓇᒪᒃᑯ, ᒥᐊ ᓱᑕᒃᓚ. ᒥᔭᑕ ᐃᓄᐅᒃ.
Mr. Enook (interpretation): Thank you, Madam Chairperson. My next question is also for the Department of Health. I'm still referring to paragraph 36. At that time there were still 45 percent of the X-rays that were not good enough that could have caused problems. What about today? What sort of percentages should we look at today? Thank you, Madam Chairperson.	**ᐃᓄᐅᒃ**: ᖃᐅᔨᓇᒪᒃᑯ, ᐃᖅᓱᖅᑕᕆᖅ. ᑕᐃᑯᓴᒃ ᓱᓚ ᐊᐢᓂᐊᖏᖅᓇᖅᕆᑐᓕᓕᓐᓂᐊᓄᓕᓐᓂᑦ ᐊᐱᖅᑯᑎᒃᖁᔭᓂ ᑕᐃᔭᓱᒪᓂᒍᒃ 45 ᓴᓴᐢ ᐊᖏᖅᓴᒐᑦ ᐊᑎᖅᑎᐊᑐᐃᓇᖅᓴᓂᓂ ᐊᔭᓚᐅᖅᑕᑕᐅᓱᒪᓕᕐᓂ ᖃᐅᔨᓴᓴᖅᑕᐅᔭᓕᕐᓂ ᐱᐅᓇᕐᓕᐊᓚᐅᖅᑐᑦ ᐃᓗᐊᖅᕆᓕᐅᑭᐅᑎᖅᑐᑦᓕᓐᓂᓗᓐᓂᒃᑯᓂ. ᐅᑦᓗᒥᑦ ᑕᓐᓇ ᓇᐃᓴᐅᑦ ᐊᓂᒃᑯᓂ? ᖃᐅᔨᓇᒪᒃᑯ, ᐃᖅᓱᖅᑕᕆᖅ.
Chairperson (interpretation): Thank you, Mr. Enook. Ms. Stockley.	**ᐃᖅᓱᖅᑕᕆᖅ**: ᖃᐅᔨᓇᒪᒃᑯ, ᒥᔭᑕ ᐃᓄᐅᒃ. ᒥᐊ ᓱᑕᒃᓚ.
Ms. Stockley: Thank you, Madam Chairperson. We're not getting reports that are concerning like we were getting at that point. This is being monitored by the regions and being monitored by headquarters. We're not hearing about the same kinds of discrepancies and issues with the quality of X-rays.	**ᓱᑕᒃᓚ** (ᑐᐃᓵᑎᒍᑦ): ᖃᐅᔨᓇᒪᒃᑯ, ᐃᖅᓱᖅᑕᕆᖅ. ᐅᑦᓗᒥ ᑕᐃᒪᓕᕆᓇᖅ ᐅᖅᑲᖅᑐᖅᑲᖅᑭᔪᓇᓂᖅᑐᖅ ᐃᓱᒪᓗᓇᖅᓂᕆᐃᓕᐊᖅᑲᖅᑭᔪᓇᓂᖅᑐᖅ ᐊᔭᓕᐅᖅᑕᒥᓂᕆᓂᒃ. ᑕᒪᓇ ᖃᑎᖅᑭᖅᑕᖅᑕᕐᓂ ᓄᓇᕐᓗᒥ ᐱᖓᓱᓂᕐ ᐊᕐᕌᑕᐅᖅᑐᒪᓂᕆᓂᖅᑐᖅ ᖃᑎᖅᑭᕐᓴᐅᖅᑲᖅᑕᖅᑐᖅ ᐊᖏᓪᓗᖅᑲᖅᑎᕐᕌᓇᖅᓴᓂᓗ ᖃᑎᖅᑭᕐᓴᐅᓕᖅᑲᖅᑕᖅᑐᖅ. ᐱᐅᓇᖅᑭᓂᕆᐃᓕᐊᖅᑲᖅᑭᔪᓇᓂᖅᑐᖅ ᐊᔭᓕᐅᖅᑕᒥᓂᕆᓂᒃ.
There has also been some information shared with health centres and with X-ray takers about when X-rays should occur, who they should be done on, and best practices because not all of the X-rays that were taken would be necessary either. That's some of the work that has also been undertaken while we were developing a training program.	ᐊᐢᓂᐊᖏᖅᓴᒐᑦᑕᐅᓕᕐᓗᐃᓕᐊᓂ ᐊᐢᓂᐊᕐᕌᓕᕐᓗᐃᓕᐊᓂ ᖃᐅᔨᓴᒪᑎᑕᐅᖅᑎᑦᑕᕐᓂᖅᑐᑦ ᑭᐅᑯᓇᓂᑦ ᑕᑯᐅᐅᖅᓱᐊᖅᑎᖅᑎᑕᐅᓯᒪᓕᖅᓱᓕᑦ. ᑕᐃᓇᐅᖅᑐᖅ ᐊᔭᓕᐊᓕᒻᒥᓴᓕᐅᑎᖅᑎᑦᓴᓂᐅᑭᐅᖅᑐᖅ ᐊᔭᓕᐅᖅᑕᐃᓐᓇᓕᓗᒪᖅᑎᖅᑎᓴᓂᐅᑭᐅᖅᑐᖅ. ᑕᖃᓄᐅᑕᐅᖅᑐᖅ ᐊᑦᑎᑭᑎᐊᓚᖃᓕᓕᒫᓂ ᐱᓕᕆᔨᒃᑲᓂ.
