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

Legislative Assembly of Nunavut

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(Quttiktuq)

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Table of Contents

Opening Prayer.....	2016
Ministers' Statements	2016
Members' Statements	2021
Returns to Oral Questions*	2025
Recognition of Visitors in the Gallery.....	2025
Oral Questions.....	2025
Written Questions.....	2042
Tabling of Documents	2044
Motions.....	2045
First Reading of Bills	2045
Consideration in Committee of the Whole of Bills and Other Matters	2046
Report of the Committee of the Whole	2078
Orders of the Day	2078

A.

Daily References

Thursday, February 21, 2019.....2016

B.

Ministers' Statements

139 – 5(2): Team Nunavut Participating in the 2019 Canada Winter Games (Kusugak)2016

140 – 5(2): First Ministers' Meeting (Savikataaq)2017

141 – 5(2): Department of Justice Sends a Delegation to Greenland (Ehaloak)2018

142 – 5(2): Baffinland Iron Mines Opens New Camp at Mary River (Akeeagok)2019

143 – 5(2): Drop the Pop Campaign across Nunavut (Hickes)2019

144 – 5(2): International Mother Language Day (Joanasie).....2020

145 – 5(2): Income Assistance Reforms (Sheutiapik).....2020

C.

Members' Statements

235 – 5(2): Ongoing Water Issues in Whale Cove (Main).....2021

236 – 5(2): Shelter Needs in Iqaluit (Angnakak)2022

237 – 5(2): Public Housing Rent Scale (Towtongie)2023

238 – 5(2): Response to Fire at Baker Lake Municipal Garage (Mikkungwak)2023

239 – 5(2): 2019 Nunavut Quest (Akeeagok)2024

D.

Returns to Oral Questions

Return to Oral Question 176 – 5(2): Police Oversight (Ehaloak)2025

E.

Oral Questions

306 – 5(2): Medical Travel Policy (Nakashuk).....2026

307 – 5(2): Caribou Management (Kamingoak)	2028
308 – 5(2): Emergency Management (Mikkungwak)	2029
309 – 5(2): Emergency Shelters (Lightstone).....	2031
310 – 5(2): Ongoing Water Issues in Whale Cove (Main).....	2032
311 – 5(2): Diesel Exhaust from Rankin Inlet Power Plant (Towtongie)	2034
312 – 5(2): The Need for Mental Health Workers (Quassa)	2035
313 – 5(2): Minimum Wage (Rumbolt)	2037
314 – 5(2): Shelter Needs in Iqaluit (Angnakak)	2038
315 – 5(2): Marine Infrastructure (Keyootak).....	2040

F.

Written Questions

022 – 5(2): Staff Housing Policy (Lightstone).....	2042
--	------

G.

Tabling of Documents

121 – 5(2): Diesel Exhaust (Towtongie)	2044
--	------

H.

Motions

024 – 5(2): Extended Sitting Hours and Days (Main).....	2045
---	------

I.

Bills

Bill 16 – Supplementary Appropriation (Capital) Act, No. 3, 2018-2019 – First Reading.....	2045
Bill 17 – Supplementary Appropriation (Capital) Act, No. 1, 2019-2020 – First Reading.....	2045
Bill 18 – Supplementary Appropriation (Operations & Maintenance) Act, No. 1, 2018-2019 – First Reading.....	2046
Bill 21 – An Act to Amend the Revolving Funds Act – First Reading	2046

Bill 20 – Interim Language of Instruction Act – First Reading.....	2046
Bill 15 – Appropriation (Operations & Maintenance) Act, 2019-2020 – Health – Consideration in Committee.....	2047

**Iqaluit, Nunavut
Thursday, February 21, 2019**

Members Present:

Hon. David Akeeagok, Ms. Pat Angnakak, Hon. Jeannie Ehaloak, Hon. Joe Enook, Hon. George Hickes, Hon. David Joanasi, Mr. Joeline Kaerner, Ms. Mila Kamingoak, Mr. Pauloosie Keyootak, Hon. Lorne Kusugak, Mr. Adam Lightstone, Mr. John Main, Mr. Simeon Mikkungwak, Ms. Margaret Nakashuk, Hon. Patterk Netser, Mr. Paul Quassa, Mr. Allan Rumbolt, Hon. Joe Savikataaq, Hon. Elisapee Sheutiapik, Ms. Cathy Towtongie.

>>House commenced at 13:30

Item 1: Opening Prayer

Speaker (Hon. Joe Enook)
(interpretation): Mr. Quassa, can you say the opening prayer, please.

>>Prayer

Speaker: Premier (interpretation) and my colleagues, good afternoon. Our fellow Nunavummiut, good afternoon and welcome to your Legislative Assembly.

Going to the orders of the day. Ministers' Statements. Minister of Community and Government Services, Minister Quassa. I'm sorry. Minister Kusugak.

Item 2: Ministers' Statements

Minister's Statement 139 – 5(2): Team Nunavut Participating in the 2019 Canada Winter Games

Hon. Lorne Kusugak (interpretation): Thank you, Mr. Speaker. You don't

make mistakes because I'm also Minister Quassa.

>>Laughter

Good day. I am pleased to be able to make a statement today about the athletes.

(interpretation ends) Mr. Speaker, I have just returned from Red Deer, Alberta, practically just came off the plane...

>>Laughter

...where it's the host of the 2019 Canada Winter Games. The Canada Games take place every two years and are the highest level of multi-sport competition in our nation.

While in Red Deer, I had the opportunity to join Team Nunavut at the opening ceremonies at the 27th edition of our Canada's largest multi-sport games event. Our 2019 Canada Winter Games team is competing in speed skating, table tennis, badminton, judo, and for the first time ever, men's hockey.

>>Applause

Mr. Speaker, it was my pleasure to present our flag to our team's flag bearer, Max Joy, as he led Team Nunavut into the opening ceremonies. This is the largest team we have ever sent to the Canada Games. I am proud to report that in Red Deer, the hard work and dedication of our athletes and their coaches and parents was on display for all of Canada to see.

Our table tennis team started off the Games with early wins against both the NWT and Yukon.

>> *Applause*

Team Nunavut's speed skaters lived up to their name, with Haden Hickey and Taryn Lavallee each setting personal bests and breaking Team Nunavut records in the 1,500-metre race that have stood since 2007.

An Hon. Member: Hear, hear!

Hon. Lorne Kusugak: Our men's hockey team won their inaugural hockey game at the Canada Winter Games defeating the Yukon by a score of 5-3.

>> *Applause*

Mr. Speaker, it is difficult to explain the feeling in the arena watching our hockey team win their very first game in their first appearance at the Canada Games. It was absolutely awesome! I wish you were all there and I know you were there in spirit.

While in Red Deer, I had the opportunity to join my federal, provincial and territorial colleagues responsible for sport, physical activity, and recreation to discuss common issues and opportunities for collaborative action, including the prevention of abuse, harassment, and discrimination in sport.

Mr. Speaker, abuse and harassment are an unfortunate reality in all levels of sport in our country. I was pleased to join my counterparts in agreeing to the Red Deer Declaration to address abuse, harassment, and discrimination in sport. Here in Nunavut we need to ensure participants have the opportunity to take part in a healthy, safe sport environment from the playground all the way up to the Canada Games podium. I look

forward to updating members on our progress as we address this important issue.

Mr. Speaker, in closing, I would like congratulate Team Nunavut on their performance at the Canada Games and thank the coaches, countless volunteers, parents, and all those who make these programs possible. (interpretation) Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you. Ministers' Statements. Premier of Nunavut, Premier Savikataaq.

Minister's Statement 140 – 5(2): First Ministers' Meeting

Hon. Joe Savikataaq (interpretation): Thank you, Mr. Speaker. I say "good day" to the people of Arviat.

(interpretation ends) Mr. Speaker, I would like to take this opportunity to tell my fellow members about Nunavut's presence at the First Ministers' Meeting this past December held in Montreal.

Mr. Speaker, the First Ministers include the premiers of all provinces and territories, along with the Prime Minister. Late last year we met to discuss several common priorities, including diversifying international trade, promoting clean growth, and strengthening trade between provinces and territories. I am happy to note that Nunavut Inuit were represented by Nunavut Tunngavik Incorporated President Aluki Kotierk as well as Inuit Tapiriit Kanatami President Natan Obed. I was pleased to be able to promote the needs of Nunavut Inuit.

During my time in Montreal, I wanted to convey to my colleagues the great disparity between southerners and northerners. Nunavummiut have a lot to give Canada and Nunavut has great resource potential. We just need to be given the same chances and opportunities as other Canadians. This requires massive funding injections into Nunavut's housing, mental health services, education and training, power transmission and transportation corridors, fibre optic, and connectivity. I made sure all premiers and the Prime Minister understood the urgency of our needs.

Mr. Speaker, reconciliation means nation building, and Canada needs to commit to direct, strategic investments to meet Nunavut's urgent infrastructure needs. We need the opportunity to participate fully in the Canadian economy and finally realize a true Canadian standard for all citizens and families.

Mr. Speaker, I am committed to reiterating this message again and again until we see tangible promises and benefits for Nunavummiut. I look forward to updating the House on progress in these areas as I move forward in my lobbying efforts. Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you. Ministers' Statements. Minister of Justice, Minister Ehaloak.

**Minister's Statement 141 – 5(2):
Department of Justice Sends a
Delegation to Greenland**

Hon. Jeannie Ehaloak (interpretation): Thank you, Mr. Speaker. (interpretation ends) I rise today to inform my colleagues about the partnership that the Department of Justice is developing with the Government of Greenland's Ministry of Health, Social Affairs and Justice. Since Greenland and Nunavut have a long history of working together, we want to learn from them on this topic that they seem to have found momentum on.

Mr. Speaker, during the week of March 4, 2019, officials from the Community Justice Division will be meeting in Greenland with the team leading the work for "Killiliisa – Let Us Set Boundaries." This is the Government of Greenland's strategy against child sexual abuse. It is an important, comprehensive and collective initiative to help adults affected by childhood sexual abuse and to prevent child sexual abuse in Greenland. This topic has a strong correlation to the work that the department does in the area of family abuse and violence, victim care, and crime prevention. As such, we are turning to our Greenlandic partners to learn from their experiences and their initiatives so we may adapt their culturally relevant models to our circumstances here in Nunavut.

Mr. Speaker, we are inspired by the work that Greenland is leading to address this important issue. The knowledge we gain will help us to expand, improve, and bolster the work being done by the Community Justice Division and in particular the victim services and crime prevention teams. Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you. Ministers' Statements. Minister of Economic Development and Transportation, Minister Akeegok.

**Minister's Statement 142 – 5(2):
Baffinland Iron Mines Opens New
Camp at Mary River**

Hon. David Akeegok (interpretation): Thank you, Mr. Speaker. I am pleased to rise today to report on the opening of Baffinland Iron Mines' new 800-person camp at the Mary River iron mine. This investment illustrates the ongoing commitment the company has made in the northernmost mine of our territory, which is bringing growth and economic opportunity to communities in the Qikiqtani, not to mention numerous jobs.

Mr. Speaker, along with my colleagues, the Hon. Joe Enook, Joeline Kaerner, Paul Quassa, Levi Barnabas of the Qikiqtani Inuit Association, Senator Dennis Patterson, and other distinguished community leaders, I am proud to have been part of the ceremony and wish to congratulate Baffinland's president and CEO, Mr. Brian Penney, on this major achievement. Construction of the camp infrastructure comes at a time when increased production and export of iron ore is expected to reach 6 million tonnes this year.

Mr. Speaker, working together under the *Nunavut Agreement*, federal and territorial regulators have balanced development and conservation in our territory.

Mr. Speaker, Sailivik, as the camp has been named, symbolizes the importance of recognizing and including Inuit societal values. The Department of

Economic Development and Transportation is currently working with Baffinland on completing a memorandum of understanding which will address our shared values and objectives in advancing employee well-being, providing education and training opportunities, and long-term careers and employment. Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you. Ministers' Statements. Minister of Health, Minister Hickee.

**Minister's Statement 143 – 5(2): Drop
the Pop Campaign across Nunavut**

Hon. George Hickee: Thank you, Mr. Speaker. It's that time of year again where schools across Nunavut will be running their various "Drop the Pop" campaigns throughout February and March. This is an exciting time as we see students come together and encourage one another to make healthier food and drink choices. Healthy food and drink choices have a direct impact on health and well-being, and can help our kids keep up with their active lifestyles.

Mr. Speaker and members, I encourage all schools in Nunavut to participate in the "Drop the Pop" campaign with their own activities during the months of February and March. Last year 33 out of 44 schools participated in "Drop the Pop" campaigns. Some of the activities that schools are planning for this year include rap/song challenges, ensuring easy access to water dispensing units, bringing in guest speakers like our nurses and community health representatives to talk about healthy

foods and drinks, making schools pop-free and/or junk food-free, and making sure healthy options are available when craving snacks.

Mr. Speaker and members, another example of one of the main activities is a challenge to stop drinking pop for five days. Mr. Speaker, with the amount of sugar found in drinks like pop, fruit juice, and energy drinks, it is important to be mindful of how much more water we should all be drinking. “Drop the Pop” campaigns are a great way to address chronic diseases, such as diabetes and heart disease, which can impact people of all ages.

Mr. Speaker, I encourage each of my fellow members to partake in this fun and healthy challenge. Let’s show our support to the children and youth making a change in their communities across Nunavut. Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you. Ministers’ Statements. Minister of Culture and Heritage, Minister Joanasié.

**Minister’s Statement 144 – 5(2):
International Mother Language
Day**

Hon. David Joanasié (interpretation): Thank you, Mr. Speaker. Good day, Nunavummiut.

Mr. Speaker, over a decade ago Nunavut took bold action to protect and promote the right of Inuit to the use of Inuktitut in the most significant way possible within our territory and in full equality with the other official languages. This level of statutory protection for an indigenous

language still remains unprecedented in Canada today.

Mr. Speaker, our territorial government legislated these language rights because they are important to us. In the context of International Year of Indigenous Languages and today being International Mother Language Day, we ought to be proud of the level of protection that the Nunavut *Official Languages Act* and *Inuit Language Protection Act* now offer to our elders, our children, and all Nunavummiut.

Mr. Speaker, I invite my colleagues and Iqalummiut to a special International Mother Language Day event this evening where elders will share an important part of our culture. Please join us at 7:00 p.m. at the new Nunavut Arctic College campus to celebrate *inngiusiit inngiunnguarusillu* (traditional songs and chants) and their stories. *Nakurmiik, koana, ma’na, merci*, thank you.

>> *Applause*

Speaker (interpretation): Thank you. Ministers’ Statements. Minister of Family Services, Minister Sheutiapik.

**Minister’s Statement 145 – 5(2):
Income Assistance Reforms**

Hon. Elisapee Sheutiapik (interpretation): Thank you, Mr. Speaker. I am pleased to rise today to update the members on the progress my department has made in implementing the reforms to income assistance in Nunavut.

(interpretation ends) As many of you are aware, the first phase of the income

assistance reforms was implemented in July of 2017. Some of these challenges included increasing the monthly allowance for persons living with long-term disabilities by \$75 and including up to \$125 monthly allowance for people with short-term disabilities who are unable to work; encouraging clients to work by increasing the earned income exemption, ensuring clients on income assistance are always better off when they are working; and reducing the penalties for persons on income assistance leaving their productive choice and for those who have not reached an 80 percent attendance rate in school.

Mr. Speaker, I am proud to announce that the second phase of the improvements came into effect July 1, 2018 and the changes included revising the income assistance food allowance table to fairly represent the difference in the cost of living between communities and ensuring that the food allowance covers basic living expenses for households; combining food and clothing benefits and reducing the number of client categories to make income assistance easier to understand; and increasing benefits across the territory and focusing financial support for single clients who make up 57 percent of income assistance caseload and do not have access to other benefits.

The second phase of reforms works towards strengthening the well-being and self-resilience of Nunavummiut, which is in line with *Turaaqtavut*.

Mr. Speaker, I am pleased to report that we have heard from Nunavummiut across the territory expressing how the additional support has helped them

achieve more independence and work towards meaningful employment. I am proud of the reforms and progress our government has made in improving the Income Assistance Program, and I look forward to evaluating these reforms in the coming years. (interpretation) Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you. Members' Statements. Member for Arviat North-Whale Cove, Mr. Main.

Item 3: Members' Statements

Member's Statement 235 – 5(2): Ongoing Water Issues in Whale Cove

Mr. Main (interpretation): Thank you, Mr. Speaker. Good day. First of all, the people of Arviat who are going through a difficult time right now are in my thoughts. I know that you're going through some very sad times and I feel compassionate towards you.

Mr. Speaker, I rise today to speak on behalf of the people of Whale Cove. Right now it's lunchtime in Whale Cove. While they're having lunch in Whale Cove, they're going to have to boil water. They're under boil water advisory. The lack of potable water started in 2015 and it occurs every summer in Whale Cove. It's very inconvenient for the people of Whale Cove.

