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Speaker: The Honourable Hunter Tootoo, M.L.A.

Legislative Assembly of Nunavut

Speaker

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(Iqaluit Centre)

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(Iqaluit East)

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Minister of Executive and
Intergovernmental Affairs; Minister
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Minister responsible for Immigration*

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(Uqqummiut)

*Minister of Culture and Heritage;
Minister of Environment; Minister of
Languages; Minister responsible for the
Utility Rates Review Council*

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(Baker Lake)

Tagak Curley

(Rankin Inlet North)

Hon. Monica Ell

(Iqaluit West)

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Minister responsible for Homelessness;
Minister responsible for the Qulliq
Energy Corporation; Minister
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(Hudson Bay)

Fred Schell

(South Baffin)

Hon. Daniel Shewchuk

(Arviat)

*Minister of Justice; Minister
responsible for Nunavut Arctic
College*

Louis Tapardjuk

(Amittuq)

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Iqaluit, Nunavut
Tuesday, March 5, 2013

Members Present:

Honourable Eva Aariak, Honourable Monica Ell, Mr. Ron Elliott, Mr. Joe Enook, Honourable Lorne Kusugak, Mr. John Ningark, Mr. Johnny Ningeongan, Mr. Hezakiah Oshutapik, Honourable Keith Peterson, Mr. Allan Rumbolt, Mr. Fred Schell, Honourable Daniel Shewchuk, Mr. Louis Tapardjuk, Honourable Hunter Tootoo.

>>*House commenced at 13:31*

Item 1: Opening Prayer

Speaker (Hon. Hunter Tootoo): *Qujannamiik*, Sergeant-at-Arms. Before we proceed with today's sitting, I would like to ask Mr. Oshutapik to lead us off in a prayer, please.

>>*Prayer*

Speaker (interpretation): Thank you, Mr. Oshutapik. (interpretation ends) Moving on in our orders of the day. Item 2. Ministers' Statements. Government House Leader, Minister Kusugak.

Item 2: Ministers' Statements**Minister's Statement 244 – 3(3):
Minister Absent from the House**

Hon. Lorne Kusugak (interpretation): Good day, Mr. Speaker and Nunavummiut. (interpretation ends) Mr. Speaker, I wish to advise members that the Hon. Peter Taptuna will be absent from the House from March 5 to 10, 2013 to attend the Prospectors and Developers Association of Canada Annual General Meeting. Thank you, Mr. Speaker.

Speaker: Thank you, Minister Kusugak. Item 2. Ministers' Statements. Minister of Community and Government Services, Minister Kusugak.

**Minister's Statement 245 – 3(3):
Technical Professional Studies
Scholarship**

Hon. Lorne Kusugak: Thank you, Mr. Speaker. It is with great pleasure that I announce the recipients of the technical professional studies scholarships for the fiscal year 2012-13.

Mr. Speaker, as I had previously announced in 2010, the Technical Professional Studies Scholarship is awarded each year to full-time Nunavut students pursuing post-secondary education in technical and professional fields. Full-time students taking any of the following programs in universities, colleges, and technical schools are eligible to apply:

- Engineering
- Informatics
- Community planning
- Business studies
- College programs of firefighting, training and prevention, and
- Land administration

Scholarships are awarded to Nunavut Land Claims Agreement beneficiaries and non-beneficiary students for four years of continuous full-time study, beginning with a scholarship of \$2,500 in their first year, \$3,000 in their second year, \$4,000 in their third year, and \$5,000 in their fourth year.

Mr. Speaker, 22 students have been awarded scholarships this year. This year's Technical Professional Studies

Scholarship recipients, and forgive me if I mispronounce your name, are the following:

Sileema Angoyuak;
 Seané d'Argencourt-Printup;
 Jonathan Kaludjak;
 Amoudla Kootoo;
 Adam Lightstone;
 Stephanie Matthews;
 Walter Picco;
 Allan Heath;
 Nicolas Larabie;
 Patrick Sagiatook;
 Mansoor Rana;
 Maria Rana;
 Mohammad Khan;
 Lynda Mary Gunn;
 Silu Colleen Tugak;
 Brody Moore;
 Lori Flynn;
 Louis Lebel-Wong;
 Melinda Janes;
 Karlene Napavok;
 Hurbert White; and
 John Fawcett.

The total amount awarded is \$75,000.

Mr. Speaker, we are pleased to provide these deserving students with assistance in pursuing their post-secondary education in technical and professional careers. These scholarships will help to alleviate some of the students' financial cost of pursuing higher education and will allow them to concentrate on their field of study. The end result is that we look forward to them returning to Nunavut to continue their careers for the benefit of Nunavummiut.

Mr. Speaker, I extend my congratulations on behalf of all Members of this House to this year's recipients of the Technical Professional

Studies Scholarship and wish them the best of success as they continue their post-secondary education.
 (interpretation) Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you, Minister Kusugak. (interpretation ends) Item 2. Ministers' Statements. Minister responsible for Nunavut Arctic College, Minister Shewchuk.

**Minister's Statement 246 – 3(3):
 Nunavut Fisheries Training
 Consortium and Arctic College
 Support for Inuit Participation in
 Growing Fisheries Sector**

Hon. Daniel Shewchuk: Thank you, Mr. Speaker. First established in 2004, collaboration between Nunavut Arctic College and the Nunavut Fisheries Training Consortium has grown into a very strong, productive, and vital partnership. Together, they have delivered hundreds of training courses from the basic pre-sea trawler to the more advanced bridgewatch, watchkeeping mate, and maritime training programs. Mr. Speaker, these programs have been designed to meet the needs of the offshore fishing industry in the northern Atlantic, the inshore fishing needs at the community level, and our fish processing plants located throughout Nunavut.

Mr. Speaker, 12 students have successfully completed maritime training programs with both sealift companies and eight of those trained have held positions with the sealift companies for the entire season. Mr. Speaker, there were also several graduates who were designated as

alternates and three of them were employed for part of the season.

Mr. Speaker, this was a highly successful initiative, one that created five months of full-time employment, and the expectation is that these employees will be employed again next season.

The number of Nunavut beneficiaries who fish on a regular basis has steadily increased over the years to the point where now there are approximately 50 individuals engaged regularly. This will continue to have a profound impact on Nunavut's economy both from an individual and corporate perspective.

Mr. Speaker, both Nunavut Fishing Training Consortium and Arctic College have partnered with others to participate in the purchase of a training simulator. This simulator will be used to train Inuit beneficiaries in all aspects of bridge operations on a marine vessel. Arctic College is providing the space required for this classroom. The simulator will allow introductory students to get the feel of the bridge and help explore their interest in the operations of a marine vessel, including fishing and cargo ships.

Mr. Speaker, Nunavut Arctic College is proud to be a partner in this initiative and we look forward to working together to continue training for fishing and sealift vessels, as well as for future opportunities as our economy continues to grow in Nunavut. Thank you, Mr. Speaker.

>>Applause

Speaker (interpretation): Thank you, Minister Shewchuk. (interpretation ends)

Item 2. Ministers' Statements. Minister responsible for the Status of Women, Minister Ell.

Minister's Statement 247 – 3(3): Inuit Women's Organization

Hon. Monica Ell (interpretation): Thank you, Mr. Speaker. Pauktuutit Inuit Women of Canada, the national organization of Inuit women, is having their annual general meeting in Ottawa this week.

I had the pleasure of meeting with the Pauktuutit Board of Directors Saturday afternoon. Many of the issues so near and dear to my heart, such as ending violence against women, sexual health, and Inuit women in business, are some of the priorities of Pauktuutit.

Here in Iqaluit, women from all regions of Nunavut are gathering for the Qullit Nunavut Status of Women Annual General Meeting this week.

I would like to remind everyone that the Qullit Nunavut Status of Women Council is having an open house for their new premises on Thursday, which is International Women's Day, at Building 987B from 4:30 to 6:30 p.m.

The celebration of Inuit women's creativity can be seen in the Qullit Nunavut Status of Women Council doll exhibit at the Nunatta Sunakkutaangit Museum in Iqaluit.

I look forward to the discussions I will be having with the council on their priorities, such as ending the violence against women, which is too prevalent in Nunavut.

I wish the Qullit Nunavut Status of Women Council a successful annual general meeting and encourage all of us to think hard about why there is so much violence against women and what we each can do to end it. Thank you, Mr. Speaker.

>>Applause

Speaker: Thank you, Minister Ell. Item 2. Ministers' Statements. Moving on in our orders of the day. Item 3. Members' Statements. Member for Amittuq, Mr. Tapardjuk.

Item 3: Members' Statements

Member's Statement 407 – 3(3): Happy Birthday to Wife, Lucie

Mr. Tapardjuk (interpretation): Thank you, Mr. Speaker. Today is March 5 and I'm sure we all know that, but it's very important to me. Mr. Speaker, first of all, I would like to say "good afternoon" to my constituents in Igloodik and Hall Beach.

Mr. Speaker, I rise today to wish my wife, Lucie, a very happy birthday. I wish her a very good day. She was betrothed to me on her birthday when I was about a year and three months old, so we were quite young when we were engaged. This year, February 17 was our 43rd wedding anniversary. On March 5, it is my wife's birthday today.

As Members of the Legislative Assembly, we're away from our home communities for long periods of time because we have agreed to serve our people, but because of the support from our families, it makes it a lot easier.

I thank you, Lucie, for your help and support, and for your support in my need to help the people of Nunavut. Thank you and I love you very much. I would like my colleagues to join me in wishing her a happy birthday. Thank you, Mr. Speaker.

>>Applause

Speaker: Thank you, Mr. Tapardjuk. I, too, pass on my best wishes for her birthday.

Item 3. Members' Statements. Member for Hudson Bay, Mr. Rumbolt.

Member's Statement 408 – 3(3): Support for the Hunters of Sanikiluaq

Mr. Rumbolt: Thank you, Mr. Speaker. I rise today to express my support for the hunters of Sanikiluaq.