I hope that answers your question. Thank you, Madam Chairperson.	ᑭᐅᑕᑎᐊᖏᓗᐊᖅᓯᒋᖅᑲᐃ? ᖃᐅᔨᓇᒪᒃᑯ, ᐃᖅᓱᖅᑕᕆᖅ.
Chairperson: Thank you, Ms. Stockley. Mr. Enook.	**ᐃᖅᓱᖅᑕᕆᖅ** (ᑐᐃᓵᑎᒍᑦ): ᖃᐅᔨᓇᒪᒃᑯ, ᒥᐊ ᓱᑕᒃᓚ. ᒥᔭᑕ ᐃᓄᐅᒃ.

Mr. Enook (interpretation): Thank you, Madam Chairperson. It's not really clear in the statistics. You only visited seven communities. Did this 45 percent only come from the seven communities that you visited or does that apply to all of Nunavut? It doesn't really explain that, but thank you for answering the question.	**ᐃᓄᒃ**: ᖃᓄᖅᓭᓐᓂᒃ, ᐃᒃᓱᖏᐅᑦᓴᖅ. ᐅᓭ ᓭᓗᓭᐃᖅᓯᒪᓕᕆᔨᒪᓕᑦ. ᑕᒃᑯᐊ ᓭᐃᓴᐅᑎᑦ ᑕᒃᑯᓄᖅᓴᖅ 7-ᖅᑎᓄᓭᓂᒃ ᐅᐸᒃᑕᐅᓕᐅᖅᑐᐃᓄᖅᓱᒃᓯᓯᓚᖅᓱᓯᓚᖅᓯᓗᓂᒃ ᓄᓭᐃᓕᓕᑦᓱᖅᓱᒃᓯᓯᓚᖅᓱᓯᓚᖅᓯᓗᓂᒃ ᑕᒃᑯᐊ ᓭᐃᓴᐅᑎᑦ. ᑭᓱᐊᓂ ᖃᓄᓄᖅᓭᓐᓂᒃ ᑭᐅᑐᖅ.
I would like to further state with respect to one of your answers that there has been no harm that has come out of this. Thank goodness no harm has come out of this. (interpretation ends) You're very lucky. (interpretation) When we have that big a number, thank goodness there was no harm done when it's such an important piece of technology.	ᑭᓱᐊᓂ ᐅᖃᕆᒪᓕᒍᓐᓇᒃ ᐅᖃᕆᐅᓱᓚᖅᑲᐅᕐᓴᐃᑦ ᑕᐃᖅᓭᓐᓂ ᐃᓕᒍᑦ ᐱᓂᔪᑎᑦᓯᐅᓕᕆᔨᒪᓚᒍᖅ ᑕᒪᖅᓭ ᖃᓄᖅᓴᖅᓯᐅᓕᕆᔨᒪᓚᒍᖅ. (ᑐᓴᓵᑎᒧᑦ) ᐱᓕᕐᕕᒋᓂᐅᕐᔪᓱ. (ᑐᓴᓵᑎᒧᑦᑭᓐᓂᖅᑐᖅ) ᑕᐃᒪᖅᓭ ᓭᐃᓴᐅᑎᑕᖃᐅᖅᑎᓕᓗᒍ ᐱᓂᔪᖅᑐᖅᓯᐅᓕᕆᔨᒪᓚᒍᖅ ᑲᒪᑕᑎᐊᖅᓱᒪᖅᑕᑐᐊᓕᑎᓕᒥᑦ ᑕᒪᖅᑯᓄᖅᓯᖅᑐᖅ ᑕᕐᕋᖅᑐᖅᑕᕐᓂᒧᑦ.
I also have a question on paragraph 37. Given what we just talked about is such an important matter and also the Auditor General is saying that it's extremely worrisome about interpreters, it seems like the Department of Health thinks that it's okay not to train clerk interpreters. That is really scary. It's non-mandatory. They can take the training if they want and if they don't want it, they don't need to take it. They don't have to take the training for interpreting in a health centre.	37 ᐊᐱᖅᑯᑎᒋᔭᒪᖓᕆᔨᕋᓂ. ᑭᓐᓇ ᐱᓕᓪᓚᐊᓕᑎᓕᓪᓗᐃ ᐅᖃᕆᐅᓱᑦᑕᖅᑕᕐᔪᑦ ᐊᓖᒪᑦᑕᐅᖅ ᑕᒃᑯᓄᖅᓴᖅ ᑕᓪᒪᖅᓱᒪᔨᖅᓱᐅᖅᑎᒃᑯᓄᖅᓴᖅᓯᐅᓕᕆᔨᐅᓕᒪᓕᑦ ᐃᓱᒪᓗᓐᓄᓕᓪᓚᒃᑎᑎᓕᓪᓗᓗᓂᑕᐅᖅ ᑐᓴᓵᑦ ᐃᓕᓴᕐᓂᒃᑯᓕᒫᑎᒃ ᓱᖅᑯᑕᐅᖅᑯᑲᓐᓂᖅᓯᓂᐅᓂᖅᓱᑎᓂᒃ. ᑭᓐᓇ ᐊᒃᓱᐊᓗᒃ ᑲᐟᐱᐊᖅᑕᕐᕆᔨᒃ. (ᑐᓴᓵᑎᒧᑦ) ᐱᓵᓚᐊᖅᑯᓂᑕᖅᑐᓂᒃ. (ᑐᓴᓵᑎᒧᑦᑭᓐᓂᖅᑐᖅ) ᑕᐃᒪᐃᓕᒪᓂᒧᑦ ᑕᐃᒪᐃᑦᑐᓐᓇᖅᑐᑦ, ᑕᐃᒪᐃᑦᑐᒪᖓᑯᒃ ᐃᓕᓴᕐᓂᒃᑯᓕᒫᑎᓂᒃ ᓱᓕᓗ ᐃᓕᓴᕐᓂᐊᓚᐅᖓᑦᑐᖅ ᑐᓴᓵᑦᓯᐅᓕᕆᔨᒪᓚᒍᖅ.