(interpretation ends) Mr. Speaker, the regular seasonal boil water advisories in Whale Cove are unpleasant. They are inconvenient and they are a burden on the community. To quote from the

government's boil water advisories, "Infants, toddlers and those with illnesses should sponge bathe in order to reduce their chances of swallowing water."

Mr. Speaker, it's an even bigger burden for our elders and for our infants and for people who have illnesses. I would like to acknowledge the work that the Department of CGS has been doing on this matter. They have committed money towards addressing. They have put in place a temporary water plant, although the past summer it did not provide the results that were anticipated.

Mr. Speaker, this issue requires continued attention, effort, and resources to finally end the boil water advisories in Whale Cove. Residents are concerned because, despite the government's efforts to date, it appears that the water situation may be getting worse because this is the first winter where the boil water advisory has stayed in place in Whale Cove.

At the appropriate time I will have questions for the minister responsible. (interpretation) Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Members' Statements. Member for Iqaluit-Niaqunngu, Ms. Angnakak.

**Member's Statement 236 – 5(2):
Shelter Needs in Iqaluit**

Ms. Angnakak (interpretation): Thank you, Mr. Speaker. Good afternoon to everyone.

(interpretation ends) Mr. Speaker, I rise today to address the recent developments in shelter services available in the

community of Iqaluit. As my colleague's will be aware, I have raised concerns about the lack of shelter options for individuals who may be intoxicated or under the influence of drugs or alcohol.

Iqaluit men's and women's shelters have a no tolerance policy when it is important for the comfort and safety of shelter residence. However, this is policy also leaves some homeless individuals at risk. I was therefore very pleased with the recent damp shelter initiative which provides beds for individuals who may be under the influence but need a warm place to stay, especially during this extremely cold weather.

In contrast to a wet shelter, individuals of the damp shelter are not permitted to consume alcohol or drugs on the premises. Mr. Speaker, I recently visited the Uquutaq men's shelter with the City of Iqaluit mayor, Madeleine Redfern, and we visited the current shelter first, and then I was shown a couple of buildings that the Uquutaq shelter would like to purchase in partnership with other entities.

The current shelter is much too small to properly accommodate the number of men who beds. If the shelter is successful in acquiring these larger buildings, not only would there be adequate space for Iqaluit's homeless men, but the society could also offer programs and services, which they cannot do now because of the lack of space.

Mr. Speaker, it is an ongoing struggle for the Uquutaq Society and the other groups in Iqaluit to access the support that enables them to provide desperately needed services. At the appropriate time,

I will be asking questions about the kinds of support and assistance our government provides in this area. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Members' Statements. Member for Rankin Inlet North-Chesterfield Inlet, Ms. Towtongie.

**Member's Statement 237 – 5(2):
Public Housing Rent Scale**

Ms. Towtongie (interpretation): Thank you, Mr. Speaker. First of all, in Rankin Inlet I have lost a young family member. I have you in my thoughts today. Also to the people of Chesterfield Inlet, I say "good day."

I spoke about the Minister of the Nunavut Housing Corporation about renting houses. I have visited people, including young people. They have found that it is too expensive now to pay their rent. Some of them rent for \$1,140 per month up to \$2,443 per month in rent. We've been told and I have read that the new rent scale policy that was set in 2013 reduced poverty and they were going to review it after five years.

To date it has not been reviewed yet. People are finding it too expensive to pay for their rent and everything else is getting expensive. At the appropriate time I will have questions to the Minister of the Nunavut Housing Corporation. Thank you, Mr. Speaker.

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

**Member's Statement 238 – 5(2):
Response to Fire at Baker Lake
Municipal Garage**

Mr. Mikkungwak (interpretation): Thank you very much, Mr. Speaker. I say "good day" to the people of Baker Lake and Nunavut. Before I make my statement, Mr. Speaker, yesterday we lost a community member. It's great to be back.

Mr. Speaker, I rise today to pay tribute to the many people and organizations that were involved in Baker Lake's response to the recent disaster that struck the community.

On a personal note, please allow me to first take a moment to express my deep appreciation for the support that you and all of my colleagues have provided to my family in recent months as we face a number of health challenges.

Mr. Speaker, as you know, disaster struck the community of Baker Lake last month when fire swept through the municipal garage, destroying a significant portion of our fleet of trucks and heavy equipment, many of which had provided years of service to the community.

Mr. Speaker, as always, Baker Lake's first responders demonstrated courage and commitment in doing all they could to contain the blaze.

Mr. Speaker, I seek unanimous consent to conclude my statement.

Speaker (interpretation): Thank you. The member is seeking unanimous consent to conclude his statement. Are there any nays? There are no nays. Mr.

Mikkungwak, please proceed.

Mr. Mikkungwak (interpretation): Thank you, Mr. Speaker. Members, thank you.

In the aftermath of the destruction, the municipal council and administration responded swiftly and decisively to assess the situation and mobilize resources.

As you may have heard, Mr. Speaker, the sudden shortage of equipment required round-the-clock operation of our remaining assets and I pay tribute to the hard work involved in keeping the equipment on the road.

Mr. Speaker, as you know, when the fire occurred, I was at work here in Iqaluit to take part in the deliberations of our legislature's committees.

I was in close contact with the Minister of Community and Government Services, and I want to publicly thank him today for his leadership in ensuring that the department and its dedicated staff worked closely with the community to address the situation.

Mr. Speaker, as you know, Baker Lake received assistance and support from many different parties, including Agnico Eagle Mines and neighbouring communities.

Mr. Speaker, later today at the appropriate time I will be asking questions to the appropriate minister concerning the emergency situation and the next steps involved. I will also be raising issues during our winter sitting about the need to ensure that the garage and equipment are replaced in a timely

manner.

Mr. Speaker, I want to say that I am very happy to say it's great to be back in the House. Thank you very much, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you. We too are also happy that you're able to sit with us again this afternoon. Members' Statements. Mr. Akeegok.

Member's Statement 239 – 5(2): 2019 Nunavut Quest

Hon. David Akeegok (interpretation): Thank you, Mr. Speaker. This upcoming spring up at Tununirusiq, the Nunavut Quest dog race will commence again starting in Pond Inlet which is quite scenic and ending in Arctic Bay after an approximate eight-day period where the dogs will cover this distance. Those of us who go hunting in the winter are aware of the approximate length of travel to reach our destination with either mode of travel, dogs or snowmobiles. The amount of days was scheduled based on past travel.

As this dog team race is over 20 years old, each community has taken turns every year in early springtime to host the games and husky dog celebrations. Arctic Bay, Hall Beach, Igloolik, Pond Inlet, Clyde River, and now Naujaat, these communities spend the year fundraising for the dog team events and celebrations, so let us support them by attending the celebrations.

This dog team quest, Pangaggujiniit, (Nunavut Quest) was founded in 1999, just prior to the creation of the territory

of Nunavut. I wish to acknowledge the founders: Niore Iqalukjuaq, Moses Oyukuluk, who is still a board member, Piuyuq Enoogoo, Joeli Qamanirq, and Cecil Marshall, who started this event to preserve Inuit cultural traditions of using huskies to survive so that young Inuit could witness the special skills of Inuit husky dog handling and cultural practices.

When a community hosts the quest, they start off with a community feast and host a hockey tournament called the Qamutik Hockey Tournament. There will be hockey teams also arriving from the various communities via snowmobile to the host community which is different from other tournaments. The luck Arctic Bay had in the past hockey tournament means they want to keep the cup.

If you can go attend this tournament this spring, I encourage my colleagues, Nunavummiut, and citizens of the world to come and witness these two events. Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Members' Statements. Return to Oral Questions. Minister of Justice, Ms. Ehaloak.

Item 4: Returns to Oral Questions*

Return to Oral Question 176 – 5(2): Police Oversight

Hon. Jeannie Ehaloak (interpretation): Thank you, Mr. Speaker. (interpretation ends) I have a return to Oral Question 176 – 5(2), Police Oversight, asked by Member Adam Lightstone, the Member for Iqaluit-Manirajak, on October 4, 2018, concerning police oversight.

Mr. Speaker, this return is long. I have filed it with the Clerk for transcribing in to the *Hansard* for public record and for distribution to the members. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Returns to Oral Questions. Recognition of Visitors in the Gallery. Member for Quttiktuq, Mr. Akeeagok.

Item 5: Recognition of Visitors in the Gallery

Hon. David Akeeagok (interpretation): Thank you, Mr. Speaker. I am happy to see that Debbie Oyukuluk is in the gallery. She lives in Arctic Bay. She and her children are no strangers. If you Facebook her, you can see their profile and you will find 50,000 have viewed their Facebook profile while the family is singing. You can check out their Facebook page. Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you. Debbie, welcome. Recognition of Visitors in the Gallery.

I want to acknowledge the visitors in the gallery as well as people who are watching on television. When you come to Iqaluit, we are always welcoming.

>> *Applause*

Oral Questions. Member for Pangnirtung, Ms. Nakashuk.

Item 6: Oral Questions

*See Appendix for full text of Return to Oral Question 176 – 5(2).

Question 306 – 5(2): Medical Travel Policy

Ms. Nakashuk (interpretation): Thank you, Mr. Speaker. Good afternoon, my colleagues and residents of my community.

Mr. Speaker, I would like to direct my question to the Minister of Health. My colleague partially expounded on this matter previously about the escort policy, which I will ask about.

The minister earlier stated that this matter continues to be part of the overall review, and the escort policy and medical patients in general. However, I want to refer to this program review as it seems to be unending with no identified cut-off date for the completion and this concerns many residents of Pangnirtung, and constituents expect action and answers.

I would like to firstly ask the minister if he can identify what matters have been conveyed and if these concerns will be resolved in the escort policy. I would like the policy and the details clarified if they haven't been tabled. Perhaps to clarify...

(interpretation ends) Can the Minister clarify what specific concerns with respect to the administration of his department's medical client escort policy have been identified to date by the ongoing Medical Travel Review?

(interpretation) Thank you, Mr. Speaker.

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

Hon. George Hickey: Thank you, Mr. Speaker. I appreciate the question. The

medical travel program review has been going on for some time. There are over 100 health staff that are involved in the review, and providing information and feedback, including about a dozen stakeholder organizations, including boarding homes and out of territory case management service providers.

Some of the recommendations and deliverables that we're looking at right now, Mr. Speaker, improve medical travel experiences for Nunavummiut, standardized management practices, consistent operational standards across the regions, consistent use of administrative forms, standardized and improved communications for all stakeholders, including clients and escorts, a documented workflow that complies with the medical travel policy, and, of course, identified human resource requirements for the Government of Nunavut staff to comply with all recommendations of the review.

Mr. Speaker, even just in the budget yesterday there was announcement of an enhanced service. We're not waiting until the report is final. When we see opportunities to take advantage to provide better service to Nunavummiut, we're showing that we're taking those steps right now. When we do get the final report, I will be speaking to my cabinet colleagues and working with my health officials to implement the recommendations from the review.

Thank you, Mr. Speaker.

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

Ms. Nakashuk (interpretation): Thank you, Mr. Speaker. I also thank the

minister for explaining the review, even though it hasn't been completed.

We do have problems under the medical travel. Some are provided medical escorts and some aren't. One of my colleagues had a concern about medical escorts. Some are provided escorts and some are denied an escort because they have no legitimate need of one.

When is the implementation of the travel policy guides? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Speaker. I thank the member again. One of the things that we're looking at doing is having a handbook. It's being worked on right now to clarify, like a medical travel handbook and other materials are being created right now to help educate clients and escorts on the medical travel program and experience itself.

One thing I will add that anecdotally there are people who come forward and bring concerns to me where an escort is denied, and then they see someone else with an escort approved for what they consider a similar issue. That being said, due to privacy, we obviously can't explain to people why somebody got an escort and why somebody didn't. We can only work with the individual case that we're working with right now, but that's one of the things that we're looking at to make sure that there's a consistent process so that people who are needing escorts get escorts and people who don't, it's explained to them clearly why an escort was not approved. Thank you, Mr. Speaker.

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

Ms. Nakashuk (interpretation): Thank you, Mr. Speaker. I also thank the minister for his explanation. (interpretation ends) I know that the current version of the health services Medical Travel Policy, which is on the Department of Health's website, which expired March 31, 2018. Can the minister confirm when the updated version of the department's health services Medical Travel Policy is brought forward? As you had stated, there are different ways and policies that are used depending on the patient's circumstance. It will be strengthened in order to prevent abuse of the system as well while ensuring that those who need the services are provided the support they need as well. (interpretation) Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Speaker. I appreciate the member raising this issue. One of the things that came out in the review is to have consistently applied policy in practice. That is definitely a highlight of the medical travel review. We want to make sure that it's consistently applied across the board so that there is no perception of favouritism or anything like that. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Oral Questions. Member for Kugluktuk, Ms. Kamingoak.

Question 307 – 5(2): Caribou Management

Ms. Kamingoak: *Koana*, Mr. Speaker. Good afternoon, colleagues and Nunavummiut.

Mr. Speaker, my questions today are for the Minister of Environment and this is the fourth minister I'm asking about this specific question.

As the minister will recall, I have raised a number of concerns in the House about the health of caribou populations in the Kitikmeot region.

During yesterday's sitting of the Northwest Territories Legislative Assembly, the GNWT's Minister of Environment stated that "The calving grounds and important post-calving areas for both Bathurst and Bluenose East caribou herds are in Nunavut. I'm making arrangements to meet with Premier Savikataaq this spring...my hope is for us to sit down with indigenous leaders from both sides of the border to talk about what steps we can take to help our shared caribou herds."

Can the minister indicate what Nunavut's agenda will be at this upcoming meeting? *Koana*, Mr. Speaker.

Speaker (interpretation): Thank you. Minister of Environment, Minister Savikataaq.

Hon. Joe Savikataaq: Mr. Speaker, the agenda has not been formalized yet, but I can confirm with my colleague that the Minister Environment, myself, from Nunavut, and the Minister of Environment from the Northwest

Territories, and some stakeholders and officials from the Northwest Territories and some from Nunavut will be meeting in Kugluktuk. We're aiming for the first week of April. We don't have a defined date yet, and we don't have a confirmed agenda yet, but we'll be talking about what can be done to help the caribou populations; mainly the Bluenose-East and the Bathurst in that area that is in severe decline. Thank you, Mr. Speaker.

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

Ms. Kamingoak: *Koana*, Mr. Speaker. Thank you for your response. One of the specific issues that I have been raising is the need to reduce wolf predation of caribou by increasing incentives for our local hunters to harvest more wolves. Can the minister describe what specific actions his department is taking to address this issue? Thank you, Mr. Speaker.

Speaker (interpretation): Minister Savikataaq.

Hon. Joe Savikataaq: Thank you, Mr. Speaker. This will kind of take the thunder out of my minister's statement in the near future but there is a wolf program going on in the Kitikmeot right now. It's a pilot project and we are doing research on wolf and we paying \$300 per wolf skull that is brought in, partially as an incentive, but to study the wolf and their dynamics of what's going on in the wolf population within the Kitikmeot. Thank you, Mr. Speaker.

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

Ms. Kamingoak: *Koana*, Mr. Speaker, and thank you for your response. Can the minister confirm what discussions he has had in recent months with wildlife management partners in the Kitikmeot concerning the issue of caribou management? *Koana*, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Savikataaq.

Hon. Joe Savikataaq: Thank you, Mr. Speaker. I myself have not had any direct talks with the caribou management area in the Kitikmeot, but I have had high-level talks with my DM on the caribou populations in the Kitikmeot, mainly the Bluenose-East and the Bathurst, which are in severe decline and they both have a total allowable harvest. We have been talking about them and thinking about options what could happen, especially in the Bathurst caribou herd.

Currently in the Northwest Territories, the Bathurst herd cannot be hunted at all, not even by the Dene. We have a small TAH in Nunavut and that is one of the options we will probably be looking at, at this meeting that will be held in Kugluktuk sometime in the beginning of April. Thank you, Mr. Speaker.

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

Question 308 – 5(2): Emergency Management

Mr. Mikkungwak: Thank you, Mr. Speaker. My questions are for the Minister of Community and Government Services.

Mr. Speaker, I will begin by again paying tribute to the many people and organizations that responded to the recent fire disaster involving Baker Lake's hamlet garage and our fleet of municipal vehicles.

Mr. Speaker, as the minister is well aware, his department provided support to the community in responding to the disaster. For the record, can he provide an update today on what actions his department took to respond to the emergency situation? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister of Community and Government Services, Minister Kusugak.

Hon. Lorne Kusugak (interpretation): Thank you, Mr. Speaker. I would like to thank the member for his question. Mr. Speaker, first of all, I would like to thank the emergency crew in Baker Lake who dealt with that disaster in extremely cold weather. Due to their diligence, everything turned out better than what we anticipated. Thank you.

>> *Applause*

The emergency response crew or the first responders are the ones who did that and I commend the fire department in Baker Lake, and there were others involved and I thank them all. Also, when the mining company heard about the disaster, they provided their equipment and the sewage trucks to help out with the situation.

When Community and Government Services heard about the disaster in the middle of the night and early morning, we had dialogue with the mayor and the

SAO and immediately looked at what was in the garage, what equipment was there, what had to be provided, and which one was a priority to be replaced and looking at where we could get alternative equipment and how we're going to get it to the community.

