



**Nunavut Canada**

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**2nd Session**

**5th Assembly**

**HANSARD**

Official Report

**DAY 10**

**Tuesday, June 5, 2018**

**Pages 461 – 497**

**Iqaluit**

**Speaker: The Honourable Joe Enook, M.L.A.**

## Legislative Assembly of Nunavut

### *Speaker*

**Hon. Joe Enook**  
(Tununiq)

**Hon. David Akeegok**  
(Quttiktuq)

*Minister of Finance, Chair of the Financial Management Board; Minister responsible for the Workers' Safety and Compensation Commission*

**Tony Akoak**  
(Gjoa Haven)

*Deputy Chair, Committee of the Whole*

**Hon. Pat Angnakak**  
(Iqaluit-Niaqunnguu)

*Minister of Health; Minister responsible for Suicide Prevention*

**Hon. Jeannie Ehaloak**  
(Cambridge Bay)

*Minister of Justice; Minister responsible for the Qulliq Energy Corporation; Minister responsible for Labour*

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(Arviat North-Whale Cove)

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(Baker Lake)  
*Deputy Speaker and Chair of the Committee of the Whole*

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**Patterk Netser**  
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**Emiliano Qirngnuq**  
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**Hon. Paul Quassa**  
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*Premier; Minister of Executive and Intergovernmental Affairs; Minister responsible for Aboriginal Affairs; Minister responsible for Seniors; Minister responsible for the Utility Rates Review Council*

**Allan Rumbolt**  
(Hudson Bay)  
*Deputy Chair, Committee of the Whole*

**Hon. Joe Savikataaq**  
(Arviat South)  
*Deputy Premier; Minister of Economic Development and Transportation; Minister of Energy; Minister of Environment*

**Hon. Elisapee Sheutiapik**  
(Iqaluit-Sinaa)  
*Government House Leader; Minister of Family Services; Minister responsible for Homelessness; Minister responsible for Immigration; Minister responsible for the Status of Women*

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**Bills**

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**Iqaluit, Nunavut  
Tuesday, June 5, 2018**

**Members Present:**

Hon. David Akeegok, Mr. Tony Akoak, Hon. Pat Angnakak, Hon. Jeannie Ehaloak, Hon. Joe Enook, Mr. George Hickes, Hon. David Joanasie, Mr. Joeline Kaernerck, Ms. Mila Kamingoak, Hon. Lorne Kusugak, Mr. Adam Lightstone, Mr. John Main, Mr. Simeon Mikkungwak, Ms. Margaret Nakashuk, Mr. Patterk Netser, Mr. Emiliano Qirngnuq, Hon. Paul Quassa, Mr. Allan Rumbolt, Hon. Joe Savikataaq, Ms. Cathy Towtongie.

>>*House commenced at 13:31*

**Item 1: Opening Prayer**

**Speaker** (Hon. Joe Enook) (interpretation): Ms. Towtongie, can you say the opening prayer, please.

>>*Prayer*

**Speaker** (interpretation): Thank you, Ms. Towtongie. (interpretation ends) Premier (interpretation) and members, good afternoon. All Nunavummiut who are listening to the radio broadcast and watching the televised proceedings, welcome to your Legislative Assembly.

Going to the orders of the day. Member for Arviat North-Whale Cove, Mr. Main.

**Mr. Main** (interpretation): Thank you, Mr. Speaker. Good day, my colleagues, (interpretation ends) ministers and Premier.

(interpretation) Mr. Speaker, I request unanimous consent to proceed directly to Item 20 in the *Orders of the Day*, Mr. Speaker. Thank you.

**Speaker** (interpretation): Thank you. The member is seeking unanimous consent to proceed directly to Item 20 in the *Orders of the Day*. Are there any nays? There are no nays. Item 20. Consideration in Committee of the Whole of Bills and Other Matters. Bills 4, 5, and 7 with Mr. Rumbolt in the Chair.

I ask members to remain at their seats as you will proceed directly to the Committee of the Whole.

Sergeant-at-Arms.

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

**Chairman** (Mr. Rumbolt): Good afternoon, members. I would now like to call the committee meeting to order. In Committee of the Whole we have the following items to deal with: Bills 4, 5, and 7. What is the wish of the committee? Mr. Akoak.

**Mr. Akoak**: Thank you, Mr. Chairman. We wish to continue with the review of Bill 4 and the Department of Health, followed by the Department of Education. Thank you, Mr. Chairman.

**Chairman**: Thank you, Mr. Akoak. Does the committee agree that we first start with Bill 4? Do we agree?

**Some Members**: Agreed.

**Bill 04 – Appropriation (Operations &  
Maintenance) Act, 2018-2019 –  
Health – Consideration in  
Committee**

**Chairman**: Thank you. I will now ask

Minister Angnakak if she has any witnesses that she would like to bring before the committee. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Yes, I do. Thank you, Mr. Chairman.

**Chairman:** Thank you. Do the members agree for the witnesses to enter the Chambers?

**Some Members:** Agreed.

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

Thank you. For the record, I will now ask Minister Angnakak if she will please introduce her witnesses. Ms. Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. To my right is my Deputy Minister, Colleen Stockley, and to my left is my Associate Deputy Minister, Karen Kabloona. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Welcome. Minister Angnakak, did you want to make a comment? If you did, please go ahead.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I do want to make a correction from yesterday's deliberations and that was which communities the participants of the education upgrade program represent. I just want to make a clarification. The education upgrading program students are from the following communities: Pangnirtung, Baker Lake, Kimmirut, Pond Inlet, Kugluktuk, Rankin Inlet, and Iqaluit. Thank you,

Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak, for the information. Yesterday when we left off, we were dealing with the Department of Health, Public Health, page H-5. The next person I had on my list for questioning was Mr. Akoak. Please go ahead.

**Mr. Akoak:** Thank you, Mr. Chairman. Good afternoon, colleagues, minister, and staff.

First of all, I would like to ask in your main estimates on page H-7 there's an item line, Kamatsiaqtut Help Line Society. In your business plan page 139 you have a line item, Kamatsiaqtut Help Line. Is that the same line item? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Yes, it is, but added to it is \$25,000 for suicide prevention. Thank you, Mr. Chairman.

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

**Mr. Akoak:** Thank you very much for that information. It's a \$25,000 difference, but thank you.

I just have two more. Your department works with Indigenous Services Canada and Nunavut Tunngavik on the Northern Wellness Contribution Agreement. Can you describe what kinds of programs and initiatives are funded through this agreement? Thank you, Mr. Chairman.

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

Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. We actually went through that twice yesterday, but I could do it again if he would like.

We have community wellness programs. That's 26 multi-year community wellness plans and all plans include funding for school food programs.

We have community capacity development, which includes seven new community wellness coordinators phased over a three-year pilot project approach, which includes capacity building and support for these positions. Three of these positions are filled in Arctic Bay, Cape Dorset, and Chesterfield Inlet. We're aiming to fill seven by 2019 and we don't know which communities yet.

The territorial health promotion initiatives are under this program. They provide consistent and comprehensive approaches for health promotion and public health programming in communities across Nunavut like smoking cessation activities and the baby bed program.

We also provide under this program home and community care. Home and community care is part of the continuum of care that provides an array of services in a home and community setting based on assessed for Nunavummiut of all ages.

We also provide project management under this program and this involves providing an administrative structure that supports the management and the implementation of the Nunavut Wellness

Agreement. This also includes monitoring and evaluation activities. Thank you, Mr. Chairman.

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

**Mr. Akoak:** Thank you, Mr. Chairman. Also on page H-7 you have a line item, Health Committees of Council. Is that a health board in every community? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Yes, it is. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Akoak.

**Mr. Akoak:** Thank you, Mr. Chairman. Do we have a health board in every community? I don't think we have one in Gjoa Haven. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you. The health boards that were set up in each community are now the community wellness committees. Sometimes it's a bit of a combo, but we're talking basically about the same thing. It's the community wellness committees. Thank you, Mr. Chairman.

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

**Mr. Akoak:** Thank you, Mr. Chairman. Thank you for that clarification. Do the wellness committees get \$250,000 per

year or is that for all of Nunavut? The grants and contributions section of your draft main estimates includes \$250,000 to be allocated to community-based Health Committees of Council. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. The total for the 2018-19 budget for community health wellness committees is \$250,000, like the member says. This is an operating grant of \$10,000 that is provided annually to each community to support such an activity. That equals the \$250,000. Thank you, Mr. Chairman.

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

**Mr. Akoak:** Thank you, Mr. Chairman. Is that sufficient enough for each wellness committee to operate? Thank you. That's it for me.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. We haven't heard any concerns. Nobody said to us that it's not enough. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. We are on page H-5. Public Health. \$21,591,000. Agreed?