Mr. Speaker, as you are aware, there has been significant coverage in the news media recently concerning the recent harvesting of beluga whales near Sanikiluaq.

Mr. Speaker, Sanikiluaq's hunters and trappers organization has been active in harvesting the whales and sharing food with the community.

Mr. Speaker, I want to pay tribute to those hunters and residents of the community who have explained this situation to the watching world.

Mr. Speaker, nature has taken its course during these events.

I would also note that the active participation of our local polar bear

population in this harvest clearly demonstrates that the population is in good health, which is what the community's local hunters and trappers organization has pointed out on many occasions. I hope that the countries which are participating at this week's meeting in Bangkok take note.

Mr. Speaker, I would also pay tribute to our polar bears, but I don't think that they read *Hansard*.

>> *Laughter*

And if they did, Mr. Speaker, they would probably say that they're capable of feeding themselves.

Mr. Speaker, I ask all members to join me in support of Sanikiluaq's hunters, who have no intention whatsoever of feeding polar bears, despite what certain animal rights extremists may say. Thank you, Mr. Speaker.

>> *Applause*

Speaker: Well said, Mr. Rumbolt. Item 3. Members' Statements. Member for Akulliq, Mr. Ningark.

**Member's Statement 409 – 3(3):
Results of Kugaaruk Liquor
Plebiscite**

Mr. Ningark: Thank you, Mr. Speaker. I rise today to express my support for the community and residents of Kugaaruk.

Mr. Speaker, as you will be aware, a plebiscite under the territorial *Liquor Act* was held in the community last week. About 300 residents of the community took the time to express their views and exercise their rights by voting in the

plebiscite. This was an extremely high voter turnout.

Mr. Speaker, a clear decision was taken by the community in this matter. However, I want to thank each and every one of my constituents for taking the time to vote. Regardless of which way people voted on this question, the important thing is that they had their say.

Mr. Speaker, I want to conclude by thanking the organizers of the plebiscite for their work in ensuring that the vote went smoothly. Thank you, Mr. Speaker.

>> *Applause*

Speaker: Thank you, Mr. Ningark. Item 3. Members' Statements. Member for Quttiktuq, Mr. Elliott.

**Member's Statement 410 – 3(3):
Participation in Webinar
Concerning the Right to Food**

Mr. Elliott: Thank you, Mr. Speaker. My thoughts and prayers are with the community of Arctic Bay, as there is currently a search going on for two missing hunters.

Mr. Speaker, I rise today to report to the House about yesterday's successful event in Iqaluit concerning the issue of food security and the right to food.

Mr. Speaker, the Astro Theatre was the site of a live webinar on the occasion of a meeting of the United Nations Human Rights Council in Geneva. The UN's Special Rapporteur on the Right to Food presented his report concerning his recent mission to Canada. Mr. Speaker, similar events were held in dozens of locations across Canada yesterday.

I want to thank Nunavut Tunngavik Incorporated for its work in making this event possible and accessible to Nunavummiut. Mr. Speaker, I was pleased to have had the opportunity to attend this event and I was glad to see the interest shown by participants.

Mr. Speaker, as you will recall, I tabled the Government of Canada's official response to the report of the Special Rapporteur yesterday in the House.

As I have previously noted in this House and other forums, there is a wide diversity of views concerning the issue of food security. Mr. Speaker, it is important to recognize that no one person or organization has all of the answers.

For example, while I agree with many of the observations and concerns raised in the report of the UN Special Rapporteur, I do not necessarily think that all of his specific recommendations are practical. However, that doesn't mean that we should dismiss all of the work out of hand. It's important for all of us to be open-minded and to be willing to look seriously at good ideas, regardless of their source.

Mr. Speaker, events such as yesterday's webinar are excellent catalysts for discussion, deliberation, and action.

I look forward to continuing to work with Members of this House on the critical issue of food security for Nunavummiut. Thank you, Mr. Speaker.

>> *Applause*

Speaker: Thank you, Mr. Elliott. Item 3. Members' Statements. Member for Pangnirtung, Mr. Oshutapik.

**Member's Statement 411 – 3(3):
Pangnirtung Recipients of the
Queen's Diamond Jubilee Medal**

Mr. Oshutapik (interpretation): Thank you, Mr. Speaker. Good afternoon, residents of Pangnirtung and Nunavut. I forget very easily and I forgot to mention the Queen Diamond Jubilee Medal recipients in a statement that I was supposed to make on Friday, so I will have to add the following names of the recipients of the medal. We try to express our pride in celebrating the length of rule by our Queen, but it turned out that I, as the MLA for Pangnirtung, forgot to mention them in my statement. I apologize to the recipients and I regret forgetting to mention the Queen Diamond Jubilee medals given out to celebrate the long tenure of our Queen.

First, I want to apologize and to share in this person's accomplishments with my colleagues. David Kilabuk has been instrumental in promoting hockey in our community and volunteers whenever he is needed to coordinate hockey games. He also does other activities, particularly photography. He takes scenic and gorgeous photographs. I wanted to ensure that I mentioned David Kilabuk.

The second recipient, although they no longer reside in our community proper and most likely the reason why I forgot to mention the person, is Peter Aniqmiuq, who was recognized for his contributions towards the local church. This is also to recognize his singing and part of his contributions towards local

society. Peter Aniqmiuq is the second recipient. Thank you, Mr. Speaker.

>>Applause

Speaker: Thank you, Mr. Oshutapik. Item 3. Members' Statements. Member for Pangnirtung, Mr. Enook.

>>Laughter

**Member's Statement 412 – 3(3):
Members Travelling with Minister
Taptuna**

Mr. Enook (interpretation): Thank you, Mr. Speaker. I wish to inform my colleagues that Mr. Aupaluktuq and Ms. Ugyuk will be on duty travel for this entire week accompanying Minister Taptuna in Toronto and they will be absent from the House. Thank you.

Speaker: Thank you, Mr. Enook. Sorry for trying to confuse your constituents; it was Pond Inlet.

Item 3. Members' Statements. Moving on in our orders of the day. Item 4. Returns to Oral Questions. Item 5. Recognition of Visitors in the Gallery. Member for Arviat, Mr. Shewchuk.

**Item 5: Recognition of Visitors in the
Gallery**

Hon. Daniel Shewchuk: Thank you, Mr. Speaker. I rise today to recognize three women who are joining us in the House today. They are Susie Johnson, who is a home economic and support teacher, Jolene Manik and Ceporhah Thompson, students, all from John Arnalukjuaq High School in Arviat. Mr. Speaker, these two students are here to work with us this week in the House

serving as pages. Mr. Speaker, I wish them all a good week here in Iqaluit and to enjoy their experience. Thank you, Mr. Speaker.

>>Applause

Speaker: Thank you, Minister Shewchuk. Welcome to the Gallery and welcome to the pages. I hope you enjoy your time here.

Item 5. Recognition of Visitors in the Gallery. Madam Premier.

Hon. Eva Aariak: Thank you, Mr. Speaker. The board of directors and staff of the Canadian Polar Commission are meeting in Iqaluit this week. As a former member of the Canadian Polar Commission, I am pleased to welcome and recognize six, and maybe more, members of the board who are in the Gallery today.

The Canadian Polar Commission has responsibility for monitoring, promoting, and disseminating knowledge of the polar region, contributing to the public awareness of the importance of polar science to Canada, enhancing Canada's international profile as a circumpolar nation, and recommending polar science policy directions to the government. Based in Ottawa, they regularly meet in Canada's North. Welcome to the Gallery.

>>Applause

Speaker: Thank you, Madam Premier. Welcome to the Gallery. Item 5. Recognition of Visitors in the Gallery. We will move on with our orders of the day. Item 6. Oral Questions. Member for Quttiktuq, Mr. Elliott.

Item 6: Oral Questions**Question 528 – 3(3): Operations of the Qulliq Energy Corporation**

Mr. Elliott: Thank you, Mr. Speaker. My questions are for the Minister responsible for the Qulliq Energy Corporation.

The most recent annual report of the Qulliq Energy Corporation indicates that one of its priorities for the 2012-13 fiscal year has been to “analyze the completed investigations towards constructing new power plants in Arviat, Chesterfield Inlet and Grise Fiord.”

As the minister may recall, I tabled photographs of the Grise Fiord plant a couple of years ago.

Can the minister update the House today on the status of the QEC’s plans to construct a new power plant in Grise Fiord? Thank you, Mr. Speaker.

Speaker: Thank you, Mr. Elliott. Minister responsible for the Qulliq Energy Corporation, Minister Ell.

Hon. Monica Ell (interpretation): Thank you, Mr. Speaker. If I can recall correctly, the member had asked this question previously regarding the Grise Fiord power plant.

There was a time where we had a flood up there a few years back, and the Qulliq Energy Corporation and CGS were having discussions about building a plant. CGS made plans to put a culvert around the plant. In times of flooding in spring, they looked at how they can drain the water accumulated around that

plant. They had discussions with the hamlet about this problem and how they can keep as much snow and ice from building up around the plant as possible.

At this time, we’re just having annual reviews of the situation, and I believe that we are going to have further discussions with the Hamlet of Grise Fiord. Thank you.

Speaker: Thank you, Minister Ell. Your first supplementary, Mr. Elliott.

Mr. Elliott: Thank you, Mr. Speaker. The QEC’s current corporate plan for 2011-16 indicates that power plants are “designed to function for 40 to 50 years.” However, it also states that “the financial capacity to support a replacement plant may not exist in some of Nunavut’s smallest communities.” As the minister is well aware, Grise Fiord is Nunavut’s smallest community. How is the QEC addressing this issue? Thank you, Mr. Speaker.

Speaker: Thank you, Mr. Elliott. Minister responsible for the Qulliq Energy Corporation, Minister Ell.