I would like to further state that we're talking about our fellow people's lives. Interpreters should be helped in every way possible because we're talking about people's lives. Why did you not consider the fact that they need to be properly trained as important? It even states here that it's not mandatory for them to be trained. We're talking about people's lives and you don't consider that important. Why? Thank you, Madam Chairperson.	ᐅᖃᐅᓴᖅᑐᒪᖓᕆᔨᒪᓕᒍᓐᓇᒃ ᐃᓄᖅᑎᑎᓂᑕ ᐃᓄᖅᓱᖏᓪᓂᒃ ᐅᖃᐅᓱᖏᓪᓗᓂᑕ. ᑕᒃᑯᐊ ᑐᓴᓵᑦ ᖃᓄᐅᑐᐃᓐᓇᓕᒫᑎᐊᖅ ᐃᑲᔪᖅᑕᐅᕆᔨᒪᓂᖅᓱᒪᔨᖅᓱᐅᖅᓯᒪᓕᒃ ᐃᑲᔪᖅᑕᐅᕆᔨᕐᓗᑎᓂᖅᑕᕐᕕᖅᑲᐃᓄᖅᓴᖅᑕᕐᕕᖅ. ᐃᓄᖅ ᐃᓄᖅᓱᖏᓪᓂᒃ ᐅᖃᐅᓱᖏᓪᓗᓂᑕ. ᖃᓄᐃᓕᓴᕐᓂ ᐱᓪᓗᐊᑕᐅᑎᓪᓗᒥᓂᖅᓱᓕᕆᔨᐅᓕᒪᓕᑦ ᐃᓕᓴᕐᓂᐊᓕᕆᔨᖃᓄᖅᓴᖅᓯᒪᓕᒃ ᑐᓴᓵᑦ? ᐅᖃᖅᓯᒪᓕᕐᓂᒃ ᐃᓕᓴᕐᓂᐊᓕᕆᔨᖃᓄᖅᓴᖅᓯᒪᓕᒃᑕᒍᑦ ᓱᖅᑯᑕᐅᓚᖅᑐᖅ ᐃᓕᐃᓕᓴᕐᓂᖅᑲᐃᓐᓇᖅᓯᓚᐅᕐᓂᕐᓂᒃ. ᐃᓄᖅ ᐃᓄᓱᖏᓪᓂᒃ ᐅᖃᐅᓱᖏᓪᓗᓂᑕ ᐱᓪᓗᐊᑕᐅᑎᓪᓗᒥᓂᖅᓱᓕᕆᔨᐅᓕᒪᓕᑦ. ᖃᓄᐃᓕᓴᕐᓂ? ᖃᓄᖅᓴᖅ, ᐃᒃᓱᖏᓪᓗᓂᑕ.	**ᐃᒃᓱᖏᓪᓗᓂᑕ** (ᑐᓴᓵᑎᒧᑦ): ᖃᓄᓄᖅᓭᓐᓂᒃ, ᒥᔪᑕ ᐃᓄᒃ. ᒥᔪ ᓱᑕᒃᓕᓕ ᐅᖃᐅᓱᖏᓪᓗᓂᑕᖅᑯᓄᖅᓴᖅᐅᓱᓚᐅᕐᓂᖅ

courses that they're developing at Nunavut Arctic College, but you might want to elaborate a little bit more about, perhaps, Mr. Enook's concern about clerk interpreters currently in the system. Ms. Stockley.	ᐃᓕᓐᓂᐊᕈᑎᓕᐅᖅᐸᓪᓕᐊᓂᖏᓐᓂᒃ ᓄᓇᕗᑦ ᓯᓚᑦᑐᓴᕐᕕᒻᒥ, ᑭᓯᐊᓂ ᐅᓂᑳᕆᒃᑲᓐᓂᕈᒪᒍᕕᐅᒃ ᒥᔅᑕ ᐃᓅᑉ ᐃᓱᒫᓘᑎᖓ ᑐᓵᔩᑦ ᒥᔅᓵᓄᕐ. ᒥᔅ ᓯᑖᒃᑲ.