**Some Members:** Agreed.

**Chairman:** Thank you. Next we will do Health Care Delivery. Page H-6. Mr. Mikkungwak.

**Mr. Mikkungwak:** Thank you, Mr. Chairman. Welcome to the minister and the officials.

The first question I have, in the past two or three years in Baker Lake during spring and fall time, we're always experiencing a shortage of nurses. How will that be rectified? Under Directorate, one of my colleagues had asked, there are 101 nurses. I guess that's my first question. Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Mikkungwak. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I think this is an issue we talked about many times in the House. We have a real challenge when it comes to hiring nurses. We're in competition with everybody across Canada, as I have said many times, so this really becomes a challenge for us. Last year we hired 101 nurses. I think we did pretty good. I know that there's always room for improvement and we will strive to do that, but it is a challenge. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Mikkungwak.

**Mr. Mikkungwak:** Thank you, Mr. Chairman. When we look at the shortage of nurses and health centres being shut down for a week or two weeks, what steps are taken? I know the minister travels quite a bit. From the Department of Health, when it's realized and made known that there is a shortage of nurses, especially in a community where there's forced growth, what steps are taken to ensure safety? Thank you, Mr. Chairman.



**Chairman:** Thank you, Mr. Mikkungwak. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. The health centres do, during some periods of time, have to not shut down but they go on to an emergency-only basis type of operation where, if you have an emergency, you will be seen, but the regular clinic is shut down. This is not usually for a period of weeks; this is usually a period for days. That usually happens when a nurse is sick or if a nurse is due to come in and, let's say, they didn't get in and there's a shortage of nurses because of a particular reason. We're always cognizant of that.

When health care in a community expresses that they need more help, there's something going on, for example, in Pangnirtung, then an assessment is done and other nurses from, perhaps, a different community or a different area is sent to that community temporarily to help out.

The other thing that we have to keep in mind is that we're coming up with a model of care. We're doing a review now and I'm hoping that we can table that in the fall. That will look at things like the ratio. You said forced growth. You're absolutely right. Communities are growing and we need to look at the size of communities and we have to look at how many nurses we have in each community. That's part of the model of care design that we hope to be tabling in the fall. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Mikkungwak.

**Mr. Mikkungwak:** Thank you, Mr.

Chairman. With the model of care, I know it has been mentioned in the House quite a number of times during the Fourth Assembly. When we ask the Department of Health, it has been brought up again. When you look at the model of care, were there any serious consultations with communities, considering that it's very evident we're always facing a shortage of nurses and there are always constant medical travel complaints? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Mikkungwak. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. This is only the first phase of the model of care, so we haven't gone into communities yet. We had a contractor look at putting something together. In-person and telehealth consultations occurred in each region to help inform the model of care design recommendations. In collaboration with the regional executive directors, health care professionals employed at Nunavut health facilities and clients accessing health care services in the community were consulted.

In the Kitikmeot region we did in-person consultations. They were held in Cambridge Bay and Gjoa Haven. Telehealth and phone consultations were conducted in all other Kitikmeot community health centres. In the Kivalliq region in-person consultations were held in Rankin Inlet in January of 2017. Due to weather constraints, other in-person consultations for the Kivalliq region were cancelled and rescheduled via telehealth instead. Telehealth and phone consultations were conducted in all other Kivalliq community health centres. In the Qikiqtaaluk region in-

person consultations were held in Pangnirtung and Igloolik in November and December. Telehealth consultations were conducted in all other Qikiqtaaluk community health centres. The Iqaluit health care professionals have been consulted.

Okay, sorry. I'm almost finished. Consultations were also held with senior managers and program directors at headquarters. Nunavut Tunngavik was consulted. Clients accessing health care services were invited to participate in the consultation process in the communities in person. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Mikkungwak.

**Mr. Mikkungwak:** Thank you, Mr. Chairman. I thank the minister for the response. Under the model of care, is there a proactive approach to...? For example, Baker Lake, two consecutive years now we've had shortages of nurses, maybe even down to one or two nurses for a period of two weeks, spring and fall. Is there a proactive approach effective next year or this year so that it doesn't become a consistent problem, especially with a community of over 2,000 people? I understand there are directors in place that could be tracking this information or this problem, or if nurses are going to be going for holidays. I think there's got to be a proactive approach. That's my question. Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Mikkungwak. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I guess our proactive approach is having something like the

model of care that can guide us better into looking at what kinds of employment or nursing numbers we need in any particular community.

For example, in Baker Lake you have seven permanent plus two casuals, so that's what you have currently in your community. Maybe the model of care will tell us something different. If we do have to go back and if the model of care says that Baker Lake should have 12 nurses, then we would have to make that into a business case and ask and come before the House for extra financing because, if you hire more people, then it costs more money. That has an impact on our budgets and our budgets then come before you such as what we're doing today, asking for our O&M funds. It would have an impact on all of that.

Centralization of the nurse hiring function has been in place since September 2016. A new nursing locum program has been developed. Recruitment efforts to staff the program are currently underway. In 2017-18, 101 indeterminate nurses were hired. In 2016-17, 57 indeterminate nurses were hired. We're really making headway as we go forward. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Mikkungwak.

**Mr. Mikkungwak:** Thank you, Mr. Chairman. I thank the minister for the response. Seven permanent and two casuals, yet we still experience closures, just like a week ago. At the same time I do appreciate the nurses that do come to Baker Lake because I see the health centre lit. The lights are on for seven days a week. That proves that forced

growth really impacts our community.

Moving on, our community had a plebiscite and our community has changed from a restricted to an open community regarding alcohol orders, and then we also have the federal bill that's going to be impacting our communities in the territory.

I do notice that you have a \$14 million increase in the Mental Health and Addictions Division. Can you describe how this money will be spent and what specific programs, initiatives, and resources will be introduced? For example, in Baker Lake it has really changed regarding addictions, and I'm not even sure if we have an addictions worker in our community. Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Mikkungwak. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I'm just looking at my briefing note and the \$11 million is for out-of-territory treatment. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Mikkungwak.

**Mr. Mikkungwak:** Thank you, Mr. Chairman. For example, Baker Lake, now an open community and the cannabis bill, which is looming from the federal government, what initiatives and resources are currently in place to deal with the mental health and addictions issues in Baker Lake? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Mikkungwak. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Can I ask the member to repeat his question? I'm sorry, I didn't hear it. Thank you, Mr. Chairman.

**Chairman:** Mr. Mikkungwak.

**Mr. Mikkungwak:** Thank you, Mr. Chairman. I just wanted to know what initiatives and resources are in place for Baker Lake regarding mental health and addictions because we now have an open community for alcohol problems and the cannabis bill is looming. Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Mikkungwak. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. There are different options for mental health. They may not all work 100 percent, but we do have provisions in the community that one can go to. We have a mental health nurse or a psychiatric nurse that is at the health centre. We have different programs under addictions that are delivered at the community level. Also, Baker Lake has two positions and another two will be created for mental health workers. A total of four mental health workers will be located in his community.

We also provide funding to municipalities to provide addictions counselling, so that's another avenue there that somebody could access. I know that not all communities offer that, but we are certainly open if any municipality wants to offer those kinds of services and we would fund those.

The other thing that we also provide is the opportunity, if warranted, where we could take people out of the territory into

facilities that could help them if that was deemed to be the correct kind of treatment. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Mikkungwak.

**Mr. Mikkungwak:** Thank you, Mr. Chairman. With these four PYs, have the advertisements already been posted or filled? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Mikkungwak. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. If this budget is approved right now, then the additional ones will be. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Mikkungwak.

**Mr. Mikkungwak** (interpretation): Thank you very much, Mr. Chairman. My preference is to have the budget approved now.

>> *Laughter*

Now, I want to turn to this second item as I did some research with my CA on this issue. Baker Lake has one of the highest percentages of resident elders in Nunavut. There is roughly 25 percent of the population listed as elders in Baker Lake. When discussing elder care facilities within your business plan for 2017-2020, what future plans were considered to provide more adequate elder care in Nunavut? What is the status of this planning work as you work on this issue? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Mikkungwak. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Nunavut has 44 long-term care and elder home beds in five facilities across the territory. As of May 10, 2018, 27 Nunavummiut living with dementia are currently placed at the Embassy West in Ottawa, which is a specialized out-of-territory treatment facility. We will continue to support our elders who need long-term care. We have five facilities that we will continue to support. We are hoping to eventually bring those that are in Ottawa for dementia care back to Nunavut. That's what the goal is. We will be renovating some of the current long-term care elder homes that we have in our territory. We will continue to support our elders as we go forward. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Mikkungwak, please continue.

**Mr. Mikkungwak** (interpretation): Thank you very much, Mr. Chairman. It is obvious that the elders facilities in Nunavut that are under the care of the Department of Health currently, not under Family Services. The minister indicated earlier that there are more elders at the facility in Ottawa for specialized care. We have elders' homes in Arviat, Baker Lake, which needs to be renovated, Gjoa Haven, and I believe that there is one here in Iqaluit.

With the aging population and an increase in the elders, there is very obviously going to be an increase because we look quite young today but we are going to get older. We have to make sure that the elders are properly cared for. Could the minister give us an overview of what plans they have for elders facilities and elder care in

Nunavut? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Mikkungwak. Minister Angnakak.

