

Legislative Assembly of Nunavut

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(Gjoa Haven)

Hon. David Akeeagok
(Quttiktuq)

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(Iqaluit-Niaqunnguu)

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(Kugluktuk)

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(Iqaluit-Sinaa)

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George Hikes
(Iqaluit-Tasiluk)

Deputy Speaker; Chair of the Committee of the Whole

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Government House Leader; Minister of Community and Government Services; Minister of Environment; Minister of Energy

Joelie Kaernerik
(Amittuq)

Mary Killiktee
(Uqqummiut)

Hon. Lorne Kusugak
(Rankin Inlet South)

Minister of Finance; Minister responsible for the Nunavut Housing Corporation; Minister responsible for Liquor and Cannabis Commission; Minister responsible for Liquor and Cannabis Board

Adam Lightstone
(Iqaluit-Manirajak)

Hon. John Main
(Arviat North-Whale Cove)

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

Solomon Malliki
(Aivilik)

Deputy Chair, Committee of the Whole

Hon. Margaret Nakashuk
(Pangnirtung)

Minister of Family Services; Minister responsible for the Status of Women; Minister responsible for Homelessness; Minister Responsible for Poverty Reduction; Minister responsible for Nunavut Arctic College

Karen Nutarak
(Tununiq)

Daniel Qavvik
(Hudson Bay)

Joanna Quassa
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Inagayuk Quqqiaq
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Bills

Bill 70 – Appropriation (Operations and Maintenance) Act, 2025-2026 –
Consideration in Committee 2

Iqaluit, Nunavut
Friday, February 28, 2025

Members Present:

Hon. P.J. Akeegok, Hon. Tony Akoak, Mr. Bobby Anavilok, Ms. Janet Brewster, Hon. Pamela Gross, Mr. George Hickes, Hon. David Joanasie, Mr. Joeline Kaerner, Hon. Lorne Kusugak, Mr. Adam Lightstone, Hon. John Main, Mr. Solomon Malliki, Hon. Margaret Nakashuk, Hon. Joanna Quassa, Mr. Inagayuk Quqqiaq, Mr. Alexander Sammurtok, Mr. Joe Savikataaq, Hon. Craig Simailak.

>>*House commenced at 09:00*

Item 1: Opening Prayer

Speaker (Hon. Tony Akoak) (interpretation): Good morning. This morning, Mr. Malliki, I ask you to do the opening prayer.

>>*Prayer*

Speaker's Statement

Speaker (interpretation): Thank you, Mr. Malliki. Good morning to you all, and I hope we all have a good, productive meeting.

For those Nunavummiut listening to the radio or watching TV, welcome to the House as we start our proceedings this morning. (interpretation ends) I recognize Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Speaker, I seek unanimous consent to proceed directly to Item 20 in *Orders of the Day*. Thank you, Mr. Speaker.

Speaker: The member is seeking unanimous consent to proceed directly to Item 20 on the Order paper. Are there any nays? There are none.

Item 20, Consideration in Committee of the Whole of Bills and other matters, Bill 64, 70, 71, and 72 with Mr. Hickes in the Chair.

I ask that all members remain in their desk so that we can proceed directly into Committee of the Whole. Sergeant-at-Arms.

>>*House recessed at 09:02 and Committee commenced at 09:04*

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

Chairman (Mr. George Hickey): Good morning. I would like to call the Committee to order. Before us we have Bill 64, 70, 71 and 72. What is the wish of the Committee? Mr. Malliki.

Mr. Malliki: We wish to commence the Department of Health, maintenance and operations for 2025-2026. And continue, if time permits, continue with Education. Thank you, Mr. Chairman.

Chairman: Does the Committee agree we first deal with Bill 70?

Some Members: Agreed.

Chairman: Thank you. Minister Main, do you have any witnesses you would like to proceed before the Committee?

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

Chairman: Thank you. Does the Committee agree to have the witnesses appear before the Committee?

Some Members: Agreed.

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

**Bill 70 – Appropriation (Operations and Maintenance) Act, 2025-2026 –
Consideration in Committee**

Thank you. Before we continue with the line of questioning from Ms. Brewster from yesterday, I would ask the minister just for the record to introduce the officials that are with you. Minister Main.

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

(interpretation ends) To my right I have Assistant Deputy Minister Jennifer Berry of Operations, and to my left, Acting Executive Director of Corporate Services, Rene Tanga. Deputy Hunt has a prior commitment. She should be here within the hour. (interpretation) Thank you, Mr. Speaker.

Chairman: Thank you, Minister Main. So like I mentioned, we're currently on page H5 Health Operations. Total operations and maintenance to be voted on, \$212,001,000. Like I mentioned, we left off with Ms. Brewster. Please continue, Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. Good morning everyone. I'm trying to remember where I left off yesterday. So I would just like to go back to the issue of surveillance, and specifically at Qikiqtani General Hospital.

I'm wondering whether or not there is surveillance captured on non-fatal overdoses. I know we've spoken about this already. However, I think that there's a lot of information to be gathered that can inform not just the health care system, but the justice system as well when it comes to illicit drug use.

So a couple of questions. Is there specific surveillance on non-fatal overdoses, and are there surveillance on overdose deaths? Thank you, Mr. Chair.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) So in terms of the non-fatal overdoses, we don't have an established tracking mechanism yet. We are exploring how this can be done.

In terms of the tracking of deaths, that would be through the Coroner's office. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. The minister jumped to one of my other questions, which is how does the department collaborate with the coroner specifically on overdose deaths. Thank you, Mr. Chair.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Through our deputy minister there is a linkage or a relationship there with the coroner's office. There's also a relationship through the chief public health officer's team. And so it's a joint effort.

In order to establish whether a death has been due to overdose, there's toxicology that needs to be conducted. Ultimately that's through the coroner's office for oversight of that function. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. I do have questions on both biosurveillance and toxicology testing. What I wonder is, I suppose I'll just start with the toxicology testing related to deaths or suspected overdose deaths. How is that data shared? Is that

information shared with, for example, the Department of Justice, who might be able to inform the RCMP? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) That's something that would be ordered through the coroner's office. And so, like I mentioned, there is a relationship between staff within our department and the coroner's office.

There are efforts being made to get a better understanding of the statistics and the numbers involved. Right now we're limited to largely anecdotal data. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chairman. There is I think a wealth of information that could be shared from, for example, toxicologic testing of drug products or paraphernalia that can be used to gather information on drug risks to communities. For example, when that information is collected, we can be more aware of what sort of illicit drugs people might be using.

I wonder if there is testing of those products and paraphernalia, as well as biosurveillance on specimens collected from suspected drug overdose that might come into the emergency department. That can be used to identify trends in drugs that in contributing to overdose.

And I know that recently we did in Iqaluit hear about a certain drug that might have an additive that's really dangerous that people might not be aware of. So I wonder if we can hear more about why that might not be happening and what the department needs in order to begin that work. Thank you, Mr. Chair.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) I think in terms of testing paraphernalia or testing substances that have been seized, to my knowledge that's not yet happening in Nunavut. We are interested in what I mentioned, getting a better handle on the prevalence of opioid use and non-prescribed fentanyl. It is something we're interested in proceeding with or looking further into.

However, we need to realize also that we don't have unlimited resources within the department and in terms of the amount of harm that's coming to Nunavummiut are by far, you know, our biggest issue is around alcohol misuse. If we look at Nunavut's 25 communities, there's significant harm associated with that, as well as other public health

issues such as tuberculosis, public health issues around mental health and suicidal ideation.

So that's just a long-winded way to say that we are wanting to get a better handle on this and to be able to track things better. But it needs to be balanced with the other needs, in terms of public health in Nunavut. (interpretation) Thank you, Mr. Chairman.

Chairman: Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. I do recognize the need to focus on public health issues that are ongoing and that we know are affecting our communities; however, I think it's equally as important to be aware of emerging issues that impact public health.

And I'm going to be very cautious. Minister Main, if you open your drawer I put a little package in your drawer in front of you, and it's an HIV self-test kit that I came across in my research. It has a pretty long shelf life, and it's part of a pilot program in one of the provinces that's meant to do outreach for IV drug users.

And what we know is that when people are travelling and out of town, especially on medical travel, they might be at risk of using IV drugs, and this is an opportunity for the department to stock kits for self-testing.

And just a trigger warning. I know that there are sexual assault kits in each health centre and at QGH, or Qikiqtani General Hospital, and to my knowledge these HIV drug self-test kits are not available in those sexual assault kits.

When individuals are sexually assaulted and they go to seek health care, one of the protocols is to ask the person to come back in I think it's three months to have an HIV test administered. These kits are shelf-stable. They come with a link and direction to do the self-test at home. The results come within one minute.

They mitigate that risk of transporting biological specimens so that, in the winter we know sometimes they freeze, and we have to be careful of that.

So I wonder if the Minister of Health or his team is aware of these HIV self-test kits that could possibly be added to the protocols that the department uses for when they do come across people who are using IV drugs and for the sexual assault kits. Thank you, Mr. Chair.

Chairman: Will Minister Main. (interpretation) Thank you, Mr. Chairman. (interpretation ends) I thank the member for sharing that kit, and I did notice it was in the drawer. I wasn't sure where it came from when I sat down, but thank you for explaining

that. My understanding is that these kits are not intended for self-testing. They are rapid test kits but they are not necessarily intended for self-administered tests.

We do have a pilot ongoing, just point of care HIV and syphilis testing, and that's being piloted into communities in Nunavut and the results are available in 15 minutes through that testing.

And in terms of intravenous drug use, we do have a harm reduction approach that's being implemented here in Iqaluit, through our public health clinic here. We are providing accessibility and access to clean needles. We're also making available naloxone kits, and we're also offering opioid replacement therapy. That's through mental health clinic here in Iqaluit.