Hon. Monica Ell (interpretation): Thank you, Mr. Speaker. Regarding the replacement of power plants, what we usually do is put a priority on the older power plants. At this time, we are looking at Iqaluit, which has the oldest functioning power plant. It is currently being renovated, which started in April 2011, and it is slated to be completed this year. There are three other communities which were placed on the priority list: Cape Dorset, Qikiqtarjuaq, and Taloyoak. In the future plans, we had Arctic Bay, Chesterfield Inlet, Gjoa Haven, Kugaaruk, and Arviat.

Grise Fiord is currently not in the plans for renovations, but I'm sure that it is going to be considered after they have reviewed the age and capacity of the power plants in the communities. Thank you, Mr. Speaker.

Speaker: Thank you, Minister Ell. Your second supplementary, Mr. Elliott.

Mr. Elliott: Thank you, Mr. Speaker. Thank you for the answer. I know the residents of Grise Fiord will be upset because, on my most recent visit, they were actually expecting something this year.

My next question is that the QEC has talked about the idea of using a public-private partnership approach to financing major projects, such as hydroelectric development near Iqaluit. Is this approach also being considered with respect to constructing new power plants in communities outside of Iqaluit? Thank you, Mr. Speaker.

Speaker: Thank you, Mr. Elliott. Minister responsible for the Qulliq Energy Corporation, Minister Ell.

Hon. Monica Ell (interpretation): Thank you, Mr. Speaker. Currently, with the hydroelectric development near Iqaluit, we are looking at funding from all sources, but we have only been approved for the planning stage, not for the construction of this hydroelectric development. We are going to keep looking for sources of funding. If there is money available and if they are approved, we can start with the development of the hydroelectric project after the planning stage is completed. Thank you, Mr. Speaker.

Speaker: Thank you, Minister Ell. Your final supplementary, Mr. Elliott.

Mr. Elliott: Thank you, Mr. Speaker. In his responses to my questions last week concerning the status of the GN's debt position, the Minister of Finance appeared to pour cold water on the idea of QEC taking on significant new debt. Can the Minister responsible for the QEC indicate how the corporation is working with the GN through its Public Agencies Council to address this issue? Thank you, Mr. Speaker.

Speaker: Thank you, Mr. Elliott. Minister responsible for the Qulliq Energy Corporation, Minister Ell.

Hon. Monica Ell: Thank you, Mr. Speaker. I'm not sure if I understood his question properly. Can you ask him to ask it again? Thank you, Mr. Speaker.

Speaker: Thank you, Minister Ell. Mr. Elliott, can you clarify your question, please.

Mr. Elliott: Thank you, Mr. Speaker. Yes, I would be pleased to. In simplest terms, I asked the Minister of Finance last week, "Do we have the money to pay for this huge project?" And he said, "The coffers are empty, we're broke, and we don't have the money. We're balancing our budget and trying to make it work, but we don't have the cash."

I'm saying to the Minister responsible for QEC that if we don't have the money, why are we spending hundreds of thousands of dollars to work towards planning something that we can't build?

There must be something in the minds of QEC somewhere out there thinking of

where they're going to get the money, whether it's a P3 project, whether it's talking to Quebec Hydro or Newfoundland Hydro to finance it, or one of the Inuit organizations or the birthright corporations. I don't know, but there must be some way of coming up with \$500 million to build it. It's not going to magically appear. Obviously, if we don't have the finances within our territorial budget, the other option would be, and I don't know, maybe I'm answering the question...

>>Laughter

...would be the federal government stepping up and saying that this is a great way to save carbon monoxide gasses going in. It's the biggest community that creates the most electricity. It would be a great cost savings. It would be great on the impact for the environment for the federal government to come up with the funding to do it. I don't know.

There must be something in there. We don't know on our side as regular members. The minister must be working with QEC and the GN to move forward on this. Otherwise, we're just spending money for nothing. Thank you, Mr. Speaker.

An Hon. Member: Good answer.

>>Laughter

Speaker: Thank you, Mr. Elliott. Minister responsible for the Qulliq Energy Corporation, Minister Ell.

Hon. Minister Monica Ell: Thank you, Mr. Speaker. Yes, we are looking for alternative ways of funding. Thank you, Mr. Speaker.

>>Laughter

Speaker: Thank you, Minister Ell. Oral Questions. Member for Hudson Bay, Mr. Rumbolt.

Question 529 – 3(3): Status of Sewage Lagoon Improvement Project for Sanikiluaq

Mr. Rumbolt: Thank you, Mr. Speaker. I'll try and let the minister answer my questions if I can. Mr. Speaker, my questions are for the Minister of Community and Government Services.

Mr. Speaker, one of the projects that have been on the government's capital plan for Sanikiluaq for several years is improvements to the community's sewage lagoon. This project is intended to improve wastewater treatment in the community. Funding for this project is in the amount of \$4.3 million and has flowed through the federal Gas Tax Fund. For the benefit of my constituents who are following the proceedings today, can the minister provide an update on the status of this project? Thank you, Mr. Speaker.

Speaker: Thank you, Mr. Rumbolt. Minister responsible for the Department of Community and Government Services, Minister Kusugak.

Hon. Lorne Kusugak: Thank you, Mr. Speaker. Without asking for solutions from Mr. Elliott, I thank my colleague for the question.

Mr. Speaker, the work is proceeding. Unfortunately, last summer when they were doing the geotechnical study on the environment before the lagoon work goes forward, while that was happening,

the piece of machinery that they were using to do the testing broke. So that stopped all the work on the site.

Hopefully when the weather permits, they will begin the work again and that's where that's at right now. They're still doing the geotechnical study on the land before they proceed with the work, Mr. Speaker. Thank you.

Speaker: Thank you, Minister Kusugak. Your first supplementary, Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Speaker. The community was looking forward to this project moving forward and I see more delays. I have been in close communication with the municipality concerning this project. Can the minister confirm that his officials are working closely with the municipality? Thank you, Mr. Speaker.

Speaker: Thank you, Mr. Rumbolt. Minister responsible for the Department of Community and Government Services, Minister Kusugak.

Hon. Lorne Kusugak: Thank you, Mr. Speaker. We appreciate the patience given to us by the municipality. Our department and our staff want to see this project come to a conclusion also, but unfortunately, equipment does break down and in the environment we work in, when equipment breaks down, you can't just go down the street to Canadian Tire or what have you and repair the equipment. In this case, that's the delay. We are working as close as we can with the municipality and those involved in ensuring that this project will go on in as timely manner as possible, barring all equipment breakdowns. Thank you, Mr. Speaker.

Speaker: Thank you, Minister Kusugak. Your second supplementary, Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Speaker. I thank the minister for his response. Can the minister confirm that the government's current timeline for this project will see construction beginning next year? Thank you, Mr. Speaker.

Speaker: Thank you, Mr. Rumbolt. Minister responsible for Community and Government Services, Minister Kusugak.

Hon. Lorne Kusugak: Thank you, Mr. Speaker. Pretty much in a nutshell, the timeline we have right now is to be able to put out the tender documents by December and then the actual earthwork to begin immediately following the barge season next year. Thank you, Mr. Speaker.

Speaker: Thank you, Minister Kusugak. Oral Questions. Member for South Baffin, Mr. Schell.

Question 530 – 3(3): Status of New Power Plant for Cape Dorset

Mr. Schell: Thank you, Mr. Speaker. My questions are for the Minister responsible for the Qulliq Energy Corporation.

The QEC's 2011-12 annual report was tabled in the Legislative Assembly on October 26, 2012. The annual report indicates that the QEC's application for the replacement of Cape Dorset's power plant was approved in June of 2011. However, it also indicates that "limited progress [has] been achieved as QEC is unable to secure an appropriate site to

construct a new facility.” Can the minister update the Legislative Assembly today on the QEC’s efforts to resolve this issue? Thank you, Mr. Speaker.

Speaker: Thank you, Mr. Schell. Minister responsible for the Qulliq Energy Corporation, Minister Ell.

Hon. Monica Ell (interpretation): Thank you, Mr. Speaker. I also have to thank my fellow MLAs for raising questions on these issues. There was a question directed to me, as I am now responsible for QEC, and I thank the member for that question.

The reason for that is due to the topography of Cape Dorset, particularly the land where they want to build a new power plant. They had to collaborate with the local hamlet to finalize this placement, and I am happy to announce that QEC has the support of the hamlet in the community to construct a new power plant. The land that was initially chosen for the placement of the power plant abuts the existing power plant and that is where they will build the new power plant. Thank you, Mr. Speaker.

Speaker: Thank you, Minister Ell. Your first supplementary, Mr. Schell.

Mr. Schell: Thank you, Mr. Speaker. The QEC’s annual report also indicates that it had “included within the plant designs the potential for a wind-diesel-hydrogen hybrid power system in an effort to move towards more sustainable electrical generation within Nunavut. To that end, QEC will erect wind monitoring equipment during the summer of 2012 to gather information for the assessment of the wind resource

within the community.” Can the minister confirm whether or not that work has been completed? Thank you, Mr. Speaker.

Speaker: Thank you, Mr. Schell. Minister responsible for the Qulliq Energy Corporation, Minister Ell.

Hon. Minister Monica Ell: Thank you, Mr. Speaker. QEC has submitted an application to NRCan for funding for a wind-hydrogen-diesel demonstration project and we are still awaiting decision. Thank you, Mr. Speaker.

Speaker: Thank you, Minister Ell. Your second supplementary, Mr. Schell.

Mr. Schell: Thank you, Mr. Speaker. The QEC’s annual report also indicates that Cape Dorset’s “new plant design also includes residual heating systems to utilize generated heat from the generators.” Can the minister confirm if this is still part of the new power plant’s design? Thank you, Mr. Speaker.

Speaker: Thank you, Mr. Schell. Minister responsible for the Qulliq Energy Corporation, Minister Ell.