**Hon. Pat Angnakak** (interpretation): Thank you, Mr. Chairman. Yes, of course we have to keep the elders in mind all the time because, as you said, we are getting older too and there has to be proper care facilities and proper residential care. We have an ongoing plan, for example, repatriating the elders that are in southern institutions. That is what we are doing at this moment and we have to keep those elders facilities open up here. Just let me read this. At this time, as I indicated earlier, we are planning to repatriate those elders that are in facilities in Ottawa. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Mikkungwak.

**Mr. Mikkungwak:** Thank you, Mr. Chairman. On March 16, 2016 the previous Legislative Assembly passed a formal motion which recommended that the Government of Nunavut develop an updated and comprehensive strategy and action plan to address the needs of Nunavut elders. What input has your department provided to this initiative and when will the action plan be ready for tabling in the Assembly? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Mikkungwak. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. We look after the care of elders, but when it comes to strategies and advocacy, that care goes to the Department of Executive and

Intergovernmental Affairs. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Mikkungwak.

**Mr. Mikkungwak:** Thank you, Mr. Chairman. Will the minister commit to collaborating with the Minister of EIA to ensure that the strategy be tabled in the Assembly? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Mikkungwak. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. As departments, we work together already. I can't commit that the department will table the report, but it's something that we work together on when it comes to elders. Thank you, Mr. Chairman.

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

**Ms. Towtongie** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Thank you, Mr. Chairman. My question to the minister is, one of her department priorities for 2017-18 is addressing the development of a colorectal cancer screening program. What is the status of this initiative, but more importantly, how will breast mammograms be preventative? A lot of Inuit women are having breast cancer.

If I remember correctly, research shows that if you can catch the beginning of breast cancer, then it can be more fairly dealt with. I would like to know if there are other types of new cancer screening programs being considered. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. We are screening for the three most common cancer screening programs, and we are screening colorectal...sorry, I must have the wrong information. Give me one moment. Thank you.

Those are the most common screening programs: colorectal, cervical and breast cancers. We are in the early stages of developing a territory-wide colorectal cancer screening program and the program will initially be developed to screen for colorectal cancer. Following the successful implementation, screening for cervical and breast cancers will be included.

We have used the program design papers submitted by Habitat Health Impact Consulting to inform the development of a colorectal cancer screening program in Nunavut. This paper outlines the parameters for cancer screening.

In regard to breast cancer, breast cancer rates in Nunavut are lower than the national average. Mammography screening requires special X-ray equipment, and it is not feasible to have this equipment in all of the communities. Currently clients between the age of 50 and 69 receive assistance in booking a mammogram when they are travelling south for duty travel or personal reasons. While Health does not cover the cost of airfare, it does cover the cost of a mammogram procedure. Thank you, Mr. Chairman.

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

**Ms. Towtongie:** Thank you, Mr. Chairman. Even though we have lower than national rates, if one life can be saved from early detection of cancer, it is worth giving consideration to.

Secondly, according to your 2018-2021 business plan, one of your priorities is to develop a retention strategy for oral health coordinators. What are some of the factors that impact the retention and recruitment of oral health workers? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Could you please ask the member to tell us what page she is referring to? Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Ms. Towtongie, if you could clarify what page of the business plan you are referring to, please. Thank you.

**Ms. Towtongie:** Thank you, Mr. Chairman. It says, "Oral Health," in the business plan. I am looking at the page, on page 146, \$2.7 million, Oral Health. I know we left it behind, but I'm curious if we have oral health workers and whether we retain them. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** I'm a little confused as to what the question was because I was trying to figure out where it was in the business plan. I'm sorry. Can I ask the member to please ask that question again? I was just trying to find it in the business plan. Thank you, Mr.

Chairman.

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

**Ms. Towntongie:** Thank you, Mr. Chairman. Sorry to cause the confusion.

One of the priorities for 2018-19 is to develop a retention strategy for oral health coordinators. What are some of the factors that impact the recruitment and retention of oral health workers? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you. I do apologize. Thank you, Mr. Chairman. I think they come with any challenges when you want to fill a position. This one particularly, they have been a half-time position which has made it very hard to hire, so now we're looking at expanding them into a full-time position within the community. Also, approximately 85 percent of them are Nunavut Inuit and in most cases we're trying to move them to full-time employment. This project has been extended for three more years, so there's a bit more continuity in the funding. Thank you, Mr. Chairman.

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

**Ms. Towntongie:** Thank you, Mr. Chairman. According to the business plan, funding for out-of-territory hospitals and reciprocal physicians billing is not projected to increase in 2018-19. Is it the minister's prediction that costs for services provided to Nunavummiut in other jurisdictions will

remain stable in 2018-19 compared to 2017-18? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Can you give me a minute, please?

Thank you, Mr. Chairman. The costs will be going up each year. I think health care is expensive and I can't see the costs going down. In the next year, when we come forward with a budget, we're going to be addressing it at that time for additional money. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Ms. Towntongie, please continue.

**Ms. Towntongie:** Thank you, Mr. Chairman. My last and final question, looking at all the costs, millions of dollars spent in medical care, we in Nunavut should be one of the healthiest populations in Canada, with the highest costs in everything. Looking at the business plan, looking at the budgeting, I don't see any costs set aside for preventative areas. Are there any strategies for preventative type of medical needs that we can at least become a more healthy population? Thank you, Mr. Chairman. (interpretation) That's all.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. You know basically all of the work that public health does, like giving flu shots, immunizations, working with

young mothers, and the different things, they're all preventative. The smoking cessation programs that we have and the addictions program we have, those are all towards preventative. You want to try to help people as much as we can not to get sick.

The flu shots, for example, hardly anybody this year. I think it was only 10 percent of Nunavummiut took the flu shot, yet we had a very bad flu season. We're trying to do preventative stuff, but we can't always make people actually get the flu shot or actually not smoke, or make sure their babies get immunization. These are the kinds of things that we all need to take responsibility of our own health care. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Next on my list is Mr. Main.

**Mr. Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) Good day to the minister and your staff.

Before I go on to questions on this, I would just like to comment that the idea of a school lunch program, which was brought up yesterday in the House, I think is an idea that bears serious consideration. I believe it deserves serious consideration. There is a direct link between kids who are well fed and their ability to learn.

As a comment, going forward, I would be overjoyed if we are going through the O&M budget for next year and we saw a reference to a territory-wide school lunch program because I think it's very achievable. If we're doing anything with our millions of government dollars in Nunavut, why wouldn't we be feeding hungry kids? Why wouldn't we? I don't

think it's because we don't care. I don't think it's because we can't. I think it's long overdue, and I would like to commend my colleague for bringing that up and I look forward to seeing it in next year's business plan.

In terms of health care service delivery, the minister mentioned the HR issues. Is there a retention strategy in place for nurses across Nunavut? Thank you.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. We do have one, but it's not new and we need to update it. Once a model of care is finished, we will be using that as a guide. Thank you, Mr. Chairman.

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

**Mr. Main:** Thank you. A lot of the answers seem to be within this model of care review, which I understand is very broad and very important. What is the timeline for implementing this model of care review, the implementation plan? Thank you.

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

**Hon. Pat Angnakak:** Thank you. Can you just wait one minute? Thank you.

Thank you, Mr. Chairman, for your patience. Once the model of care is completed, it's going to guide the department on what we need to do. For example, if the model of care says that we need to hire so many more nurses for Arviat, then we're going to have to take



that information and build it into a business case, and that business case then will have to go before this process here that we're going through.

It's certainly not going to happen overnight. We want to do it the correct way. Although we want to see things happen, especially me, I always say that I would like to see things right away, but that can't always be. That's the kind of process that we will be following. Thank you, Mr. Chairman.

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

**Mr. Main:** Thank you. Thank you, minister. Is there anything will be done in this fiscal year to improve retention of nurses? Thank you.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. We have a nursing recruitment and retention strategy, which I said was implemented a long time ago, what was 2008. That nursing recruitment and retention strategy provided the following bonuses to nurses, and that's still in effect now. If you're a nurse and we hire you, on your start date we will give you \$5,000, then if you're still around at 18 months of service, we will give you another \$5,000, then if you're still around at 30 months of service, we will give you \$10,000, then we also provide an annual special allowance of \$9,000, and then we also provide \$375 for a monthly retention bonus. That's a lot of money there, but we still have a problem in retaining our nurses. Thank you, Mr. Chairman.

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

**Mr. Main:** Thank you, Mr. Chairman. Thank you, minister. (interpretation) I have heard that money isn't usually the reason for nurses resigning. It's usually because of overwork, stress, or they are being mistreated. We need to find some ways to retain the nurses.

I have some questions about mental health. Whenever people have mental health issues or emotional hardship, they get sent out to Selkirk, Manitoba for treatment. These are people from Nunavut. Are there Inuktitut interpreters or medical interpreters available? Some people have a hard time with their mental issues and they don't know any English. How will they talk to mental health professionals or psychiatrists? Do they have medical interpreters available in Selkirk, Manitoba? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak** (interpretation): Thank you, Mr. Chairman. I can't respond to that question right now; I don't know the answer at this moment. However, if a patient is going to be sent out who is completely unilingual, then that person would bring an escort. We would send an escort along with that person if they can't speak in English at all. Thank you, Mr. Chairman.