We're working to deliver education and a health promotion campaign on opioid and other toxic substances. (interpretation) Thank you, Mr. Chairman.

Chairman: Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. As I did mention to the minister, I came across these self-test kits as part of a pilot project that is using them as at home kits.

I'm interested in hearing when the program that the minister just mentioned will be rolled out. Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) My apologies. I'll clarify. The kit that the member has provided, yes. The ones that we have are intended for nurses or health staff to administer. Sorry about that.

The point-of-care HIV and syphilis testing has begun now. It's just started this month, I believe. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. I'm very happy to hear that, Minister Main. I know that for many Nunavummiut they don't necessarily see this issue as a heavy burden. However, for those families who have family members or people they love that are using these illicit drugs, the impact is massive and it's ongoing. I wonder whether or not as part of that program there's a family outreach program in order to help families navigate this disastrous health care issue. Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main: Thank you, Mr. Chairman. (interpretation ends) I don't know that there's a structured program in place specifically around what the member is asking about. However, there are links between public health and mental health services.

So referral, I don't know if you would call it a referral, but a cross or sharing of clients, in terms of making sure that families as well as patients know that there are mental health supports available, those are ongoing efforts within the department.

And in terms of the point-of-care testing, we are looking to roll it out to additional communities. We've targeted five more communities in terms of, on top of the two that have already seen the pilot. However, we're proceeding cautiously as there is a risk of false positives around the point-of-care test. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. The next name I have on my list, Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chairman. I don't have many questions, but just some clarifications and some questions.

Mr. Chairman, on the main estimates on page H5 the Compensation and Benefits, just curious here. There was an increase of pay from anywhere from 9 to 11 percent, and in the 2024-2025 the compensation and benefits is \$104,363,000 and for 2025-2026 it's \$102,354,000, which is a decrease of approximately 2 million. Are there staff being moved, or is there staff positions being eliminated? If I could just get an explanation. Thank you.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. It's a good question, and it's one that we've of course had discussions about within the department. What it reflects, the member is correct, there is an increase in terms of the wage bump that was implemented right across the NEU. However, there's also a decrease in terms of the sunseting of the critical staffing measures package, and so we're seeing a net decrease of that 2 million.

And as discussed yesterday, the sunseting of the staffing measures is something we are concerned about. (interpretation) Thank you, Mr. Chairman.

Chairman: Minister Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chairman. Can the minister elaborate on the sunseting of critical measures or employees there, so that we have an understanding of what's going to happen. Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Ms. Berry will be able to give an explanation, in terms of what the discontinuation of the critical staffing measures would mean to operations. (interpretation) Thank you, Mr. Chairman.

Chairman: Go ahead, Ms. Berry.

Ms. Berry: *Qujannamiik*, Mr. Chairman. So since we've started the critical workforce measures, we've seen an increase in the number of nurses that we've been able to attract to Nunavut both through casual, indeterminant and particularly the job share. This is also linked to reducing the number of our closure days by half. In fact, this winter Christmas period was the first time we didn't have a closure in any of our communities across the territory.

The critical measures have also been able to help us attract nurses more consistently to communities that were considered difficult to recruit or difficult to retain.

And so by allowing the critical measure package to sunset means we won't have those market adjustments to continue to attract particularly to those difficult to recruit and retain communities.

It also puts us a little bit back in terms of being competitive with the other jurisdictions, which are still offering considerable bonuses and allowances, because the nursing shortage is not getting better in Canada. So we're still competing with all other jurisdictions. *Qujannamiik*, Mr. Chairman.

Chairman: Thank you. Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chair. I'm kind of surprised that if the program was a success why it's being ended. Why is that sunset clause in there if it was a success, because it could mean that less is spent on critical staffing and then that same amount or more might be spent on agency nurse. So I'm just wondering, if it seemed to have been working good, why is it ending. Thank you.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) We are hoping to see these measures continue; however, we weren't successful in obtaining funding for the measures.

Collective bargaining schedules also, I believe, were a factor in terms of setting out the two-year timeframe for the measures at the time. (interpretation) Thank you, Mr. Chairman.

Chairman: Mr. Savikataaq, go ahead.

Mr. Savikataaq: Thank you, Mr. Chair. I don't understand why the collective bargaining process would, if you could just explain on that because for the 9 and 11 percent increase that was across the board, it didn't affect the negotiations at all, or appeared not to have been a problem with the collective agreement process negotiations. Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) When we proposed the critical staffing measures, we were very pleased with the support of cabinet and the financial management board and then the Assembly in order to put those measures in place, and we really appreciate that.

We have put forward requests to continue the measures. We haven't been successful to date.

In terms of the reference I made to collective bargaining, that was one of the considerations when it was set out that okay, the critical staffing measures will be in place for two years. At the end of the two years, they would be evaluated. And that was the approval we got, was that it was a time-limited approval. And I hope that clarifies that. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Minister Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chair. I'm sad to hear that it was successful, but they couldn't get any more funding to do it, but I guess I'll go on.

Just a clarification. One of the members asked about the rangers being used as security. The minister stated that there was some foundational legal barriers. If I can just get an explanation on that, because I don't think the member was talking about replacing all the enhanced security with rangers, but being a ranger could qualify you to be one of the enhanced security personnel. So if I could get an explanation on the foundational legal barriers. Thank you.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of somebody who has served or is serving as a ranger and obtaining employment

through the contractor, I don't think there would be any barriers there if the contractor decided that an individual is qualified.

However, my understanding of what the member was suggesting was around the Canadian Rangers being deployed in health centres. So that's the concept or suggestion that I was responding to. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chair. Just for more clarification on the security of the enhanced guard, I know the Department of Health pays a contractor and the contractor hires the enhanced security.

Does the Department of Health have any conditions or any say on who the contractor hires as enhanced security? Thank you.

Chairman: Minister Main.

Hon. John Main: *Mut'na*. We do have influence as the contract holder. Our emphasis has been around maximizing opportunities for Inuit employment, local employment, and that's where that mentorship aspect has been successful.

Previously, prior to the mentorship initiative, there were some serious issues around regular attendance and retention of local staff. And there's a high requirement for, in the scenario where staff are working at the health centre late at night, there are very few people in the facility, that's one of the times you really want to have a reliable staff member there. And if there's an issue around attendance, then that becomes problematic in terms of the safety of the facility.

So all to say that we do have some influence. Ultimately the contractor has the final say in terms of who they hire and who they don't hire. (interpretation) Thank you, Mr. Chairman.

Chairman: Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chairman. Are there any Inuit or Nunavut residents working as enhanced security? Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) To my knowledge, no. However, those positions are available for Inuit who would be interested.

It's Inuit who meet the experience requirements around 15 years' minimum law enforcement experience. (interpretation) Thank you, Mr. Chairman.

Chairman: Minister Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chairman. It seems to be 15 years' law enforcement experience is quite a bit, but in the minister's position would a retired or long-time conservation officer qualify as enhanced security? As they do take police defensive tactics as part of their training in performing their duty. So would an ex-conservation officer or retired conservation officer qualify to be enhanced security? Thank you.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) That's an interesting question, and we would need to look into that with the contractor. We do have regular meetings with the contractor looking for ways to improve the service, looking to troubleshoot delivery of the service across Nunavut. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Minister Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chairman. I think this will be my final question about the security. The enhanced security are there because I assume they're needed, and because the pay and benefits are extremely higher than the local hires. So in terms of incidents that enhanced security has to respond to, what are the numbers? Overall within Nunavut is it one incident a day? Is it one incident a week? If we can get a rough idea on the numbers that we're dealing with. Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) There are a large number of different types of incidents that are tracked.

In terms of violent incidents, in 2023 there were 237 which were recorded, and out of those 237, 71 of them required RCMP involvement. That's just an indication of the severity or the seriousness.

And in terms of the different types of occurrences, you know, I'll just quickly share. So in 2024, there were ten incidents of violence with criminal intent. In 2024, there were 93 occurrences of violence between clients and workers. In 2024, there were four occurrences of violence between workers. And another type of violence we track is classified under personal relationships, and there are numbers showing zero for 2024.

We do have additional statistics that we can share, and if the committee is interested we can commit to providing those in writing as follow-up. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Information is power. The more we have, the easier it makes us help our decisions. So I would appreciate you sharing that information with the Committee.

Just before I go on, I would just like to follow up. You speak of the mentorship and advanced security, and it's written in the policy where you need 15 years of law enforcement experience to qualify under the parameter, yet they're mentoring local security staff.

Usually when I see the term "mentor" it means you're able to take over that position at some point. So these mentored security personnel wouldn't have that 15 years of law enforcement experience. Are the parameters going to change as more people graduate through these mentorship programs? Or are they always going to have to have a supervisor, security person with them, potentially close to doubling the cost? Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) That's a really good question, and around the mentorship, we hope to see Inuit moving into the roles of enhanced guard. In terms of how long it would take, or how long of a mentorship needs to be completed before an individual can move into that role, it precisely comes down to what you've mentioned around that experience requirement and whether the contractor would say, you know, 15 years' Canadian law enforcement or completion of a mentorship.

In terms of the pathway for a local staff member to go into that enhanced guard role, it hasn't been figured out or nailed down yet, but that's our hope, is that we could see Inuit moving into these roles, and less reliance on the rotational staff. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you for that. Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chair. And just a thought occurred to me here, too. I asked about conservation officers qualifying for enhanced security. How about bylaw officers, like if a bylaw officer has been working 15 years? Would that bylaw officer – a lot of the bylaw officers are Inuit in Nunavut. Would they qualify for the enhanced security job? Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Similar to the retired conservation officer type of candidate, we need to look into that with the contractor to understand their training, their skills, and what they're bringing with them. (interpretation) Thank you, Mr. Chairman.