We had instant response to the fire disaster even while they were trying to put out the fire. Thank you, Mr. Speaker.

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

Mr. Mikkungwak: Mr. Speaker, the Office of the Fire Marshal falls under the responsibility of the Department of Community and Government Services. Can the minister confirm what stage the fire marshal's investigation into the cause of the Baker Lake fire is at, and will he commit to ensuring that the municipal council and the community's MLA are provided with copies of the fire marshal's report upon completion? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Kusugak.

Hon. Lorne Kusugak (interpretation): Thank you, Mr. Speaker. The fire marshal is currently investigating the fire and we will have to fly investigators into the community. Once the report is completed, we will make it available to the stakeholders, the hamlet council, my colleague, and other stakeholders. Thank you, Mr. Speaker.

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

Mr. Mikkungwak: Mr. Speaker, the recent Baker Lake disaster reminds all of us of the importance of emergency planning and management. As the minister is well aware, Nunavut's current *Emergency Measures Act* was passed by the Legislative Assembly in 2007, over a decade ago. Sections 5 to 9 of the legislation provides for the preparation of Emergency Management Programs on the part of government institutions and municipal councils. However, sections 5 to 9 of the legislation have not yet been brought into force. Can the minister explain why these sections of the legislation have not yet been brought into force? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Kusugak.

Hon. Lorne Kusugak (interpretation): Thank you, Mr. Speaker. I also thank you for the question, my colleague. If we are going to adhere to the contents of the regulations and legislation once they have been enacted, we would be in breach of some of those regulations. For example, not all Nunavummiut are required to have emergency plans. There are 25 communities. Two communities have not finished their emergency plans. We are working with them to complete the emergency plans and how to deal with emergencies. Once we have the complete package, it will help update the Act. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Oral Questions. Member for Iqaluit-Manirajak, Mr. Lightstone.

Question 309 – 5(2): Emergency Shelters

Mr. Lightstone: Thank you, Mr. Speaker. My questions are once again for the Minister of Family Services.

Yesterday my member's statement addressed the issue of domestic violence and that additional support is desperately needed for women and children living in unfortunate situations.

Mr. Speaker, I was pleased to hear that the topic of family violence was included as a priority in the Budget Address, but my first question for the minister is: currently what communities have facilities for women and children fleeing domestic violence? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister of Family Services, Minister Sheutiapik.

Hon. Elisapee Sheutiapik (interpretation): Thank you, Mr. Speaker. (interpretation ends) Currently in Nunavut we have three emergency shelters for the territory. (interpretation) Thank you, Mr. Speaker.

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

Mr. Lightstone: Thank you, Mr. Speaker. I actually asked which communities, but it's good to know how many communities.

My second question for the minister is: what is the current process for women who are at risk in communities that do not have any facilities? For example,

what would a woman do, let's say, in Pond Inlet when she needs to leave her home immediately? What's the process of getting her to a shelter and how long does it take? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Sheutiapik.

Hon. Elisapee Sheutiapik (interpretation): Thank you, Mr. Speaker. (interpretation ends) There are some communities that have private homes that are not publicly stated that they could be a safe home to go to if need be temporarily, but certainly our department works with the shelters to see if there's any space. I know, for example, if it's someone that might need to go Iqaluit, they actually block a room for the night in preparation of someone coming in. There is a process to deal with our women if they need to flee the community. (interpretation) Thank you, Mr. Speaker.

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

Mr. Lightstone: Thank you, Mr. Speaker. I thank the minister for that response, although I don't think I got a clear idea of the process, but I do thank the minister for bringing up safe houses because that's the topic of my final question.

Across the country, rural and remote communities are opening up safe homes for women and children fleeing family violence who do not have immediate access to a shelter. These safe houses are intended to be an immediate safe space, away from the threat of violence, and allow valuable time to make travel

arrangements to the nearest shelter.

Now, my final question to the minister is: how many communities currently have these safe homes, and does the minister recognize the need to ensure that there are safe homes in every community? Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you. Minister Sheutiapik.

Hon. Elisapee Sheutiapik

(interpretation): Thank you, Mr. Speaker. (interpretation ends) There are safe homes in each community; we just don't advertise it because the families who provide that safe home don't want it to be publicly known that they're the safe home for privacy and for the safety of people who might need it. I know for sure, going to a community, the hamlets, municipalities, the RCMP are all aware of which home is a safe home. (interpretation) Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Oral Questions. Member for Arviat North-Whale Cove, Mr. Main.

Question 310 – 5(2): Ongoing Water Issues in Whale Cove

Mr. Main (interpretation): Thank you, Mr. Speaker. My questions are for the Minister of Community and Government Services.

As I mentioned earlier, there is boil water advisory for Whale Cove and it's very inconvenient. It's almost five years that this has been happening. My first question is: can the minister explain where and how the department tests the

water? (interpretation ends) When and where are water samples taken in the community of Whale Cove to check for chloroforms in the water?

(interpretation) Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister of Community and Government Services, Minister Kusugak.

Hon. Lorne Kusugak (interpretation): Thank you, Mr. Speaker. Thank you for the question, Mr. Main. I was the MLA for Whale Cove a while back now. This issue was brought up about the quality of water. We should have good water in Nunavut. We have the best water in the world. It's not fun to hear about that.

Mr. Speaker, to get to the answer, every day that the water trucks are running in the morning, they test the water in the tanks every morning. There are two water trucks there. Both are tested every morning. They are tested for chlorine and the levels are checked before they start delivering water for the day. We take samples four times a day for water quality. Inside the testing, it's not just the chlorine that is tested. The lake itself is affected by silt, sand, and other impurities. To test that each day, the hamlet employees and the settlement maintainer at CGS do the testing.

During the week we also test the bacteriological samples in the water to see if there is anything in the water. It is also tested regularly. The tests are sent out to a firm in Winnipeg that tests water. They test the purest water from the tap. Water in the water truck is tested. Also, at the health centre, the school, community hall, and the hotel are tested regularly for water quality.

Since there is boil water advisory in effect, the firm that tests the water in Winnipeg will let us know what the results are. To find out what problems we're facing, it takes 36 hours to receive results. Once the water is placed in a bottle, you will find out 36 hours later. If there has been a storm or a flight doesn't make it, that sample is no longer valid, so another one has to be taken. That is one of the delays on this. Thank you, Mr. Speaker.

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

Mr. Main (interpretation): Thank you, Mr. Speaker. (interpretation ends) Thank you for your response. I would like to hear what the department's current understanding is as to why... . Normally these boil water advisories are seasonal. In the warmer months, they come and then they go away, and in the winter, thankfully, historically Whale Cove residents haven't had the boil water advisory. To my knowledge, this is the first winter where the boil water advisory is still in place.

If the minister could share what his understanding is of why this year is different, what has changed when it comes to the water supply in Whale Cove? (interpretation) Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Kusugak.

Hon. Lorne Kusugak: Thank you, Mr. Speaker. I don't want to hazard a guess on it, but I would like to assure my colleague that over the summer and annually our department goes and ensures that the health centre, the

schools, and other government... . Water tanks are cleaned annually and we have sent letters and have advised the housing corporation and local people in their community to ensure that their water tanks are cleaned annually. We have sent letters and requests to the hamlet to ensure that their facilities are also cleaned in their water tanks because it could be a case where we have a water sample coming out of the water truck clean and then a sample from a water tank coming out where it's contaminated.

At this point I don't want to say where we assume the issue is coming from, but our department is working with the municipality and other departments within the government to ensure that we are able and not restricted to getting water samples from their tanks. We get some resistance from some water tank holders; however you want to explain it, where they may not want us to test their water. Why? Beyond me, but we are trying to get to the bottom of it to find out exactly where this reading is coming from because at this point there should be none at minus 50. We will get to the bottom of it and I assure I will keep you and the municipality informed on the progress of those discussions. Thank you, Mr. Speaker.

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

Mr. Main (interpretation): Thank you, Mr. Speaker. Thank you, minister. (interpretation ends) I'm holding here the request for proposals that went out last September and closed in October, and this is for the long-term solution for Whale Cove, the water treatment plant planning study, and reading this RFP,

I'm happy that the plan is for a 30-year period where the water supply will be looked at. There are a number of phases listed in this request for proposal, six phases, I believe. If the minister could provide an update as to where this planning work currently sits.
(interpretation) Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Kusugak.

Hon. Lorne Kusugak: Thank you, Mr. Speaker. The contract was awarded to Dillon and I understand, as we speak, they are meeting with the municipal council in Whale Cove. If not right now, sometime this afternoon they will be meeting with them. People from Dillon will be there. Also our senior municipal planning officer and community infrastructure employees from CGS will be attending or are attending that meeting with the municipality to discuss where we are and where they are headed in terms of the planning and design of the water infrastructure in that community. I will keep my colleague informed on that progress. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Oral Questions. Member for Rankin Inlet North-Chesterfield Inlet, Ms. Towtongie.

Question 311 – 5(2): Diesel Exhaust from Rankin Inlet Power Plant

Ms. Towtongie (interpretation): Thank you, Mr. Speaker. My question is for the Minister responsible for the Qulliq Energy Corporation. I just switched to something else. (interpretation ends) I'm going to ask the Minister of Qulliq Energy.

It was brought to my attention when the diesel fumes from the power plant in Rankin Inlet, when the wind blows from the north, the diesel fumes hit the hospital there and the patients at the hospital are getting sicker. They have lung irritation and allergic reaction, causing asthma, wheezing, and difficulty with breathing or making pre-existing asthma worse.

I'm asking the minister: what is in the plans for the diesel plant in Rankin Inlet to prevent the diesel exhaust from reaching the hospital? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister responsible for the Qulliq Energy Corporation, Minister Ehaloak.

Hon. Jeannie Ehaloak (interpretation): Thank you, Mr. Speaker. (interpretation ends) The Qulliq Energy Corporation is working towards upgrading most of our power plants and gen. sets in our municipalities, and hopefully this new infrastructure will alleviate and shorten and lessen some of these smells and smoke from the diesel plants that are currently in our communities. Thank you, Mr. Speaker.

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

Ms. Towtongie: Thank you, Mr. Speaker. I'll be tabling a picture later on, but when the diesel exhaust... I'm asking specifically about the Rankin Inlet diesel plant. Long-term exposure may lead to serious health effects, for example, possibly the risk for lung cancer and possibly bladder cancer.

People working daily across from the diesel plant downward; I'm now talking about the north wind, are actually inhaling the diesel exhaust from the prevailing wind. I'm questioning the minister if there is a timeline. I'm not concerned so much about other diesel plants. I'm concerned about the Rankin Inlet diesel plant.

Is there a timeline for department to look into this? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Ehaloak.

Hon. Jeannie Ehaloak (interpretation): Thank you, Mr. Speaker. (interpretation ends) The Rankin Inlet diesel plant, unfortunately because of the prevailing wind and the smoke that is coming close to the facilities, we are looking at work for Rankin Inlet, and at this time it's in the working stage. At this time I can't tell you when it's going to be done, but we are looking at the plant in Rankin Inlet. Thank you, Mr. Speaker.

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

Ms. Towtongie: Thank you, Mr. Speaker. I believe the Minister for Qulliq Energy should be dealing with it as soon as possible because exposure to diesel exhaust in Rankin Inlet is affecting the hospital, the workers across, and the people are risk because the most common way individuals are exposed is by breathing air that contains the diesel particulate matter. The fine and ultrafine particles, you breathe them in. It means that the particles can cause the human respiratory system and may enter deeply into the lung. So I urge the

minister to commit to ensuring that the diesel plant in Rankin Inlet is looked at as soon as possible. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. (interpretation ends) Minister, I don't think I heard a question but I will allow you to make a comment if you want. Minister Ehaloak.

Hon. Jeannie Ehaloak (interpretation): Thank you, Mr. Speaker. (interpretation ends) I just want to reassure the member that Rankin Inlet is one of our other possibilities, but until... . There will be a federal announcement coming out under the Arctic Energy Fund, and until then, I have instructed the Qulliq Energy staff to look at this situation for the member. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Oral Questions. Member for Aggu, Mr. Quassa.

Question 312 – 5(2): The Need for Mental Health Workers

Mr. Quassa (interpretation): Thank you, Mr. Speaker. Good day to the people of my community of Igloolik. Today I'm going to be speaking a little English, because I was taught English as well.

(interpretation ends) Mr. Speaker, I would like to again direct my question to the Minister of Health.

I do know that yesterday during the Committee of the Whole, some of the answers that I had questioned the minister were answered, but many communities across Nunavut have a need of support to address mental health and addictions issues. While I appreciate

receiving detailed information from the minister's office with respect to mental health staffing across our territory, I note that there is currently no mental health and addictions outreach positions in our community of Igloolik.

Can the minister again provide an update on where they expect to staff a mental health and addictions outreach position in Igloolik? (interpretation) Thank you, Mr. Speaker.

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

Hon. George Hickes: Thank you, Mr. Speaker. When the member raised that question yesterday, I had requested that information from my staff, and they're still looking into the matter on exactly when that competition will go out. Unfortunately, I can't answer that question today. Thank you, Mr. Speaker. Or maybe later.

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

Mr. Quassa: Thank you, Mr. Speaker. I appreciate that there are a number of mental health and psychiatric nurses providing coverage across the territory, as well as mobile trauma response teams that can travel to communities when support is urgently needed. However, it is important that the department develop the local capacity to address mental health and addictions needs on an ongoing basis.

Mr. Speaker, can the minister clarify what steps his department is taking to ensure that a range of mental health services will be made available in the community of Igloolik?

(interpretation) Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Speaker. When we're talking about mental health, especially with the addictions and trauma counselling, again, just with the budget yesterday, we're investing nearly \$5 million upon the member's approving our budget, to go forward with three pillars. The first pillar, and I think one of the most important pillars, is community led initiatives. We want to make sure that communities are driving the course of action that we're taking, in conjunction with on-the-land programs, regionally to start with.

We haven't picked the sites yet. We have to wait for the budgets to be approved before we can really initiate the work. I can't say right now exactly what additional services will be provided in the Igloolik, but I think we all recognize some of the challenges that have occurred there over the past couple of years with the need to bring in the mobile trauma team in Igloolik in the past.

We recognize Igloolik is one of the priorities that we're looking at. I look forward to working with the member on helping to identify what needs his community wants, what types of programs and projects they want to run. I look forward to sincere dialogue with the member to see what he wishes for his community. Thank you.

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

Mr. Quassa: Thank you, Mr. Speaker. The community of Igloolik has suffered a great many deaths in recent months, and its residents have gone too far too many funerals over the winter. The minister has indicated that the Department of Health is committed to developing mental health and addictions teams. Will the minister commit to ensuring that a well-supported mental health team is established in the community of Igloolik at the earliest opportunity? (interpretation) Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Speaker. Again I thank the member for continuing to advocate on behalf of his community. It's a very important initiative with regard to like... I would need to sit down with the member and sit down with my staff to see exactly what vision you have for what you would identify as a "well-supported team" to see what level of services we could provide in Igloolik specifically, and work that into our addiction and trauma strategy and action plan that we're looking forward to implementing with the resources that will be up for vote this sitting. Thank you, Mr. Speaker

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

Question 313 – 5(2): Minimum Wage

Mr. Rumbolt: Thank you, Mr. Speaker. Good afternoon to the people of Sanikiluaq.

Mr. Speaker, my questions today are for

the Minister of Justice, and I think the Minister of Finance will be interested in the responses as he asked similar questions just not too many months ago.

Mr. Speaker, Nunavut's minimum wage was last increased in early 2016, almost three years ago. In June of last year, the minister publicly stated in the Legislative Assembly that her department would "... make a recommendation for a change in the minimum wage in the fall of 2018." Mr. Speaker, the spring of 2019 is just around the corner. When can Nunavut's minimum wage earners expect a raise? Thank you, Mr. Speaker

>> *Applause*

Speaker (interpretation): Thank you. Minister of Justice, Ms. Ehaloak.

Hon. Jeannie Ehaloak (interpretation): Thank you, Mr. Speaker. (interpretation ends) Thank you to the member for the question. As I came back after Christmas I have been working with our staff to present something to cabinet for review and hopefully we'll have it by the spring. Thank you, Mr. Speaker.

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

Mr. Rumbolt: Thank you, Mr. Speaker. We look forward to that information. Mr. Speaker, there can be no doubt that the cost of living in Nunavut is the highest in the country and my position is that our territory's minimum wage should be the highest in the country as well.

>> *Applause*

However, Nunavut is presently falling behind in this area and at least four other Canadian provinces and territories already have, or shortly will have, higher minimum wages than Nunavut. Does the government share my position? And if so, will the government be working towards increasing the minimum wage to at least being at par with Alberta which is the highest in the country? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Ehaloak.

Hon. Jeannie Ehaloak: Thank you, Mr. Speaker. I thank the member for his question. I totally agree with you; we have the highest cost of living in the country and working with my staff, and possibly with the support of my colleagues, we will have the highest minimum wage in Canada. Thank you, Mr. Speaker.