Hon. Monica Ell (interpretation): Thank you, Mr. Speaker. I don’t have the information at the moment. As soon as I get the information, I will get back to the member. Thank you.

Speaker: Thank you, Minister Ell. Your final supplementary, Mr. Schell.

Mr. Schell: Thank you, Mr. Speaker. Can the minister indicate what the QEC’s new timelines are for the construction of a new power plant in Cape Dorset? Thank you, Mr. Speaker.

Speaker: Thank you, Mr. Schell. Minister responsible for the Qulliq Energy Corporation, Minister Ell.

Hon. Monica Ell (interpretation): Thank you, Mr. Speaker. The Cape Dorset division continues to plan for new acquisitions. As per my earlier announcement, the three communities are Cape Dorset, Qikiqtarjuaq, and Taloyoak. The land availability was the reason for the delay in the project and once the issues have been resolved relating to lots and once the landscaping has been done, the project would commence, as the funding is already allocated for the projects. Thank you, Mr. Speaker.

Speaker: Thank you, Minister Ell. Item 6. Oral Questions. Moving on in our orders of the day. Item 7. Written Questions. Item 8. Returns to Written Questions. Item 9. Replies to Opening Address. Item 10. Replies to Budget Address. Item 11. Petitions. Item 12. Responses to Petitions. Item 13. Reports of Standing and Special Committees on Bills and Other Matters. Item 14. Tabling of Documents.

Item 14: Tabling of Documents

Tabled Document 326 – 3(3): Speaker's List of Outstanding Statutory Tabling Requirements

Members, I wish to table today a list of outstanding statutory tabling requirements. This list is current as of the end of the March 4, 2013 sitting of the House. Thank you.

Item 14. Tabling of Documents. Item 15. Notices of Motions. Item 16. Notices of Motions for First Reading of Bills. Item

17. Motions. Item 18. First Reading of Bills. Item 19. Second Reading of Bills. Item 20. Consideration in Committee of the Whole of Bills and Other Matters. Bills 47, 48, and 49 with Mr. Ningeongan in the Chair.

I ask members to remain in their seats. We will go directly into Committee of the Whole.

Sergeant-at-Arms.

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

Chairman (Mr. Ningeongan): Members, it has been noted that the potential witnesses for the minister are not present in the Chamber, so we're going to have a very short break. Once they're in the Chamber, we will put the chime on to call you back into the Chamber. (interpretation) Thank you.

>>Committee recessed at 14:18 and resumed at 14:30

Chairman (interpretation): Thank you for coming back. (interpretation ends) I would like to call the committee meeting to order. In Committee of the Whole, we have the following items to deal with: Bills 47, 48, and 49. What is the wish of the committee? Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. We wish to continue with the review of the main estimates for the Department of Health and, if time permits, the Department of Education, followed by the Department of Executive and Intergovernmental Affairs. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Rumbolt. Are we in agreement that we first continue with the main estimates for the Department of Health?

Some Members: Agreed.

Bill 49 – Appropriation (Operations & Maintenance) Act, 2013-2014 – Health – Consideration in Committee

Chairman (interpretation): Thank you. (interpretation ends) Are we in agreement to have Minister Peterson and his officials to go to the witness table?

Some Members: Agreed.

Chairman (interpretation): Sergeant-at-Arms, please escort the witnesses in.

Thank you, Sergeant-at-Arms. (interpretation ends) For the record, Minister Peterson, please introduce your officials.

Hon. Keith Peterson: Thank you, Mr. Chairman. To my right is Deputy Minister Peter Ma and to my left is Bill Neish, Acting Director of Corporate Services, both for the Department of Health. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Members, I would like to ask you to turn to page H-4. As you will recall, yesterday, we had Mr. Elliott on the floor. For the record, I would like to ask Mr. Elliott to repeat the question that he asked yesterday so that the new witness will have a better chance in addressing his question. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. The question that I was asking was in

regard to patient travel and individuals. I know there were questions brought up by you. The chairperson actually brought up concerns in Oral Questions regarding patients and accommodations in the Kivalliq.

I've had some concerns brought to my attention in regard to some issues within the High Arctic about Nunavut residents who are not under the non-insured health benefits, who are not Inuk, and who are not GN employees. When they travel and come to Iqaluit or to Ottawa for treatment, what type of care do they receive or what type of accommodations do they receive? I think it was at the point that Mr. Peterson wanted one of his other officials to change and that's where we left off. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for recapping his question yesterday. Mr. Chairman, I have a new witness, Mr. Bill Neish, who can provide a detailed explanation on extended health benefits. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Neish.

Mr. Neish: Thank you, Mr. Chairman. Yes, the department does provide some benefit coverage for people who have run out of any other insurance options. That program is called the Extended Health Benefits Program. Basically, it covers the co-pay for the airlines, it covers the ground transportation, and it assists with the accommodations and meals.

The rates aren't the same as some of the other insurance programs, like what might be available through the GN or through the Non-Insured Health Benefits Program, but we do provide coverage. The information is available on how to apply for that program at all the health centres and it's also on the HSS website. It is an application process, but that information is fairly easy to fill in.

Hopefully that answers the question that the coverage is available. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Neish. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. I believe the answer that we were given in the House for individuals in the Kivalliq was that it was under the non-insured health benefits. I think it was \$100 for home stay, which included accommodations for an individual staying at a personal residence who provided meals. Is it the same dollar value for people who are under the extended health care benefits? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Mr. Neish.

Mr. Neish: Thank you, Mr. Chairman. No, the coverage under the extended health benefits is not the same at dollar values for accommodations as the Extended Health Benefits Program. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Neish. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. What is the dollar amount for an

individual as referenced earlier under the extended health care benefits? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Mr. Neish.

Mr. Neish: Thank you, Mr. Chairman. The dollar values for accommodations for the first night's stay would be at the standard hotel rate. We cover the full hotel for the first night. Meals are at \$20 per day and the second or subsequent nights would be \$50 per night. There is a little bit of a difference in private accommodations. In non-commercial accommodations, it is \$50 per night. In commercial accommodations, it drops down to \$20 a night. Our practice varies on that a little bit. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Neish. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Additional funding provided through the Territorial Health System Sustainability Initiative will expire on March 31, 2014. What discussions have you had with your federal counterparts to ensure that Nunavut's needs for additional funding of this kind will continue? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. Mr. Chairman, my territorial counterparts and I had a preliminary discussion with Minister Aglukkaq at our FPT health ministers' meeting in Halifax in late September. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. What were the outcomes of the meeting? It is fine to say that there was a meeting, but we have meetings all the time. What was the outcome? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. Yes, we do have lots of meetings, and meetings drive productive decisions. It was not a very long meeting with Minister Aglukkaq, but we told her that we are very interested in having a good dialogue with the Government of Canada on THSSI and that we agreed that we would meet again at some point early in 2013, two territorial health ministers and the Minister of Health for Canada. Thank you.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Were issues such as breakfast programs in communities and the Nutrition North Canada Program as well as funding under nutritional eating and educational planning all part of what the discussions were? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. The discussions with the three territorial health ministers and the federal minister were not in the details of the existing program. We generally discussed the importance of THSSI to all

three territorial governments and to our constituents.

With respect to Nunavut, of course, we rely heavily on the \$10 million through that program for medical travel, and of course, there is close to \$5 million for programs in the Department of Health that we offer to Nunavummiut. It is very important to us. They're just general discussions. We want to talk about having a more in-depth meeting later this spring. That was general discussions. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. I thank you for that answer. In the meetings in the spring of this year, 2013, that is when you will be rolling up your sleeves and asking for dollar amounts. 2014 is fast approaching, and I would just be curious to find out what the Government of Nunavut is actually asking for. I realize it's sort of a pan-territorial approach, but I'm sure there are certain figures and dollar amounts that we would be asking for as a territory under our unique circumstances with travel, distances, and the costs. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. As Mr. Elliott knows, I always have my sleeves rolled up in the Department of Health. Not today, but metaphorically, they're rolled up.

Mr. Chairman, we have officials in all three territorial governments who teleconference and meet regularly to

discuss the program, how it's benefiting the three territories, and what the needs and priorities are. They meet with their federal counterparts as well. There have been ongoing discussions and dialogue. At the very minimum, we have been seeking the level of funding that we currently receive.

As a territorial government, we would probably like to see a longer period of time. Initially, when the Government of Canada rolled out the THSSI program, it was a five-year agreement, and then it was extended two years, and then extended a further two years. Of course, we would like to see a longer period of time because that allows us to do some longer term planning. It provides for continuity, that our officials and communities across Nunavut and all the territories have some certainty that the funding won't be eliminated after two years.

So it's just that we would like a longer period, but those are discussions that we had with the federal minister. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. I would like to ask a few questions around the Nunavut Suicide Prevention Strategy Action Plan. The document was scheduled for September 1, 2011 to March 31, 2014.

In terms of one of the ongoing initiatives within the Government of Nunavut and Health and Social Services as the lead with all other government departments, there was the idea of identifying and mobilizing initiatives across the GN.

One of the actions or tasks was to "Create and chair a GN ADM Steering Committee to guide and monitor the implementation of the Action Plan as it pertains to the GN." I would like to find out if that committee still meets on a regular basis to follow through on the anticipated results. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. Yes, the committee meets regularly. We recognize and committed that the Nunavut Suicide Prevention Strategy is very important to all Nunavummiut, so we made that commitment. All the commitments are being worked on and achieved or being rolled out. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Is there a specific name given to this committee or is it just a loose committee of the ADMs? I know that there is turnout once in a while. The Quality of Life Committee comes up once in a while. It's hard sometimes distinguishing between which committee is meeting within all of the ADMs. So if there's a specific name that we could be given. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. My deputy advises that the name is pretty straightforward, ADM steering committee. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Under the same objective, one of the tasks was to “Ensure two full time indeterminate positions continue to be staffed at the Mental Health & Wellness division...” Is that still the case? There are two positions being held, one of them including a suicide prevention specialist? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. Yes, there are two positions and they’re staffed. One is in Cambridge Bay and one is in Iqaluit. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Another objective was to “Improve communications with HSS front line workers to address the needs of children demonstrating indicators of behaviours that put them at risk.” This was supposed to be a partnered endeavour between the Government of Nunavut Health and Social Services and the GN Department of Education. The specific task was to “Agree on a referral process that maintains confidentiality and addresses the needs of children demonstrating indicators of behaviours that put them at risk.” That timeline has expired and my question would be: has the process been established for a referral process? Thank you, Mr. Chairman.