Chairman: Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chair. Most of these enhanced security appear to be retired law-enforcement officers. I don't know if the minister would be able to answer this. What's the average age? Or are they all fairly older gentlemen that may be overpowered by a younger aggressor? Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) They do tend to be older. We don't have the numbers around the average age. There are physical and mental demands that are set out in the job description through the contractor, and there is I believe a requirement around physical ability. Exposure to aggressive individuals is one of the work conditions that is specified.

And in terms of crisis intervention skills that enhanced guards bring, they have de-escalation skills as well as extensive crisis intervention experience. I think the idea is to have individuals who can de-escalate events before they become violent or reduce the amount of violence if an incident occurs. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. That was the last name I have on my list under this page. We're on Health Operations, page H5. Total operations and maintenance to be voted on, \$212,001,000. Agreed?

Some Members: Agreed.

Chairman: Thank you. Can you please turn to page H6, Programs and Standards. Total operations and maintenance to be voted on, \$88,854,000. Ms. Quassa.

Ms. Quassa: Thank you, Mr. Chair. (interpretation) Good morning. (interpretation ends) Information on page A-V-9 of the main estimates shows that the budget for the home community and long term care division of Health's Programs and Standards Branch will increase by over 7 million in 2025-2026. What accounts for this increase? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) This is to support our contracted long-term care services. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Quassa.

Ms. Quassa (interpretation): Thank you, Mr. Chairman. (interpretation ends) If it's for long-term care division, does that include the Rankin facility? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Yes. *Mut'na.*

Chairman: Thank you. Ms. Quassa.

Ms. Quassa (interpretation): Thank you, Mr. Chairman, and thank you to the minister.

(interpretation ends) Home and community care programs offer health-related services to individuals in poor health or with disabilities at the community level. One of the department's priorities for 2024-2025 was to develop options for expanding this program. What changes are anticipated for 2025-2026? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) So the review of the home care program, it should be completed by the end of next month, by the end of March.

And so following that work and the review, we would look into staffing requirements, look at putting in requests through the business planning cycle.

Unless we wait for the next budget, the only other option would be to go through a supplementary appropriation process.

And in terms of the work to date on the homecare review, we have identified rehabilitation services being a big support and something that perhaps needs to be integrated better, housing being a major component of the services that are provided and needed, transportation services being fundamental, in terms of supporting aging in place.

And so that's a bit of a preview, in terms of what we anticipate coming out of the review. (interpretation) Thank you, Mr. Chairman.

Chairman: Ms. Quassa.

Ms. Quassa (interpretation): Thank you, Mr. Chairman, and thank you for that. (interpretation ends) The department has been delivering a cancer screening program for a number of years. What additional cancer screening treatment and counselling services will be provided in Nunavut in 2025-2026. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. I do realize we touched a little bit upon this on the previous page, but I think it's worth noting what additional cancer treatments are available. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of cancer screening, right now in terms of colorectal cancer screening, pilots have been evaluated, the pilot projects.

And we have planning happening around a rollout of our colorectal cancer screening program in April. So it's being scaled up in several communities currently.

In terms of breast cancer screening, that continues to be a service that is supported. There is ability for referrals to be provided. There's also self-referral options for individuals with a family history and/or symptoms.

And in terms of the next steps, we are preparing a business case in terms of breast and lung cancer screening, to put it forward.

Basically it's a way of saying we're looking for opportunities to secure funding so we can expand or establish those screening programs. (interpretation) Thank you, Mr. Chairman.

Chairman: Ms. Quassa.

Ms. Quassa (interpretation): Thank you, Mr. Chairman, and a thank you for clarifying that. (interpretation ends) The Legislative Assembly approved a new *Medical Profession Act* in 2020. What is the status of the act's regulations and when will it be in force? (interpretation) Thank you, Mr. Chairman.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) If you'll just bear with me a second here. One of these days I will get away from piles of paper and be digital, but not yet; not today. (interpretation) Thank you, Mr. Chairman.

(interpretation ends) The regulations continue to be developed. We anticipate regulations being brought forward for consideration by the executive council before the end of the current fiscal year. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. I still like my paper, too, Minister. Ms. Quassa.

Ms. Quassa (interpretation): Thank you, Mr. Chairman. Moving on (interpretation ends), the Department of Health's business plan on page 103 that population health "supports individuals, groups and communities to achieve population health and wellness."

What specific initiatives are currently under way to give groups and communities more control over decision making and the use of resources to achieve their health and wellness objectives? (interpretation) Thank you, Mr. Chairman.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) I think one of the big tools that we have for programs is through the Nunavut Wellness Agreement, where communities are developing or have developed community wellness plans. And so those can include a number of different elements, including food security. Depending on the community's needs and wishes it can include components around mental health; it can include components around educating the community on public health as well, and spreading awareness. So those are a big tool that we have.

And the wellness coordinators that are employed through those agreements can often pull in additional monies or funds for their community. Many of them work through the hamlets. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you for that. The next name I have on my list, Mr. Lightstone.

Mr. Lightstone: Thank you, Chair. I'll try and keep this brief. I only have two topics I would like to touch upon.

As programs and standards does work around developing territorial programs and policies, I was just curious if the minister is aware if, does the federal Universal Pharmacare Program include anything that's not currently covered under NIHB. Thank you, Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Just bear with me a second. (interpretation) Thank you, Mr. Chairman. (interpretation ends)

So the pharmacare initiative or legislation is proposing to cover contraception as well as diabetes medication.

And in terms of Health's work, they're federal partners on this. To date it's been high-level discussions on it nationally.

The specific drugs the formulary that would be included as part of that program or initiative, that's one of the outstanding questions that we have around the program, in terms of NIHB formulary, and then the one being proposed through *Pharmacare Act*. (interpretation) Thank you, Mr. Chairman.

Chairman: Mr. Lightstone.

Mr. Lightstone: Thank you, Chair. Thank you, Minister. I'll move on to my next topic. I'm assuming that this branch does rely heavily on vital statistics. I've got one topic I would like to question about.

Is the minister aware whether or not the amount of 18-year-olds in Nunavut fluctuates very much from year to each year? Thank you, Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) That's a statistical inquiry that we can look into. However, we don't have those numbers here with us. I don't have them here, despite my thick stacks of paper. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. The next name I have on my list, Mr. Malliki.

Mr. Malliki (interpretation): Thank you, Mr. Chairman, and good morning, Minister, and your staff.

I don't have many questions, but going back to dental health in Nunavut, is it well behind after COVID or whatnot?

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) There was a backlog of need in Nunavut following the pandemic, in terms of, you know, there's different numbers that attract and different types of needs that attract.

In terms of pediatric wait lists for oral surgery, I'm happy to report that our wait lists have come down. However, we still have a lot of work to do to make sure we're staying on top of those needs for young clients. (interpretation) Thank you, Mr. Chairman.

Chairman: Sorry, if I may interject here, Mr. Malliki. What is the current wait list? If my memory serves me correct, I think the most recent number we had was approximately 600 kids that were on that wait list. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Currently the number is 780. Still, It's down from where it was previously. However, like I mentioned, we still have work to do.

The last previous year, in 2023, approximately 1,000 children were treated using general anaesthetic services. We continue to look for opportunities to provide more service.

The relationship we have with Churchill is an important one, in terms of meeting that need, and we're excited to see that the infrastructure work in Churchill has been completed, and so we're going to continue looking for opportunities to get more treatment to more Nunavut children faster. (interpretation) Thank you, Mr. Chairman.

Chairman: Before I go back to Mr. Malliki, I just have to make a comment. I really encourage the minister and the staff to really work hard on this endeavour. As the minister is very well aware, children that are having dental issues, especially in that level of seriousness impacts their diet, their sleep, their education, you name it. There's so many different aspects of their life that are negatively impacted. Mr. Malliki.

Mr. Malliki (interpretation): Thank you, Mr. Chairman. And thank you for the comments you made. I wanted to express as well.

When children have dental issues, it becomes very hard, and you have no other recourse. So I would encourage you further to catch up with the backlog and to radically reduce those who need dental care, and not just in dental care; in general, and perhaps showcase on the problems associated with dental issues and what improvements can be made thereof. Thank you. That's all. Just a comment.

Chairman: Minister Main. (interpretation) Thank you, Mr. Chairman. (interpretation ends) I appreciate the support of the members, and we are quite concerned about this ongoing need, in terms of being able to meet it.

We have advocated, for example, through Non-Insured Health Benefits for additional operating time, and we have been approved for 15 additional weeks of general anaesthetic services in Iqaluit, and three weeks of oral surgery services in Iqaluit. That's positive. It's going to mean more children can be treated.

We also have a part-time dentist hired to manage the wait list and triage clients to make sure that those with the most serious issues are getting dealt with the fastest, or given priority. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. The next name I have on my list, Mr. Simailak.

Mr. Simailak: Thank you, Mr. Chairman. Good morning, Minister, and to your staff. Staying on the subject of dental work in Nunavut, for clarity, when these dentists go into the communities, they're not Government of Nunavut employees; it's a business venture that comes into these communities? Can I get confirmation, please. Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main: *Mut'na*. The Member is correct. *Mut'na*.

Chairman: Mr. Simailak.

Mr. Simailak: Thank you, Mr. Chairman, and thank you, Minister. I'm wondering, how does the department work with these dental businesses to go into the communities? Does the department encourage these dental companies to visit Baker Lake six times a year, a month at a time? What's the working relationship, like to ensure we get dental services in all of our communities? Thank you, Mr. Chairman.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) It's a great question. So in terms of each community, Baker Lake for example, there are general practitioner service days that are allocated per community, and this is through the Non-Insured Health Benefits program. And the number of days per community are based on the population size, and those service days go into the contracts, which are divided up by region. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Simailak.