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

Mr. Rumbolt: Thank you, Mr. Speaker. Thank you to the minister for her response. Mr. Speaker, by law the minister is required under the *Labour Standards Act* to table an annual report in the Legislative Assembly on the minimum wage in Nunavut. However, a report has not been tabled since March of 2017 during the previous Assembly. Why is this requirement not currently being met? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Ehaloak.

Hon. Jeannie Ehaloak (interpretation): Thank you, Mr. Speaker. (interpretation ends) Unfortunately I don't have that

information, but I can get back to the member. Thank you, Mr. Speaker.

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

Question 314 – 5(2): Shelter Needs in Iqaluit

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

Mr. Speaker, as I mentioned earlier in my member's statement that the Uquutaq men's shelter, they're looking to move into a larger building in order to be able to properly accommodate the number of men who need a bed for the night.

I understand that currently the Government of Nunavut contributes approximately \$10,000 a month for the rent of the current building. Can the minister provide an update on what specific financial support the Government will be contributing towards the larger buildings for the Uquutaq men's shelter? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister for Family Services, Minister Sheutiapik.

Hon. Elisapee Sheutiapik (interpretation): Thank you, Mr. Speaker. (interpretation ends) I have attended round tables for Uquutaq at Family Services with the mayor and different groups. The last round table that I attended, they hadn't ironed out

their actual O&M costs that they would need, so I couldn't tell you today because they themselves didn't know what the cost would be to operate the new facility. (interpretation) Thank you, Mr. Speaker.

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

Ms. Angnakak: Thank you, Mr. Speaker. I do look forward to hearing from the Family Services to see what kind of support can be given because I think it really hinges on that support in order for this project to be successful. Without that kind of financial input I think it's going to make it very hard.

Mr. Speaker, if the Uquutaq Society manages to acquire the larger buildings for the men's shelter, it will have enough space to deliver the much needed programs and services. We have often heard about how the residents of the shelter are outed out every morning, and we say "Why didn't you keep them there if they want to stay there and provide some training and counselling and stuff like that." It is because their current building is too small so they can't do that.

Can the minister clarify how her department will assist the Uquutaq Society in implementing the proposed training for staff to provide these kinds of additional services to the clients of the men's shelter? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Sheutiapik.

Hon. Elisapee Sheutiapik (interpretation): Thank you, Mr.

Speaker. (interpretation ends) Our department is very much through contribution agreements. All the funding provided is through contribution, so obviously if Uquutaq has ideas on what kind of programming they want to do, they would be putting forward a contribution agreement, a proposal, and that's how we work. I know our department meets quite regularly with the organization. (interpretation) Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Your Final Supplementary. Ms. Angnakak.

Ms. Angnakak: Thank you, and thank you for that response but it kind of makes me think that the department sits back and waits for people to come to them. I think you're very aware of the need of the Uquutaq shelter. I think everybody knows, even if you're not from Iqaluit, it has been in the news a lot. It kind of leads to my last question.

Mr. Speaker, the Uquutaq shelter and the other shelters in Iqaluit need a lot of support to provide these kinds of desperately needed services, to men, women and to their children because they are all in extremely vulnerable situations.

The support needed is not only financial. Can the minister provide an update on how often she, as the minister and her department actually meet with board members, with the staff of all the different shelters, to discuss their concerns and the different types of supports that are needed? It's more like the department going out and finding out how we can help, I guess, is really what I'm really trying to ask? How often does

the department go and meet with these boards? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Sheutiapik.

Hon. Elisapee Sheutiapik

(interpretation): Thank you, Mr. Speaker. (interpretation ends) I honestly couldn't answer how many times they meet. They meet with many different interest groups. I know, guarantee you once a year through Poverty Reduction there is a roundtable. Last year the theme was homelessness. I know, depending on schedule, if there is a meeting, if I can go, as I said, I've gone to round 1 roundtable when asked to do so. It's a matter of getting a request. My department meets quite regularly with them. They are very proactive because at the end of the day, these providers, these societies know what their clients need, and we try the best that we can to support it. (interpretation) Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Oral Questions. Oral Questions. Member for Uqqummiut, Mr. Keyootak.

Question 315 – 5(2): Marine Infrastructure

Mr. Keyootak (interpretation): Thank you, Mr. Speaker. Good afternoon, colleagues, the people from Clyde River and Qikiqtarjuaq that are listening, and watching. Especially my grandchildren, if they're watching, I say good afternoon.

Mr. Speaker, my questions for the Minister of Economic Development and Transportation. The Department of Economic Development and

Transportation's Community Transportation Initiatives Program provides funding to municipalities for small craft harbour projects, community access roads, and small-scale marine facilities projects.

The department's most recent annual report indicates that the Municipality of Clyde River received \$150,000 in funding under the program during the 2017-18 fiscal year. The 2018-19 fiscal year ends on March 31, 2019, just a few weeks away from today.

Can the minister confirm what projects have been submitted for consideration by the Municipality of Clyde River during the current 2018-19 fiscal year? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister responsible for Economic Development and Transportation, Minister Akeeagok.

Hon. David Akeeagok (interpretation): Thank you, Mr. Speaker. I also thank you for that question. For the 2018-19 fiscal year, a project that has been approved for Clyde River is \$75,000 for...I'm trying to say this Inuktitut as it is written in English. It's to flow into the Kugaaruk River and it's mainly for making the access road. The money was made available for 2018-19 for what the member referred to. Thank you, Mr. Speaker.

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

Mr. Keyootak (interpretation): Thank you, Mr. Speaker. In 2005 the federal and territorial governments jointly produced the *Nunavut Small Craft*

Harbours Report. This report identified Clyde River as being one of seven small communities that require modern marine infrastructure to support the fishing sector. Can the minister indicate whether or not his department has also submitted a proposal to the National Trade Corridors Fund for the development of a new marine facility in Clyde River? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Akeeagok.

Hon. David Akeeagok (interpretation): Thank you, Mr. Speaker. Yes, as of this time, just in the past year the five communities impacted by the establishment of the Lancaster Sound NMCA, including the federal government and the representative Nunavut bodies are negotiating an agreement for Inuit impacts and benefits for Lancaster Sound. Due to these issues being negotiated, we as the Government of Nunavut haven't queried the parties.

However, questions were raised by the communities and I also know that the five communities were visited as part of a tour asking the communities their preference for placing marine infrastructure projects. With that being updated shortly, I have expectations that decisions will be made, and I urge the federal government and the Qikiqtani Inuit Association to come to an agreement as this government would like to see more development projects placed in the communities. Thank you, Mr. Speaker.

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

Mr. Keyootak (interpretation): Thank you, Mr. Speaker. As I noted, the *Nunavut Small Craft Harbours Report* was released in 2005, over a decade ago. When will an updated needs assessment regarding marine infrastructure in Nunavut be published? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister Akeeagok.

Hon. David Akeeagok (interpretation): Thank you, Mr. Speaker. Currently my Department of Economic Development and Transportation is developing a 20-year transportation infrastructure needs assessment and small craft harbour designated projects are considered. We are trying to update this, as I stated earlier, and it is being developed. Additionally, regarding these harbours, we still reference the federal government as these harbours are developed under their programs. They deal with the entire country and they haven't provided the funding yet.

I am quite grateful that Pangnirtung, Iqaluit, and now Pond Inlet have received construction projects under this program. For the two projects in Iqaluit and Pond Inlet, the territorial government submitted their share for these projects as this is a federally funded construction program. Nonetheless, we will continue to refer this matter to the federal government and continue to urge my federal counterpart to allocate more funding for northern projects and especially our communities, as this provides more development opportunities for hunters, fishers, and I want every community to have these facilities. Thank you, Mr. Speaker, for the question.

Speaker (interpretation): Thank you. My colleagues, please note that the time for question period has expired. Therefore we will proceed with the orders of the day. Written Questions. Member for Iqaluit-Manirajak, Mr. Lightstone.

Item 7: Written Questions

Written Question 022 – 5(2): Staff Housing Policy

Mr. Lightstone: Thank you, Mr. Speaker. My written question is for the Minister responsible for the Qulliq Energy Corporation and the subject is administration of the Qulliq Energy Corporation's Staff Housing Policy.

Mr. Speaker, last year I submitted a similar written question on the administration of the Government of Nunavut's Staff Housing Policy. I submitted that written question to identify the Inuit participation rate in the program. To my disappointment, Inuit participation in staff housing was at a mere 26 percent, which is much lower than the Inuit participation rate in the overall Government of Nunavut employment, which is at 50 percent.

Mr. Speaker, I hope that, in the response to my written question, I will see improved figures with the Qulliq Energy Corporation's staff housing allocation.

Mr. Speaker, my questions are detailed and I request that they be entered into the *Hansard* as read.

1. As of December 31, 2018, broken down by community and size of unit (bachelor unit, one-bedroom unit, two-bedroom unit, three-bedroom

unit, and four-bedroom plus unit), how many staff housing units were maintained by the Qulliq Energy Corporation?

2. As of December 31, 2018, broken down by community and size of unit (bachelor unit, one-bedroom unit, two-bedroom unit, three-bedroom unit, and four-bedroom plus unit), how many staff housing units that were maintained by the Qulliq Energy Corporation were vacant?
3. As of December 31, 2018, broken down by community and size of unit (bachelor unit, one-bedroom unit, two-bedroom unit, three-bedroom unit, and four-bedroom plus unit), how many staff housing units that were maintained by the Qulliq Energy Corporation were not vacant?
4. As of December 31, 2018, broken down by community and category of position (executive, senior management, middle management, professional, paraprofessional, administrative support), how many staff housing units were rented to employees who were Nunavut Inuit?
5. As of December 31, 2018, broken down by community and category of position (executive, senior management, middle management, professional, paraprofessional, administrative support), how many staff housing units were rented to employees who were not Nunavut Inuit?
6. As of December 31, 2018, broken down by community, how many non-employees (contract employees) of the Qulliq Energy Corporation

- were residing in staff housing units?
7. How many of the individuals referred to in question No. 6 were Nunavut Inuit?
 8. How many of the individuals referred to in question No. 6 were not Nunavut Inuit?
 9. As of December 31, 2018, broken down by community and size of unit (bachelor unit, one-bedroom unit, two-bedroom unit, three-bedroom unit, and four-bedroom plus unit), how many staff housing units referred to in question No. 1 were owned by the Qulliq Energy Corporation?
 10. As of December 31, 2018, broken down by community and size of unit (bachelor unit, one-bedroom unit, two-bedroom unit, three-bedroom unit, and four-bedroom plus unit), how many staff housing units referred to in question No. 1 were leased by the Qulliq Energy Corporation?
 11. The Government of Nunavut Staff Housing Policy Schedule D – Base Rents outlines the formula used to determine the base rents for staff housing units. Does the QEC use the same methodology and procedures for determining staff housing rental rates?
 12. If the QEC does not use the same formula for base rents, how does the QEC determine the amount of rent for staff housing?
 13. As of December 31, 2018, what was the average monthly value of the staff housing subsidy provided to employees renting staff housing units?
 14. As of December 31, 2018, broken down by community, how many individuals were on the staff housing waiting list?
 15. How many of the individuals referred to in question No. 11 were Nunavut Inuit?
 16. How many of the individuals referred to in question No. 11 were not Nunavut Inuit?
 17. As of December 31, 2018, what was the average length of time for an individual to remain on the staff housing wait-list?
 18. The Government of Nunavut Staff Housing Policy Schedule F – Rental Assistance Program ensures lower income employees in staff housing are charged affordable rent. Does the QEC use the same methodology and procedures for determining staff housing rental ceilings for lower income staff?
 19. As of December 31, 2018, broken down by community and category of position (executive, senior management, middle management, professional, paraprofessional, administrative support), how many employees were participating in the Rental Assistance Program?
 20. If the QEC does not use the same formula for rental ceilings, how does the QEC determine staff housing rental ceilings for lower income staff?

21. How many of the individuals referred to in question No. 19 were Nunavut Inuit?
22. How many of the individuals referred to in question No. 19 were not Nunavut Inuit?
23. Does the Qulliq Energy Corporation encourage homeownership by providing a household allowance to employees that are not in staff housing?
24. In the 2017-18 *Annual Report of the Qulliq Energy Corporation*, Note 13 – other income, identifies housing recoveries of employees to be \$1,484,000. What was the total cost associated with the Qulliq Energy Corporation's staff housing in the 2017-18 fiscal year?
25. The Nunavut Housing Corporation Schedule B – consolidated schedule of expense by type provides detailed expenditures by type for the staff housing program. Can the Qulliq Energy Corporation provide the same level of detail for the cost of the staff housing program for the 2015-16, 2016-17 and 2017-18 fiscal years?
26. In the Qulliq Energy Corporation annual contracting, procurement and leasing activity report, Appendix 5 Leases identifies the landlord of each leased property. Why does the Qulliq Energy Corporation not identify the actual owner of each property that is leased?
27. In the Qulliq Energy Corporation annual contracting, procurement and leasing activity report, Appendix 5
- Leases identifies the landlord of each leased property. What procedures does the Qulliq Energy Corporation have in place to identify the actual owner of each property that is leased?
28. Does the Qulliq Energy Corporation currently lease staff housing units from Qulliq Energy Corporation employees?
29. Has the Qulliq Energy Corporation ever leased staff housing units from Qulliq Energy Corporation employees?
- Thank you, Mr. Speaker.
- Speaker** (interpretation): Thank you. The member is seeking unanimous consent to have his questions entered into the record as read. Do you agree?
- Some Members:** Agreed.
- Speaker** (interpretation): Thank you. It will be entered into the record as read.
- Written Questions. Returns to Written Questions. Replies to Opening Address. Replies to Budget Address. Petitions. Responses to Petitions. Reports of Standing and Special Committees on Bills and Other Matters. Tabling of Documents. Member for Rankin Inlet North-Chesterfield Inlet, Ms. Towtongie.
- Item 14: Tabling of Documents**
- Tabled Document 121 – 5(2): Diesel Exhaust**
- Ms. Towtongie** (interpretation): Thank you, Mr. Speaker. I wish to table a report about diesel exhaust in Rankin Inlet and

some photographs that have been taken. Please make sure that you read this carefully because it shows how breathing in diesel exhaust fumes can affect our blood. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Tabling of Documents. Notices of Motions. Notices of Motions for First Reading of Bills. Motions. Member for Arviat North-Whale Cove, Mr. Main.

Item 17: Motions

Motion 024 – 5(2): Extended Sitting Hours and Days

Mr. Main (interpretation): Thank you, Mr. Speaker. As I do appreciate having long meetings...

>> *Laughter*

...(interpretation ends) I move, seconded by the Hon. Member for Iqaluit-Sinaa, that the Speaker be authorized to set such sitting hours and days as the Speaker deems fit to assist with the business before the House during the winter 2019 sitting of the Legislative Assembly.

(interpretation) Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. (interpretation ends) Are we done now?

>> *Laughter*

(interpretation) The motion is in order. To the motion. All in favour, raise your hand. Thank you. Opposed. The motion carried. Thank you.

Motions. First Reading of Bills. Minister

of Finance, Minister Hickes.

Item 18: First Reading of Bills

Bill 16 – Supplementary Appropriation (Capital) Act, No. 3, 2018-2019 – First Reading

Hon. George Hickes: Thank you, Mr. Speaker. I move, seconded by the Hon. Member for Arviat South, that Bill 16, *Supplementary Appropriation (Capital) Act, No. 3, 2018-2019*, be read for the first time. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. The motion is in order. To the motion. All those in favour. Thank you. All opposed. The motion is carried.

First Reading of Bills. Minister of Finance, Minister Hickes.

Bill 17 – Supplementary Appropriation (Capital) Act, No. 1, 2019-2020 – First Reading

Hon. George Hickes: Thank you, Mr. Speaker. I move, seconded by the Hon. Member for Arviat South that Bill 17, *Supplementary Appropriation (Capital) Act, No. 1, 2019-2020*, be read for the first time. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. The motion is in order. To the motion.

An Hon. Member: Question.

Speaker (interpretation): Question has been called. All those in favour. Thank you. All opposed. The motion is carried.

First Reading of Bills. Minister of Finance, Minister Hickes.

**Bill 18 – Supplementary
Appropriation (Operations &
Maintenance) Act, No. 1, 2018-
2019 – First Reading**

Hon. George Hickes: Thank you, Mr. Speaker. I move, seconded by the Hon. Member for Arviat South that Bill 18, *Supplementary Appropriation (Operations and Maintenance) Act, No.1, 2018-2019*, be read for the first time. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. The motion is in order. To the motion. All those in favour of the motion, please raise your hand. Thank you. All those opposed. The motion is carried.

First Reading of Bills. Minister of Finance, Minister Hickes.

**Bill 21 – An Act to Amend the
Revolving Funds Act – First
Reading**

Hon. George Hickes: Thank you, Mr. Speaker. I move, seconded by the Hon. Member for Arviat South, that Bill 21, *An Act to Amend the Revolving Funds Act*, be read for the first time. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. The motion is in order. To the motion.

An Hon. Member (interpretation): Question.