Chairman (interpretation): Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. Mr. Chairman, there’s another committee under this strategy and the name of that committee is the Making it Happen Committee. They are working on the referral process. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Another objective was to “Strengthen mental health professional capacity in Nunavut.” The lead on this was the GN Health and Social Services with all mental health delivery agencies in Nunavut. I believe, in some of the updates that we have received from the minister, there has been the gap analysis done in terms of mental health services across the territory. There was also the development of a “multi-year business case to address mental health and wellness resourcing gaps or shortages.” That was happening during 2012-13. Could the minister confirm that this has been completed? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. Mr. Chairman, as Mr. Elliott knows, this work is all ongoing. It’s all work that starts and then stops. It’s all work that’s ongoing in the Department of Health. I can ask the Deputy Minister of Health to take this line of questioning as he is involved in the daily management of the Department of Health and Social Services. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Ma.

Mr. Ma: Thank you, Mr. Chairman. To answer the member's question, the question that he just asked, there's ongoing work. We expect it to be completed soon. The goal was 2012-13. It may stretch a bit into the next fiscal year.

He also mentioned in his question something with respect to training. I can assure the member that we have rolled out some training, I believe, in January for some of our staff, not all the staff, but some of the staff. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Ma. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Under the same objective, there was work that was going to be completed with Nunavut Arctic College to "develop an enhanced mental health workers diploma program." Has this objective been completed? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Mr. Ma.

Mr. Ma: Thank you, Mr. Chairman. My memory could be wrong, but I don't think we have actually completed that work. I will note, however, that the department had previously been in partnership with Nunavut Arctic College to put together the mental health worker program, of which we got funding for in last year's budget for 12 positions in the communities. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Ma. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. During another section of this departmental review, I was going to actually ask questions about the staffing of those specific positions because my understanding of the success rate of the program in terms of individuals taking the courses and actually getting jobs has not been very high. I'll save those questions for later.

One of the other objectives was to "Provide culturally and age appropriate grief counselling." Under the partners, the Department of Health and Social Services was the lead, in partnership with NTI, the Embrace Life Council, and Inuit and community organizations. The specific task was to "Develop a plan to provide culturally and age appropriate grief counselling in the communities." The anticipated result was "Culturally appropriate grief counselling resources for communities, recognizing the community grieving process and background." I'm curious to find out if this task has been completed. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Mr. Ma.

Mr. Ma: Thank you, Mr. Chairman. I would have to follow that one up for the member. I don't recall off the top of my head. However, I am going to put a plug in for the Embrace Life Council. One of our other objectives was to increase the funding for them, which we did in the current fiscal year on a one-year pilot basis, and I think the results have been very good.

I will say that the Embrace Life Council has actually brought forward a number of good initiatives, some through other agencies, such as the Red Cross, and I won't get into details. I think it was well worth the additional funding and I think they have done a wonderful job. I have to give some kudos where it's due. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Ma. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Another objective that was the lead of the GN Health and Social Services was to "Improve the ability to respond quickly and effectively to suicidal behaviour by children." The action plan was to "Identify specialized expertise to serve as a resource to HSS staff in the event of suicidal behaviour by a child, to provide additional specialized support for front-line personnel." I'm curious to find out if that objective has been met. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Mr. Ma.

Mr. Ma: Thank you, Mr. Chairman. Again I would have to follow it up for the member. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Ma. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. In terms of another responsibility of the GN Health and Social Services combined with the Government of Nunavut Department of Education, there was to be "Ongoing collaboration to address suicide prevention within school curriculum." The task was to create an ad-hoc working group to coordinate the

implementation of the plan to all organizations and through new curriculum development, especially in grades 7 to 12. I'm wondering if the minister could give an update on what's happening with that curriculum development. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. We have been working with them, but we don't have all the details with us. Mr. Chairman, we can go down this long list that Mr. Elliott has, but maybe to save time, I can offer to provide a written update, table it here, and give it to Mr. Elliott that will show the work that all the partners in this Nunavut Suicide Prevention Strategy have done and what we're doing with the RCMP, Embrace Life, and NTI. That would provide more clarity of the common purpose of this entire strategy. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. That would be perfect in terms of answering a lot of the questions that would be coming up. At the same time, I'll let the other ministers that I have mentioned today in my questioning know that I will be asking similar questions to them. Those were the Minister responsible for Nunavut Arctic College in terms of the mental health program, as well as the Department of Education with some of the curriculum development that was supposed to be happening. With that, thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Members will note that I have recognized every member wishing to ask questions on page H-4 of the Department of Health, some more than two times. I will exercise my discretion as Chair. I will now want to move on to the next branch after we have consensus on H-4. Health. Branch Summary. Directorate. Total Operations and Maintenance, to be Voted. \$23,373,000. (interpretation) Do you agree?

Some Members: Agreed.

Chairman (interpretation): Thank you. (interpretation ends) Branch Summary. Health. Public Health. Total Operations and Maintenance. \$19,369,000. Agreed? Mr. Tapardjuk.

Mr. Tapardjuk (interpretation): Thank you, Mr. Chairman. I would like to welcome the minister and his officials. In this item related to the funding allocation request for operations and maintenance in the business plan for the Public Health Division, it states that you require three more PYs for 2013-14 related to public health initiatives and preventative measures in public health. It seems obvious that the funding amounts will increase, but I am unsure as to what type of services we will see for Nunavummiut for 2013-14. Thank you, Mr. Chairman.

Chairman (interpretation): Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I have to ask Mr. Tapardjuk if he could please repeat his question and direct it to the appropriate area where he's asking the question. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Tapardjuk.

Mr. Tapardjuk (interpretation): Thank you, Mr. Chairman. On page 94 of the business plan, it states in English, "Health Promotion." Under this category, it states that the department is requesting three more PYs within the Health Promotion program. What other services will be introduced to Nunavummiut? What other programs lead to this large increase in service provision? What has increased in terms of funding for these services within health promotion services? Thank you, Mr. Speaker.

Chairman: Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I apologize for that. Mr. Chairman, we're still not certain. Mr. Tapardjuk makes a reference to three PYs and we are increasing the number of PYs in the department, but the three PYs that I'm familiar with are the community health nurses that we discussed yesterday. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Tapardjuk, maybe you can help us to clarify where you're coming from.

Mr. Tapardjuk (interpretation): Thank you. I will say it in English. (interpretation ends) I'm not sure if this question was posed to you since I wasn't in COW yesterday. Your Public Health Division will have an additional three PYs in 2013-14 and the Health Promotion program will see a significant increase in funding. My question, Mr. Chairman: what additional services or

programs will be provided to Nunavummiut in 2013-14? I hope that clarifies my question, Mr. Chairman.

Chairman: Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I have to ask Mr. Tapardjuk if he could direct us to the reference to the three PYs. It would really help us. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. (interpretation) Mr. Tapardjuk, perhaps you can identify the page you are referring to so that it can be dealt with. I want you to note that the three nursing positions for the communities were discussed and Mr. Rumbolt raised this question yesterday. However, I don't quite recall the other community as I can recollect Coral Harbour and Sanikiluaq. Perhaps it was Repulse Bay. We were provided those details yesterday. Mr. Tapardjuk.

Mr. Tapardjuk (interpretation): Thank you, Mr. Chairman. I raised that issue due to the fact that I was absent yesterday and I wanted to ensure I understood the reasoning for it.

If I can direct another question to the minister and if the issue was debated yesterday, then my question is similar to what Mr. Rumbolt raised for this matter. I would like further clarification on this issue, Mr. Chairman.

Chairman: Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I apologize to Mr. Tapardjuk. If I understand Mr. Tapardjuk correctly,

he's referring to the three community health nurses and we're positioning them in three Kivalliq communities.

Sanikiluaq is not in the Kivalliq, but they're serviced out of the Kivalliq. So it's Coral Harbour, Repulse Bay, and Sanikiluaq. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Tapardjuk.

Mr. Tapardjuk (interpretation): Thank you. I also thank the minister for that response, which helps me to understand the issue. This other question which I believe is relevant to this section is on another matter I have asked questions about previously. Perhaps it is because of my absence yesterday that I may be raising these questions again. Based on the pages we are reviewing, this includes a matter that I have wanted to understand on previous times.

For the funds allocated for grants and contributions, it states that \$250,000 will be available to the hamlet committees, if I am correct, to assist the committees. Let me get a clearer idea, Mr. Chairman. Is this for the entire Nunavut territory or is it for the municipal government or a subcommittee of the municipality with a completed contribution agreement to release funds? What exactly is this fund for if this fund is for the committees run by the hamlets? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Tapardjuk for the question. Yes, there are health committees of council in each community in Nunavut. There are 25

and each receives \$10,000 and we provide that money to the community through a letter from the deputy minister. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Tapardjuk.

Mr. Tapardjuk (interpretation): Thank you, Mr. Chairman. In reviewing this \$10,000 allocation, how much benefit can accrue from this \$10,000 for an entire fiscal year set aside for these committees? What exactly is the purpose for this funding allocation? Let me grasp that idea first before I ask any further questions, Mr. Chairman. Thank you.

Chairman: Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Tapardjuk for the question. Mr. Chairman, I don't recall the exact year, but that program came into existence, I think, around 2000-01. I recall when I was on the hamlet council in Cambridge Bay, this is when they eliminated the regional health boards and then they went to the health committees. It was felt at the time that \$10,000 was sufficient. I'm not aware that there are any concerns that the funding is insufficient. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Tapardjuk.