Mr. Simailak: Thank you, Mr. Chairman. Is there some sort of gauge being used to measure if the frequency of visits is meeting the needs of the community? Is that being amended regularly so that the dentist does visit the community more frequently if needed? Thank you, Mr. Chair.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) So our dental team reviews demand and wait times, and it's also shared with the staff at Non-Insured Health Benefits that we work with. We have in the past advocated for additional service days to be implemented in response to longer wait lists and demand, and we were successful.

So Baker Lake, for example, is allocated 120 days of service per year under the current contract. (interpretation) Thank you, Mr. Chairman.

Chairman: Mr. Simailak.

Mr. Simailak: Thank you, Mr. Chair. And outside of those 120 days in a year that the dentist visits Baker Lake, if a person needs dental work done, like they are in a lot of pain and the dentist is currently not in the community, what avenues could they do to get help with the dental work they need? Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. Ms. Berry can respond to this, if you'll allow. *Mut'na*.

Chairman: Thank you. Go ahead Ms. Berry.

Ms. Berry: *Qujannamiik*, Mr. Chair. So when there's a dental emergency, first stop is usually the health centre or the community health nurse. If it is something that needs to be treated in a timely manner, we have a chief dental officer for the territory, and so that's where the first phone call goes; a conversation about the situation, the signs, symptoms. And then the chief dental officer makes the decision on the urgency, and then can arrange medical travel to have it addressed. *Qujannamiik*, Mr. Chair.

Chairman: Thank you. The next name I have on my list, Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair, the *Dental Profession Act* was amended in early 2024 to allow for the appointment of a dental review officer, and Health recently issued a call for candidates for this position, and I'm wondering why has there been a delay in appointing a dental review officer in Nunavut. Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) I don't know at this point in time what accounts for the delay, but I can seek that information and I might have it for the member a few minutes from now, or I might have to include it in a follow-up correspondence. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Technology does have some advantages. Ms. Brewster.

Ms. Brewster: Thank you. I guess while we wait for that information that might come, how is the department focussing on prevention? I know that a lot of the, for example, the 780 children who are on the wait list, I'm sure a large number of them have dental caries that could have been avoided. So if we can talk about prevention, when does that start? Does that start with prenatal health care in educating mothers-to-be? Is it in school? Is it in daycares? Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) The member is correct in terms of all of the above. So there are dental awareness components to well baby appointments. There are components around oral health that are delivered through day cares. There's also activities in schools.

The member is correct that when we look at the need for general anaesthetic services for children, I find it quite sad that this is a preventable issue, and that's where education and awareness is so important. We have community oral health coordinators in most communities who are leading the efforts in this regard.

But, you know, working against us we have things like the prevalence of the amount of consumption of sugared drinks, pop and juice. These are things that are working in the other direction. (interpretation) Thank you, Mr. Chairman.

Chairman: Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. The minister always seems to anticipate my follow-up questions. I know that there was a Drop the Pop program, public health education program years ago. Is that program still running?

I guess I would like to hear as well more about why that prevention programming isn't working, and whether or not that has been evaluated. Sorry, there's two questions there. Thank you, Mr. Chair.

Chairman: That's allowed. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) So the Drop the Pop campaign still exists. It's now led by the Department of Education, and that transfer over pre-dates my time. I'm unsure as to what led to that.

In terms of the oral health coordinator role and evaluation of the effectiveness, that's something that I will have to look into further, in terms of looking at how effective the program is and what changes have been implemented or recommended. (interpretation) Thank you, Mr. Chairman.

Chairman: Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. Are there components within nutrition education programs that speak about the impact of certain – we talked about pop and things like that, but what we know is that things like crackers get stuck on teeth. We know, when we eat crackers it's hard to get it off your teeth. Do nutrition education campaigns also include information about the impact of different foods on oral health? Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) To my knowledge, I believe that's the case.

In terms of encouraging consumption of healthy foods like country food, for example, or foot that is rich in calcium and the benefits to oral health and teeth, that's something that is promoted.

And I think that's one of the helpful aspects of the Child First Initiative nutrition supports that have been provided, that it is specifying types of food that are identified as being healthy or healthier choices.

And that has been one of the I think interesting aspects of those nutrition supports, creating a systematic push towards nutritious foods. (interpretation) Thank you, Mr. Chairman.

Chairman: Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. I'm curious about whether or not any public health or public education campaigns enlist experiential information, such as having parents who have gone through that process of having to bring their child for oral surgery as proponents of better oral health. Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Not currently; however it's a good suggestion that I can bring back to our team, in terms of how we improve our efforts. (interpretation) Thank you, Mr. Chairman.

Chairman: Ms. Brewster.

Ms. Brewster: Thank you. Thank you for that, Minister. And I think it's also important, we know that as our young people grow older, there are youthful people who have had that experience as a child, having dental issues, so I think it would be a good idea to engage young people as well in that public education, and especially with the advent of kind of self-directed creation of information through various social media. Some kind of a contest or something like that might go far in creating more knowledge. So I'll just move on from that.

The Tobacco Reduction Program receives a contribution of \$248,000 for its activities, and on November 5, 2024, the minister tabled the 2023-2024 Annual Report on the Implementation of the Tobacco and Smoking Act. The report notes that Health awarded a contract for the design and implementation of a mass media campaign to educate Nunavummiut on the *Tobacco and Smoking Act*, and I wonder what was the value of the contract, and how is the department evaluating its effectiveness. Thank you, Mr. Chairman.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the effectiveness, we do monitor things like social media statistics, in terms of the number of views, engagements to see how effective the educational initiatives are.

You know, we are pleased that when you're on social media, on Facebook in particular, there's a footprint there, and so we know that Nunavummiut are seeing the information we have available.

In terms of the value of the contract, I believe that's a statistic that we can pull out. I just don't have it right in front of me at this second. Thank you.

Chairman: Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. If we can delve a little bit deeper into that, I would appreciate it. What were the main objectives of that mass media campaign.

The minister did mention monitoring social media hits. However, I think it's really important to have a better understanding of what that campaign's objectives were, so that we can have an idea of whether or not they were met. Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Just bear with me for a second here. *Mut'na*. So in terms of the mass media campaign, we had it originally scheduled to launch on January 20, 2025 to coincide with National Non-Smoking Week.

The campaign has been moved to March 2025 due to logistic reasons and delays in production resources. Planning for the mass media event is ongoing.

In terms of effectiveness, we know that smoking rates in Nunavut are amongst the highest in the country, and that it's a major driver of health care costs and need across Nunavut.

We continue to work with contractors, work with other departments to try and create awareness around the harms of tobacco so that we can see our smoking rates come down in the future. (interpretation) Thank you, Mr. Chairman.

Chairman: Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. I know one of the most effective antismoking campaigns is to ensure that people do not even begin to smoke. So what I wonder is whether or not there is any thought being put into raising the age of people's ability to buy tobacco products. I know currently it's 19 years old.

There are some countries that in fact are raising the age every year, in order to create a population that never smokes. In a long term view of that, I wonder if there has been any research or thought put into that. Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) That's an interesting concept and initiative that's being implemented in some limited circumstances, and it's something that we are monitoring. However, currently our focus is around implementing what we have in place.

in terms of informing the public around the new *Tobacco and Smoking Act*, which is aiming to de-normalize smoking in Nunavut, help Nunavummiut to quit when they feel they're ready, as well as protecting Nunavummiut from second-hand smoke.

And so those are the kind of the focal pieces right now. And we are partnered with the Ottawa Heart Institute to implement the Ottawa model for smoking cessation in Nunavut, and this is to support clients receiving cancer care treatment, so they can actually also have access to cessation interventions. (interpretation) Thank you, Mr. Chairman.

Chairman: Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. One of the objectives of the *Tobacco and Smoking Act* is to protect Nunavummiut from second-hand smoke, as the minister mentioned. And one step was by making public housing and staff housing smoke free.

I'm wondering how does the department evaluate whether smoking in public and staff housing has decreased since the legislation has come into force. Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) So that would be a question that I think the Nunavut Housing Corporation could answer.

We are committed to providing awareness materials and working with different organizations, retailers to make sure that the measures within the Act are being implemented. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Just to be clear, Minister, were you deferring that question to Nunavut Housing Corporation? Minister.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) I was suggesting maybe when the Housing Corporation is up for their appearance in this chair, they might deal with that question. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you for clarifying that for me. Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair and Minister. To date, how many enforcement officers have been appointed to ensure to the *Tobacco and Smoking Act* and its regulations? Thank you, Mr. Chair.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the enforcement numbers, I don't have those readily available, but I can commit to receiving those numbers as soon as possible and sharing them with the committee. Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. Is there a training plan with that group of employees? Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of enforcement officers and the training plan, again, that's a detailed question I would have to look into further in order to respond. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Brewster.

Ms. Brewster: The Minister mentioned the Ottawa Heart Institute and the Ottawa model and cancer care treatment. I wonder if you can elaborate on that. Thank you, Mr. Chair.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. I thank the member for asking a question that I can answer, and my apologies for not the previous ones.

So in terms of the Ottawa model for smoking cessation, our program has been working with it. We're trying to ensure that there's continued and consistent implementation of tobacco harm reduction approach for all Nunavummiut.

So the heart institute has nurses who support Nunavummiut at Larga Baffin on a bi-weekly basis. We had an all-partner meeting on this subject, not specific to Larga Baffin, but on the cessation model to share challenges about this project, look at solutions for common barriers, and looking for ways to scale up the program.

We do have some issues in terms of implementing these interventions, including space and staffing. We're looking at other ways to support this. In Iqaluit, for example, we're looking at whether Qaujigiartiit Wellness Centre can be a support or a location for services. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. I know that in Iqaluit smoking cessation tools can be accessed through the pharmacies without prescription. Is this the same in communities? Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) That's the case through health centres. These products are available right across Nunavut. And we really want to encourage Nunavummiut to try and quit, if they feel they're ready. (interpretation) Thank you, Mr. Chairman.

Chairman: Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. I know how hard it is to quit, and how important it is to ensure that people don't start. So I'll move on from that.