Speaker (interpretation): All those in favour of the motion, please raise your hand. Thank you. All those opposed. The motion is carried. Thank you.

First Reading of Bills. Minister of Education, Minister Joanasié.

**Bill 20 – Interim Language of
Instruction Act – First Reading**

Hon. David Joanasié (interpretation): Thank you, Mr. Speaker. I move, seconded by the Hon. Member for Aivilik, that Bill 20, *Interim Language of Instruction Act*, be read for the first time. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. The motion is in order. To the motion.

An Hon. Member: Question.

Speaker (interpretation): All those in favour of the motion, please raise your hand. Thank you. All those opposed. The motion is carried. Thank you.

First Reading of Bills. Second Reading of Bills. Consideration in Committee of the Whole of Bills and Other Matters. Bill 15 with Mr. Rumbolt in the Chair.

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

Sergeant-at-Arms.

>>House recessed at 15:22 and
Committee resumed at 15:46

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

Chairman (Mr. Rumbolt): I would like to call the committee meeting to order. Good afternoon. Welcome back, members. In Committee of the Whole we have the following to deal with, which is Bill 15. What is the wish of the committee? Mr. Main.

Mr. Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) We wish to continue with the review of Bill 15 and the 2019-2020 Main Estimates of the Department of Health.
(interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Main. Are we in agreement that we first deal with Bill 15?

Some Members: Agreed.

Bill 15 – Appropriation (Operations & Maintenance) Act, 2019-2020 – Health – Consideration in Committee

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

Hon. George Hickes: Thank you, Mr. Chairman. Yes, please.

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

Some Members: Agreed.

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

Minister Hickes, if you could please introduce your witnesses. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. The same witnesses as yesterday: Linnea Ingebrigtsen, Acting Deputy Minister of Health, and Greg

Babstock, Executive Director of Corporate Services. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Yesterday we were on the Department of Health's Branch Summary, H-4, under Directorate, and I did have a list of names from yesterday which we will continue on from. We left off with Mr. Kaernerker and I understand you have a couple of more questions you may want to ask. Mr. Kaernerker, please go ahead.

Mr. Kaernerker (interpretation): Thank you, Mr. Chairman. Good day, minister and your officials. Yesterday I asked you some questions about the Inuit Employment Plan, and you asked me where I was going with this question about Inuit being employed. Have you considered these things like not just to Ottawa but to other places like Edmonton and Winnipeg?

Looking at all of Nunavut, the Kitikmeot, Kivalliq, and Qikiqtaaluk are different regions. Does the Department of Health have any plans for the people who get cancer? Inuit are sent down south and some of them probably think, "I got cancer. I'm going to die." Have you thought of hiring some people down there who can be a support person for Inuit while they are in Ottawa, Winnipeg, or Edmonton? Do you have any plans along those lines? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Not at this time. The member brings up different jurisdictions that we utilize to provide out-of-territory care for our patients. As an example, in

Winnipeg, Ottawa, Edmonton, Yellowknife, and Churchill there are counselling services available. If at such time as the need increases where it would be viable to have employment out of there, it is something we could look at down the road, but for the number of occurrences right now and with the counselling services that are available in those cities right now, it's not something that's on our radar. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Mr. Kaerner.

Mr. Kaerner (interpretation): Thank you, Mr. Chairman. That's not good. I would really like to see something like that, especially for the elders. I once went down with my late father and he was an elder. He didn't know who to turn to and he would turn to me and have me ask that person. That's how it was. They're not home, they're homesick, and they can no longer eat. When they are medicated and they smell food, they don't have any appetite.

It's really sad that you don't have any plans for that. Can you plan for that in the coming years to employ Inuit down there? Apparently there are counsellors, but I would like to see Inuit that see the patient and ask them how they're doing, or "What else can we do to help you? Do you have proper food?" I would like to see a person who can do that.

I wrote you a letter last winter informing you a person had cancer and that the First Nations have people who can help with health matters. I would really like you to look into that matter. It becomes very difficult when you're an escort, especially if they're your parents or your

sibling or relative. Wives and husbands are escorts and they go through a lot of hardship.

I would like this to be looked into and to hire more people in the south. There are Inuit down there that can help and they already know where they can go and get help. They know the places where people can get help from. I would really like you to look into this matter. It's not really a question. It is more of a comment. I'll stop here for now. Thank you, Mr. Chairman.

Chairman: Thank you. That was a comment, but Minister Hickes, did you want to respond? Please go ahead, Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I understand now where the member is coming from with regard to my query yesterday and I do understand. It's very difficult when people are away from their families and support systems and that's one of the reasons why we provide medical travel escorts, to provide that additional care and sounding board and to help people navigate through the health system. It's very difficult.

We're going to be sitting here later on deliberating excesses of medical travel costs, and if we were to take away some of the responsibilities of medical escorts, it may decrease the need of medical escorts by providing these services outside the territory. At the same time I'm of the opinion that it's more important to have a family member or a loved one to be with you to help deal with a traumatic prognosis or during difficult treatment such as cancer. I do empathize with the member and I know

it's difficult.

Right now, with the volume that we have, to me, with the costs pressures we have on health right now, to look at employing people outside the territory to provide care, to me, that is done through our partners, through contracted services that we have through shared services agreements with other jurisdictions. Like I said, I will keep track and we will keep track of how often this occurs, and it's something we will consider. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Mr. Lightstone.

Mr. Lightstone: Thank you, Mr. Chairman. Before I dig into the details of the department, there is an issue that I would like to raise. It was first brought to my attention on social media with regard to the complaints made about public comments of health care professionals on a flight from Iqaluit to Ottawa.

From what I have heard, the young professionals conducted themselves in a very unprofessional manner and were openly disparaging the health of our community. On top of that, they were brazenly making hurtful, inappropriate and stereotypical comments while seated with the members from the community that they were meant to be caring for. This incident was first posted on social media in January.

I would first like to ask: what has the department's been in response to this incident? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Lightstone. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I'll start off by saying that we did get a formal complaint from a person involved in that and we're dealing with it. To be frank, Mr. Chairman, I don't believe that that's a budget item. Thank you.

Chairman: Thank you, Mr. Hickes. Mr. Lightstone.

Mr. Lightstone: Thank you, Mr. Chairman. I do believe that this issue really needs to be addressed, as there have been several complaints over the issue of transient workers. I really do think that it is very important that we discuss this topic here now. It is not an O&M item; it's definitely not a capital item, so I don't see why it would be restricted from our conversations here today.

I would like to ask once again: what has occurred since the official complaint has been submitted to the Department of Health? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Lightstone. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I appreciate the member and I was appalled myself. Like I said, we're in the process of dealing with that complaint right now. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Mr. Lightstone.

Mr. Lightstone: Thank you, Mr. Chairman. I do appreciate that the minister is following through formal procedures. I would like to ask if the three medical professionals have been

reported to medical associations for censure. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Lightstone. I think the minister has already covered the base. He said that they're working on it. Nothing is finalized with any decision that they have made. I think we should appreciate the fact that the minister is working on this issue and doing something about it. I don't think trying to get these kinds of details here is the appropriate time, Mr. Lightstone. That's my opinion, but if you have a different question and want to move on, please do so. Mr. Lightstone.

Mr. Lightstone: Thank you, Mr. Chairman. I'll move on then.

I understand that the Department of Health has a need for new positions. Providing health care is a difficult job. It seems that many health care practitioners may be overworked, but I'm also concerned about the capacity issues facing the department. My first question is going to be with regard to the 26 new positions that the department requested this time last year when we were reviewing the O&M request of the department. It has been 11 months since those new positions were approved and I would like to ask how many of these positions have been filled. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Lightstone. Minister Hickey.

Hon. George Hickey: Thank you, Mr. Chairman. I'm just digging up the information here.

Like the member mentioned, there are 26 positions in varying divisions and

areas of health. I don't have that level of detail for each position or which ones are staffed. There's a number that are currently still in the staffing process. There are some that are filled by "indeterminates." I would have to go through the list of each one to figure out exactly what position is filled, which one is maybe a CSA, which ones are indeterminate. Unfortunately I'll have to get back to the member with the detail on that one. Thank you.

Chairman: Thank you, Minister Hickey. Mr. Lightstone.

Mr. Lightstone: Thank you, Mr. Chairman. Continuing on the capacity concerns, the department has been stagnant at 50 odd percent of their positions being filled for quite some time. As of the most recent quarterly report, the department had 552 vacancies. That's a major concern. I would like to know what strategy the minister has in place for ensuring that those 552 positions will be filled in the quickest means possible. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Lightstone. Minister Hickey.

Hon. George Hickey: Thank you, Mr. Chairman. Out of those 552 vacancies that the member speaks to, I believe we have approximately 439 casual employees. That's not a solution. It's not something that we're...sorry, 394 currently. I had some different documents in another source. That's not a solution.

We have had some turnover in our HR division. Again, I believe I mentioned it yesterday. We're in the process of a job

competition for our director of HR, which is a key, as I'm sure the member knows, a very key position to make sure that you're following through with job competitions, with follow-up with the, right now, Finance HR, soon-to-be stand-alone HR, with job evaluation, staffing and benefits, and making sure that the recruitment process is being followed.

I'm not saying that we're sitting on our hands. There are a number of people within our HR division that are working right now. We need to, again, depending upon the position and how competitive it is across the country... It was raised yesterday how much of a challenge it is across the country to compete for nurse practitioners.

Administrative jobs, when you're looking at policy and finance jobs, are also very tough to fill, especially when we talk about... In here we talk about having societal values and making sure that our policies, as we develop, are taking Nunavut into consideration. We want to bring up as many of our own staff and work into the policy division. I know it has been mentioned in the past of having Nunavut Arctic College involved in having governance and policy type programs to help people into entry level into those types of positions.

With medical professionals, we have capacity issues, but we have to provide the service. I believe there are 11 agencies that we have contracts with to provide agency nursing to cover off those needs. We have casual positions that we bring nurses into. There are other options we're looking at. I was encouraged by some of the news out of the NWT with some of the success

they've had with part-time positions. That doesn't mean like four hours day; it just means that maybe you're there for three months. It's almost like a job-share type program, which again, I'm very supportive of job-sharing as well.

There's no easy answer. I know there's a lot of work going on, but it has been going on for years. Again, I'm really optimistic that having the Department of HR work with my HR officials within the Department of Health that we could move some of these competitions forward. I think the last number I saw was a little over 200 competitions that were in the process of different stages. I believe that's a pretty full answer. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Mr. Lightstone.

Mr. Lightstone: Thank you, Mr. Chairman. I appreciate that the minister brought up the number of casuals that are required to fill these vacant positions, and 394 seems to be a little bit of an increase. It seems to me that a lot of these casuals are obviously long term. In response to my written question, the Department of Health had a considerable number of long-term casuals. Specifically what will the minister do to encourage staff or supervisory staff to convert their casuals to either term or indeterminate? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Lightstone. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I'm just going over it...that's not the right information.

Basically in a nutshell, I believe we have 105 competitions or Inuit employees that are in long-term casual or in hiring processes; 105 positions going through competition right now, 54 have gone to staffing for further processing, 51 positions are currently being prepared to go to staffing.

One of the things that I will say and it is something that I was very proud of in my last stint as health minister was utilizing restricted competitions and direct appointments. If I recall the numbers correctly, it's a couple of years old now. I believe I targeted 40 positions that were longer than two-year casuals and out of those, within about an eight- or nine-month period, I believe, again going from a year and a half or two-year-old memory, it was 33 of those people were indeterminately placed. To me it shows that the desire is there from supervisors to support those restricted competitions and direct appointments.

There have been anecdotal discussions that some people want to stay casual. I don't understand the logic of that myself personally, but I have been told that there are rare occasions where people actually do want to stay casual. Maybe it gives them some flexibility to take longer stints off at certain times of the year. That being said, the long-term casual is definitely something that I have targeted in the past and will continue to target. Thank you.

Chairman: Thank you, Minister Hickes. Mr. Lightstone.

Mr. Lightstone: Thank you, Mr. Chairman. The minister had mentioned using restricted competitions and direct appointments as a way to target the

capacity issues. I have two questions. So far this year in 2018-19, how many restricted competitions and direct appointments has the minister used, and do you have an idea or have you set a goal or an objective of how many you would like to see be put through in 2019-2020? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Lightstone. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. One of things that we're looking at is having targeted indeterminate positions like the member just requested, especially for Nunavut Inuit. In 2018-19, which we are just finishing up, there were 19 employees slated for direct appointment. So far six have been completed, 13 are in the process. When I ask the question, "What do you mean by in the process?" Even though it's a direct appointment, there is paperwork, there are still administrative processes to follow, and making sure that we've got all the t's crossed to put those forward to cabinet. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Mr. Lightstone.

Mr. Lightstone: Thank you, Mr. Chairman. Yesterday the topic of nurse recruitment came up as well as the nursing bonuses to encourage retention. Would the minister be able to elaborate more on that nurse recruitment and retention bonus or strategy? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Lightstone. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. This has been ongoing since 2008. Basically when a nurse starts on, there is a \$5,000 signing bonus. At 18 months of service, they get another \$5,000, and at 30 months of service, they get a \$10,000 bonus. In addition to that, there is a monthly retention bonus of \$375 a month. There is a special allowance of \$9,000, which is a general bonus. I believe it involves training and a couple of other things. There was a question that I had asked and I still don't understand all the details of it. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Mr. Lightstone.

Mr. Lightstone: Thank you, Mr. Chairman. Those sound like some very lucrative bonuses. To date, how much has actually been spent on these nursing recruitment or retention strategy bonuses? How much has been spent this fiscal year and last fiscal year, and how much are you requesting in 2019-2020? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Lightstone. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. That's just part of our compensation and benefits budget, so I don't have a breakdown of that here. I can look to see how that could be pulled out for the member, and then I'll see how hard it is to put that together. Thank you.

Chairman: Thank you, Minister Hickes. Mr. Lightstone.

Mr. Lightstone: Thank you, Mr. Chairman. In the business plan it notes

that the Department of Health's review of the medical travel program will finally be complete by the end of this fiscal year. My question is: will there be any major changes to the medical travel policies and, if so, what will they be? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Lightstone. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. With regard to what those changes are going to be, we're still finalizing it. When we recognize an opportunity to make an amendment to our Medical Travel Policy, as I announced yesterday with regard to infant travel with expectant mothers and guardians, we recognize that from the feedback we got during our consultations.

Like I mentioned, this medical travel review encompasses over 100 health staff and over a dozen stakeholders, including the boarding homes and other partners. It's not going to be a one shot that we're going to do everything at once. If we recognize, I use the term low-hanging fruit, a very loud request from a lot of different sources was the infant travel. We have stepped up and put it in place right now before we're even done the review.

I can't give specifics on exactly what we're going to be doing. We still have to decide on the final product through the cabinet process. Thank you.

Chairman: Thank you, Minister Hickes. Mr. Lightstone.

Mr. Lightstone: Thank you, Mr. Chairman. The Tammaativvik Boarding

Home was recently in the media in regard to it undergoing change in management. I was wondering if the minister may be able to provide us with an update on that situation. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Lightstone. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I was actually hoping somebody would bring this up. Contrary to public opinion, I was not involved in that decision nor was the Department of Health. We have a contract with Nova Group to provide the service through the Tammaativvik Board Home. They had subcontracted to a society.

The only pressure I may have put on the whole endeavour is to make sure that they're meeting the obligations of the contract. Numerous members in here have heard a lot of the issues that have been brought up in the past with that boarding home, and I'm blaming any group or any part of it, but there was a concerted effort and a lot of pressure from me through my officials to make sure that the conditions of those contracts were being met. When our residents are travelling for medical purposes and staying in a boarding, I expect and I'm sure they expect a level of service quality.

With the amount of complaints that were coming through, we had very serious discussions with the contractor, and we still meet quarterly and there are different conference calls that are occurring on an as-needed basis. Again, I wasn't nor was the Department of Health directly involved in the change in the management structure. That being

said, even leading up to that, the complaints I was receiving have gone down. Since then I haven't seen a spike. If anything, the number of complaints has been reduced.

They have taken a number of fantastic steps: increased security, cleaning, and replacing flooring. They have shown a lot of initiative in making sure that they understand how important it is to meet their contractual obligations and I commend Nova Group for working so diligently up to now to make sure that those improvements that we had, I don't want to say demanded but pretty close to it, are being met. Thank you.

Chairman: Thank you, Minister Hickes. Mr. Lightstone.

Mr. Lightstone: Thank you, Mr. Chairman. I believe this is my last question. The business plan indicates that the department will "Continue with the legislative process to develop and introduce health privacy legislation." My question is: what is that status of this initiative and to what extent has Nunavut's Information and Privacy Commissioner been involved? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Lightstone. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. With the Chairman's indulgence, Ms. Ingebrigtsen to my right is a lead on that file, so for an up-to-date response, I would request that she be allowed to respond. Thank you.

Chairman: Thank you, Minister Hickes. Ms. Ingebrigtsen.

Ms. Ingebrigtsen: Thank you, Mr. Chairman. To the member's question, we're in the process of working on a legislative proposal. In that proposal development NTI and other departments have been involved. We have also notified the privacy commissioner that we will be asking for her advice on specific issues regarding the development of the legislation. Thank you, Mr. Chairman.