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

**Mr. Main** (interpretation): Yes, I understand that and that's why I'm asking questions about it. Sometimes

they are in Selkirk, Manitoba and sometimes they spend weeks and months there. Do they have an interpreter/translator available there? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak** (interpretation): Thank you. Maybe you didn't understand what I said, Mr. Chairman. I said that we don't know right now if there's an interpreter/translator there. Once we get that information, I can get back to the member. I'll just add by saying that if we know that the person is a completely unilingual Inuktitut speaker, even if they're staying there for a long time, then we get an escort for that person if that person can't speak English. Thank you, Mr. Chairman.

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

**Mr. Main** (interpretation): Thank you to the minister. We will expect that information. I have heard that there are no interpreters there. There is an Inuk there who can speak English, but that person can't have a proper conversation in English. If there's no interpreter there, then there should be one because mental health is very important.

The minister stated that in Nunavut they have 44 elders in elders facilities and 47 elders down south. Looking at one bed for one year, and in Arviat there's an elders facility, how much does it cost per bed inside of Nunavut and outside of Nunavut? I would like the minister to provide that information. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I think the one in Embassy, I don't know if we have it here or not, the actual numbers for what it costs to be at the Embassy for an elder and what it costs to be at the other long-term facilities that we have within Nunavut. We will just be pulling that up for you very shortly. Okay, here we go. It costs \$201,600 per year per person for out-of-territory dementia care and that is dependent on the level of care required.

A typical long-term care bed can range from \$162,000 to \$334,700 per bed annually in a continuing care centre. These numbers assume full occupancy. The annual cost per bed for each continuing care centre, in Igloolik it costs \$262,700 per bed per year per person; in Gjoa Haven it costs \$334,700; in Cambridge Bay it costs \$310,125. That's per person per year. Thank you, Mr. Chairman.

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

**Mr. Main** (interpretation): Thank you, minister. We really want to support the government's goal for the elders. We all know that we're not supposed to keep them in Ottawa. What route do we have? We want the elder facility to be closer to our community. The Hamlet of Arviat has asked questions like what route they can use to create one. I know they need to have an RFP, but we already have an elder facility. We're not asking for a new facility. We're just asking for a facility that is closer to home. I would like to know how we can go about getting this. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. The process that we are going to use is going to be a transparent process. We need to look at elder care as a whole, all our elders, not one community or this community. We need to look at all of our elders for Nunavut. We need to come up with the best possible plan that will address everyone's needs no matter which region you come from, what community you come from, or what your long-term care dementia needs are. We want to be able to address that need. We want to come up with a transparent and fair process. Thank you, Mr. Chairman.

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

**Mr. Main** (interpretation): Thank you, Mr. Chairman. There will be a request for proposals if we want to get the elder facility closer. Is that what we have to do as Arviat people or will there be a different opportunity? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. This is a capital discussion we are having here, but as the first step, we have allocated \$500,000 from our 2018-19 preplanning fund to contract experts. We want to look at which way we need to do this. What is the best way? We don't always have all the answers ourselves. We need some outside help as well.

I should probably really clarify that this

RFP thing is something that I expect it to go through, but the actual cabinet has not taken that position yet. It has not been an actual cabinet decision. As the Minister of Health, I expect that we are going to go through this kind of process, but it hasn't gone through cabinet yet and I just wanted to clarify that. Thank you, Mr. Chairman.

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

**Mr. Main** (interpretation): Thank you, Mr. Chairman. In looking at smaller communities such as Whale Cove, to use an example, perhaps the population will never allow for a local elders facility. However, a smaller facility geared towards smaller communities may suffice, and it would be great if the Department of Health could plan for that as that would be very beneficial.

I know that I am touching upon O&M (interpretation ends) in terms of elder care. (interpretation) Smaller communities could perhaps receive a duplex building and to have a caretaker for the elders. I don't know exactly what has been considered, but smaller communities should be part of the discussions and that would be magnificent. This is just a general comment.

(interpretation ends) I would like to ask a couple of questions about how you coordinate health records in between jurisdictions. We all want more health care delivered in Nunavut, but right now we have thousands of Nunavummiut who go to Manitoba, Ontario, and Alberta for health care.

You mentioned in the House recently in

terms of electronic health records for Nunavut, the MEDITECH system. Will the MEDITECH system work with the systems in Manitoba, Alberta, and Ontario? Thank you.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Yes, it will. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Main, please continue.

**Mr. Main:** That is good to hear because there are ongoing issues in terms of coordinating the flow of information between Manitoba and Kivalliq, I know for sure. If this MEDITECH system implementation is going to help that, it would be great.

In terms of implementing that and making sure things are more streamlined, how will we know if we are seeing better coordination in that issues are being solved for people travelling to Manitoba? Thank you.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Our goal is to make sure that all information is streamlined and that we make it an easy and a good experience for our patients. This is something that we are always going to strive to work towards. If there are problems, then it is something that we want to work out because we want MEDITECH to work. We want to have this flow of information because that is the best for the patient. We want to

ensure that their care is really put as a priority. Having this kind of information that is accessible to the different care givers is important. Thank you, Mr. Chairman.

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

**Mr. Main** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I have one final question or questions, depends on what the answer is.

The minister mentioned that we want people to control their own health care. You want them to be in control and be knowledgeable. In terms of accessing your own health records, how does that work? Can I walk into the health centre in Arviat where I grew up and say, "I would like a copy of my health records going back to when I was six years old because I am having this health issue and it's the same issue that I had when I was six or something," for example? Do I have the right to go in and get photocopies or to get those records? Thank you.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Your health records belong to you. It's about you; it is information about you. Yes, you can ask to receive that information. I guess the only thing that we would ask back is that you be reasonable. It might not happen instantaneously, but within reason, you can access your own health records. Thank you, Mr. Chairman.

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

**Mr. Main:** Thank you, Mr. Chairman. Just as a comment then, maybe if that right could be communicated with Nunavummiut, it might help them to take control of their own health care in terms of understanding what conditions they have. It depends on who you talk to. They will say, “Oh yeah, you can go in and get a copy of your record, no problem.” I know some of my constituents have had issues in that regard in terms of “These are the rules and here is what you are allowed to access.” This is just as a suggestion for the department. Thank you. *Ma’na*.

**Chairman:** Thank you, Mr. Main. I know that was just a comment, but I think the minister wants to comment on your comment. Please go ahead, Minister Angnakak.

**Hon. Pat Angnakak:** Thank you. No, it’s just that I would like to state once again and remind the members that if you have any problems, such as accessing your own information, we do have the Office of Patient Relations. It really is there to try to help you. If there are any problems accessing what you’re talking about, then that’s the office to call. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Netser, you’re next on the list for questioning. Please go ahead.

**Mr. Netser** (interpretation): Thank you, Mr. Chairman. Good day, Madam Minister and your officials. Welcome to the House today.

Now, my colleague from Baker Lake alluded to this matter, along with my colleague from Arviat who touched upon it as well. It relates to patients who are

sent out, especially those with addictions or substance abuse.

In light of the federal cannabis legislation that will soon come into effect, it will impact us substantially, Mr. Chairman. Now, some of us have seen people sent out for treatment in Winnipeg for addictions or with (interpretation ends) mental health issues (interpretation) requiring treatment.

When patients start hearing voices while out for treatment, they are just sent back to the community without any underlying problems treated or healed. This also adds to our expenses as the amount listed here is \$14 million under this category by the Department of Health for 2018-19.

There’s a TV program that shows people with addictions, especially heavy drugs, where the intervention program is run independently without government oversight. I believe they are called (interpretation ends) intervention programs, (interpretation) which I can’t find an Inuktitut word for (interpretation ends) intervention. (interpretation) I wonder if the government has considered this type of program for Nunavut when contemplating resolutions on this matter.

Mr. Chairman, I don’t believe we would see tangible benefits if the patients sent out for treatment in southern locations are just returned back and their symptoms increase without any healing or treatment provided. Due to just being sent back home, the patients don’t heal.

In watching the TV program, the patients on the series are shown to beat their addictions and return as

contributing citizens. Has the department ever considered such things? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Netser. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. When a clinician recommends out-of-territory treatment, there's actually a committee that looks at that person's case that's being sent out, and that includes the client's clinical team, such as the doctors or nurses. They are all involved and they decide what the best plan for the client is based on their assessed needs. They assess the person and they say, "Okay, what do we need to put in place for this person?" There is a committee that decides that.

There are currently 17 out-of-territory mental health and addictions treatment facilities on the Government of Nunavut's addictions approved standing offer to which the Mental Health and Addictions Division frequently refers clients. There are also an additional 14 facilities that we utilize based on sole source contracts.

There are 31 facilities that are currently being individually reviewed in order to provide additional insight into each facility's ability to meet the needs like what you're talking about. We're going through a review where we look at each facility to see if they're meeting the needs of the clients that we're sending down. Any recommendations resulting from these reviews will be implemented. We want to ensure that high-quality and evidence-based services are being utilized for out-of-territory treatment.

Right now 15 reviews have been

completed. The reviews will continue until all 31 facilities have been assessed. To date, because of those reviews, no facilities have been taken off of the list. No significant changes are anticipated. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Netser.