Ms. Stockley: Thank you, Madam Chairperson. I hope I didn't give the impression that we don't consider it important because we certainly do. That's why we came forward and asked for monies to have the training developed and to have the training delivered. In order to get our clerk interpreters trained, the Department of Health has to have the money to give to Nunavut Arctic College in order for that training to occur. We got a quarter of what we felt we needed and we're doing the very best we can with that training.	ᓯᑖᒃᑲ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᐱᒻᒪᕆᐅᓐᖏᑦᑐᐊᓘᓂᕋᖅᓗᒍ ᐅᖃᕋᓱᖅᑲᐅᖏᑦᑎᐊᖅᑐᒍᑦ. ᑕᐃᒫᒃ ᑕᕝᕙ ᑮᓇᐅᔭᓂᒃ ᑐᒃᓯᕋᒃᑲᓐᓂᒻᒪᕆᔅᓯᒪᔪᒍᑦ ᐱᓕᒻᒪᒃᓴᐃᖃᑦᑕᕈᓐᓇᖅᓂᐊᕋᑦᑕ. ᑐᓵᔨᕗᑦ ᐱᓕᒻᒪᓴᖅᑕᐅᑎᓐᓂᐊᕈᑦᑎᒍ ᑮᓇᐅᔭᓂᒃ ᑐᓂᓯᕆᐊᖃᓚᐅᖅᑐᒍᑦ ᓄᓇᕗᒻᒥ ᓯᓚᑦᑐᓴᕐᕕᒃᑯᓐᓄᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᖁᑦᓗᑎᒍ. 25 ᐳᓴᓐᑎᖓ ᐱᒍᒪᔭᕗᑦ ᐱᓚᐅᖅᑕᕋᓗᐊᕗᑦ, ᑭᓯᐊᓂᓕ ᐱᔪᓐᓇᖅᓯᒪᔭᕗᑦ ᒪᓕᑦᑐᒍ ᐱᓕᕆᒍᓐᓇᐸᒻᒥᒐᑦᑕ.
It's also a balancing act when you have a need in a community and you have English-speaking clinical staff and you have Inuktitut-speaking residents whom we're trying to serve. It comes down to a choice, unfortunately: do you have a bilingual clerk interpreter available that's not fully trained or do you have nobody there and so there's no opportunity to communicate? It's certainly not ideal to have folks in place that aren't properly trained. The ideal is that all clerk interpreters would get all five levels of training completed. It is very important to the department.	ᓄᓇᓕᓐᓂ ᖃᓪᓗᓈᑎᑐᑦ ᐅᖃᓲᖅᑕᖃᑦᑕᖅᑯᖅ ᐃᖅᑲᓇᐃᔭᖅᑎᓂᒃ ᐋᓐᓂᐊᕕᒻᒥ ᐊᒻᒪᓗ ᐃᓄᑦᑎᑐᑦ ᐅᖃᓲᓂᒃ ᓄᓇᓕᑦᑕᖅᑯᖅ ᐱᔨᑦᑎᕋᕋᓱᑦᑕᖏᓐᓂᒃ. ᑕᐃᒪᓕ ᓇᓛᕌᕆᐊᖃᑲᐃᓐᓇᔫᖑᒐᑦᑕ ᐃᓛᓐᓂᒃᑯᑦ. ᑕᕝᕙ ᒪᖅᑰᓐᓂᒃ ᐅᖃᐅᓯᓛᓐᓂᒃ ᑐᓵᔨᒥᒃ ᐊᑐᐃᓐᓇᖃᖅᑭᔫ ᐱᓕᒻᒪᓴᑦᑎᐊᖅᓯᒪᓐᖏᑦᑐᒥᒃ, ᐅᕝᕙᓘᓐᓃᑦ ᐱᑕᖃᓐᖏᓯᐊᒻᒪᕆᑦᑐᓂ. ᐅᖃᖃᑎᑮᒍᓐᓇᖏᑦᑎᐊᒻᒪᕆᑦᑐᖃᕋᔭᖅᒪᑦ ᐱᑕᖃᓐᖏᓯᐊᒻᒪᕆᓐᓂᖅᐸᑦ. ᑕᐃᒫᒃ ᐱᑕᖃᑦᑕᑐᐊᖅᐸᑦ ᐱᓕᒻᒪᓴᖅᓯᒪᓐᖏᑦᑐᓂᐅᒐᓗᐊᖅ ᓈᒻᒪᔅᓴᕋᓱᐊᕆᐊᖃᖃᑦᑕᖅᓯᒪᔪᒍᑦ. ᐱᒻᒪᕆᐊᓗᑦᑕ ᐋᓐᓂᐊᖃᖅᓇᖏᑦᑐᑕᕆᒃᑯᓐᓄᑦ.
I hope, in the new government, when we come forward with another business case looking for more funding for training dollars and orientation, we will be successful. Thank you, Madam Chairperson.	ᓂᕆᐅᑉᐳᖓ ᓄᑖᒥᒃ ᒐᕙᒪᑖᖅᒥᒍᑦᑕ ᑐᔅᓯᕋᐅᑎᓕᐅᓕᖅᒥᒍᑦᑕ ᑮᓇᐅᔭᖅᓂᐊᑲᓐᓂᖅᓗᑕ ᐱᓕᒻᒪᖅᓴᐃᒃᑲᓐᓂᕈᑎᔅᓴᓂᒃ ᐊᖏᖅᑕᐅᖅᑯᓇᓛᖅᑑᒐᓗᐊᖅ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley.	ᐃᒃᓯᕙᐅᑕᖅ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᑲ.