In October 2024 the minister released a statement indicating that Nunavut anticipates recovering cost for tobacco related illnesses from Canada's tobacco companies, and I'm wondering when the final settlement amount be determined. Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main: Just bear with me a second. (interpretation) Thank you, Mr. Chairman. (interpretation ends) My understanding of the process is that it's still in the courts. There has been a settlement amount proposed, but until things are finalized in the courts, I can't say definitively what the amount will be. (interpretation) Thank you, Mr. Chairman.

Chairman: Ms. Brewster.

Ms. Brewster: Just a shot in the dark, and the minister might not be able to answer this, but how much does it cost us to address tobacco-related illnesses in Nunavut? Like, what's the cost, whether that's a monetary cost, or do we know how many people that we lose to tobacco-related illnesses every year? Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) We don't know the exact cost; however, we do know that it is a high one, and not just in terms of monetary considerations. These are people who we're losing at the community level due to tobacco.

And in terms of the numbers of deaths, again, that's a difficult question to answer, because when an individual passes away, there's often, there can be a number of contributing factors, and not necessarily simple to say this individual passed away because of tobacco. We can say it was a contributing factor that they were a smoker, but in terms of having a single causation that you could categorize people under, that's a difficult measure.

I will commit to pulling out whatever statistics we have available, in terms of things like medical travel or cancer treatment costs and sharing it back with the committee, but keeping in mind I don't want to create a lot of extra work for the department if there are not records readily available. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. Thank you for that commitment. I certainly don't want to cause any work that takes people away from doing their good work.

I would just like to go back to oral health, in relation to tobacco, tobacco consumption. We did have a brief discussion that was more centred on child oral health, and I just wondered whether or not there is a specific oral health campaign that's related to tobacco use, whether that's through smoking or chewing tobacco, because we know that has an impact on oral health. Thank you, Mr. Chair.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Ms. Berry can respond to this. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Berry, proceed.

Ms. Berry: Thank you, Mr. Chair. The health promotion team has recently created new materials, health promotion materials. And a lot of the other education pieces that we have do talk about especially around snuff, chew, tobacco, chewing tobacco, and those risks to the dental health. And so there are new materials that will be launched in the near future. Thank you, Mr. Chair.

Chairman: Thank you. Just before I go to my next name, we'll take a 15 minute break. Thank you.

>>Committee recessed at 10:31 and resumed at 10:58

Chairman: Thank you. I would like to call the committee back to order. The next name I have on my list, Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chair. Mr. Chair, I would like to just ask questions about the long-term care facility in Rankin Inlet, and my first question will be when is the long-term care going to be opened, and when is it going to be taking in clients. Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) The target month for the first residents to come into the facility is April. (interpretation) Thank you, Mr. Chairman.

Chairman: Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chairman. And just to inform Nunavummiut, it's a 24-bed facility. I assume there was an application process, or a process, anyway, in terms of the clients that will be going in there. How long before all 24 beds are filled? Because I would assume that they're not all going to come in the same day. Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) So in terms of filling the available beds at that facility, my understanding is most of the residents would be moving from Ottawa to Rankin.

The way that the facility is set up, there's two of the beds are allocated for respite care and/or palliative care. There's 22 permanent beds in the facility.

The process of moving residents from Ottawa to Rankin will involve charter aircraft, because due to medical needs or other conditions, most of the residents in Ottawa are not able to travel on scheduled airline flights. So the process would see gradual movement of residents from Ottawa to Rankin. (interpretation) Thank you, Mr. Chairman.

Chairman: Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chairman. The minister stated that most of the beds will be filled out of Ottawa, from Embassy West. Can we get a more clear picture of, does the minister know yet how many Nunavut residents that are in Ottawa that can be moved to Rankin will be moved to Rankin? Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the approach, the priority for placement into Rankin was that priority was given to those who were placed out of territory and those who had consent to return to Nunavut.

There were a number of different aspects that were looked at in terms of which individuals would be taking those beds. A point system was established based on age, home region, health status, and years of placement out of territory.

And we did have a committee established around the placement or the repatriation aspect. We wanted to have a consistent and transparent approach. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chairman. Mr. Chairman, I didn't hear how many would be moved back from Ottawa. I don't know if that information is available yet, but how many of the beds will be from Ottawa. The minister stated most. Is there a target number, or is it just everyone that can be moved from Ottawa to Rankin, because the level of care is different, will be moved with consent? Thank you.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) The target number is 22. (interpretation) Thank you, Mr. Chairman.

Chairman: Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chairman. Mr. Chairman, The number of dementia and Alzheimer cases, as the population ages, appears to increase, too. Can the Rankin Inlet long-term care take care of dementia and Alzheimer's patients or clients? Thank you.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Yes. *Mut'na.*

Chairman: Thank you. Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chair. And going back to the cost, can the minister inform us what the average cost per bed per month will be at the Rankin Inlet Long-Term Care Facility. Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) The overall all cost of the contract to operate the facility that was signed with Tagjaq Corporation is approximately \$15 million per year.

In terms of the cost per bed per month, that's a quick calculation that my corporate services staff should be able to calculate. The math in terms of 15 million dollars per year, 24 beds. The calculation is being done right now. Thank you.

Chairman: Thank you. Mr. Savikataaq.

Mr. Savikataaq: Thank you. We'll wait for the calculation to be done. I'll just ask, the targeted opening date is in April. Have all the necessary staff that are needed to be hired have been hired? Thank you.

Chairman: Thank you. Minister Main.

Hon. John Main: (interpretation) Thank you, Mr. Chairman. (interpretation ends) Our understanding is that the contractor is working to staff up the facility. I don't know as to how many staff have been recruited to date. However, the contractor is making those efforts now.

We have placed a high emphasis on a training and skills development program to be overseen by the contractor in order to see as many Inuit employed there as possible. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chair. April is not too far away. If it's the beginning of April, it will be roughly 31 days. If it's end of April, it's about 61 days. The minister has stating they are hoping to have as much Inuit hired as possible. Can Nunavummiut have assurance that there will be Inuktitut-speaking staff that are working around the clock, in terms of there will be an Inuktitut speaking staff at any given point in a 24-hour day that is on staff? Because most of these elders that will be going there will probably be unilingual Inuktitut speaking. Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) That's the desire of the department, to see Inuit employment maximized for those reasons that the member has outlined.

We really hope that there will be that strong representation of Inuit amongst the staff so that communication in Inuktitut will be well supported.

The contractor is ultimately responsible for this. Rankin Inlet is a very competitive location for hiring Inuit staff into, and we know that through the department's difficulties around recruitment and retention for our positions, not necessarily at the long term care facility, but within Rankin Inlet. But we anticipate the contractor will succeed, and we will be keeping a very close eye on the level of Inuit employment at the facility. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chair. Mr. Chair, there's lots of nice words there. "Our goal", "we hope to see", about Inuit employment. The facility is opening in a month or two, depending whether it's beginning or end of April, and the minister stated he's

hoping the contractor will have a lot of Inuit hired. What is the number of Inuit hired as of today to work in that facility? Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman (interpretation ends) I don't have that number currently, in terms more nice words that I can share with the member.

We do have relevant clauses in our contracts that refer to the *Inuit Language Protection Act* and make clear the department's expectations through that contract. There's also a reference to Inuit societal values and culturally appropriate activities.

These are nice words that are written into the contracts and that are binding on the contractor. So I think that's what my hope is based on in terms of Inuit employment and service in Inuktitut.

I'm hopeful that through the contract we've established a mechanism to ensure that these things are in place. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chair. I think the official had enough time to do the calculation now. Can we get the cost per bed per month for the facility there. Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) It works out to approximately \$52,000 per month per bed. (interpretation) Thank you, Mr. Chairman.

Chairman: Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chair. Still staying on elder care, but switching away from the Rankin Long-Term Care, there's quite a few Kivallummiut that that are going to be going to the long term care in Rankin. Has there been any thought or processes started so that Kivallummiut can be a bit closer to home and have long term care in Winnipeg so it's easier for the families to visit them? Because Kivallummiut go to Winnipeg quite often for varying reasons, but Kivallummiut don't go to Ottawa very often. So is there any thought on doing that to help Kivallummiut, and specifically in Arviat? Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) We currently don't have any formal arrangements with contractors or facilities in Winnipeg to support provision of long-term care services.

In terms of having care provided closer to home, and as close to home as possible, our desire is to see enough capacity built in Nunavut so that we don't have to rely on out-of-territory services, so that we have the Cambridge Bay facility completed, Iqaluit facility completed, and then no longer a need for out-of-territory care. However, that's a number of years away.

In terms of Winnipeg, the use of the Ottawa Embassy West facility right now, it's for residents of the whole territory. It's a bit of a centre of excellence, in terms of the care that's being provided there. In terms of Winnipeg, we don't have anything in place currently. *Mut'na.*

Chairman: Thank you. Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chairman. I know that Embassy West in Winnipeg is the only place right now in the south, and it's good and handy for people in Baffin, because they have direct connections, but it's not very good for Kitikmeot or Kivalliq.

The minister stated they're not looking for any facilities to work with in Winnipeg to put Kivallummiut there, which is – it could be sad, so I'll ask, are all the Kivalliq clients that are in Embassy West, is there enough room in Rankin that all Kivalliq clients will be moved from Ottawa to Rankin Inlet? Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) So in terms of the residents currently in Embassy West, the number of residents to be repatriated or moved to Rankin, I don't know that that will ensure all Kivalliq residents are moved out of Ottawa.

However, we do have plans to put a request for proposals around long term care beds in Winnipeg and it's through that process that we would access, potentially access those beds closer to the Kivalliq region.