Chairman: Next on my list, Ms. Nakashuk. Please go ahead.

Ms. Nakashuk (interpretation): Thank you, minister and your officials. Part of this relates to the question posed by Adam as it relates to medical patient boarding homes, which I first want to speak to. A continuing patient from Pangnirtung who just arrived informed me, as they come here from time to time, that corrections have been made in her estimation, that there seem to be less security issues. I wanted to convey the fact that it seems to be better organized now. I wonder if the contracted party will continue as they are contracted now or if the department has plans to change the Tammaativvik management contract. That is my first question. Thank you, Mr. Chairman.

Chairman: Thank you, Ms. Nakashuk. Minister Hickee.

Hon. George Hickee: Thank you, Mr. Chairman. If I could just get confirmation, did the member mean that the employees that were there before stay on or is it the service? If I could just get clarification. Thank you.

Chairman: Thank you. Ms. Nakashuk, can you please clarify your question?

Ms. Nakashuk (interpretation): Thank you. (interpretation ends) My question was: the contractor that is there now, are they staying as is or are there plans to change how it is again? (interpretation) Thank you.

Chairman: Thank you, Ms. Nakashuk. Minister Hickee.

Hon. George Hickee: Thank you, Mr. Chairman. Now I know what the member meant. Thank you for that clarification.

Right now, as before, Nova Group is contracted to provide the service in the Tammaativvik Boarding Home. Back when they first opened, they subcontracted to a society and with permission of the Department of Health at the time. If they choose to subcontract that service again, it would have to be with our approval. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickee. Ms. Nakashuk.

Ms. Nakashuk (interpretation): Thank you. That is music to one's ears. It would be beneficial for communities to be kept apprised of developments as they are also affected by decisions with residents travelling here. If a subcontractor is being considered, that information should also be conveyed.

These are some of the questions related to your comments, although you answered some of them beforehand. (interpretation ends) In your opening comments you had stated that there will be a creation of 13 new positions. I'm just curious as to where these positions will be. Are they mostly in the regional

centres or will those be in the communities as well? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Ms. Nakashuk. Minister Hickeys.

Hon. George Hickeys: Thank you, Mr. Chairman. They're phased in over the three fiscal year period totalling 27 positions. The 13 this year, we're looking at an addictions and trauma position here in Iqaluit, public health assistants and public health nurses varying in different...Cape Dorset, Clyde River, Kugaaruk, Rankin Inlet, Hall Beach, Kimmirut; administrative services in Baker Lake, Rankin Inlet, a couple in Iqaluit; and then a chronic disease care team in Cambridge Bay and Rankin Inlet. Those are the planned 13 positions. Thank you.

Chairman: Thank you, Minister Hickeys. Ms. Nakashuk.

Ms. Nakashuk (interpretation): Thank you for identifying that. (interpretation ends) As you stated, there's the addictions and trauma staff that will be based here. I know there were discussions with the federal [government], NTI, and the government in terms of where they're planning to put the treatment centre. It has been confirmed that it will be here in Iqaluit.

Was there any discussion on other communities other than the regional? We have stated and it has been stated numerous times that we want to try to decentralize to communities that don't have any decentralized offices. I just feel that there was no planning or discussion made to the communities on this and it's disappointing that it will be here. It's just

my thought. Was there any discussion other than Iqaluit? (interpretation) Thank you.

Chairman: Thank you, Ms. Nakashuk. Minister Hickeys.

Hon. George Hickeys: Thank you, Mr. Chairman. There was a lot of discussion on the location. When you look at the addictions and trauma strategy report, it clearly outlines a number of clinical reasons why it needed to be in Iqaluit. There was a lot of discussion out in the public with stakeholders, NTI, and different regional Inuit organizations on the location. Because we have the doctors and the resources here in Iqaluit to meet the needs, a broader base of needs, I guess, for the people who would be participating in a facility, it needed to be in Iqaluit. There's a lot of justification on that in the report that was tabled last fall.

That being said, it was very much recognized, like I had mentioned before earlier today, even in a line of questioning, where the root benefit, the main benefit that's going to come from addictions and trauma treatment in this territory is going to come from the community. That's where we need to make sure we've got the resources available. Not everyone needs to go to an addictions and trauma treatment centre. If they do, it's usually at a higher level of need. We don't want to set a facility up to fail. We want to make sure that all the resources are available to meet any needs or as many needs as possible to go through a successful treatment.

That being said, the member would probably be very interested to hear that

as part of the funding that we have applied for, for this fiscal year out of the \$4.6 million, is the first pillar of having on-the-land programs developed. There hasn't been a decision on a Baffin community yet. I know the member has some very active people in her home community that are involved in work of this nature and I look forward to seeing proposals come out of that. Thank you.

Chairman: Thank you, Minister Hickey. Ms. Nakashuk.

Ms. Nakashuk (interpretation): Thank you for that explanation. Yes, it's understandable, but there needs to be a place with doctors for those with issues. (interpretation ends) I can understand that, but I also recognize that there are trauma-based clients no matter what community we go to. (interpretation) I would like that project to proceed smoothly. We want to use our traditional practices as Inuit in helping and counselling. I just wanted to add that to my comment. I'm sure we will be hearing of the progress.

(interpretation ends) I also wanted to discuss the regional office we have in Pangnirtung. I know there are always changeovers of directors in the regional office of the Department of Health. I'm curious: with the staff changeovers that I have seen in that director position: has there been any discussion on trying to train Inuit who have worked there for numerous years to get them into those positions?

Recently, again, there has been a director changeover and I don't want to list off how many times that position has been filled and then vacant and then filled again. I'm just curious: where is your

department going in trying to fill it with a beneficiary who can do it?

(interpretation) The office has had Inuit working there for many years. Thank you, Mr. Chairman.

Chairman: Thank you, Ms. Nakashuk. Minister Hickey.

Hon. George Hickey: Thank you, Mr. Chairman. I would love for that to happen. One of the things with that turnover is it creates, as the member mentions, a lot of uncertainty and instability in the community and in the office itself.

One of the requirements for that position is to have a nursing degree, a nursing background, so if there are people that are out there listening that are interested in that position, I would definitely be interested in hearing from them. There are all types. There are informal mentorship programs that we have utilize. EIA has the Sivuliqtiksats program for formal mentorship.

I would love for the opportunity to put somebody, especial from Pangnirtung, into that position. Nothing would make me happier. Thank you.

Chairman: Thank you Minister Hickey. Ms. Nakashuk.

Ms. Nakashuk: In your opening comments you also stated the long-term care for elders; (interpretation) the planning for it. (interpretation ends) I know that has been a discussion for quite some time. Yesterday you had stated that there are currently about 29 Inuit who are at Embassy West. What support do they have right now (interpretation) for those who cannot speak English? Thank

you.

Chairman: Thank you, Ms. Nakashuk. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. It's not a perfect world. I would be the first to admit it has been challenging hiring interpretive staff. Embassy West has worked very hard with us. They currently have two people working and providing interpretive services. I believe that is one of the reasons why we're working so hard with Partnership BC, within our own options that we're exploring in the territory to move and to open facilities here in the territory. The beds in the facilities we have currently aren't able to provide the level of care, so unfortunately we do have to send people out.

I will have to say I commend Embassy West for the level of service that they're providing to our clients. I was just informed earlier that there is a two-part series going on CBC radio here in Iqaluit. It was brought to my attention that a member from a community who has gone down to visit family at Embassy West has really come to realize how hard Embassy West is working to take care of our residents, and has shifted his own mentality even over to recognize how well cared for his family member is there.

It's stories like that that encourage me and encourage us to make sure that ideally they would be here in Nunavut, even better in their own community, but until such time as that occurs, at least they're in a facility that's taking very good care of them. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Ms. Nakashuk.

Ms. Nakashuk (interpretation): Thank you. (interpretation ends) It's good that there are good stories like that coming out, and sadly we don't hear that very often. The reason I asked what kind of support they have in 24 hours, and we're talking about and you mentioned there are two interpreters, the last time we were there and that was in the summertime one of the issues that were brought forward was there are no interpreters after hours from about supertime until the following morning.

It's mindboggling that unilingual speaking elders have no one to really talk to after-hours other than patients that are there. It's very difficult to have an elder in that kind of situation. It was brought up to me as well that there is no Inuktitut staff to help them after hours. To top it off, there was no Inuktitut menu for elders when they're going there for lunch and supper. It's very difficult to even discuss this because those are our elders from our communities. It's great that they're getting this kind of support when they can't get it back home, but we also have ensure that they are being provided the right care in the language that they understand.

The government is spending in this one procurement activity report for Pangnirtung - Embassy West Senior Living, \$163,000 a year. I don't know if this is for one. How come they are not getting the support they need in the language they should be served in today? These people are there throughout the years. (interpretation) This should be rectified. (interpretation ends) It's going

to take year until we get one in Nunavut? This has to be looked at, and you're requesting for additional money? It's mindboggling that elders are being put in this.

I'm asking: what additional support is the Department of Health going to provide for our elders at Embassy West? (interpretation) Thank you.

Chairman: Thank you, Ms. Nakashuk. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Whenever we talk about elders, it's a passionate topic and I share your passion. I will have my officials contact Embassy West to find out what status they are at for hiring additional interpreters. I'll make sure that they bring up the fact that Inuktitut menus and any other signage that could be translated and utilized in the facility. Thank you.

Chairman: Thank you, Minister Hickes. Ms. Nakashuk.

Ms. Nakashuk (interpretation): I am very pleased to hear you say that. These comprise most of my concerns, although these aren't my only concerns related to this field. (interpretation ends) How often are they getting the medical follow-ups in terms of dental or eye check? (interpretation) Some of them aren't very vocal about their issues. Are they provided adequate support by health professionals there?

(interpretation ends) For diabetes, how often are they getting checked medically? Just something I would like to know as well because community members have asked that as well.

(interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Ms. Nakashuk. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Typically most eye care and dental appointments are done outside the facility by appointments that are made. I am not sure how frequent they are. I would have to look into the details on that, but I do know that they are provided transportation and assistance with the appointments. Again, I would have to look into the details. I'm sorry that I don't have that level of detail for the member. Thank you.

Chairman: Thank you, Minister Hickes. Ms. Nakashuk.

Ms. Nakashuk (interpretation): I have no further questions. I would like to make sure that we are kept up to date on these issues, especially as the government has requested a huge amount of funding for the care of the elders. I will just say "thank you."

Chairman: Thank you, Ms. Nakashuk. We will move on to the next member. Mr. Main, please go ahead.

Mr. Main (interpretation): Thank you, Mr. Chairman. I would like to supplement the comments that were made by my colleague.

(interpretation ends) Having seen some elder care issues with my own grandmother recently who was in a home in Toronto, one of the key things for my grandmother was that my aunt was there to act as an advocate on her behalf. That's a family member who is

going by regularly and who can go as a go-between with the health care providers and the elders who can't sometimes speak on their own or maybe have issues where they're forgetting or they can't keep track of things.

Is there anyone currently tasked in an advocacy role with those elders in terms of visiting them on a regular basis and acting as a go-between? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Main. Minister Hickee.

Hon. George Hickee: Thank you, Mr. Chairman. Yes, we currently have our Continuing Care Division which works with placements and help family members work with the facility itself, work with the Department of Health to address any concerns that are brought forward for people who have family members that are... . How do I put it?

In general most people who are sent to Embassy West are at a high level of need, including dementia. Some people are under public trusteeship, some people have designated family members who are responsible for them through that type of a trustee system. Justice and Family Services would be tasked with the public trustee component of it to make sure that... . It's a public guardianship, that's what it is, not a public trustee. I was getting my legal terminology mixed up.

That being said, we do have positions within our Continuing Care Division, like I had mentioned, that work directly with facilities that we operate and contract to and they speak to the family quite regularly, work with, in this case,

Embassy West to help arrange face time family visits, to help arrange in-person family visits. That task used to be taken care of by Family Services and has been transferred back, in my opinion, rightfully to the Department of Health where we do provide a number of visits per year, not enough but we also have to balance our fiscal, me in here defending my budget. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickee. Mr. Main.

Mr. Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Thank you, minister. I don't want to get too far into the details. I know we have a lot to discuss, but this is important. In terms of those visits with the elders in terms of fulfilling that advocacy role, what type of frequency are we talking about? Is there somebody in there every week? Is there somebody in there every day? What is the frequency? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Main. Minister Hickee.

Hon. George Hickee: Thank you, Mr. Chairman. They visit in person at least four times a year. That being said, it depends on as issues arise, as family members raise issues. There are more telephone conference communications, but in person there are health officials in there four times a year. With regard to phone calls, they would be not defined. They happen quite frequently. I don't know if it's daily or weekly, but depending upon as issues arise, as concerns are raised, then there would be automatic communication initiated. Thank you.

Chairman: Thank you, Minister Hickes. Mr. Main.

Mr. Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Has the department considered upping that frequency or hiring somebody who is maybe based in Ottawa to fulfill this role? I would imagine, with the number of elders, what I'm envisioning is you would need probably more than one staff member to act in the advocacy role, just because most of the elders don't have any family living in Ottawa and they don't have anybody who can go in and advocate on their behalf. I know it's not the ideal situation, but it might be something that could make a difference. Has this been considered?
(interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Main. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. When I say that health staff visits a site four times a year, those are our Department of Health staff. There is also Ontario Retirement Homes Regulatory Authority visits and registers the facilities that they have oversight of. Again, I will say that Embassy West passes with flying colours regularly. There again is an opportunity to address any visual or systemic concerns that may be raised.

I'm not sure how often we communicate with the Ontario regulatory body. That's something I could look into. I'm kind of curious myself a little bit on that one to see how often we communicate with the regulatory body, to see if deficiencies are identified. Thank you.

Chairman: Thank you, Minister Hickes. Mr. Main.

Mr. Main (interpretation): Thank you, Mr. Chairman. I'll move on to another subject. With respect to the elder care facility we just spoke about, it's operated by a private company and the Department of Health is looking at possibly three facilities that will be privatized. I also read that health expenditures continue to create barriers. Has the department considered that?

Let me speak English. (interpretation ends) Is the department considering privatizing any of the functions underneath the health department? I used the elders' home as an example. That's standard all across the country, that they're operated privately. Are they looking at any other functions to be privatized or handed over to the private sector? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Main. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I would say no right now. I'm not saying it's not going to be considered at some point, but right now our objective is with Partnerships BC to identify the model of elder care that we want to focus on.

There would be a lot more work to go forward if we were to look at privatizing facilities or privatizing services that we provide right now, with regulations, potentially even legislative amendments on facilities that we own and operate here right now. I'm not saying it's never going to happen. In my opinion I think contracted service providers are working

all across the country. There are very few governments that own and operate long-term care facilities in Canada and for a reason. It's expensive. The hiring process is onerous where a private enterprise has more flexibility. As long as they're providing the level of care that we expect them to, it's a model that's proven effective. Thank you.

Chairman: Thank you, Minister Hickes. Mr. Main.

Mr. Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) A segue into the next topic, human resources, yesterday, from what I gather, there's some interaction between the human resource function within your department and what will be the future Department of Human Resources. I also have a copy of this RFP that closed on February 15 and it's for professional recruitment services. In the RFP it lists here professionals, doctors, lawyers, nurses, and it says, "October 12, 2017." It must be a typo here.

What is the plan going forward? What will the interaction be with whoever succeeds in this RFP, the company that succeeds with this RFP? What will the interaction be with the health department and the HR department in terms of trying to get more health professionals working up here? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Basically in a nutshell, when we contract out a service like recruitment assistance, with our nursing arrangement with the Department of HR, HR-Finance right now, we have

delegated authority to hire nurses and contract off positions ourselves. At the end of the day we are the subject matter experts and we know what we're looking for. When we look at standardized job functions, job evaluations, and job descriptions, it streamlines the process.

That being said, there are different partners that we can work with, universities, trade shows, and that type of thing, where we don't have all the expertise in-house. That's why we would contract something like this out. I don't know all the details of the RFP that the member is bringing forward. I don't have a copy of it with me, but basically it's to make sure that the functionality of the hiring process is done as efficiently as possible, working with our health officials. Thank you.

Chairman: Thank you. Mr. Main.

Mr. Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) Thank you, minister. I'm still on human resources in this correspondence to Ms. Nakashuk, a breakdown of your directorate. There are 21 PYs listed under human resources. I'll try not to get too confusing. How many of your human resources positions are currently filled and how many are vacant? What is the capacity to build up the capacity kind of thing? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Main. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I think people are looking here, and I had already mentioned it before, we're in the process of hiring the director of HR, which is pretty much the

critical position within that division to make sure things are rolling smoothly.

I'm still writing down some notes on what positions are actually filled, but out of the 21, some of those would be in the nurse recruiting division, so they wouldn't all be in our HR central function. That does correspond with human resources to make sure job evaluation is done and make sure the job competitions run through all the steps. The back and forth with that process are different. With the nurse recruitment side of things, it would be a little bit of a different scenario.