**Mr. Netser** (interpretation): Thank you, Mr. Chairman. The minister said that there's a committee that deals with clients with mental health issues. Who are these committee members at the local level? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Netser. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. (interpretation) The committee is made up of nurses or mental health workers or doctors. Those are the workers who deal or work directly with the client. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Netser.

**Mr. Netser** (interpretation): Thank you, Mr. Chairman. Indeed, although the members the minister referenced, how to say this properly... It seems they aren't really providing assistance as we have seen examples where a resident of our community is becoming aggressive due to mental health issues.

Even though they discuss the patient's case and nurses try to work with the individuals, they have never been sent out for treatment, especially people with mental health issues that require immediate treatment. Perhaps there's a

local resident, even if they're not an elder, who is respected by the community and who has a sense of civic duty due to the love of their community. When outside workers are brought in, they usually can't empathize with Inuit since we are just a source of income to them.

The Department of Health should look at individuals in the community that would join this committee. With more engagement with the community, it would provide a demonstrable example of the committee in action. Individuals who have grown up in our communities would then see this in action. Patients who are sent out for treatment usually end up feeling intimidated. Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Netser. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. (interpretation) We do not like to see this occur, but I know that our staff are working very diligently to help. A (interpretation ends) community mental addictions worker (interpretation) will be included if this budget is approved and this position will be at the community level.

Let me read exactly what the position entails. (interpretation ends) They provide practical help and individualized support for clients. This can take the form of advocacy, problem-solving, direct assistance, and training to help clients obtain the skills necessary to support their mental well-being.

Workers are responsible for communicating with clients, becoming familiar with who they are and how they

want to be treated. This requires good knowledge of medical practices and the community. Being able to communicate the reasons for treatments in ways that make sense to the community will be equally as important as being able to bring community issues to health staff.

Qualifications, we're looking for high school or GED knowledge of Inuit societal values and skills, trusting relationships with people with mental health or addictions, and their family or support network. We're looking for somebody from the community who understands the community that can work with people suffering from mental illness or need mental counselling or require help in that area. We hope to provide more support at the community level. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Netser.

**Mr. Netser** (interpretation): Thank you, Mr. Chairman. With this position, does the individual have to be highly educated? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Netser. Minister Angnakak.

**Hon. Pat Angnakak** (interpretation): Thank you, Mr. Chairman. No, we would provide the training. We would have a training program. As long as they have grade 12 and as long as they know the community, they could be hired. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Netser.

**Mr. Netser** (interpretation): Thank you, Mr. Chairman. Some individuals may

have an academic grade 12 education, but if they are unable to feel at ease with social interactions or counselling, then all of their education comes to naught.

When talking about this, Inuit culture isn't newly introduced to social resolution techniques as Inuit have knowledge and history relating to social resolutions over generations. Today even many Inuit who may not have formal education are adept at social counselling.

It seems this government is again creating a barrier by requiring a grade 12 minimum level. It seems to say only people with grade 12 can counsel people. We have many elders and younger adults who are very skilled in social interactions and dealing with social resolution techniques with no grade 12 education. In my eyes this is just another barrier being created, Mr. Chairman.

Perhaps we will just see another non-resident hired. We often see workers with no knowledge of Inuit customs and practices. They seem to be highly aware of Inuit culture, but they can't immerse themselves into our culture or customs we practice. Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Netser. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I think there are a lot more Nunavummiut who have grade 12 and also, we can look for equivalences. We want the best person, so whoever the best person is, it's going to be through an application and interview process. We want the best for communities. We don't want to stop things; we want something that's going to work.

We're introducing this position. We want to help more people who are suffering from mental illness or who need more care in that area. We want to hire from the community. We would like to ask for grade 12, but equivalences will be considered too. We are having a lot more graduates these days, not as much as we want but there are more than, let's say, 15 or 20 years ago. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Netser.

**Mr. Netser** (interpretation): Thank you, Mr. Chairman. Now to return to what the minister stated, when would this position be created?

I am not trying to belittle or denigrate anyone, but saying that Inuit and Qallunaat have completely different cultures and customs. Inuit prefer a person who is aware of their customs or who has walked in their culture to work with. To use this saying, "If you never walked a mile in my shoes, then I prefer to not work with you." This is an old western truism. This also applies to many Inuit, as we prefer to have someone who understands the path we are walking. If a worker hasn't even seen our path, then they can't provide the treatment I need. Is that understandable?

When will this position be available?  
Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Netser. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. We expect these positions to be able to speak Inuktitut, so that would be a requirement. Also, if anybody is



interested, even right now, they can go to the health centre with their resumé. Obviously the ask is part of this process that we're going through. Once our budgets are approved, we can go full steam ahead. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Netser.

**Mr. Netser** (interpretation): Thank you, Mr. Chairman. I thank the minister. With respect to the committee that the minister mentioned, the mental health worker or the social worker or perhaps the RCMP are involved. It would be more believable if a local Inuk was involved who has compassion for the community. Maybe the minister can set it up so that a local long-term resident can be put on that kind of committee. Can she say yes to that? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Netser. Minister Angnakak.

**Hon. Pat Angnakak** (interpretation): Thank you, Mr. Chairman. Yes, all those things will be considered. Thank you, Mr. Chairman.

**Chairman:** Thank you. Before I go to my next name on my list, we will take a 10-minute break. Thank you.

*>>Committee recessed at 14:50 and resumed at 15:05*

**Chairman:** Welcome back, members. I would like to call the committee meeting back to order. Next on my list for asking questions is Mr. Kaerner. Please go ahead.

**Mr. Kaerner** (interpretation): Thank you, Mr. Chairman. Good day, minister and your officials.

As you stated earlier, it is \$262,700 per bed in Igloolik. Can you indicate how many beds there are in Igloolik? Thank you, Mr. Chairman.

**Chairman:** Thank you. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Eight plus one for respite. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Kaerner.

**Mr. Kaerner** (interpretation): Thank you, Mr. Chairman. Thank you for clarifying that, minister. The member for Arviat and Whale Cove stated earlier the smaller communities that don't have elders facilities. Do you have any plans for that? Even if it's a duplex, are you planning anything for the smaller communities this year? Thank you, Mr. Chairman.

**Chairman:** Thank you. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Those are the kinds of issues that we're going to have to address as we move forward when we talk about elder care. It's also part of the blueprint for action under the Nunavut Housing Corporation because it also involves housing. These are the different components that have to come together, but it's something that we're looking at. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister

Angnakak. Mr. Kaernerck.

**Mr. Kaernerck** (interpretation): Thank you, Mr. Chairman. I'll move on to (interpretation ends) home care providers. (interpretation) I represent two communities, part of Igloolik and Hall Beach. I am unaware of the Igloolik situation as to how many PYs are set aside for home care providers. In using these two communities as an example, how many home care providers are in each community? Thank you.

**Chairman:** Thank you. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. We don't have that information right now. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Kaernerck.

**Mr. Kaernerck** (interpretation): Thank you. I would like that information at a later time when it is available.

Now to stick to the same subject, statements were made regarding home care providers. What level of training is provided for these home care providers? To use this example, some elders require regular medication dosages. What type of training has been provided in this area, and what kind of training would be required to work as an elder home care provider? Thank you.

**Chairman:** Thank you. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. To also state that every community has home care nurses, so that kind of service is provided to everybody.

I don't know the number in the communities that you represent and I can get back to you on that.

I want to read out some of the courses that our home care nurses take and are able to take. For example, we had a course, Caring for People with Dementia, and that was here in Iqaluit. We have a course, Personal Care Skills, that was offered in Baker Lake. We have Palliative Care Skills and that was in Iqaluit; Personal Care Skills, Baker Lake; Nutrition: Food Safety and Preparation, Cambridge Bay; Approaches to Respectful Caring, Cambridge Bay; Caring for People with Dementia, Rankin Inlet; Approaches to Respectful Caring, Iqaluit; Personal Care Skills, Gjoa Haven; Palliative Care Skills, Rankin Inlet; Personal Care Skills, Igloolik. There are different courses. That was for 2017-18 and that was done in partnership with Nunavut Arctic College. Health is developing an updated training schedule, just so that you know.

Also in 2016-17 the supervisor of home and community care in Taloyoak received funding for advanced foot care education and training. In 2015-16 palliative care, diabetes and wound care management education training was delivered to all home care nurses using the chronic disease management training fund. There is ongoing training and there is more to come. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Kaernerck.

**Mr. Kaernerck** (interpretation): Thank you, Mr. Chairman. I also thank the minister for that clarification. This has

been an ongoing concern in our community. Actually, it has been much more than a concern because smaller communities are always looking for employment openings, and with no prospects it is difficult. I would like to see this type of work made available to smaller communities, although you stated that positions will be created.

Now, the home care providers for local elders usually go to the elders' homes to provide assistance. It seems obvious in looking at that that they are given half a day's work only. At least that is how it is set up in our community. How will you change this to a more permanent position? Will you provide more training such as certain ways to provide care to the elders? I would like to see this in our community as we have no elders facility, although Igloolik has an elders facility. I am not trying to disparage the community. I am using it as an example based on the assertion that you will provide quality elder care as the Department of Health.