Mr. Tapardjuk (interpretation): Thank you. My reason for requesting further information on this issue is, for example, this forces hamlet and Department of Health employees to work closer together. As well, the nurses are generally working on separate matters.

Now these committees called the health committees are getting the \$10,000 funding. What exactly is the purpose for this fund? As per my earlier question, is it for their honoraria, for their operations, or for their staff? What is this funding for? Let me understand this first, Mr. Chairman. Thank you.

Chairman: Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Tapardjuk for the question. Mr. Chairman, it's at the discretion of the health committee of council how they wish to spend the funding if it's for honoraria or for promotional materials, paying for meeting expenses, and so forth. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Tapardjuk.

Mr. Tapardjuk (interpretation): Thank you. I also thank the minister for that response. Maybe I should wait for the next question period to ask this question as an oral question. However, does the government make the decisions on what it can be spent on? Does the government state, "We are providing you with \$10,000 and here is the list of eligible items you can put it towards"? Does this mean that under the grants and contributions, there is a list of pre-approved expense items? Let me see if I can understand it with this question. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Tapardjuk for the

question. Mr. Chairman, if Mr. Tapardjuk wishes, we can table a template of the letter that we send to all the communities to cover how they could spend the \$10,000. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Tapardjuk.

Mr. Tapardjuk (interpretation): Thank you, Mr. Chairman. I will expect a copy of the template since it clarifies the situation. The local health committees have a very hard time since they are only peripheral to the operations of the local health centre. I will expect a copy of the template.

On another matter, under grants and contributions and the main estimates, it identifies an amount. I believe we are on page H-7. I believe it is on this page where it also indicates that \$600,000 is for public health initiatives. \$600,000 is a fairly large amount of funds, so can you provide a snapshot of how this funding was used for fiscal year 2012-13? What were the funds used for in the past year? Can you provide us an outlook for fiscal year 2013-14 as to what this \$600,000 fund will be allocated towards? Thank you, Mr. Speaker.

Chairman: Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Tapardjuk for the question. Mr. Chairman, the \$600,000 is available for communities to initiate health programs under the Public Health Strategy. We have a list that we can table for all the members to see if they so wish. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Tapardjuk.

Mr. Tapardjuk (interpretation): Thank you. That leads me to expect this further information, which is an obvious need.

Additionally, under page 95 of the business plan, it states that a surveillance system will be created. I take it to mean it's for public health. It's the Public Health Surveillance System. I imagine it will be specific to public health illnesses.

There are another two initiatives which may be a result of additional digital resource availability, one of which is called the Electronic Health Records Program. I am unsure whether this digital database would require a different computer system or exactly how it will be implemented. Let me grasp that concept first so that I will know what to expect in 2013-14. Thank you, Mr. Chairman.

Chairman (interpretation): Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Tapardjuk for the question. As we were talking yesterday, information in health care is very important to all of us. Yesterday, we talked about collecting data through the small projects that our health officials are working on, plus the interoperable electronic health record system.

This particular project is through our chief medical officer of health of Nunavut that we call public health surveillance. We would be collecting data across Nunavut that we could analyze to monitor trends in disease and detect early outbreaks of diseases, and

then help inform the health protection programs in Nunavut so that we can provide better health care in the communities. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. As the minister will recall, I recently raised the issue of the need for preventative dental care in our communities. The department's Public Health Branch focuses on health promotion and the support of effective clinical preventive interventions.

In past years, Nunavut's Dental Services program was included under the Public Health Branch. However, for 2013-14, I note that it has moved to the Treatment Branch. Can the minister clarify whether this indicates a shift away from preventative activities and, if not, then could he explain why the Dental Services Division was moved from one branch to another branch within the department? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Rumbolt. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Rumbolt for his question. Mr. Chairman, just to allay Mr. Rumbolt's concerns, it wasn't moved away from one over to the other. It covers both divisions and the priority is in the Department of Health. Deputy Minister Ma can provide more details to Mr. Rumbolt if he so pleases. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Pardon me. I was talking to my colleague. Mr. Ma. Thank you.

Mr. Ma: Thank you, Mr. Chairman. Although it's not intuitively obvious in the business plan, oral health is actually a priority for the department. We're really glad that Member Rumbolt actually has raised this issue. As the minister has indicated, it's actually in both the Treatment Branch and the Public Health Branch because components of it cover both areas. For example, in the public health area, this would be what we call promotion. For example, we rolled out a tooth brushing program this year. So that's promotion.

The treatment part is some of the questions the member has asked in question period. For example, we have many children, unfortunately, who have decay in their teeth and they have to be brought somewhere to have that treated. We actually are in some discussion right now with Health Canada, who has also recognized this particular issue in our territory. I can't go too much into details because I don't want to prejudice our very positive conversation at this point in time. They recognize the issue here as well. I think the minister has actually indicated in previous sittings the magnitude of the situation here.

So there are three components to this in our view. There is what we call promotion, which is through the Public Health Branch. There is treatment, which obviously is through the Treatment Branch, and probably prevention as well. So this is actually a high priority for our department going forward into 2013-14. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Ma. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. I thank Mr. Ma for his explanation. On National Aboriginal Day, June 21, 2012, the federal Minister of Health announced \$25 million toward a new long-term aboriginal health research initiative called Pathways to Health Equity for Aboriginal Peoples, focused on suicide, obesity, tuberculosis, and oral health. Can the minister indicate whether any of this funding is being directed towards the oral health initiatives in Nunavut and, if so, what specifics will be addressed? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Rumbolt. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Rumbolt for the question. We are participating in that program through our ADMs committee. All those areas that the national program announced as priorities are also our priorities. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. Can the minister indicate whether any of the federal Pathways funding is being specifically directed towards the public health issues of suicide, obesity, or tuberculosis across Nunavut? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Rumbolt. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Rumbolt for the question. We're still in the early stages, so the answer would be no. We are in the early stages. There have been a couple of

meetings. At a certain point, we will be directing some of the funds towards those areas. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. Nutrition plays an important role, especially for infants and children as they develop and as their teeth develop. On page 94 of the business plan, it indicates that the Nutrition program of the Public Health Branch will see an increase of almost double its budget for 2012-13. What will these additional funds be used for? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Rumbolt. Minister Peterson.

Hon. Keith Peterson: Mr. Chairman, I apologize. We don't have the details with us here right now. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. I wonder if the minister can indicate whether the Nutrition program will address nutritional issues for infants and young children and focus on the importance of nutrition to the development of good teeth. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Rumbolt. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I'm going to ask my deputy minister to respond to the level of detail

that Mr. Rumbolt is asking. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Ma.

Mr. Ma: Thank you, Mr. Chairman. I'm going off the top of my head a little bit, but I know that our nutrition folks have done some work in terms of getting materials out about nutrition. I just don't remember off hand what, in particular, with children that we have developed. I may have to get back to the member on that, but I know we have started some. I just can't recall the exact details right now and I don't have a note in front of me. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Ma. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. I just have one final question. I wonder if the minister can indicate whether his department collects nutritional data and information on the many infants and children who were sent at a very young age to hospitals for dental surgery. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Rumbolt. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. It's a great question by Mr. Rumbolt. If we're not collecting that information, I think we should be collecting it, but we will have to confirm and then get back to Mr. Rumbolt. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. The subject of teeth and nutrition is making me rather hungry. As

the Chair, I'm going to call for a 20-minute health break. Thank you.

>>Committee recessed at 15:23 and resumed at 15:49

Chairman: Thank you, members. Welcome back. We're on H-5. Branch Summary. Health. Public Health. I have Mr. Ningark.

Mr. Ningark (interpretation): Thank you, Mr. Chairman. Under H-5, since 2010 or so, the population of Repulse Bay is increasing, according to Statistics Canada. There are three nurses who work at the health centre and one nurse looks after home care. I want to thank the minister and his departmental officials. Maybe after April, there will be two additional PYs for nurses.

Last fall, in November, there was a healing program during the day in Repulse Bay and the youth held square dances. Definitely, there is a need to increase the number of nurses. There is also going to be an increase for the mental health nurse position. There is definitely a need for such positions because the population is growing.

I don't have any more comments. Thank you and I want to show my appreciation to the minister and his department. If we run into an obstacle, I want to express my concerns. Thank you, Mr. Chairman.

Chairman (interpretation): Thank you, Mr. Ningark. There are no questions at this time. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. I was going to try and go back to Mr. Tapardjuk's question about PYs. If we go to H-1, in the Accounting Structure

Chart, on that page, according to the Accounting Structure Chart on H-1 of the main estimates, it shows that there has been an increase in the number of positions within the department overall. The Treatment Branch has seen an increase of 20 PYs all in the Community Health Division. The number of directorate positions has increased by two.

From the information we were given, there has been an increase of three PYs in the Public Health Branch. According to our records from last year, there were 128 positions under Public Health and now we actually have 131 PYs under that position. To start, could you clarify if that's the case? Was there an increase of three positions on this chart? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for his diligence in reviewing the numbers. Mr. Chairman, there have been a number of reorganizations within the department in the last year. As Mr. Elliott is probably familiar with, we signed a five-year agreement with the federal government last year and that required us to do some internal reorganizing. We call them clusters. We're also moving positions over to the Department of Family Services and we're adding positions through this main estimates process.

I'll ask the deputy minister to provide some clarity to the process that Mr. Elliott is referring to so that he understands how we arrived at those three PYs. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Ma.

Mr. Ma: Thank you, Mr. Chairman. Maybe what I will do is start off with an apology to Member Tapardjuk because I didn't realize where his line of questioning was coming from.

The minister is correct. During 2012-13, in the current fiscal year, we did a reorganization of what we call the population health part of our operations. Public Health, for main estimates purposes, is considered part of Population Health. To explain what population health is it is basically the health promotion part of our operations.