I do have some notes here now. I don't have the exact numbers, but the HR assistance, health and safety is included in those numbers, and the Inuit employment manager position is also included in those 21 positions that the member raised. Out of those, the Inuit employment manager is filled, as well as the HR assistants and the health and safety. Thank you. I'll have to get back to the member with the exact positions and I'll even commit to getting how they're filled, whether it be indeterminate or CSA, or casual, or term. Thank you.

Chairman: Thank you, Minister Hickes. Mr. Main.

Mr. Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) On the HR issue, the minister mentioned earlier job-sharing, something that the minister said he was supportive of. Is that something that is currently available to anyone who wants to work for the GN or is that something that's being made available on a pilot project basis? Is it something that is available for any

position, a nursing position for example, or is it certain targeted positions that it's available for? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Main. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. The main focus I have on job-sharing is at community health centres. Where we're trying to provide consistency of care in a community, if people would even just commit to stints, whereas there has been some added flexibility offered working with the Department of Finance HR right now of previously a job-share. If you would want to share your job with Mr. Lightstone, you guys would be responsible for coming to an arrangement on the times and availability, and if you just wanted to job-share, you would have to find your replacement.

Whereas we have opened it up a little bit more, where if you want to commit to working January through June yourself and the other half of it is unfilled where we have to use casuals or even agency to fill the other gap, I'm willing to sign on to something like that because at least you're there for half the year. It brings some level of consistency to the community.

I'm willing to explore any and all options to provide consistent workers or health care staff in the communities. When we talk about consistency of care, having to go over your issue over and over again with different people... I see the member shaking his head; he knows where I'm with this, so I'll let it drop from there. Thanks.

Chairman: Thank you, Minister Hickes. Mr. Main.

Mr. Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) I was nodding my head, not shaking.

>> *Laughter*

If it's going to be a job-sharing arrangement between Mr. Lightstone and me, I would propose he does 90 percent of the work and I'll do the 10.

>> *Laughter*

Just gave me an idea there, so maybe next election.

In terms of these job-sharing arrangements, I would be interested in just how widespread they are in terms of how many of them have been entered into. When it gets to retention, does the department currently conduct exit interviews with people who quit or people who decide "This is not the place for me in Nunavut"? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Main. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. With regard to how many people are participating in a job-share function, I don't have that number with me.

I'm trying to remember the second part of the question. Sorry, just one moment. Oh yeah, the exit interviews. I wish I could make people do exit interviews. That being said, we have made it a lot easier through the Department of Finance of having exit interviews

available online to get feedback on people of why they're leaving, under what circumstances, and what are the pros and cons.

Those exit interviews are analyzed and looked at for common themes. That's where some of the work and some of our cultural competency training, our workplace health and safety, respect in the workplace programs stem from some of that feedback.

I do want to assure everyone out there who is watching or listening, no matter what the circumstances you leave the Government of Nunavut under, I highly promote people taking advantage of that exit interview to help us make a better workplace for our civil service. Thank you.

Chairman: Thank you, Minister Hickes. Mr. Main.

Mr. Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) This is the last topic I want to ask about. In the opening comments the minister mentioned, under Iqaluit Health Services Forced Growth, it says here in the middle of the page, "The Department of Health has proposed a strategic program and capacity enhancement..." and it's all about Iqaluit Health Services.

Is there a strategic program for the entire system? Is there a strategic program for, let's say, the health centre in Whale Cove? Is there a strategic program for the regional health centre in Rankin Inlet? Is there a strategic program for these different facilities or is this a strategic program that is just specific to this largest facility? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Main.
Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Right now it's just for the Iqaluit Health Services for the services that are being provided here, a strategic plan for that. Part of the model of care review touches on, again, what types of services are needed at the community level. I'm still figuring out how that is broken down exactly by community or by region myself.

I appreciate the member's question because, if we're going to be working to provide the best level of health care that we can, we need a plan. The model of care review is going to give us a lot of guidance in that respect at the community level, but this strategic plan is strictly to Iqaluit. Thank you.

Chairman: Thank you, Minister Hickes.
Mr. Main.

Mr. Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) I'm sure the minister wants to talk about model of care because it's such a constant, it seems. Very briefly, what is the timeline where I as a regular member will be able to see a model of care document and review it? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Main.
Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. It's a complicated question. There are a lot of components to the model of care review that bring immediate value. There are also components that are looked at from a different perspective of... . The model of

care doesn't always take into consideration the limitations we have, the geography we have, and so I would caution of having the full document's value of being taking as "gospel," if you want to call it that.

There are good points in there and there is stuff in there that doesn't make sense, and that's just through some of my initial cursory look at it. We're still analyzing the entire document to see where the valuable parts are and how to integrate it. Whether the whole report be tabled, as an example, or provided to members, I don't know yet. We may look at an executive summary model.

I'm still undecided on exactly how to proceed and to... . How do I put this? I don't want to set unrealistic expectations as well to the staff that we have. We don't have doctors in every community, so we have to be very cautious of what type of expectations that we're putting upon ourselves. Thank you.

Chairman: Thank you, Minister Hickes.
Mr. Main.

Mr. Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) One of the most difficult things I find with doing this job is that when it comes to health, there seems to be a lack of statistics to rely on. As an MLA, you end up going on anecdotal things. For example, a useful metric is those health centre closures. Those can be used as indicators of problems with the HR side of things.

From the minister and the directorate office, what data do they have access to on a regular basis when they're sitting down to decide where to expand their

services or where to shift things around? What numbers are they looking at? What is the availability of the health data for the department? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Main. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Some of this was identified even from a national commission, the Canadian Institute on Health Information, CIHI. I always used to call them CIHI, which we actually finally had a territorial seat on in the last few years, brought forward a number of different recommendations in recognition on some of the challenges of data collection, even so far as for the federal government to recognize some of the... . In some of the funding we get, there are accounting criteria that other jurisdictions do have to add on that we don't and in some cases very difficult to measure and be able to put out publicly.

As far as what data we are collecting, even the disclaimer that we had to put in the closures for the health centres shows that there are gaps in our data collection. It's something, thankfully through recognition with the Canadian Institute on Health Indicators, that we are seeing where we can make advancements. The health information technology sector through MEDITECH gives us some increased level of data collection, but we're not where we need to be and I'll just have to say it's a work in progress. It is something that we know we need to collect more data in general and I would definitely appreciate any suggestions from the member.

There's recognition from a privacy

standpoint of some data that we can and can't collect, but there are also other areas where we know we need to do a better job and it's something that's, again, a work in progress. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Mr. Main.

Mr. Main (interpretation): Thank you, Mr. Chairman. (interpretation ends) I would just at this point encourage the minister to look at investing in data collection specifically for future years. I think we have an advantage that we're such a small territory and that compared to a province with millions of people, there is a potential to tailor our services to each community's needs, but I understand that would take money.

Just a closing comment, I think, on this Iqaluit Health Services forced growth and the strategic program, I think it mentions here increased health care service demands. I think the demands that are coming out of communities I represent are pretty basic. We just want the basics. That would be a great start. I think there's a lot of apathy and frustration within our communities. People will not bring themselves to the health centre because they have been turned away too many times. That's just a comment. (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Main, for your comment. Moving on, I still have four names on my list. Next is Mr. Mikkungwak.

Mr. Mikkungwak (interpretation): Thank you very much, Mr. Chairman, minister and your officials. Looking at

some of the documents here, my first question is regarding what my colleague, Mr. Lightstone, asked about, but I would like to get further clarification.

On page 147 of your business plan the second bullet states that the Department of Health will “Initiate the legislative process to develop health privacy legislation.” I understand what’s written there. This is going to be done over three years up to 2021-22 starting now. Is this directly for Department of Health staff or for people who are going to the health centres or are you looking at both? This is my first question. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Mikkungwak. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I thank the member for that question. When we talk about Health working within the objectives of the blueprint for action, there are a number of different actions. Actions 1, 8, and 40 were merged last summer to provide a coordinated objective. When we look at Action 1 of the blueprint, we’re talking about developing the policy for purpose-built housing. Again, it will be something like special needs or elder housing and that type of thing to work with the Nunavut Housing Corporation on things like that.

When we look at some of the research that’s being done, again, working with the housing corporation, there has been a number of baseline data collection starting three years ago when the report started being worked on to look at any perceived stress, any self-reported asthma, health or food security issues. That’s where we’re working with the

Nunavut Housing Corporation on initiatives such as that. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Mr. Mikkungwak.

Mr. Mikkungwak (interpretation): The way it is written, I was asking about the next bullet. I do appreciate your answer and people need to be aware of that. For example, the issue of mould in housing units in Baker Lake is affecting the health of residents. If the Department of Health and the housing corporation will be working together on that, it’s good.

However, below that was an item I was asking about. The Department of Health will “Initiate the legislative process to develop health privacy legislation.” This is starting now until 2022. It is clear that they will hear from health professionals on this. Will you try to hear from the people who go to the health centre or if there is a breach of privacy by an employee? I want to know if Nunavummiut will be consulted on the legislation. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Mikkungwak. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Anytime there is a breach in privacy, there is an investigation done and, if there is a breach founded, it would be reported to the privacy commissioner. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. I’ll rephrase my question

here. On the health privacy legislation, you plan to tackle it in 2018-19 right up until each and every fiscal year up to 2022. Each year, are you going to be touching up on health privacy legislation by sections, and will there be community consultations regarding health privacy legislation? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Mikkungwak. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Ms. Ingebrigtsen answered the majority of that question earlier.

With putting forward the legislative proposal on the health privacy legislation, we would be working with partners and stakeholders, including the commissioner of access to information and privacy legislation. It would depend. There's some legislation that comes into force right away and certain components are delayed depending upon the circumstances around the legislation. I wouldn't be able to direct today of exactly what, but when it finishes off, it's getting the legislation in and then working on the implementation of it and monitoring it. The 2021-22 objective, I believe, is monitoring the implementation of the legislation. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. I thank the minister for his response. On the health privacy legislation again, I guess this would be my last question on that particular subject there. While you guys are working on the health privacy legislation starting now and for the next three years,

I believe, if a breach were to occur of confidentiality, I understand the minister indicates that an investigation would occur.

What other departments would be involved? For Health right now, as regular MLAs and the minister is fully aware of this, is we also try to advocate to our constituents if they have health concerns that they can also contact the Office of Patient Relations, if they have concerns or complaints. In an investigation for breach of confidentiality, can the minister indicate what departments would be involved? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Mikkungwak. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Patient Relations is the point of contact to make a complaint and a very good one.

With regard to who would be involved in an investigation, it would depend on the complaint itself and how egregious of an issue it is, right down to potentially the Department of Justice if any legal action needs to be taken; CGS, through their information technology department, to do research on any documents or correspondence from that regard. I can't think of anyone else. Maybe the ATIPP coordinator out of EIA could also be involved. It's a pretty general question and it's really situational-dependent. Thank you.

Chairman: Thank you, Minister Hickes. Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. I'll move on to a different one

here and no doubt it really impacted my community. We did have an elders' care facility. On your business plan on page 148 the fourth bullet indicates that you are going to be working with EIA, "Executive and Intergovernmental Affairs, Community and Government Services, and Finance...to invest in infrastructure to enhance wellbeing, such as addictions treatment and Elders care" facilities. We did have an elders' care facility. Can the minister enlighten me where that may be at, if possible? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Mikkungwak. Minister Hickes.

Hon. George Hickes: Thank you. If it's particular to the facility in Baker Lake, there was a fuel spill underneath the building, as you showed me how much contaminated soil was outside that facility, and this being the winter months it's very difficult to gauge what type of habitation limits. Whenever there's a fuel spill of that substantial of a nature and it's a very low building, as the member is very well aware, it's difficult to get under there. As a residential facility, it's even possible that it may not be able to be used as a residential facility, again, dependent upon the testing that's going to occur over the spring and summer. Thank you.

Chairman: Thank you, Minister Hickes. Mr. Mikkungwak.

Mr. Mikkungwak (interpretation): Thank you very much, Mr. Chairman. I have another question. Several of my colleagues and I went to visit the elders facility in Ottawa recently. Now I want to ask this question. Upon the elders seeing us, they immediately recognized

us as Inuit and started to voice complaints that they were treated as if they had dementia or other mental retardation. However, they felt the need to voice their concerns to their advocates, which was understandable in how they voiced them.

My question then is, the elders who are housed in the facility are essentially bored and wish to return to Nunavut. Yes, it is understandable as the minister responded previously that some elders are under the auspices of the Department of Family Services with relatives having signed off paperwork. Nevertheless, some resident elders require ongoing medical checkups much like medical patients. They pretty much evaluate your medical condition intensively as they try to determine your medical status and whether you require several weekend internments. After you have been assessed, it determines your appointments and then medical policies should apply for these reassessments.

I wonder if family members could be included when elder relatives are being reassessed. Are resident elders and family members being provided this information? Here I mean (interpretation ends) reassess (interpretation) as the context for my question. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Mikkungwak. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. When we say "an assess needed," it's the clinical parameters of the level of care that's needed. That being said, some people have good days and bad days, but at the request of family, I have requested a few times of a

reassessment to make sure that, if there have been improvements in cognitive abilities or mobility, those factors could be taken into consideration.

With that being said, when people are assessed on their level of need, the family is involved in that process. They're communicated very clearly with the continuing care people of making sure that the family understands why the need is for people to be put into a facility, whether it be in territory or out of territory. There are people in territory facilities, but they're still far away from their family, so there are still concerns.

What invariably one of the main issues is, is that some family members don't always fully comprehend the amount of care that's needed to provide for an elder. As those needs increase, the level of commitment from family and friends to make sure that that care is being met for the health and safety of that elder, that's where our concern comes in to make sure at the end of the day we're advocating and working on behalf of the elder to make sure that they're getting the care that they need clinically. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Mr. Mikkungwak.

Mr. Mikkungwak (interpretation): Thank you very much, Mr. Chairman. As a resident of Nunavut, those elders are from Nunavut and their care is being paid by Nunavut's Department of Health. You have an agreement with the place they're staying at because they're from Nunavut.

My question is...they're Inuit from the Arctic at the facility in Ottawa. If they

want to have frozen meat, would that be supported or would the medical dietician be involved to make sure that they're not in danger? Most of the time they eat cooked meals from the south. Is it possible to give them pieces of frozen meat that are already cut up? Our elders have a hankering for that food. I'm asking if that would be supported. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Mikkungwak. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. If we're talking about Embassy West in Ottawa, there is country food available pretty much every day for the residents there in different manners, depending upon some people with severe dementia have trouble swallowing, as an example. I have heard stories of having country food in a blender so that they can still... . It's still not the same, but at least they're getting country food. With regard to having like frozen or pieces, it would depend upon the individual and their clinical needs. We wouldn't want to risk choking hazard or something of that nature. That's taken into consideration. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Mr. Mikkungwak.

Mr. Mikkungwak (interpretation): Thank you very much, Mr. Chairman. My last question is going to be regarding pages 148 and 149 of your business plan about suicide. There are many divisions dealing with suicide and they have different budgets. You have requested the funding to assist the people from Nunavut and the communities.

Are the communities informed about these programs? For example, there is the Embrace Life Council, the Upigivagitsi Program, trauma, working together, Kamatsiaqtut, and so on. Are these readily available services relayed to the communities? That's my last question. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Mikkungwak. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. With regard to the Quality of Life Division of having community programming, if that's what the member's intent was, there are all kinds of application process proposals, a process with the people with the Quality of Life and Embrace Life that can assist people with even putting proposals together if they need some assistance to submit a proposal. I believe there is a little over \$3.5 million a year that's available for community-led initiatives that people can work at.

The consultation process comes from the community. A community would decide what type of program or project that they think would make an impact on the quality of life in their community. Submit a proposal and if it's funded, then that program would proceed. If I look at Baker Lake as an example, last year there was a Mianiqsijit program link between suicide prevention and counselling, to provide counselling in English and Inuktitut.

There's a big "B," "One More Mile" suicide prevention event. It was a five-day event bringing elders and youth together, and then there's a "One More Mile" mental health week where there were suicide prevention events in three

communities, as well as there was, the last time I was there participating in the next phase of the summit, so there are all kinds of activities from the Quality of Life and the Embrace Life Council. Thank you.

Chairman: Thank you, Minister Hickes. Next on my list, Ms. Kamingoak.

Ms. Kamingoak: Thank you, Mr. Chairman. I have a question regarding telehealth systems. Telehealth systems have been established in all Nunavut health facilities for several years. One of the Department of Health's priorities for 2019-2020 is to "Continue to monitor and expand the use of Telehealth..." How has the use of telehealth in Nunavut been monitored and evaluated over the past ten years? Also, what new uses for the technology are being considered? Thank you.

Chairman: Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. A number of different things. With regard to monitoring, we have had some challenges with the technology of tracking the usage on it and that's something that there was a business case put forward to get software to be able to track the telehealth data better. Unfortunately due to pressing needs, it wasn't approved. Most of the data we have is prior to 2017.