To ask about the short-term plans, can you provide more details on the kind of training, if required, that would be provided somewhere within Nunavut for all of Nunavut as it pertains to our elders and their care? Will you introduce something along those lines as the Department of Health? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Kaerner. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Training and education of our staff will always be supported. This is an ongoing thing. We don't do training once and then don't do it again. Our staff

will have many opportunities to upgrade their skills and to continue learning new things.

I just want to also make a note that these staff are full time. They don't work halftime. If they are not in the home, then they are probably at the health care doing work there. If you don't see them all day long going around house to house, it doesn't mean that they are not working full time. We don't have any half-time positions when it comes to home care nurses. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Mr. Kaerner.

**Mr. Kaerner** (interpretation): Thank you, Mr. Chairman. Thank you for clarifying that. I will certainly be making mistakes, adjusting to my mistakes all the while learning. Thank you for clarifying that.

This is a critical matter. Elders also tend to have different medications and sometimes it can lead to problems in this area, at least amongst my fellow residents. As I stated previously, I want to advocate for them in this area.

I went to conduct a constituency visit to Igloolik, and an elder called me to ask about elders who are living in an elders facility and who have children. As my colleague from Aivilik mentioned, when people have mental health problems, the elders can be intimidated and scared within their own homes.

I want to have this issue reviewed in the short term and to have it classified as an urgent matter if possible by the Department of Health, specifically

related to people with mental health issues who are now sent to Ottawa. I believe our elders also think similarly as they wonder, “Who can I turn to now?” Would it be the Department of Health or (interpretation ends) Family Services?

(interpretation) In speaking about people with mental health issues, especially for the smaller communities, would you also look into this type of initiative? This is my last question. Thank you, Mr. Chairman.

**Chairman:** Thank you. Minister Angnakak.

**Hon. Pat Angnakak** (interpretation): Thank you, Mr. Chairman. These are very important issues and they have to be continually monitored.

Yes, anything is not fixed right away. The Department of Health and the Department of Family Services work together whenever they are aware of a situation like this. Once they find out that an elder is being abused, either the Department of Health or the Department of Family Services and sometimes the RCMP deal with it right away.

Once we see something needs to be improved, it has to be improved. It’s obvious our staff work very hard because they want to help. Thank you, Mr. Chairman.

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

**Mr. Hickes:** Thank you, Mr. Chairman. I’m going to start off on page 147 of the business plan. The first bullet in the 2018-19 priorities talks about beginning “the legislative process to propose

amendments to the *Medical Profession Act.*”

It has been brought up in the past by and to me on umbrella-covered, unregulated health professionals in the territory, such as chiropractors, speech language pathologists, pharmacy techs, and etcetera.

I know the minister as well as myself have received correspondence from a constituent here in Iqaluit asking when this legislation is going to be brought forward. I would just like to get some confirmation. It has been in the works for a number of years, so I’m wondering what the status of it is now. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. That legislation is not currently on our list because other things have bumped it down, such as the cannabis legislation. Thank you, Mr. Chairman.

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

**Mr. Hickes:** Thank you, Mr. Chairman. I wasn’t aware that the Department of Health was bringing forward cannabis legislation. I know the Department of Finance and the Department of Justice were. I know the Department of Health was involved.

To me, I think this has been a number of years that this issue has been ongoing. I would just like to emphasize that there are unregulated practitioners in the territory. If we want to have services

provided in the territory with a Nunavut take on it, we shouldn't be using umbrella legislation from other jurisdictions. That was just a comment.

I would like to pick up where I believe my colleague, Mr. Main, was talking about cancer care. Actually it might have been Ms. Towtongie on the cancer screening. I would like to go a little step further. What type of progress has been made on bringing cancer care to the territory? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you. One minute, please.

Thank you, Mr. Chairman. We had a team up here to talk about it and from those meetings the recommendations are going to form the work plan going forward. Thank you, Mr. Chairman.

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

**Mr. Hickes:** Thank you, Mr. Chairman. I know we send a lot of people away from their families for care. I know I've had some family members as well. It's a very tough time for people to be going through when you're going through chemotherapy and radiation treatment and such as that. I know we can't provide all those different care practices or treatment programs here to the territory, but I believe that we can start off with some such as chemotherapy.

I was wondering what the timeline of this study is and how fast something like that could be implemented so that our residents can have family and support

systems around them while they are going through this strenuous time of their life. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. When we're dealing with cancer and treatment, it's obviously very complex. We're going to need to have a few months to really look at what we're going to need in order to provide that kind of service. People need to be qualified. There are different things that we need to have in place, so we want to ensure that we're meeting all the standards. Thank you, Mr. Chairman.

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

**Mr. Hickes:** Thank you, Mr. Chairman. I'll leave that one alone. I'll probably be following up with that in the fall.

Again, I'm going to bring up the Budget Address on page 4 of 13. In the fourth paragraph it speaks to the Department of Health "expanding its pilot of specialized mental health and addictions services." I know from the budget that there is an increase of almost \$14 million in the 2018-19 budget.

First of all, I would like to ask: with that \$14 million, can you describe how this money will be spent and what specific programs, initiatives, and resources will be introduced? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Hickes. That question was posed earlier, but if the minister wants to expand on that. No. Mr. Hickes, if you want to continue,

please.

**Mr. Hickes:** Thank you, Mr. Chairman. My apologies. I had to step out to deal with a constituency matter and I must have missed that. I'll go over the *Blues*. I would like to take that a little step further anyway, Mr. Chairman.

In the Budget Address it says, "The department will also introduce new initiatives in health and mental wellness under the new Northern Wellness Agreement signed with the Government of Canada." In addition to the new initiatives that I'll look up, what are the spending parameters of the new Northern Wellness Agreement to the Government of Nunavut? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you. That funding is flexible and it's implemented with the input of communities. Thank you, Mr. Chairman.

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

**Mr. Hickes:** Thank you, Mr. Chairman. I did mention this to a couple of my colleagues and I don't think it was covered, but please correct me if I am wrong. When we are talking about addictions treatment capacity in the territory with regard to infrastructure, it was announced not too long ago by Minister Philpott, but I can't remember exactly where. I think it was a news clip I saw or it might have been a response to one of the questions from our MP that there are some feasibility study monies provided to the Government of Nunavut.

Would the minister be able to update the House on the progress of that study?  
Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I'm just going over my briefing note here. A needs assessment and options development for addictions and treatment is part of our growing focus for in-territory treatment, so we hired a consultant. We are working with NTI, the federal government, and ourselves to address this. It's a feasibility study to look at an addictions centre in the territory.

There are different components that have been done. Like I said, we have worked with NTI, the federal government, and ourselves. A broad range of stakeholders from across Nunavut are shaping this initiative, as it is recognized that many groups hold valuable knowledge. This is where we are. We had our trilateral meeting with Health, Nunavut Tunngavik, and FNIHB and we're doing a feasibility study. The report is expected to be completed this summer. Thank you, Mr. Chairman.

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

**Mr. Hickes:** Thank you, Mr. Chairman. I'll leave that one alone for now. Thank you, Mr. Chairman.

One of the things that, again, I brought up yesterday a couple of times, I attempted to get some information from the Premier's Office or the Minister of EIA, and I brought it up within the public health section yesterday on

employer retention. I know there were some questions regarding the bonus structure.

The Nursing Recruitment and Retention Strategy, as mentioned, I believe is from 2008 or 2009. Things change, things adapt, there are different issues that come to light on what some of the retention and recruitment issues are, and access to different avenues and technologies. What is the current status on updating that strategy? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. We actually answered that question, but Health completed a review of the *Nunavut Nursing Recruitment and Retention Strategy* in June of 2015. We're working to implement a new strategy called the Health Professionals Recruitment and Retention Strategy. The draft is currently waiting on the completion of the model of care redesign to ensure consistency. Thank you, Mr. Chairman.

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

**Mr. Hickes:** Thank you, Mr. Chairman. I'm aware of that. One of the concerns that I have and the reason I was bringing it up is we seem to be waiting for a lot of things with the model of care. I know it has been ongoing for a while and the department is reviewing the report right now. Are there some immediate lessons from the report as far as best practices that are being implemented immediately while we're waiting for the report to be finalized?

Whenever we see these types of things, there is information in there that can be immediately actioned. Out of that review that's ongoing right now, are there any items within the model of care specific to recruitment and retention of health care professionals that are being actioned right now? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Yes, this is an area that is difficult and challenging, especially when you're waiting on other pieces of work like the model of care to help guide the process.

One of the things that obviously everybody knows that has been a big challenge for us is burnout. In order to address this, we're going to try to look at a model of trying to see how we can adjust working hours through the day. We're also looking at putting more admin staff in place because currently we expect our nurses to do a lot of administrative work. If we can put somebody in that can carry that workload, it would be less workload on the nurse.

Also, we have a pilot project in one of the communities. I'm just getting a note. This pilot project is in the Kitikmeot. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. The next person on my list is Ms. Nakashuk.

**Ms. Nakashuk (interpretation):** Thank you. I also thank the (interpretation ends) minister and staff (interpretation)

for being here.