Mr. Enook.	ᒥᔅᑕ ᐃᓅᒃ.
Mr. Enook (interpretation): Thank you. Perhaps it may not be one of the most important things that are on the health department's list. However, with us just looking at it from the outside, it seems like it's not important at all to the Department of Health. Please know that I don't agree with you. We're dealing with people's lives and people's bodies and if a big mistake is made because of a lack of training or a lack of communication, then it would be really bad. I'm glad that you're trying to access more funding, but you, me, and anybody who can assist must agree that this needs to be placed at a higher level of importance and we need to agree on a way to work on this. That's just a comment. Thank you, Madam Chairperson. That's all for me.	**ᐃᓅᒃ**: ᖁᔭᓈᒦᒃ. ᐃᒻᒪᖄ, ᐃᒃᓯᕙᐅᑖᖅ, ᐱᓕᕆᕝᕕᐅᔪᒧᑦ ᐋᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔾᔫᑎᓄᑦ ᐱᒻᒪᕆᐅᓛᙳᖃᑕᐅᙱᑦᑐᖅ, ᐃᒻᒪᖄ ᐱᒻᒪᕆᐅᓛᙳᖃᑕᐅᔫᖅ. ᑭᓯᐊᓂ ᑕᑯᒃᓴᐅᓂᖓ ᒫᓇᐅᔫᖅ ᐋᖅᑭᒃᓯᒪᓂᖓ ᑕᐅᑦᑐᒍᓗ ᓵᕐᓗ ᓱᕙᓕᑭᐊᕆᔭᐅᓪᓚᕆᖅᑰᔨᙵᑦ. ᐊᒃᓱᐊᓗᒃ ᑖᓐᓇ ᐊᖏᖃᑎᒋᙱᓐᓇᒃᑯ ᖃᐅᔨᒪᓚᐅᕆᑦ. ᐃᓅᑉ ᐃᓅᓯᖓᓂᒃ ᑎᒥᖓᓂᒃ ᐅᖃᐅᓯᖃᑦᑕ. ᑕᒪᖅᑐᖃᖅᐸᑦ ᐱᓪᓚᕆᐊᓗᙵᒃ ᐃᓕᓐᓂᐊᑦᑎᐊᖅᓯᒪᙱᑦᑐᖅ ᐱᓪᓗᒍ ᐅᖃᓘᓐᓃᑦ ᑐᑭᐅᒪᖃᑎᖠᙱᓐᓂᖅ ᐱᓪᓗᒍ, ᐱᐅᙱᓗᐊᖅᑐᐊᓘᕙᔭᕐᒪᑦ. ᖁᕕᐊᓱᒃᑲᓗᐊᖅᑐᖓ ᑮᓇᐅᔭᓂᒎᖅ ᐱᓇᓱᒃᑲᔅᓯ ᑭᓯᐊᓂ ᐊᑕᖏᕐᓗᑕ ᐃᓚᔅᓯᓗ ᐅᖁᒎᓪᓗ ᐱᕕᖃᕈᓐᓇᖅᑐᑎᒍᑦ ᒪᓕᒐᓕᐅᖅᑎᑎᒎᓪᓘᓐᓂᑦ ᐋᖏᖃᑎᒌᒋᐊᖃᖅᑰᖅᑐᒍᑦ, ᑖᓐᓇ ᐱᒻᒪᕆᐅᑎᒃᑲᓐᓂᕆᐊᖃᖅᑕᕗᑦ ᖃᓄᖅ ᐊᔪᐅᖅᑐᒃᑲᓐᓂᖃᑎᒌᒍᓇᕈᑦᑕ ᐱᓕᕆᖃᑎᒌᒋᐊᖃᖅᑰᖅᑐᒍᑦ. ᑖᓐᓇ ᐅᖃᐅᓯᑐᐃᓐᓇᖅ. ᖁᔭᓈᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑕᐃᒫᖅᑐᖓ.
Chairperson: Thank you, Mr. Enook. That was just a comment. Mr. T. Sammurtok, you're next on my list.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓈᒦᒃ, ᒥᔅᑕ ᐃᓅᒃ. ᖁᔭᓈᒦᒃ ᐅᖃᐅᓯᒋᔭᕐᓄᑦ. ᒥᔅᑕ ᑖᒻ ᓴᒻᒨᖅᑐᖅ, ᐃᕝᕕᐅᓕᖅᒥᔪᖅ.
Mr. Tom Sammurtok (interpretation): Thank you, Madam Chairperson. I left the House for a brief period. This may have been asked already and if it has, please let me know.	**ᑖᒻ ᓴᒻᒨᖅᑐᖅ**: ᖁᔭᓈᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᓐᓇ ᐊᓂᓯᒪᖅᑲᐅᒐᒪ ᐅᓇ ᐅᖃᐅᓯᐅᕖᓂᖅᑲᐅᔫᒃᓴᐅᔫᒐᓗᐊᖅ, ᑭᓯᐊᓂ ᐅᖃᐅᓯᐅᕖᓂᖅᑲᐅᓐᓂᖅᐸᑦ ᖃᐅᔨᑎᓐᓂᐊᖅᐸᕐᒪ.