In 2012-13, the current fiscal year, we had approval from cabinet to add three positions. It primarily resulted from what we call the Health Portfolio Agreement with Health Canada. I don't know if members recall, but I think earlier this year, in 2012-13, we signed a five-year agreement that provided flexibility to our communities in terms of funding for health promotional things like Brighter Futures and other programs like that. I won't go into full details, but that's what it's from, Mr. Chairman.

I apologize to Member Tapardjuk again. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Ma. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. What Mr. Tapardjuk was referring to is in the business plan on page 100 and you can actually see the difference in PYs.

So then the second part of that question in regard to the information that the

committee was trying to get by asking that specific question, if you look at the difference in amounts on page 94 of the business plan for Health Promotion, the department is using \$12,865,000 this fiscal year that we're currently in. In the coming fiscal year that we will be deciding upon, the department is asking for \$15,430,000, which is an increase of \$2,365,000. What we were trying to ask as a committee: with that increased funding that we will be allocating to your department, what type of increased services will be provided to the communities? Obviously, if you're asking us to increase your budget by \$2 million, what value-added services are going to be coming out of that? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. The \$2.5 million of that funding that he is referring to is the tobacco framework strategy and the rest is the NEU increases. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. On page 95 for the priorities for 2013-14 in the business plan, one of the bullets does talk about continuing the implementation of the Tobacco Reduction Framework for Action, which I believe the dates for those are 2011 to 2016. One of the priorities for action on that is to build research and monitor capacity, including development of tools for baseline data collection on smoking patterns and consumption rates.

During 2013, I guess leading up to it, there is supposed to be an increase in the Nunavut-specific tobacco research initiatives. I'm wondering: has there been an increase? That's supposed to be one of the key measurable outcomes. Has there been an increase in the research in Nunavut to come and meet this priority? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. Mr. Chairman, we don't have that information with us here. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. One of the key outcomes for this year would actually start evaluating the Tobacco Reduction Framework and the final evaluation would come in 2016. Are the mechanisms in place to start the evaluation process in this coming fiscal year? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. I think it would be helpful for Mr. Elliott if he understands that we can't stick to strict timelines. We have pushed the evaluation back. We have spent the better part of this year preparing for phase 2 of the program. We rolled it out earlier. Approximately \$2.5 million will be going into the five-year strategy and of course, we will be

evaluating it as we proceed. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. I'm going by this document that was tabled and presented by the department. If there is a two-phase process in it, I would maybe ask the minister if he could provide us with these two phases so we know.

Again, to me, our job is we're allocating \$2.5 million that we're voting on to give to the department under the assumption that it is being spent on this timeline, not the timeline that he said that they are following. Could he commit to tabling the timeline that we're supposed to be asking questions on? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I would like to thank Mr. Elliott for his reminders. Mr. Chairman, last year about this time, with the support of the House, we increased the tax on tobacco products and the plan was to generate \$2.5 million to \$3 million to use towards this program. It's a five-year strategy. It's only year one and now we're into year two. We have to be realistic in terms of where we're going to evaluate after year one and that's why we're pushing back the evaluation.

I apologize to Mr. Elliott if we didn't stick strictly to the document that he is referring to, but rest assured, the tobacco reduction/cessation strategy is a high priority of this government, and we have

people working in the department and across all the communities in Nunavut who are working very hard to encourage Nunavummiut to not smoke or cease smoking or reduce smoking. At some point, we will evaluate the success of our efforts. We are well aware that 60 to 70 percent of Nunavummiut over the age of 12 smoke, and lung cancer is one of the hardest cancers to detect. As I have said before, too many people are getting sick and dying from lung cancer.

You can rest assured that we're not just spending \$2.5 million and not going to be accountable for the expenditures. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Thank you for that answer. I appreciate what the minister is saying. Just as his other department in one of the hats he wears as Minister of Finance, I know he takes pride in the fact that our public accounts were put in on time for the last two years.

As the chair of the oversight of government operations and public accounts committee, I take my job seriously too. We are the other side that pushes to make sure that money is spent properly. We can agree to disagree, which is great, because that is what this is all about in terms of the process.

One of the priority actions within the strategy was to collaborate with the Department of Education to develop educational resources for use in schools. Could the minister give us an update as to whether that action priority has been

started or whether it will be started in the future? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Mr. Chairman, I wish I could bring all of my subject expert members of the team. There are probably 40 people who could fill the Gallery here. I could bring them in and out and give Mr. Elliott the level of detail he is seeking.

I can assure you that the tobacco reduction/cessation team is working very hard on that strategy. We're almost going into year two. We're hoping that the House will approve the \$2.5 million so that we can roll out this program and work more robustly in the coming year. The plan is to work with the Department of Education. We're working with communities. We're working with all kinds of groups. There is a Facebook page. There are community events. We're not taking this lightly.

I encourage all Nunavummiut not to smoke. Of course, under my other department, when I put my finance minister's hat on, yes, we detected early on that cigarette purchases have decreased by 3 percent in the first nine months after we increased the tax. It was too early to determine if that was because of the tax increase or because of the education and all the activities that the tobacco team was working on across Nunavut or a combination thereof.

I can assure you that the plan with this five-year strategy is we're going to tackle tobacco head on here. We're encouraging our young people, who are most likely to be targeted by big tobacco

companies to smoke. It is no secret that tobacco companies engineer their cigarettes to addict young people before they're aged 20 so that they become lifetime smokers and we know what that causes. We're not taking this lightly.

I assure Mr. Elliott; he's got our document there, but I have a huge department and we have capacity issues throughout the department. People come and go. Funding is tight in all areas, but this is a high priority for our department and we're ramping up. I'm sure the communities and MLAs will be very happy, let's say, in another year when we can provide them with some more detailed information about how the program and strategy is working. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. For my next question, maybe the minister or the deputy minister could answer. There was supposed to be collaboration with the Department of Education working towards making Nunavut school grounds smoke-free. I would hope that at this point, maybe one of their committee meetings or departmental meetings between DMs might have discussed this over the past year. I would imagine it speaks to the idea of setting an example. Maybe if we could get some clarification if that started. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott again for asking for the level of detail that he is

seeking. To be candid, we don't know if it's being discussed at that level. It's a priority for our department and ADMs. There are ADM committees. I don't know whatever they may discuss at ADM committees. They don't give me their agendas. The day-to-day operations with all the departments of the Government of Nunavut are a very heavy workload. Without having the details or reading the minutes of the ADM meetings, I can't tell Mr. Elliott if this is being discussed. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. On page 2 of the minister's opening comments, he mentioned the Public Health Strategy. I figured my next group of questions would be based around that.

On page 95 of the business plan, one of the priorities for 2013-14, actually the top priority on the list is to "Proceed through the legislative process towards a new *Public Health Act*." Could the minister update the House on what has happened with that? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I apologize to Mr. Elliott if I took too long to get the information out of our voluminous briefing binder here.

Mr. Chairman, the *Public Health Act* is a very old Act. There have been extensive consultations. We're at a point now where we're having discussions with NTI. It's very likely that this is a bill

where there's more work that has to be done and consultations that it will go into the Fourth Assembly. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. In regard to planning for the next, I'll read exactly what the minister stated in his opening comments earlier this week on page 2, "planning for the next phase of the Public Health Strategy." Just so I don't waste the committee's time by pulling out the strategy and reading some of the objectives that were supposed to be completed, could the minister give an update on that, whether it has been pushed back a year like the Tobacco Reduction Framework or certain objectives within the Suicide Prevention Action Plan that haven't been followed through either? Maybe just give us an update today where it stands so I know where to start my line of questioning. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for reminding me of what I said in page 2 of my opening comments. I appreciate that, Mr. Elliott. The Public Health Strategy is ongoing. The evaluation framework has been completed. We are in the process of doing some summative evaluations of the Public Health Strategy. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Under the current guidelines for the current Public Health Strategy, what are the start and finish dates that he has for the department's goals? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. The Public Health Strategy expires this year. This is what the evaluation of the Public Health Strategy is about. We will evaluate how successful it was and then we would renew it going forward. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. So in terms of the next phase, what are the next phases? Would it be community consultations, to go out and create another Public Health Strategy, or would it be, as you had mentioned, evaluate the success of the current strategy, and then move forward from there? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. No, this is an internal evaluation. We will evaluate what the department can do better going forward in terms of staffing support mechanisms. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. As part of H-5 under Grants and Contributions, if we turn to H-7, under Contributions under Public Health, there has been an emphasis throughout the whole government on feeding youth who go to school through either breakfast programs or different lunch programs across the territory. I realize that in the 2011-12 year, there was \$546,000 allocated for the breakfast program and I remember the review of that where we had talked about it was for additional funding for equipment and to enhance the program.

Just for the public record and communities that are applying for money to get a breakfast program or to have a breakfast program or to enhance the program, there is not an actual line item, but where would the communities apply for this funding? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. As I mentioned earlier, the five-year agreement that the Government of Nunavut signed with Health Canada, I am very appreciative of Health Canada for negotiating that agreement with us. It really helped.

Through the Department of Health, we have community agreements where they are allocated a certain amount of money, and through those agreements, most, if not all, of the communities agreed to allocate a portion of their funding to breakfast programs in their communities. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. H-5. Branch Summary. Health. Public Health. Total Operations and Maintenance. \$19,369,000. (interpretation) Do you agree?

Some Members: Agreed.

Chairman: Thank you. Go to H-6. Health. Branch Summary. Treatment. Total Operations and Maintenance. \$237,685,000. Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. Prior to asking a detailed question on this page, I want to ask about the duties of our nurses and the operations of health centres in our communities.