However we're wanting to make sure that the Rankin facility is operational and then we can see the numbers of residents and the level of demand or need amongst Kivalliq residents before we move forward on that. *Mut'na.*

Chairman: Thank you. Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chairman. It's good to hear the minister said they weren't looking for any facilities in Winnipeg, and I think now the minister is stating they will be looking to see if they can be looking look for a long term care facility for Kivallummiut closer to home. I did ask whether the Kivallummiut would go to Rankin Inlet, and the minister is not sure.

I don't know if the minister can answer this, then. There's at least four or five Arviammuit in Ottawa at Embassy West. Will all of those clients be moving to Rankin Inlet? Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) I don't believe that I stated that we weren't looking, I stated that we didn't have anything in place currently with regards to long-term care services in Winnipeg. So just to maybe clarify that a bit.

In terms of getting to the details that are getting pretty close to personal health information of individuals, I'm not able to respond on the individual levels of care and the locations for the care because if I answer that question to this member, then I would have to, or I could be asked to provide this same information to other members. When we're talking single digits of clients, it's around privacy. (interpretation) Thank you, Mr. Chairman.

Chairman: Maybe if I could rephrase it a little bit. The minister mentioned a scoring system on relocating people from Ottawa to the new facility and opening soon in Rankin Inlet. Is part of that scoring system the original location of those patient's homes? If they are from the Kivalliq region, do they score higher than somebody from Kitikmeot? Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chair. (interpretation ends) Yes, that was part of the approach. Home region was taken into account. *Mut'na*.

Chairman: Thank you. Mr. Savikataaq.

Mr. Savikataaq: Thank you, Mr. Chairman. This is just a statement, my last statement on this matter. I'm glad and looking forward to the long-term care facility to be opened in Rankin Inlet so that Kivallummiut, but specifically for Arviammuit, that could be or will be moving there, as the families will be able to visit them a lot easier which will bring comfort and happiness to the families of Arviat who miss their elders or their relatives that were moved so far away to Ottawa.

I know in order for them to get the proper care, that that's what they had to do, but it's also sad that they couldn't visit them. So I'm looking forward to the Rankin facility being opened, and for Arviammuit and Kivallummiut to be moved there. Thank you.

Chairman: Thank you for that comment. I understand the minister wants to respond. Go ahead.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation) I thank the member for sharing those.

In terms of the burden on families and elders and being away from home, we know it's a difficult process and situation. We've been looking for opportunities to secure additional funding that would support an expansion of our client travel policy to go from two funded visits per year for residents to four. We are looking to double that, as soon as we can secure the resources to allow that. It's something we could offer to Nunavummiut. It wouldn't fix everything, but it could make it a bit better, in terms of allowing more visits. Thank you.

Chairman: Thank you. Page H6, Programs and Standards, \$88,854,000. Agreed?

Some Members: Agreed.

Chairman: Thank you. Members, please turn to page H7, Inuusivut Mental Health and Addictions. Total operations and maintenance to be voted on, \$90,588,000. Mr. Quqqiaq.

Mr. Quqqiaq: Thank you, Mr. Chairman. Nunavut passed its new *Mental Health Act* during the Fifth Assembly. The department's business plan indicates that the Mental Health Review Board has been established and work on regulations is under way.

The question is, Mr. Chairman, is the new *Mental Health Act* currently in force, and if not, when will it be brought into force? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) The Mental Health Act is partially in force, and that was done in order to allow the formation of the Mental Health Review Board.

In terms of bringing the full act into force, that's anticipated for this fall. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Quqqiaq.

Mr. Quqqiaq: Thank you, Mr. Chairman, and thank you, Minister, for the response. This will be a follow-up question. To date how many regulations for the *Mental Health Act* have been finalized and what areas do they cover? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) So out of the 17 regulations listed in the Act, there were ten that were identified as priority regulations, and the drafting of these regulations is under way.

I'm not sure if the member wants me to list off. There are ten regulations that are priority and currently being drafted. (interpretation) Thank you, Mr. Chairman.

Chairman: Maybe if the minister could provide that in written correspondence instead of going through the list today. Mr. Quqqiaq.

Mr. Quqqiaq: Thank you, Chairman. What is the current status of community-based mental health and addiction staffing and resource? Thank you, Mr. Chairman.

Chairman: Thank you, and I think maybe other than Taloyoak and Kugaaruk, if the member is asking about, maybe if the minister could provide that in written correspondence as well, to the staffing levels by community. I see you nodding your head. Go ahead, Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) We can certainly follow up with as much detail as we can, in terms of the mental health staffing.

Right now we have 124 filled front line staff positions; 50 in Qikiqtaaluk, 27 in Kivalliq, and 47 in Kitikmeot. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Quqqiaq.

Mr. Quqqiaq: Thank you, Mr. Chairman. What initiatives are under way to recruit and train mental health counsellors, addiction workers, and other community-based support people to provide mental health and addiction services to those in need? Are there any plans to recruit Inuit? That would be the follow-up questions. Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main: *Mut'na*, (interpretation) Mr. Chairman. (interpretation ends) Absolutely, there are plans to recruit Inuit. Currently we have 42 paraprofessionals, almost all of whom are Inuit. And the paraprofessional project is our main avenue to

seeing more Inuit employed in mental health and addictions, and we're really excited about it.

Victoria Madsen and her team have been doing amazing work in terms of building up that workforce and making sure it's done a sustainable manner so that these can become experts, so their staff can build up their skills and build a career in the field of mental health and addictions. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Quqqiaq.

Mr. Quqqiaq: Thank you, Mr. Chairman. I'll move on to suicide prevention, and I'll refer to all the children in Nunavut.

According to page H9 of the Main Estimates, approximately 4.7 million is allocated in contribution funding for the Nunavut Suicide Prevention Strategy. How are these funds distributed across Nunavut? And how does the government monitor the effectiveness of funded activities. Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) So some of the funds go to organizations like Isaksimagit Inuusirmi Katujjiqatigiit or Embrace Life, formerly known as Embrace Life. There are other groups that also receive annual funding allocations through that.

We also have the Upigivatchi program, which funds initiatives in many Nunavut communities. And as part of the funding application and reporting process, there's monitoring in terms of looking at the outcomes from the funded activities. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Quqqiaq.

Mr. Quqqiaq: Mr. Chairman. Thank you, Minister, for your response. Mr. Chairman, the minister tabled the 2024-2025 Inuusivut Anninaqtuq Act Suicide Prevention Act Plan in October of 2024.

And the question is, Mr. Chairman, has there been an evaluation of the previous 2017 to 2022 action plan, and if so, will the minister be tabling the evaluation report. Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) There was an evaluation of the previous plan, and I believe it's already been made public. I can't recall whether it was tabled in the Assembly, but it's already a public document. (interpretation) Thank you, Mr. Chairman.

Chairman: Just to confirm, Minister, is that available publicly on the Government of Nunavut Department of Health website, or another source? Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. Yes, it's currently on our website, and it hasn't been tabled in the Assembly. If there is a desire to see it tabled, I can go through that process. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Quqqiaq.

Mr. Quqqiaq: Thank you, Mr. Chairman. One of the priorities listed on page 106 on the Business Plan for the 2025-2026 is to develop a new suicide prevention strategy with partners and stakeholders.

The question is, Mr. Chairman, how will this strategy differ from the action plan which was tabled in October 2024? Thank you, Mr. Chairman.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. If you'll allow, I would like to exchange witnesses.

Chairman: Thank you. Does the Committee agree?

Some Members: Agreed.

Chairman: Please proceed. Just for the record, if you could introduce your new witness and then proceed directly to the response.

Chairman: (interpretation) Thank you, Mr. Chairman. With me I have Victoria Madsen, Assistant Deputy Minister for Inuusivut, and if you'll allow her to respond. *Mut'na*.

Chairman: Thank you. Please do.

Ms. Madsen: Thank you, Mr. Chairman. Thank you, Member, for the question. The suicide prevention strategy is overarching, and it would be influenced by the suicide prevention strategy plan put out by NTI, it would also be influenced by the Canada-wide Suicide Prevention Strategy, and we would make ours more Nunavut specific.

We do plan on updating the strategy. It's fairly old at this point. And though most of what is in it we've already been aligning our actions to, but it can do with a refresh.

The action plan is very specific and measurable. So we take the high level of strategies from our strategy plan and we make corresponding action items.

So a good example would be a strategy would say ensure that youth voice is reflected in all of our planning for suicide prevention, and then the corresponding action item would be how we do it, to make sure that we actually do get these items done. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Quqqiaq.

Mr. Quqqiaq: Thank you, Mr. Chairman. Mr. Chairman, What I see today is a lot of young people, children are affected, especially when it comes to social media. Would the department agree with me that they can have the strategy put in place at all the schools in Nunavut to help prevent suicide, when it comes to bullying and social media.

Would the department agree with me if this can be talked about in schools to all the children, to all the students?

I feel that our young people in Nunavut needs to hear suicide prevention, because far too often in my constituent communities a lot of young people are affected, when it comes to bullying, especially in schools and social media.

Would the department agree with me if they can work with the Education department? That's my question, Mr. Chairman. Thank you.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) I thank the member for raising that. The work with Education is ongoing. Department of Health is engaged with Education, and we're really happy to see school-based mental-health supports coming on line to a greater degree, anti-bullying campaigns.

At the end of the day, suicide prevention doesn't just belong to one department or government; it involves everyone, and anyone who wants to contribute can. (interpretation) Thank you, Mr. Chairman.

Chairman: Mr. Quqqiaq.

Mr. Quqqiaq: Thank you, Mr. Chairman, and thank you, Minister, for your response. I'll move on to the Atti Angutiit. Concerns have been raised regarding the lack of mental

health services for youth. The business plan indicates that Health would launch a youth program framework based on evaluation of the Atti Angutiit framework.

And the question is, Mr. Chairman, how will the program be launched; will it focus primarily on school environments? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) If you'll allow Ms. Madsen to respond. *Mut'na*.