(interpretation ends) In paragraph 40 of the auditor's report, "Tracking of orientation and training," your report addresses the tracking of orientation and training taken by health centre staff and notes that there is no systemic monitoring of licences and certifications requiring renewal after community health nurses are hired. Did your audit reveal any instances where licences or certifications had expired or were no longer valid? Thank you, Madam Chairperson.	(ᑐᓵᔨᑎᒍᑦ) ᑎᑎᕋᖅᓯᒪᔪᓂ 40-ᖓᓂ ᐱᓕᒻᒪᓴᖅᑎᑕᐅᔪᐃᑦ ᖃᐅᔨᒪᔭᐅᕙᓱᖃᑦᑕᕐᓂᙱᓐᓂᒃ ᒪᓕᒃᓱᐊᖅᑕᐅᖃᑦᑕᕐᓂᙱᓐᓂᒃ ᐱᓕᒻᒪᖅᓴᐃᔪᖃᓲᑦᓱᐊᕐᒪᙹᖅ ᐋᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔾᔪᑎᓂ ᐃᖅᑲᓇᐃᖅᑎᙱᓐᓂ. ᐋᖅᑭᒃᓯᒪᔪᖃᙱᓯᐊᕐᒥᒻᒪᒡᔫᖅ ᓚᐃᓴᑖᖃᑦᑕᖅᑐᐃᑦ ᐃᓕᓴᕆᔭᐅᔪᑎᑖᖃᑦᑕᖅᑐᐃᓪᓗ ᓄᑖᖑᑎᕆᐊᖃᓕᖃᐃᒻᒪᑕ, ᖃᙱᓗ ᓄᖑᐅᐃᒻᒪᑕ ᖃᐅᔨᒪᔭᐅᓱᖃᑉᐸᙱᑦᑎᐊᕐᒪᑕᒎᖅ. ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᑎᓯ ᖃᐅᔨᓂᖅᐱᔾ ᐃᖅᑲᓇᐃᔭᖅᑐᓂᒃ ᓚᐃᓴᙱᑦ ᐃᓕᓴᕆᔭᐅᔪᑎᖏᑦ ᓘᙱᓐᓂᑦ ᓄᖑᓯᒪᓕᖅᑐᒥᓃᑦ? ᖁᔭᓈᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. T.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓈᒦᒃ, ᒥᔅᑕ ᑖᒻ

Sammurtok. Mr. Ferguson.	ᓴᒻᒨᖅᑐᖅ. ᒥᔅᑕ ᕗᒑᓴᓐ.
Mr. Ferguson: Thank you, Madam Chairperson. I guess the issue here is that these licences and certifications were not being tracked, so the information really wasn't there for us to know what the status of each of them was. I can't say that we identified any examples of licences or certifications that were expired, but that was more because the information wasn't there for us to know whether they had rather than the other way around.	**ᕗᒑᓴᓐ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᑖᓐᓇᐃᑖᒃ ᓚᐃᓴᐃᑦ ᐊᒻᒪᓗ ᐃᓕᑕᕆᔭᐅᔾᔪᑏᑦ ᖃᐅᔨᒪᔭᐅᒐᓱᐊᖃᑦᑕᕐᓂᓐᖏᑦᑐᑦ ᖃᖓᒃᑯᑦ ᐃᓱᓕᕝᕙᖃᓕᕐᒪᖔᑕ, ᐃᓱᓕᕝᕙᖏᓪᓗ ᑎᑭᑉᐸᓪᓕᐊᓕᕐᒪᖔᑕᓘᓐᓃᑦ. ᑭᐅᑦᑕᐅᑎᕆᔪᓐᓇᖃᑦᑕᓚᐅᓐᖏᑦᑐᐃᑦ ᐅᓇ ᐃᔅᓱᒫ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᑉ ᓚᐅᓴᖓ ᖃᖓ ᐃᓱᓕᓖᖅᑲ ᑕᐃᒫᒃ. ᐆᑦᑑᑎᖃᕈᓐᓇᖏᒃᑲᓗᐊᖅᑐᒍᑦ ᓚᐃᓴᖃᓐᖏᑦᑐᑦᑎᐊᒻᒪᕆᑦᑕᖃᕐᓂᕐᒪᖔᖅ, ᑭᓯᐊᓂ ᖃᐅᔨᒪᔾᔪᑎᔅᓴᖅᑕᖃᓚᐅᓐᖏᑦᑐᖅ ᐊᐱᕆᑐᐃᓐᓇᖅᑐᓂ ᓚᐃᓴᖏᑦ ᐃᓱᓕᒪ ᐃᓱᓕᔾᓯᒪᓕᕐᒪᖔᑕᓘᓐᓃᑦ.