I have some questions. You indicated that you will provide funding to the hamlet councils to give further support to the elders. That's what was done in Pangnirtung and they would like to receive support. How long is that program for? Is it just for emergency situations or is it a long-term plan? That's my first question. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Can I just get the member to clarify: are you talking about the training modules that I read out for long-term care centres? Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister. Ms. Nakashuk, if you could clarify your question, please.

**Ms. Nakashuk** (interpretation): Thank you, Mr. Chairman. (interpretation ends) I think the program is under the Community Wellness Program. (interpretation) Thank you.

**Chairman:** Thank you. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. It's a two-year program, so I think they're completing their second year. We hope to have it again. Thank you, Mr. Chairman.

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

**Ms. Nakashuk** (interpretation): Thank you. Is the program for a short time or is

it going to run for four years where elders provide support? Maybe I misunderstood it.

(interpretation ends) You mentioned through the Community Wellness Program that under the hamlet, when the department is providing funds to the hamlet, elders are able to assist with counselling or addictions or social issues of some sort. You had mentioned that there were elders who were a part of being involved in community wellness programs. (interpretation) Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I understand now. Yes, we have a program under the community wellness that will allow that to happen. It's a grant program, I believe. I don't know if we have the...yes. Thank you, Mr. Chairman.

**Chairman:** Thank you. Ms. Nakashuk.

**Ms. Nakashuk:** Yes, in terms of how long is this program going run, or they're only there temporarily? (interpretation) Thank you, Mr. Chairman.

**Chairman:** Thank you. For clarification, Minister Angnakak.

**Hon. Pat Angnakak:** Thank you. I think there is some confusion over which program we're talking about, but for the Nunavut wellness program, it's a 10-year program. What we do is every Nunavut wellness committee gets money to do certain things. Yesterday I read out some of the stuff they do, but there is



also additional money for training and that. It's \$189 million over 10 years, so that's a fair chunk. Thank you, Mr. Chairman.

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

**Ms. Nakashuk** (interpretation): Thank you. I know about the information you just provided and the monies that are given by the Department of Health to run community wellness programs. Maybe I misunderstood about elders being employed.

I'll move on to another subject regarding the Pangnirtung Health Centre. How many PYs are allocated for our health centre? Are all the positions filled or are they filled by casuals? Is there one or more mental health specialists and is there funding to provide those services? Thank you, Mr. Chairman.

**Chairman:** Thank you, Ms. Nakashuk. There were a whole lot of questions in that one. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. As of April 30, 2018, total PYs for nurses was 14 and total PYs for mental health staff was 8. Thank you, Mr. Chairman.

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

**Ms. Nakashuk** (interpretation): Thank you. (interpretation ends) Total PYs of eight for mental health workers, meaning that there are staff changeovers every six months? I don't think I have ever seen eight mental health workers in Pangnirtung. (interpretation) Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. There are five currently and I should have said there are three positions to be created, so they will have a total of eight. Thank you, Mr. Chairman.

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

**Ms. Nakashuk** (interpretation): Thank you. This is talked about. There is a need for mental health workers, especially for people with addictions or mental health issues. When there are a lot of staff changes, it's hard to ask questions about it because there are confidentiality issues attached to it.

If I can turn to something else, on page 144 of your business plan, (interpretation ends) the Mental Health and Addictions section 2018-19 (interpretation) will be increased by (interpretation ends) about \$14 million. How much of this funding is used to provide substance abuse and addictions treatment services to Nunavummiut? (interpretation) Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. \$11 million is for out-of-territory facilities and the rest of the money is for the 18 mental health workers that we're going to be hiring, such as the ones I was mentioning to the member about Pangnirtung getting an additional three to be created if this budget is approved. Thank you, Mr. Chairman.

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

**Ms. Nakashuk** (interpretation): Thank you. (interpretation ends) Also, the federal government's Department of Indigenous Services has provided \$388,000 towards feasibility studies for a treatment centre to be established in Nunavut. What is the current status of this study? (interpretation) Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you. It's always good to go over some of these questions again because I let things out before, so it's an opportunity for me.

The current status is the consultants submitted Part A in November of 2017, a draft of Part B was delivered in early January of 2018, and a draft of Part C was delivered in February of 2018. A stakeholders' gathering took place February 15 and 16 in Pond Inlet. As agreed at the beginning of this initiative, stakeholders were provided parts A, B, and C in advance to an informed discussion. At the meeting the stakeholders were expected to achieve consensus on an option to explore further in Part D.

The consultant is currently working on Part D of the report, feasibility study and implementation plan, Quality of Life, and the consultant also sought input from clients in recovery, specifically individuals who have been public about their recovery. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister

Angnakak. Ms. Nakashuk.

**Ms. Nakashuk** (interpretation): Thank you. There's another question I wanted to ask about the elders who have to be sent south to Embassy West, which was mentioned earlier. How much does the government spend for the people who have to stay at Embassy West? There have been concerns about it.

I know some people can go visit their relatives. Have you ever considered for those people who are staying at Embassy West to be sent home for a little while being taken care of by a home care worker? Some patients are not in as serious a situation as other patients, and some of the elders have been saying that it's like they're just being made to get more infirm there or get worse. That's the question I have wanted to ask. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. The reason why we're in this situation is because we don't have that kind of care here. Even bringing family members back is a lot to ask on top of the workload of our health care staff now. We're already struggling with what we have now. Adding more would just create even more challenges.

I know that there are some families who want to do this, but when you're talking about dementia care, it's a very specialized type of care. It's 24/7 and it's quite challenging. I don't think bringing people who have dementia care back into the communities and relying on the health care staff that we have in place would work. Thank you, Mr. Chairman.

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

**Ms. Nakashuk** (interpretation): I know it can be very expensive and you would need more staff to take care of them. However, I would like to say that there are people in that situation.

An example is a patient at the boarding home who got hurt, went to the doctor, and the doctor said that the person could go home. The family then started expecting that person to be sent back home, but Embassy West did not want them to be released. It seems like they want to keep the patients there so they can keep making money.

I am mentioning it now and do not want to get into too much detail. I have been asked to pose this question more than once and constituents have been requesting to go see their relatives. I don't have much more to add on the matter. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I just wanted to further elaborate that these things are very near and dear to our heart. Obviously they're our family, we want to bring them back, and we want to be able to care for them, but there are real safety issues. We're talking about issues of complications of swallowing or other... . It's more of a clinical issue than anything else. I know that safety is the number one priority of our elders. When they're under our care, we need to be very mindful of that and we need to have the staff in place. We just don't have that in the communities. Thank you, Mr. Chairman.

**Chairman:** Thank you, Minister Angnakak. Ms. Nakashuk, are you complete? She is done. Thank you. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. My first question will be a financial question. Looking at the branch's utilities, you're requesting a budget of \$148,000, yet the 2016-17 actuals are \$372,000. Looking at prior year actuals, the average has been \$375,000 for the branch. Considering CGS pays most of the utilities on behalf of the GN, I was wondering what the Department of Health is paying these utilities for. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. We don't have that level of detail, so we will have to get back to the member. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Lightstone.

**Mr. Lightstone:** I will move on to my next question and it's going to be relating to the Nunavut Arctic College nursing grads. It's my understanding that in 2016-17 the college produced, I believe, two or three grads. I was wondering how many of those grads are currently employed with the Department of Health. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. If you would give me one minute, please.

Thank you, Mr. Chairman. We know

that one moved out of territory and we will have to get back to the member on the other two. It's a very small group of people, so we don't want to provide personal information here. Thank you, Mr. Chairman.

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

**Mr. Lightstone:** Continuing on with Nunavut Arctic College grads, between the years of 2004 and 2016, there have been approximately 48 Nunavut nursing grads. I was wondering if the minister knows how many of those are currently employed with the Department of Health. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. We don't have that kind of information, but we do provide a one-year mentorship program to the nursing graduates and following the successful completion of the one-year mentorship, then they have the opportunity to apply and interview for nursing competitions. Nursing graduates may opt out of the mentorship program or decline the assigned placement. Thank you, Mr. Chairman.

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

**Mr. Lightstone:** Thank you, Mr. Chairman. Thank you for bringing up the mentorship. That was my next line of questioning. You have identified that the Department of Health offers a one-year mentorship program. I was wondering: what type of nursing positions would that one-year experience qualify the

nursing grads for? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. After the one-year mentorship program, then they would be able to go into any position except community health nurse because you need a bit more experience. Thank you, Mr. Chairman.

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

**Mr. Lightstone:** Thank you, Mr. Chairman. I can't recall if the minister had answered this question, but I was wondering how many nurses are beneficiaries. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I don't have that in front of me right now. I'll have to get back to the member. Thank you, Mr. Chairman.

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

**Mr. Lightstone:** My next question is: how many community health centre nurse managers or supervisors are currently beneficiaries? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Lightstone. We're getting pretty detailed here. Minister Angnakak.

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I'm sorry; we will have to get

back to the member. This is very detailed information. We try our best. Thank you.