Chairman: Go ahead please, Ms. Madsen.

Ms. Madsen: Thank you, Mr. Chairman. Atti Angutiit has been successful, and the framework of working with each community and looking at their individual needs and resources to inform how we can make men's programs, how we can support men better has been successful.

Originally when we looked at planning our youth services, we thought of the same type of framework. More specifically now, two years later, we see that the framework of integrated youth services is what we'll be using. And it's excellent, because it brings in all services; all the GN departments, all the community services, non-profit.

So that means it is Education, it is also Housing, it is also Income Support. Integrated youth services is a priority to us for the youth. It's how we're going to make sure that the youth can go to one door and all the services are there; they don't have to search it for themselves. They say, "this is my problem", and then we work with them. So that's the framework we'll use for the youth. Thank you, Mr. Chair.

Chairman: Thank you. Mr. Quqqiaq.

Mr. Quqqiaq: Thank you, Mr. Chairman. I'll be speaking in my mother tongue, Mr. Chairman. (interpretation) At the program, I'm very pleased about this, but also we have to consider the women as well. I would urge your department to consider the women, because the Department of Health is working on the suicide prevention strategy. We need to include and consider the women as well, the females as well, because the females can as well help with this programming. So please include the women as well with this programming.

(interpretation ends) I'll be moving on in English, Mr. Chairman, and this will be my last question.

The Atti Angutiit program has been delivered in a number of Nunavut communities to date, and the question is, Mr. Chairman, and this will be my last question and I'll leave the follow-up question for my colleagues. What key aspects of the program have been evaluated for the purpose of developing a youth program? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) So in terms of Atti Angutiit to date, the key measurements or factors we've been looking at are around the interests from the community, the uptake in terms of the follow-through aspect to it, in terms of making sure that it's a sustainable project or process at the community level, as well as giving attention to supporting the local staff, who coordinate men's group activities.

So going forward, the integrated youth services model is quite exciting to us. However, looking at Atti Angutiit, I should note that it does not have core funding. Currently it's funded for vote for special project funding. We submitted a business case and we were not successful. We'll continue trying to make Atti Angutiit a core funding activity going forward. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Next name I have on my list, Mr. Simailak.

Mr. Simailak: Thank you, Mr. Chairman. Just a quick follow-up on Mr. Quqqiaq's question regarding the initiatives that are under way to recruit, train mental health counsellors and addictions workers and other community-based support people to provide mental health and addiction services to those in need.

I'm wondering what criteria was used for planning to set these up. Will these positions be Government of Nunavut positions, or are you going to be putting calls for proposals for the hamlet to create these positions? Thank you, Mr. Chairman.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) So the paraprofessional positions, which I believe the member is asking about, they are Government of Nunavut positions, and we're really excited to see continued success and increased numbers of Inuit working in them.

We'll continue making efforts to staff up. I believe we have a total of 55 positions that are currently there within the paraprofessional project, and we'll keep working on the recruitment as well as retention. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Simailak.

Mr. Simailak: Thank you, Mr. Chairman. Thank you, Minister. Those 55 positions, are they currently filled, or are these upcoming positions, just for clarity? Thank you, Mr. Chairman.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) So we have 42 of the positions that are currently filled. *Mut'na*.

Chairman: Mr. Simailak.

Mr. Simailak: A quick statement around this. The reason why I asked if they would be Government of Nunavut positions or proposal-based positions is because when it was done in the past through proposal-based and I think the hamlet had it, the workers found that there was lack of support and lack of resources to provide counselling services. So I'm glad these are heading in the direction of having Government of Nunavut employees in these positions.

I believe now more than ever, with the legalization of marijuana, more and more alcohol coming into the territory and other drugs, these positions are going to be crucial, I think, to help save Nunavummiut, and hopefully if it be requested, get support and help with their addictions if you want to get off it, to get off it. That's just a quick statement, Mr. Chairman.

I'm glad we're heading in that direction, and I'm hoping we can do more work around this in the territory. Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main, you wanted to respond?

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) I just wanted to thank the member for his comments, and wanted to mention that in terms of our budgetary process, out-of-territory mental health and addiction services is one area where we continue to see growth and pressures on our budget.

We really appreciate the support of the Assembly in terms of being able to offer these services, as they complement the services available in territory. So I just wanted to mention that. Thank you.

Chairman: Thank you. Before I move on, I would like to address something. I know the minister is very familiar with the specific issue that I'm going to mention of having a mental health professional working on their own to provide services through Non-Insured Health Benefits or whether it just be through members of the public. I don't want it get into the particular details of that. I think it's five months it's been ongoing now.

But in general, I know we used to have a psychologist that was living here in Iqaluit that I'm presuming did a lot of work Non-Insured Health Benefits.

And I know I had lunch with the minister previously, I was invited a few years ago to the former Minister of Indigenous Services, and I brought up the topic then of all the hoops that you have to jump through to get registered with Non-Insured Health Benefits as a mental health provider, and how complex that enrolment is, especially to get into the direct billing.

I know this personal individual here has been really struggling to jump through those hoops, and continues in this case gets conflicting information from the Non-Insured Health Benefits people, and then gets conflicting information from the Department of Health officials on who's actually responsible or who's able to assist them in registering their business and themselves with providing services through Non-Insured Health Benefits.

Can the minister explain to me and everyone here today on what processes are put in place where the Government of Nunavut Department of Health can assist mental health professionals being able to provide their services and are being compensated through Non-Insured Health Benefits that are not employees of the Government of Nunavut? Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Yes, I will try to answer as clearly as I can.

So in terms of Non-Insured Health Benefits and the mental-health counselling function, there's funding from mental health counselling that flows from Indigenous Services Canada to the GN and the Government of Nunavut receives a lump sum from these services which we turn around and used to provide services to Nunavummiut.

Indigenous Services Canada will not enrol mental health service providers to be reimbursed through Non-Insured Health Benefits directly. However, I believe there may be alternative options, in terms of alternative funding streams or pots where counsellors could be provided reimbursement. And if you would like additional detail, we can provide that. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Minister, for that. I would appreciate as much information as you can. I think is very important that there is as little roadblocks as possible for people to access mental health services, in whatever form or venue that that's available to them. I think having any limitations on that is a detriment.

With that, we are on page H7, Inuusivut Mental Health and Addictions, total Operations and Maintenance to be voted on, \$90,588,000. Agreed?

Some Members: Agreed.

Chairman: Thank you. Please turn to page H8, Public Health. Total operations and maintenance, amount to be voted on, \$21,133,000. Mr. Malliki.

Mr. Malliki: Thank you, Mr. Chairman. I don't know how many questions I'll have. It's on the answers from the minister.

Tuberculosis is ongoing issues across the North. In November, Health provided an update on tuberculosis outbreak in Pangnirtung, Pond Inlet, and Naujaat.

Are any of the communities experience tuberculosis cases? If so, are they being considered for community-wide screening activities in 2025? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the member's question, tuberculosis is present in many communities in Nunavut.

Currently, as you mentioned, there are four communities that have been deemed to be in outbreak. So in terms of the community-wide screening determination or making that available, there are ongoing activities in Arviat, which is aimed at screening the entire community. However, it's taking a different approach than community-wide screenings in the past. It's a targeted approach where the intention is to work through the entire community over a number of months to provide screening. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Just before I go back to Mr. Malliki, I would like to remind committee members to please get my attention if you want me to add you to the list. Mr. Malliki, proceed.

Mr. Malliki: Thank you, Mr. Chairman. I would like to encourage the Department of Health to really encourage them to have community-wide screening, because it's not just about TB that they're actually diagnosing who went to that clinic. Lots of time patients are sent back home without being diagnosed, but with the TB clinic in Naujaat, it was very successful that there were people that went to that clinic and diagnosed with something else that didn't know about.

I want to really encourage this department to do a community-wide screening wherever there has been tuberculosis. So that's more of a statement and encouragement to the department. Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main, do you have a comment on that?

Hon. John Main: *Mut'na*. I appreciate the member's comments and I appreciate everyone in Naujaat, including the member, who contributed to the tuberculosis screening and treatment efforts.

The chief public health officer has been refining the approach to community-wide screening, because there's room for improvement. In past community-wide screenings, we've been troubled by the fact that some individuals have chosen not to participate, and in some cases those have been individuals who are amongst very high priority groups, who need to be screened and potentially treated, and that's where the approach is continually being refined, so make sure it's more effective for Nunavummiut. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Next name I have on my list, Mr. Simailak.

Mr. Simailak: Thank you, Mr. Chairman. Minister, other than public service announcements, what outreach activities are under way to ensure that vulnerable Nunavut, including infants, elders, and immunocompromised individuals, or those with incomplete immunizations, receive the recommended immunizations? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Other than public service announcements, our staff take or make efforts to educate the public, as well as provide opportunities for immunization. So through our community health representatives, there are activities like radio shows or community events.

There are also components around educating around immunizations for prenatal appointments or well baby appointments. When we have interactions with the public, that's an opportunity for our staff to provide resources.

When it comes to children, of course it's always a parent's decision whether to get vaccinated or not. We try to educate them that vaccines are one of the most effective public health tools we have. They are a miracle, as far as I'm concerned, and we're very fortunate to have access to free, effective, and safe vaccines here in Nunavut. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Simailak.

Mr. Simailak: Thank you, Mr. Chairman. Thank you, Minister. Minister, the Department of Health's colorectal cancer screening program has been ongoing for a number of years. To date what challenges have been faced in delivering this program? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) In terms of the challenges, I think the biggest challenge we had was around staffing. Without our consistent staffing in the locations where pilots were being conducted, as well as on the back end, in terms of the chief public health officer's team, that was the biggest barrier.

However we are pleased the pilots were completed, and we're moving towards scaling colorectal cancer screening in more communities in the coming months. (interpretation) Thank you, Mr. Chairman.