The issue is without having the information about the state of these types of licences and certifications and these are, as we say in paragraph 40, things like certifications that require renewal such as CPR and immunizations. There is a requirement for these things to be up to date and we felt that the department should be tracking them, but there wasn't the information there for us to know what the status was on the licences or the certifications. Thank you, Madam Chairperson.	ᑕᐃᒪᐃᑦᑐᓂᒃ ᐊᑐᐃᓐᓇᖅᑕᖅᑲᖅᑎᓐᓇᒍ ᓚᐃᓴᖏᑦ ᐃᓕᓴᕆᔭᐅᔾᔪᑎᖏᑦ ᐃᓱᓕᕝᕕᔅᓴᖏᑦ ᓴᖅᑭᔮᖅᑎᓐᓇᒋᑦ ᑕᕝᕙᓂ 40-ᒥ ᑎᑎᕋᖅᓯᒪᔪᓂ ᐃᓕᓴᕆᔭᐅᔾᔪᑏᑦ ᐃᑖᒃ ᓄᑖᙳᕆᐊᖅᑕᐅᖏᓐᓇᕆᐊᖃᓘᕐᒍᒪᑕ, ᐆᒪᑎᓂᒃ ᐱᒋᐊᓕᖅᑭᑎᑦᑎᓐᓂᕐᒧᓪᓗ ᐊᒻᒪ ᑲᐱᓯᔨᐅᓂᕐᒧᑦ ᑕᒪᒃᑯᐊ ᓄᑖᙳᕆᐊᖅᑕᐅᖏᓐᓇᖅᑲᑦᑕᕆᐊᖃᕐᔫᖑᒪᑕ. ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔾᔪᑎᓪᓕ ᑎᑎᕋᖅᑎᓯᒪᐃᓐᓇᕆᐊᖃᕋᓱᐊᖅᑐᕆᓚᐅᕋᓱᐊᕋᒃᑭᑦ ᓚᐃᓵᒃᑲᓐᓂᕆᐊᖃᓖᓕᖅᑐᓂᒃ ᑕᐃᒪᐃᓐᓂᖏᒪᑕ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. Ferguson. Mr. T. Sammurtok.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᕗᒑᓴᓐ. ᒥᔅᑕ ᑖᒻ ᓴᒻᒨᖅᑐᖅ.
Mr. Tom Sammurtok (interpretation): Thank you, Madam Chairperson. (interpretation ends) My next question is to the Department of Health. In paragraph 41 of the Auditor General's report it is recommended that the Department of Health put in place systems to track and monitor licensing and certifications as well as the orientation and training taken by health care personnel. Can you tell me what the status is of the department's plan to formalize and implement these systems? Thank you, Madam Chairperson.	**ᑖᒻ ᓴᒻᒨᖅᑐᖅ**: ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. (ᑐᓵᔨᑎᒍᑦ) ᐊᐱᖅᑯᑎᒃᑲᓂᕋ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ. ᑕᕝᕙᓂ ᓈᓴᐅᑎᖓ 41-ᒥ ᑕᒻᒪᖅᓯᒪᔪᖅᓯᐅᖅᑏᑦ ᐅᓂᒃᑳᖏᓐᓂ ᐊᑐᓕᖁᓕᓯᒪᒻᒪᑦ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖏᑦᑐᓕᕆᔨᒃᑯᒎᖅ ᐋᖅᑭᔅᓯᓯᒪᒻᒪᑕ ᐅᔾᔨᖅᓱᖅᓂᖅᒧᑦ ᓇᐅᑦᑎᖅᓱᖅᓂᖅᒧᓪᓗ ᐊᒻᒪ ᑕᒪᑐᒨᖓ ᓚᐃᓴᖅᑲᐊᓕᓐᓄᑦ ᐸᐃᑉᐹᖅᑖᕆᓕᓐᓄᓪᓗ ᐊᒻᒪᓗ ᑎᑭᓕᕌᖅᑐᓄᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᔭᕆᐊᖅᓯᓂᖏᓐᓄᑦ ᐋᓂᐊᕕᒻᒥ ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ. ᐅᖃᐅᑎᔪᓐᓇᖅᐱᑎᒍᑦ ᖃᓄᐃᓕᖓᓕᕐᒪᖔᑕ ᐱᓕᕆᕝᕕᒃ ᐸᕐᓇᐅᑎᖏᑦ ᐸᐃᑉᐹᑎᒍᓪᓗ ᐋᖅᑭᔅᓯᐃᓂᕐᒥᒃ ᑖᒃᑯᐊ ᐊᑐᓕᖅᑎᑕᐅᓂᖏᓐᓄᑦ? ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Mr. T.	**ᐃᒃᓯᕙᐅᑕᖅ** (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᒥᔅᑕ ᑖᒻ

Sammurtok. Ms. Stockley.	ᓴᒻᒧᖅᑐᖅ. ᒥᔅ ᓯᑖᒃᑯ.