**Chairman:** Thank you. Mr. Lightstone.

**Mr. Lightstone:** My next question is: are there any employees within Health that are currently taking advantage of the job-sharing program or policies? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. Yes, there are some. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. I'll move on to my next question and it's regarding the mental health facilities that we have here in the territory, specifically Akausisarvik here in Iqaluit. I was wondering: first of all, what is the budget for Akausisarvik? I guess that will be my first question. What is the current budget for the Akausisarvik facility?

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. That doesn't have its own budget line item. Thank you, Mr. Chairman.

**Chairman:** Thank you. Mr. Lightstone.

**Mr. Lightstone:** Thank you, Mr. Chairman. My next question will be about the programming that's offered at Akausisarvik. My question is: how many

positions are there currently at the Akausisarvik facility and how many of those positions are filled by Nunavut Inuit? Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. At Akausisarvik we have clinical staff, 16 life skill workers, one case worker, one clinical support worker, and two nurses. I don't know if we have a breakdown if they're Inuit or non-Inuit. Thank you, Mr. Chairman.

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

**Mr. Lightstone:** Thank you, Mr. Chairman. I've had the opportunity to visit this facility quite a few times over the years. It has come to my attention and actually been pointed out to me by several people that the Akausisarvik facility has continuously and historically had very low Inuit employment levels. I'm wondering if the Department of Health has identified this issue and if it has any plans of correction. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I must say that one of the greatest challenges that we have, and it includes nursing actually, is shift work. People don't like to work shifts. You want to hire, but people don't apply for the jobs and you can't hire. One of the biggest obstacles is the shift work.

The other thing I would like to make a correction on is I just saw in my briefing

note here that Akausisarvik has a budget of \$3.09 million for the 2018-19 fiscal year, which includes the youth program. Thank you, Mr. Chairman.

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

**Mr. Lightstone:** My next question about Akausisarvik is the 16 life skills worker positions. I was wondering: what are the current qualifications required for that position? Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Lightstone. You are now asking for job descriptions of a department and I am not sure if they have that kind of detail with them. The minister is nodding that they don't so, Mr. Lightstone, if you want to continue, please.

**Mr. Lightstone:** Thank you, Mr. Chairman. The reason I was asking about the qualifications for the life skills worker position is I am assuming it's a grade 12 equivalency or something similar. I was wondering if the department has done anything to try to attract high school graduates or anyone else in the community who has a High School Diploma into those positions. Thank you, Mr. Chairman.

**Chairman:** Thank you. Minister Angnakak.

**Hon. Pat Angnakak:** Usually yes, but we don't have that information in front of us. Sorry. We can always get back to the member with the job description and the qualifications. Thank you, Mr. Chairman.

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

**Mr. Lightstone:** Thank you, Mr. Chairman. My next question about the Akausisarvik facility is, our corrections facilities and our healing facilities here in Nunavut have a lot of on-the-land and traditional programming available to the inmates yet, as far as I know, there is very little available to those mental health clients in the Akausisarvik facility. I was wondering if the minister knows what sort of traditional programming is available to those clients and if the department is in the works of developing new programming. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I haven't asked myself, so I don't know, but according to my briefing notes, it has 16 beds. The occupancy rate is 95 percent. We have 50 day patients. There are various programs offered which include but are not limited to camping, swimming, dog walking, elder visits, book clubs, group sessions, relaxation and meditation groups, and snowmobiling trips in the winter months. We also have a youth drop-in counselling program that is run out of the facility because of its proximity to the Inuksuk High School and that is staffed by three youth workers. That's what we do. Thank you, Mr. Chairman.

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

**Mr. Lightstone:** Thank you, Mr. Chairman. I will move on to my next question and it's regarding the hospital, specifically the food that is made available to the clients of the hospital. I

have heard from a number of people in the community over the years that although the food quality is good at the hospital, it is not as good as the food that's provided to inmates at the BCC. I was wondering if the minister is aware of this sort of non-comparison between the cafeteria food and the BCC inmate food program. Thank you, Mr. Chairman.

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

**Hon. Pat Angnakak:** Thank you, Mr. Chairman. I guess I have never heard of any hospital that has great food, so I'm not surprised to hear that, but one thing that we do have to keep in mind is that some of the food is you can't have too much salt, for example, or you can't have certain foods, so it might be bland. It really depends on what the doctor has ordered or what your care plan looks like. We have a pilot project that we're doing there with traditional foods and I think that has been very well received. People are quite happy about that. Thank you, Mr. Chairman.

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

**Mr. Lightstone:** Thank you, Mr. Chairman. Yes, I am sure that the cafeteria food program at the hospital has to maintain a nutritious meal, but I recall seeing a picture posted on Facebook of a lunch. Although it was relatively balanced, it contained three-quarters of a sandwich. A sandwich was cut into four and this individual only got three pieces. I think that maintaining the food quality at the hospital should be equal to that at our healing and correctional facilities. I just wanted to

make that statement and I have no further questions. Thank you, Mr. Chairman.

**Chairman:** Thank you. I will take that as a comment. We are on Health Care Service Delivery. Page H-6. Total Branch. \$322,961,000. Agreed?

**Some Members:** Agreed.

**Chairman:** Thank you. Going back to page H-3. Detail of Expenditures. Total Department. \$404,070,000. Agreed?

**Some Members:** Agreed.

**Chairman:** Do members agree that we have completed the Department of Health?

**Some Members:** Agreed.

>> *Laughter*

**Chairman:** Thank you. It has been four long days of debate on this one. I will ask the minister if she has any closing comments. Minister Angnakak.

**An Hon. Member:** Make it short.

**Hon. Pat Angnakak:** Make it short.

>> *Laughter*

Thank you, Mr. Chairman. That's not fair. I should go up for four hours.

This has been a real learning experience, obviously, for me and I really couldn't have done it without my staff present here and in the department. I would really like to thank each and every one of you for helping me with this task.

I would like to thank you for the questions that you have asked. It provides me more information on whether I know the issue or not and if I have to back to my briefing notes to study them more. I think it was a really good exercise. It was long, but it was good. I think this is the way. People need to ask questions about the budgets that we are trying to pass. Thank you very much.

>> *Applause*

**Chairman:** Thank you, Ms. Angnakak. On behalf of the committee, I thank you and your staff for having the patience with us for the last four work days and the questions that have been posed to you.

At this time I would like to ask the Sergeant-at-Arms to please escort the witnesses out. Mr. Mikkungwak.

**Mr. Mikkungwak** (interpretation): Thank you very much, Mr. Chairman. I move a motion to report progress. Thank you, Mr. Chairman.

**Chairman:** Thank you, Mr. Mikkungwak. There's a motion on the floor to report progress. The motion is not debatable. All those in favour. Thank you. Opposed. You're welcome.

>> *Laughter*

I will now rise to report progress to the Speaker. Thank you.

**Speaker** (interpretation): Thank you, Sergeant-at-Arms. Going to the orders of the day. Report of the Committee of the Whole. Mr. Rumbolt.

### **Item 21: Report of the Committee of the Whole**

**Mr. Rumbolt:** Thank you, Mr. Speaker. Your committee has been considering Bill 4 of the main estimates and would like to report progress. Also, Mr. Speaker, I move that the Report of the Committee of the Whole be agreed to. Thank you, Mr. Speaker.

**Speaker** (interpretation): Thank you. There is a motion on the floor. Is there a seconder? Thank you, Mr. Joanasié. The motion is in order. All those in favour of the motion, please raise your hand. Thank you. All those opposed. The motion is carried.

Moving on. Third Reading of Bills.

### **Speaker's Statement**

Before I call for the orders of the day, I wish to remind all members and our viewing audience at home to rejoin us at 6:00 p.m. in the Eastern Time zone for the live broadcast of this year's investiture ceremony for the Order of Nunavut recipients.

Two distinguished residents will be honoured by the Commissioner of Nunavut for their many contributions to our territory, and I am very much looking forward to this evening's ceremony.

Secondly, I want to share some early good news, although we will have a celebration later on. Our colleague, George Hickee, is celebrating his birthday today.

>> *Applause*



Have a very happy birthday.

>>*Singing*

>>*Applause*

Thank you. Going back to the orders of the day. *Orders of the Day*. (interpretation ends) Mr. Clerk.

**Item 23: Second Reading of Bills**

**Clerk** (Mr. Quirke): Thank you, Mr. Speaker. *Orders of the Day* for June 6:

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Oral Questions
7. Written Questions
8. Returns to Written Questions
9. Replies to Opening Address
10. Petitions
11. Responses to Petitions
12. Reports of Standing and Special Committees on Bills and Other Matters
13. Tabling of Documents
14. Notices of Motions
15. Notices of Motions for First Reading of Bills
16. Motions
17. First Reading of Bills

18. Second Reading of Bills

19. Consideration in Committee of the Whole of Bills and Other Matters

- Bill 4
- Bill 5
- Bill 7

20. Report of the Committee of the Whole

21. Third Reading of Bills

22. Orders of the Day

Thank you.

>>*Applause*

**Speaker** (interpretation): Thank you. In accordance with the authority provided to me by Motion 4 – 5(2), this House stands adjourned until Wednesday, June 6, at ten o'clock in the morning.

Sergeant-at-Arms.

>>*House adjourned at 16:06*