Chairman: Mr. Simailak.

Mr. Simailak: Thank you, Mr. Chairman. Regarding various types of cancer screening that's being done by the department, I have heard that, I don't remember the correct phrasing, but early detection you have the best chance of defeating certain types of cancers.

So with the various types of cancers that we face, or other viruses like human papilloma virus, colon cancer, breast cancer, and whatnot, colon cancer, is there like a certain age? Like, let's say a person is now 20 years old. Once they reach that age, they should start being tested for certain types of cancer or viruses? If the individual doesn't know that they should be tested, how can they be tested if the department's not contacting these individuals. Thank you, Mr. Chairman.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) The Member's correct, in terms of having target population or target groups for specific ailments. That's precisely what would be done through an organized and laid-out cancer screening program, and that's where we want to go in the territory.

We don't have an organized or implemented program as of yet, so that would be the intention, to have the entire population considered for screening and using organized approach to target specific groups of the population for specific types of screening.

We're starting with colorectal cancer screening, but we want to move onto the other types of cancer, such as cervical cancer. (interpretation) Thank you, Mr. Chairman.

Chairman: Mr. Simailak.

Mr. Simailak: Thank you, Mr. Chairman. Is there some sort of timeline that the department's going to be using to start doing these various types of screenings? And will it be done in every community, or would individuals have to be flown out? I can understand some types of testing might need specialized equipment, but for the testing that can be done in community, is there a timeline of when the department is targeting to begin that? Thank you, Mr. Chairman.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) It really depends on the cancer that is being screened for. There are efforts made through women's health screening and as well as men's.

Some types of cancer screening can be done at the community level. For example, Pap smear tests, other types of screening, if it's colonoscopies those require access to a specialized facility. We are doing colonoscopies here at Qikiqtani General Hospital.

For other types of cancer like breast cancer, that requires access to a mammography unit, and that's not currently available across Nunavut.

We do have a machine at Qikiqtani General Hospital which serves the Baffin region. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Before I go back to Mr. Simailak, I note we're looking at the cloak. I only have one more time after Mr. Simailak and I think we can get this department done today.

I know there's a number of different activities this afternoon, so I will ask people to keep preamble short, and responses short so we can get completed and I will exercise my authority as Chair to go a little bit over the allocated time. Mr. Simailak.

Mr. Simailak: Thank you, Mr. Chairman. I asked about a timeline. Is that going to be done in 2025-2026 fiscal year? And if so, which types of testing is being targeted? Thank you, Mr. Chairman.

Chairman: (interpretation) Minister Main.

Hon. John Main: *Mut'na.* So in terms of the timeline for the colorectal cancer screening program, our plan is to implement it this spring, and it will be based on the learnings from the pilot projects, which were conducted in three communities. And so that's as specific as I can get in terms of timelines around the colorectal cancer screening program.

The other types of cancer screening, although it is available in terms of an organized, systematic program that's still to come in the future, in terms of expanding to different types of cancer. *Mut'na*.

Chairman: Thank you. Mr. Simailak.

Mr. Simailak: Thank you, Mr. Chairman. Moving along to tuberculosis, I believe Nunavut Tunngavik Incorporated is a partner in this endeavour. In the long-standing current issues regarding the partnership with Nunavut Tunngavik Incorporated, is there any barriers, or is it wide open and it's very, very friendly partnership and no barriers? Thank you, Mr. Chairman.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) There's no barriers. It's a high-value relationship to the department. We're very excited by the work that we're able to do together.

Nunavut Tunngavik brings a lot to the table, and when we look at communities that are dealing with tuberculosis outbreaks, they have been very supportive and helpful to us.

We want to make sure that we're including partners, not just Nunavut Tunngavik, but also municipalities, other organizations in our work. It's so exciting to us. So there are no barriers. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Next name I have on my list, Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. Minister, previous departmental priorities include plans to improve public health reporting on topics relevant to public health. And besides the legislative bi-annual report of the chief public health officer, the 2011-2021 report on sexually transmitted infections and COVID-19 related reports, what specific public health topics will be addressed in 2025-2026 and reports made available to the public. Thank you, Mr. Chairman.

Chairman: Thank you. Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) If you'll allow, I would like to exchange witnesses so my witness can provide some short responses. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Does the committee agree to allow the witness change?

Some Members: Agreed.

Chairman: Thank you. Please proceed. And Minister, for the record, if you could introduce your new official, please.

Hon. John Main: *Mat'na, Iksivautaq.* I have Acting Chief Public Health Officer Dr. Ekua Agyemang with me, and if you'll allow, she can respond to the question around public reports targeted for publication in the upcoming fiscal year. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Go ahead. Go ahead, Doctor.

Dr. Agyemang: Thank you, Mr. Chairman, and thanks to the member for the question.

So with regards to the chief public health report, it's usually biannual, so every two years we produce a report.

For the past two years, which is from 2023 to 2024, that has already been released. It's with EIA. It's being translated and will be made available soon. And that covers tuberculosis, sexually transmitted infections; that also covers tobacco cessation and reduction. And it also does cover how we are collaborating with other departments in GN to work together for the public's health.

With regards to the next one, which is 2025-2026, that will be focused on tuberculosis. As you are aware, we have ITK and the federal go to eliminate TB by 2030. 2025 is the 50 percent mark, and a lot of grounds have been gained when it becomes to TB work in Nunavut.

So we would like to highlight the work that has been done in the next report, and also to show the challenges and how we can collaborate on things like determinants of health, housing specifically, food security for one, and how other departments in Health can work together to really eliminate TB by 2030. Thank you.

Chairman: Thank you Dr. Agyemang. Ms. Brewster.

Ms. Brewster: Thank you for that response. I won't have a drawn-out discussion on this, although it's very tempting.

Dr. Agyemang mentioned that the 2023-2024 report is out for translation, and I wonder whether that will be available and when it will be published. Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) As soon as it's available it, will be made, it will be shared through translation. (interpretation) Thank you, Mr. Chairman.

Chairman: Ms. Brewster.

Ms. Brewster: Thank you, Mr. Chair. In addition to these reports, there's a lot of information that can help educate us as well as the public, and much of the health statistics information on the department's website is very dated. Are there any plans to publish up-to-date health stats, and if so, on which topics? Thank you, Mr. Chair.

Chairman: Minister Main.

Hon. John Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) If you'll allow Dr. Agyemang to respond. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Go ahead, Doctor.

Dr. Agyemang: Thank you, Mr. Chair, and thanks to the member for the question.

So with regards to data that is available in the upcoming report, we have trends over the past five years for tuberculosis, syphilis, and STIs. We also have some for the life expectancy rate in Nunavut, some about mortality and morbidity.

So it gives you a general view of the state of health of Nunavut; how long people are living, how many people are born every year. And then we come down to specific diseases of concern. And if there are interest for that other people might want to see, we are happy to take that away as well. Thank you.

Chairman: Thank you. Ms. Brewster. *Taima*.

We're on page H8, Public Health, total amount of operations and maintenance to be voted on, \$21,133,000. Agreed?

Some Members: Agreed.

Chairman: Please go to H3. Detail of expenditures to be voted, total operations and maintenance to be voted, \$580,367,000. Agreed?

Some Members: Agreed.

Chairman: Do members agree we've concluded with the Department of Health?

Some Members: Agreed.

Chairman: Thank you. Minister's brief closing comments.

Hon. John Main (interpretation): Thank you, Mr. Chairman. I just wanted to thank all the members for their suggestions and their questions. This process is always valuable to the department. It's valued both to me, as minister, in terms of focussing our efforts.

Thanks so much for your continued support of Health's work in Nunavut and as well, I thank the dedicated staff. I'm really fortunate to work with some incredible staff at the department. *Taima. Mut'na.*

>> *Applause*

Chairman: Thank you, Minister. You can be removed from the witness table, and I will rise to report progress to the speaker. Thank you.

>> *Committee adjourned at 12:08 and House resumed at 12:09*

Speaker: Item 21, Report of the Committee of the Whole. Mr. Hickes.

Item 21: Report of the Committee of the Whole

Mr. Hickes: Thank you, Mr. Speaker. Mr. Speaker, your committee has been dealing with Bill 70 and would like to report progress. Mr. Speaker, I move that the report of the committee be agreed to. Thank you.

Speaker: The motion is in order. Is there a seconder? Mr. Quqqiaq. The motion is carried.

Item 22, Third Reading of Bills. Item 23, Orders of the Day. Deputy Clerk.

Ms. Clerk: Meeting scheduled for this afternoon, 1:30, Standing Committee on legislation, 3:30 Standing Committee on Oversight of Government Operations and Public Accounts.

Item 22, Third Reading of Bills. Item 23, *Orders of the Day*. Mr. Clerk.

Item 22: Orders of the Day

Ms. Clerk: Meeting scheduled for this afternoon: 1:30, Standing Committee on Legislation; 3:30, Standing Committee on Oversight of Government Operations and Public Accounts.

Orders of the Day for March 3:

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Oral Questions
7. Written Questions
8. Returns to Written Questions
9. Replies to Opening Address
10. Replies to Budget Address
11. Petitions
12. Responses to Petitions
13. Reports of Standing and Special Committees on Bills and Other Matters
14. Tabling of Documents
15. Notices of Motion
16. Notices of Motions for First Reading of Bills
17. Motions
18. First Reading of Bills
19. Second Reading of Bills
20. Consideration in Committee of the Whole of Bills and Other Matters
 - Bill 64,
 - Bill 70,
 - Bill 71,
 - Bill 72
21. Report of the Committee of the Whole
22. Third Reading of Bills
23. Orders of the Day.

Thank you, Mr. Speaker.

>> *Applause*

Speaker: This House stands adjourned until Monday, March 3, at 1:30 p.m. Sergeant-at-Arms.

>> *House adjourned at 12:12*