Ms. Stockley: Thank you, Madam Chairperson. An RFP is currently being developed for a human resource management system for the Department of Health. We expect this process to be actioned in the fall of 2017 after the completion of that RFP. However, in the interim, because we don't want to wait until the fall of 2017, we have started a manual tracking via spreadsheet and we will transition that data over to the software once we have an RFP, a software vendor, and a tool for tracking.	ᓯᑖᒃᑯ (ᑐᓵᔨᑎᒍᑦ): ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ. ᒫᓐᓇ ᑳᓐᑐᕌᒃᑖᕈᒪᔾᔪᑎᓂ ᓴᖅᑮᔭᖅᑎᑦᑐᒥᑦ ᑕᒪᒃᑯᐊ ᐃᖅᑲᓇᐃᔭᖅᑐᓕᕆᔨᒃᑯᑦ ᐊᐅᓚᑦᑎᓂᖕᖏᓐᓄᐊᖕᖓᔪᒥᒃ ᐋᓐᓂᐊᖅᑲᖅᓇᓐᖕᖏᑦᑐᓕᕆᔨᒃᑯᓐᓄᑦ, ᑭᓯᐊᓂ ᓂᕆᐅᑉᐳᒍᑦ ᑕᒪᓐᓇ ᖅᑲᓄᖅᑑᕈᑕᐅᓖᕆᐊᖕᖓᓂᒃ 2017 ᐅᑭᐊᔅᓵᖕᖓᓂ, ᑕᐃᓐᓇ ᑳᓐᑐᕌᖕᖑᔪᖅ ᐱᔮᕆᖅᑕᐅᑐᐊᖅᐸᑦ. ᑭᓯᐊᓂ ᑕᒪᓐᓇ ᐱᑎᑦᓱᒍ ᐅᑕᖅᑭᔪᒪᓐᖕᖏᓇᑦᑕ ᐅᑭᐊᔅᓵᖕᖑᓇᓱᓐᓂᖕᖓᓄᑦ, ᑐᑭᓕᐊᕆᕗᑦᓕᐊᓯᓕᓚᐅᖅᐳᒍᑦ ᑕᒪᓐᓇᓗ ᓄᑎᖅᓂᐊᖅᓗᑎᒃᑯ ᖅᑲᖅᓴᐅᔭᒃᑯᐃᑎᒎᑦ ᑳᓐᑐᖅᑎᒎᖅᑕᐅᓯᒪᔾᔪᖅ ᐱᔮᕆᖅᓯᒪᓕᖅᐸᑦ ᖅᑲᖅᓴᐅᔭᓯᐅᑎᓕᕆᔅᑲᓕᕈᑦᑕᓗ ᑐᑭᓕᐊᕆᔾᔪᑎᓂᒃ.
What we're doing right now is tracking it in a spreadsheet. We're looking for a more robust system that would be able to track it and do all the fancy things that a human resource management system would be to be able to set it so that we get reminders or we get notified in advance of particular training sessions or training that will expire in a certain period of time, and so on.	ᒫᓐᓇ ᐃᒪᓐᓇᐃᓕᐅᖅᑐᒍᑦ ᓇᐅᑦᑎᖅᓱᖅᑐᒍ ᐸᐃᑉᐹᑎᒍᑦ ᑕᐃᒫᒃ ᐋᖅᑭᔅᓯᓯᒪᓖᕈᒪᓖᖅᑐᒍᑦ ᓇᐅᑦᑎᖅᓱᖅᐸᓪᓕᐊᓂᖅᒧᑦ. ᒪᒃᑯᐊ ᐱᓕᕆᐊᕆᔭᕗᐃᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᓕᕆᓂᖅᒧᑦ ᐃᖅᑲᓇᐃᔭᐅᑦ ᐋᖅᑭᑦᑎᒪᓗᑎᒃ ᐃᖅᑲᐃᓯᐊᕈᑎᓂᒃ ᐊᒻᒪᓗ ᓯᕗᓂᖓᒍᑦ ᖅᑲᐅᔾᒃᑲᖅᑕᐅᖅᑲᑦᑕᓕᖅᓗᑕ ᐃᓕᓐᓂᐊᖅᓯᒪᓂᖕᖏᑦ ᐃᓱᓕᑦᑕᖅᕕᖅᑲᖅᑐᑦ.
It's kind of a two-step manual right now, with an RFP being developed for a piece of software to do that for us. Thank you, Madam Chairperson.	ᒫᓐᓇ ᐸᐃᑉᐹᑎᒎᑐᐃᓐᓇᖅᓱᓂ ᑭᓯᐊᓂ ᑳᓐᑐᕌᒃᑖᕈᒪᔾᔪᑎᓂᒃ ᓴᖅᑭᑎᓯᒪᓕᖅᑐᒍᑦ ᖅᑲᖅᓴᐅᔭᖅᒧᐊᖅᑐᖅᑕᐅᓂᔅᓴᖕᖏᓐᓄᑦ. ᖁᔭᓐᓇᒦᒃ, ᐃᒃᓯᕙᐅᑖᖅ.
Chairperson: Thank you, Ms. Stockley. (interpretation) We will stop here for now and resume our meeting tomorrow at 9:00 a.m. Thank you.	**ᐃᒃᓯᕙᐅᑕᖅ**: ᖁᔭᓐᓇᒦᒃ, ᒥᔅ ᓯᑖᒃᑯ. (ᑐᓵᔨᑎᒎᕐᓈᖅᑐᖅ) ᓄᖅᑲᖓᕋᐃᓐᓇᖅᓂᐊᖅᑐᒍᑦ ᖃᐅᐸᑦ ᐱᒋᐊᒃᑲᓂᓛᖅᑕ 9:00-ᒨᖅᑲᑦ ᐅᓪᓛᒃᑯᑦ. ᖁᔭᓐᓇᒦᒃ.
>>Committee adjourned at 16:49	*>>ᑲᑎᒪᔩᖃᓛᑦ ᓄᖅᑲᖅᑐᑦ 16:49-ᒥ*