That being said, it hasn't stopped the development of using telehealth. Just some examples of recent...so tele-psychiatry was brought into force; we've got partnerships in Ontario Shores, Waypoint Centre, Youthdale Centre, Selkirk, Manitoba, Toronto Sick Kids, with regular mental health consultations

in those facilities. In 2018 there were 61 Sick Kids telehealth sessions in various communities. We have just recently filled the telehealth manager position, which I think is going to be an important component of moving forward.

One of the things that we're looking at piloting and we will look forward again down the road of having telehealth available for emergency situations in community health centres so that a doctor would be available to go through an emergency event where they could actually see everything and monitor. There are some technological limitations on that right now, but it's something I'm looking very forward to continuing to work on.

The latest stat I got, I believe, it was over 60 percent of the sessions were used for clinical use, about 20 percent for training, when we can take advantage of training opportunities for health centre staff, and I believe it was under 10 or 12 percent that was for different use of family using telehealth to communicate with a family at another facility.

I would like to make more advancement with telehealth. One of the main objectives of telehealth was to reduce medical travel needs. It's working in some cases, especially with the mental health side of things and the clinical side within the health centres of making sure someone needs to be medevaced out or not or they can go on the next scheduled flight is a big advantage, but I believe we can do more as technology develops. Thank you.

Chairman: Thank you, Minister Hickes. Ms. Kamingoak.

Ms. Kamingoak: Thank you, Mr. Chairman. Moving on, your business plan priorities for 2018-19, this is more of a comment for your evaluation on the medical travel programs. I highly encourage that the department includes breastfeeding mothers who have to act as escorts be included in the evaluation. I look forward to hearing about the changes in the coming months. Thank you, Mr. Chairman.

Chairman: Thank you. That was just a comment. Minister Hickes, did you want to reply to that? Minister Hickes, please go ahead.

Hon. George Hickes: Thank you, Mr. Chairman. I know the member's travel was delayed with weather and things, but we did announce yesterday \$2.7 million to include breastfeeding mothers travelling with guardians as well as the escorts. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Hickes. I have two more names on my list, but it is now to the second round and every member has had an opportunity to speak to this particular line item. I will let the next two members go ahead, but we will cut it off at that. If members have other questions on the directorate, there are other avenues of doing so. You can either ask questions in the House or through written questions, or even go see the minister in his office if you have the opportunity. Next is Ms. Angnakak.

Ms. Angnakak: Thank you. I'll try to be brief.

Just from yesterday's comments, looking at the *Blues*, when I was asking about advertising the positions within the Department of Health for ADM

positions, there are three ADM positions. I guess I asked too general a question and I got a very general response.

I just want clarification. There are three ADM positions. If you can tell me if all of them are intermediate, or are they term, or are they casual with the current people that you have in place now. I might as well say what my questions are in regard to the same topic. Who interviews the candidates for the ADM level positions, and when did you advertise these positions? When did they take place? Thank you, Mr. Chairman.

Chairman: Thank you, Ms. Angnakak. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I don't have the exact dates of when the competitions closed, but it went through a normal competitive structure where the positions were posted, screened, interviewed, and they are all filled indeterminately other than the Associate Deputy Minister for Quality of Life. It is on a term. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Oh, Minister Hickes, you wanted to add something? Please go ahead.

Hon. George Hickes: My apologies; I didn't want to misinform the House. The Associate Deputy Minister of Quality of Life is on a CSA right now. Thank you.

Chairman: Thank you, Minister Hickes. Ms. Angnakak.

Ms. Angnakak: Thank you. Can the member tell us if they are beneficiaries or non-beneficiaries in those positions

and, if they are non-beneficiaries, what are the plans to put in a beneficiary to those management positions? Thank you, Mr. Chairman.

Chairman: Thank you, Ms. Angnakak. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Any time, especially for an executive position, they are open to competition, so any beneficiary would apply on them and would get preferential hiring through Article 23. In these cases, other than the Quality of Life where, due to a resignation, we had to make a very quick decision to fill that position, we have some great people in that Quality of Life Division that I envision moving ahead down the road.

With regard to like a mentorship, I'm always open to that, but these two new ADMs that just started right now are new to the position. I would be hesitant to put a mentorship hat on them at this point. Whenever available, we are always going to take a look at in-house talent. One of the ADMs that are working with us has experience of working in Nunavut, which is a great fact or facet of her positions that she has that Nunavut experience. The other one just started two weeks ago, the other ADM position, so I wouldn't be able to comment on that. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Ms. Angnakak.

Ms. Angnakak: Thank you. Can I ask about the chief nursing officer? Where is this position located and is this position filled? I know previously it was through a contract outside of Nunavut. This

position is here to support nurses in Nunavut, so it just doesn't make any sense with the position being located outside of the territory. I'm really hoping that you will be able to tell us today that this has changed and this position is located in Nunavut. (interpretation)
Thank you, Mr. Chairman.

Chairman: Thank you, Ms. Angnakak. Minister Hickee.

Hon. George Hickee: Thank you. Just one second; I just want to clarify something.

Thank you, Mr. Chairman. It is in the job competition process right now. It hasn't been posted yet, but it will be posted very shortly and it's located in the territory. Thank you.

Chairman: Thank you, Minister Hickee. Ms. Angnakak.

Ms. Angnakak: Thank you. That's great to hear. I think that's exactly what should be happening.

I'm going to ask most of my other questions under another directorate, you will be happy to hear, but I did want to just maybe ask one question regarding the Quality of Life Secretariat. The department also has its own Mental Health Division. Can the minister explain what the differences are between the two? How do they work together? What are their differences and what is the role of each one when it comes to serving our community members? Thank you, Mr. Chairman.

Chairman: Thank you, Ms. Angnakak. Minister Hickee.

Hon. George Hickee: Thank you, Mr. Chairman. I thank the member for the question. When we look at mental health provision in the territory, we have a mental health division and a director of mental health who is in charge of providing mental health services. They work with Quality of Life specifically with the mobile trauma teams to send them out through request by a community or an organization, so they work collaboratively.

The Mental Health Division, the director of mental health is in charge of the mental health, so the Quality of Life doesn't have any direct say in what positions in what communities as far as staffing mental health positions in the communities. They have no engagement with that. They assist with providing the service to identify groups or individuals. Thank you.

Chairman: Thank you, Minister Hickee. Ms. Angnakak.

Ms. Angnakak: Thank you. Just in regard to the Quality of Life, the training that was done at Ilisaqsivik for traditional counsellors and that, is that something that the Quality of Life put on? Did they fund that and, if so, are there going to be new opportunities to do the same thing again? Thank you, Mr. Chairman.

Chairman: Thank you, Ms. Angnakak. Minister Hickee.

Hon. George Hickee: Thank you, Mr. Chairman. When that first Ilisaqsivik training went on, the counselling program there, I don't even think Quality of Life existed at that point. Those were mental health dollars that

were utilized for that training. Just speaking from the knowledge here, there has been a number of great counsellors come out of that program that we have used around the territory through mobile treatment and through mental health support in different communities. I commend the organization and I hope they continue their efforts. Thank you.

Chairman: Thank you, Minister Hickes. Ms. Angnakak.

Ms. Angnakak: Thank you. I think it's something too that perhaps you can work with Arctic College. I don't know if they're offering mental health certification, but it seems like it's such a big need in this territory. It really seems to be that it's that kind of training we talk about where we want to build up our own capacity in the communities, where we want to be able to rely on ourselves when it comes to helping our own communities. There was talk today about training and building that capacity up, and I really think that's obviously a very good area to work with. That's just a comment.

My other questions will go in other...especially about Embassy West. It really got interesting here this afternoon, but I will leave it to H-6 to ask my questions there. Thank you.

Chairman: Thank you, Ms. Angnakak. There was no question there, I don't think, so we will move on. Mr. Quassa.

Mr. Quassa (interpretation): Thank you, Mr. Chairman. I just have a few questions because we have been dealing with the same subject for a while and I will speak English. We have very good interpreters, whether I speak English or

not, but I will proceed with English.

(interpretation ends) One of the priorities, again, in your draft business plan for 2019-2020, and I think you have answered some of that question, indicates that the Department of Health will work with partner departments to "determine options to invest in infrastructure" for addictions treatment and elders' care. What specific options are currently being considered in these areas and when will they be made public? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Quassa. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I thank the member for the question. I probably could have elaborated on it during an earlier process, so I thank the member for bringing it up again.

With regard to the addictions and trauma treatment facility that we're hopeful to gain furtherance on, we have been working very closely with NTI, as an example. We have a very common interest, a common goal. NTI has been a fantastic partner in assisting us to lobby the federal government on recognizing as the last jurisdiction in Canada that doesn't have a stand-alone addictions and trauma treatment facility in Nunavut, in Canada.

The recognition and the collaboration on working with partners there, I believe I was asked it might have been yesterday or maybe even the day before, "When is it going to happen?" I'm hoping with the next federal budget, I hope it's going to happen. There was a very strong

proposal put forward, a feasibility study that was completed which stemmed out from the addictions and trauma strategy that was put forward to identify the three pillars going forward with addictions and trauma counselling.

With regard to elder care, we are working with Partnerships BC to finalize that report and look at models. It was discussed a little bit earlier on some of the different models that are available. Traditionally and across the country nationally right now there are very few governments that own and operate long-term care facilities. We have a few; Gjoa Haven and Igloolik, in your community, as an example. They're not necessarily the best model for efficiency.

Like I mentioned earlier, from the HR process of hiring, the flexibility that private enterprise has gains a little bit more opportunity to use a fee-for-service type model versus owning and operating. I'll end it right there. I think that encompasses the rest. Thank you.

Chairman: Thank you, Minister Hickes. Mr. Quassa.

Mr. Quassa (interpretation): Thank you, Mr. Chairman. (interpretation ends) The Department of Health's draft 2019-2020 business plan includes new funding of approximately \$4.6 million for an addictions and trauma treatment centre. Can you provide clarification on what this funding will be used for specifically? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Quassa. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. The bulk of it is to do on-the-land programming. There's a portion of it that is hiring the project manager for the addictions and treatment facility itself. Like I said, the bulk of it, over \$3.8 million of it is tagged for on-the-land treatment programming to provide similar to what we had in Cambridge Bay through that pilot project, the on-the-land treatment program, to offer it in all three regions. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. Mr. Quassa.

Mr. Quassa (interpretation): Thank you, Mr. Chairman. I believe this will be my final question, but I would like the minister to know that in Igloolik they're trying to come up with a healing and counselling program. It's called Upalungaijaqtiit. I would like the minister to remember that. We always say that we want programs like that in the communities, things like (interpretation ends) counselling and healing groups. (interpretation) We have wanted to see those types of programs for a long time and we keep talking about it. I wanted to indicate that we have to create those types of programs, counselling and healing services, and so on. We want community-based programs such as this.

I wanted to reiterate that in Igloolik they are trying to create a program called Upalungaijaqtiit. I would like that to be remembered. They are working quite diligently on it. We would really like to see those types of programs established in the communities. This is just further encouragement. Maybe my last question is: is it well known that they are trying to

create the Upalungaijaqtiit program in Igloolik? Thank you, Mr. Chairman. That is my last one.

Chairman: Thank you. I think that was just a comment. There was a question there? Okay. Sorry. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I thank the member. I look forward to learning more about the group that's working in Igloolik and seeing how we can assist them. Thank you.

Chairman: Thank you, Minister Hickes. We are on...Mr. Quassa, I'm sorry. You said it was your last question last time. Go ahead, Mr. Quassa.

Mr. Quassa (interpretation): Thank you. I did say it was going to be my last question. I just wanted to go back to the on-the-land program. Is that going to be delivered in all the communities and not just in a few communities? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Right now we're looking at one community in each region. Thank you, Mr. Chairman.

Chairman: Thank you. Are you done Mr. Quassa? Mr. Quassa.

Mr. Quassa (interpretation): Thank you. If we're looking at one community per region, there are 13 communities in the Baffin region, there are 7 in Kivalliq, and 5 in the Kitikmeot. Are you going to be looking at expanding it to more communities? It shouldn't just be one community per region because the

communities are quite capable of running their own programs. Thank you, Mr. Chairman. I said I wasn't going to ask any more questions, but this is definitely my last question.

>>Laughter

Chairman: Thank you, Mr. Quassa. I will make that your last question. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Right now, as we're just getting started on this, we have used a pilot program that was done in Cambridge Bay as a model. Right now we're just looking at one community in each region. That being said, there's nothing stopping a community from submitting a proposal for one-off sessions through a different proposal basis. Thank you.

Chairman: Thank you, Minister Hickes. We are on Health. Directorate. Page H-4. Total Operations and Maintenance, to be Voted. \$55,495,000. Agreed?

Some Members: Agreed.

Chairman: Thank you. Mr. Mikkungwak.

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

Chairman: Thank you, Mr. Mikkungwak. We have a motion on the floor to report progress. The motion is not debatable. All those in favour. Thank you. Against. Thank you too.

Sergeant-at-Arms, could you please

escort out the witnesses. I will now rise to report progress to the Speaker.

Speaker (interpretation): Report of the Committee of the Whole. Mr. Rumbolt.

Item 21: Report of the Committee of the Whole

Mr. Rumbolt: Thank you, Mr. Speaker. Your committee has been considering Bill 15 and would like to report progress. Mr. Speaker, I move that the Report of the Committee of the Whole be agreed to. Thank you, Mr. Speaker.

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

Third Reading of Bills. *Orders of the Day*. (interpretation ends) Mr. Clerk.

Item 23: Orders of the Day

Clerk (Mr. Quirke): Thank you, Mr. Speaker. *Orders of the Day* for February 22:

1. Prayer
2. Ministers' Statements
3. Members' Statements
4. Returns to Oral Questions
5. Recognition of Visitors in the Gallery
6. Oral Questions
7. Written Questions
8. Returns to Written Questions

9. Replies to Opening Address
10. Replies to Budget Address
11. Petitions
12. Responses to Petitions
13. Reports of Standing and Special Committees on Bills and Other Matters
14. Tabling of Documents
15. Notices of Motions
16. Notices of Motions for First Reading of Bills
17. Motions
18. First Reading of Bills
19. Second Reading of Bills
 - Bill 16
 - Bill 17
 - Bill 18
 - Bill 20
 - Bill 21
20. Consideration in Committee of the Whole of Bills and Other Matters
 - Bill 15
21. Report of the Committee of the Whole
22. Third Reading of Bills
23. Orders of the Day

Thank you.

>> *Applause*

Speaker (interpretation): Thank you.

This House stands adjourned until
Friday, February 22, at 9:00 a.m.

Sergeant-at-Arms.

>>*House adjourned at 17:53*

Appendix – February 21, 2019



RETURN TO ORAL QUESTION

Asked by: Adam Arreak Lightstone, MLA

Asked of: Hon. Jeannie Ehaloak, Minister of Justice

Number: 176 – 5(2)

Date: October 24, 2018

Subject: Police Oversight

Question

1. I was very glad to hear the minister address the important issue of police oversight in her minister's statement yesterday.

As the House is aware, this is an issue that was discussed in detail during our standing committee's recent televised hearing on the activities of the Legal Services Board.

Wednesday, October 24, 2018 Nunavut Hansard 19 Mr. Speaker, in yesterday's statement to the House, the minister revealed that her department has signed a memorandum of understanding with the Ottawa Police Service and the Calgary Police Service to conduct reviews of serious incidents occurring in Nunavut that involve the Royal Canadian Mounted Police

Will the minister commit to tabling copies of these MOUs before the end of our current fall sitting so that all Members of the Legislative Assembly and the public is contained in them?

Answer

I thank Mr. Lightstone for his question, the Department of Justice takes very seriously the important role that the RCMP plays in Nunavut and recognizes the need for increased transparency.

Like several jurisdictions in Canada, Nunavut utilizes policing agencies from outside the territory to investigate major incidents involving RCMP officers to maintain impartiality. These investigations must be done by expert individuals trained extensively in the most up to date criminal investigative methods and policing procedures – even civilian-led agencies rely on investigative officers trained in policing.

As part of our response to the recommendations of the Standing Committee on Oversight of Government Operations and Public Accounts Review of the 2016-17 Annual Report of the Legal Services Board of Nunavut, I will be tabling the Memorandum of Understanding (MOU) between the RCMP, the Calgary Police Service (CPS) and the Government of Nunavut to utilise the Calgary Police Service, Investigation Branch to conduct investigations in the event of serious RCMP involved incidents including death or injury.

I will also be tabling the MOU between the RCMP, the Ottawa Police Service (OPS) and the Government of Nunavut to utilize Ottawa Police Service to conduct investigations in the event of serious RCMP involved incidents including death or injury.

Question

2. One of the most significant concerns that has been raised about our territory's current approach to police oversight is that conclusions of the reviews which take place into serious incidents, including incidents that result in the death of an individual never appear to be made public. Mr. Speaker, I believe that this actually has the effect of reducing public confidence in the integrity and independence of the process. Can the minister explain why the results of these reviews are not currently being made public?

Answer

The results of these investigations cannot be made public both because they are confidential as per the terms of the MOUs and because they contain personal information and often graphic material that should not be made public. That said, I will commit to providing a summary of the findings of such investigations and provide them to the public.