The nurses and other personnel working at the health centre are always quite busy and experience extremely stressful situations. We salute their efforts for their dedication and we are grateful for their services. It is unfortunate that we don't express our gratitude often enough, so that is regrettable. We should express our thanks since they have a seemingly thankless and stressful job. I, too, try to devise solutions or alternatives to provide more assistance to the nurses as we are all aware of their tremendous workload. This is on top of their structured operational duties during the workday at the health centre.

With that being the case, as members of the general public who sometimes get sick, we are often asked to make appointments if we want to see a nurse at the health centre. What seems to be problematic and which I know is often the case is when a person suffering from ill health attempts to walk in to the health centre for treatment and it is only

because they are suffering that they try to go to the health centre, they are advised that they have to make an appointment within the next day or two since there are no openings available and the nurses can't see the patient.

The only reason why a person goes to the health centre is because they feel they require medical treatment and the only option they have is to make an appointment for the following day. The person is worried about their health and that is the reason for their visitation. How can we resolve this type of circumstance? How can we improve our health services?

I didn't come to provide solutions for the department, but only to voice concerns. The minister and his departmental officials ought to be aware of these issues. If they paid more attention, perhaps they would have already made improvements. Hasn't there ever been a comprehensive review to recommend improvements? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Enook. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Enook for the question. This has come up before, I believe, last year. These are the kinds of issues that we're working on in the Department of Health. Through our strategic planning, we're looking at increasing staff in some of the health centres. Of course, I mentioned the three nurses we're looking at in the Baffin region. We're looking for approval for four PYs to hire admin assistants to work in four health centres that would take the workload off the nurses. We're

looking at job sharing. We're looking at changes in shifts. That may alleviate some of the pressures and provide more coverage for the communities. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. I thank the minister. In keeping this thought in mind, especially since we can't decipher the future in our lives, most people don't plan to get sick or even have thoughts to go to the health centre. That seems to be the only gap I see. It seems specific to people who require an emergency appointment at the health centre, as you pity the people who were advised that they can return when room is available, either the following day or the day after, for a follow-up meeting.

Most people only visit the health centre when they are worried about a health issue and that is their last hope. This is particularly hard when parents bring their children to the health centre. As parents, we love our children and want to be properly taking care of them and to ensure they are well treated.

So when the patient arrives at the health centre and they are advised that they can't accommodate the patient due to time constraints, how can we resolve this? Even if we increase the number of nurses working at the health centre, the policy is still set by appointment only. If this policy is still followed, that we can only be seen via appointments, it seems to minimize their health concerns.

How can we accommodate the walk-in patients and provide better health

services in our communities, particularly in our smaller communities? That is my stab at asking questions through this vein as I know for a fact that the nurses have a heavy workload already. However, when residents are required to make an emergency appointment at the health centre, I believe this requires more consideration for those patients. How can we accommodate them further? Thank you, Mr. Chairman.

Chairman (interpretation): Thank you, Mr. Enook. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Enook for the question. Mr. Chairman, we're aware of the issue. One of the main reasons why there are appointments is because there are so many people in the communities who need to see a nurse or doctor. So the health centres try to schedule appointments so that people don't come at the same time and have to sit around and wait for a doctor or nurse. Sometimes appointments are made and people don't come for their appointments and there are openings.

Depending on the severity of the patient walking in, I am pretty confident that the health centre will see them and not send them away and tell them to come back in three days. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. While we're discussing this matter, if you can allow this question, I want to ask about these... I am unsure of the proper Inuktitut terminology, but perhaps I can coin them

quasi-doctors. I think they are called nurse practitioners in English.

In Pond Inlet, I believe we have a resident nurse practitioner at our health centre. If I am correct in my assessment, I believe they are more qualified than a registered nurse, with more responsibilities and duties. With respect to these particular positions, I was wondering if the department has considered increasing the number of nurse practitioners. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Enook. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Enook for the question. In Pond Inlet, we do have a pilot project with a nurse practitioner. It's a one-year pilot project, I believe. We will be evaluating the results of that pilot project. If the results are very positive, we would look at putting nurse practitioners in other communities in Nunavut. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. I also thank Minister Peterson for that response. As per his response that it is a pilot project with the nurse practitioner in Pond Inlet, I certainly hope that the findings are not negative or impractical. In my opinion, I don't see any negative connotations for a nurse practitioner as their workload or duties seem complimentary. I certainly hope that since it is only a pilot project and more or less a feasibility study, this initiative will be moved forward. If it requires some changes, then we should

just make those changes to fit our communities and other facilities.

I would like to return to this issue when patients can't be seen immediately when they request an appointment. I want it known that this is a recurring issue in the communities, not just in Pond Inlet. I am in no way placing the blame on our nurses, but rather, I am looking at how we can provide more assistance to them.

As part of their professional conduct, a nurse will never say that they don't want to see a sick patient as their profession is to treat patients. However, I know that it is more to do with time constraints where they advise a sick person to return the following day or the day after. I wonder how we can provide more assistance to our local nurses since their profession is to look after people's health issues. I would really like to see this revisited so that Inuit patients don't just leave the health centre when they are trying to make an appointment.

This concludes my comments on this subject and I want to move past this issue, although I want to ask another question related to this page. We are on page H-6. I want to ask about visiting specialists or, alternatively, the health workers who visit the communities with specialized training, such as visiting optometrists or dentists for that matter.

Alternatively, those specialists who arrive in Nunavut to conduct specialist treatments in Iqaluit where patients from around the region travel down to see these specialists, at least in the Qikiqtaaluk region... Perhaps I am mistaken in my assumption the same holds true in the Kivalliq. I assume that a specialist also visits the region, but I

imagine they go to Rankin Inlet and patients are then sent down to see the specialist. Perhaps that is done in Churchill. I really don't know how they do it there, so I will only speak to our region.

Whenever a specialist arrives in our region, many patients from around Qikiqtaaluk are sent down to Iqaluit to see the doctor. Has this ever been reviewed? In my opinion, I believe this is the most expensive option we have since we bring down multiple patients from all over our region to visit the specialist for their appointment.

Has the department ever taken into consideration, when it comes to certain types of specialists, to have them conduct a visitation tour of our communities instead? As an example, a specialist doctor arrives in Iqaluit singularly with the patients then travelling down to see them. From my perspective, if this single doctor were to spend several days travelling to the communities, it would result in huge cost savings as long as their equipment is available for their use.

I am not referring to specialized medical treatment, such as surgeries or intensive care cases. Here I refer to ear specialists as we also have to travel down to Iqaluit to visit the ear specialist for our appointments. Has the department ever considered reversing this practice to where specialists visit communities instead as a cost-saving measure? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Enook. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Enook for the question. Just to go back to nurses, yes, our nurses are very valuable and I expect and trust that individuals in our communities are saying that they see a tremendous number of people every year in all health centres. We have to tip our hat to the nurses, the physicians, and of course, all the health practitioners who help us in our communities and in the hospital up here.

Just to comment on the nurse practitioner, my deputy was just showing me a very early report, there are pages of statistics, it's looking good, the nurse practitioner in Pond Inlet, so that's very good news.

With respect to specialists and physicians going to communities, it gets difficult because the nature of the work that specialists undertake, they have specialized diagnostic equipment and that equipment would only normally be available in the hospitals here in Iqaluit or if we send them to Yellowknife or one of the larger centres down in southern Canada. So that's one of the reasons we can't send specialist physicians to all communities in Nunavut. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. As I indicated earlier, if it's possible, can you at least review the possibilities of the specialists going to the communities? I'm sure that there's an easier way somehow. It might not be possible to send them up to the communities, but we can look at options

for cost-saving measures. Thank you for that response.

Again on the same page, H-6, Mr. Chairman, if you would direct me, please. I'm out of time. If you would like to have another person take the floor, I do have other questions that I would like to ask. Thank you, Mr. Chairman.

Chairman (interpretation): Thank you, Mr. Enook. I'm not a preacher or anything, but I would like to give another individual an opportunity and once everyone has had an opportunity, we can always go back to you. Mr. Oshutapik.

Mr. Oshutapik (interpretation): Thank you, Mr. Chairman. I would like to thank the minister for being available to the members because we like to have every opportunity to ask questions to the minister. My colleague brought it up earlier and as you probably know, we all have similar problems or concerns in the majority of the communities. We don't talk about it, but we end up finding that we all have similar concerns or questions.

I have some questions for the minister and his officials concerning services provided at community health centres. I want to begin by expressing my appreciation for our health centre staff, who work long hours with not enough resources. I want to appreciate the health centre staff in Pangnirtung first of all. I'll first concentrate on my community of Pangnirtung.

I have been told by my constituents about their concern regarding the process for dealing with patient appointments and walk-ins. Quite a

while back, the nurses were able to see everyone who walked into the health centre and deal with it directly.

Again I would like to touch up on that issue that Joe Enook brought up regarding obtaining appointments for non-emergency treatment. This concern is with the patients having to wait several days before they are able to obtain appointments. Again, this question was brought up earlier, but can the minister or his officials describe what guidelines or service standards health centres should be following with respect to the timeframe of obtaining non-emergency appointments? I will wait for a response to that first of all. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Oshutapik. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Oshutapik for his comments, questions, and I'm sure that the nurses and health practitioners in Pangnirtung appreciate his comments about the hard work that they did provide on behalf of his constituents. I appreciate your questions.

Mr. Chairman, we're not aware of a specific standard with respect to non-emergency medical treatment. That's one of the areas we want to look at, as I indicated in previous answers to the standing committee, and gathering all of this information that we can use to help us provide a higher level of service in our health centres and hospital in Nunavut. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Oshutapik.

Mr. Oshutapik (interpretation): Thank you, Mr. Chairman. I would also like to thank the minister for commenting on my question. (interpretation ends) I recognize that community health centres are always under pressure to do more with less. Can the minister or his officials indicate if they are looking at increasing the number of nurses and other health care professionals working at Pangnirtung's health centre? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Oshutapik. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Oshutapik for his question. I believe they were in Pangnirtung specifically where they will get, I believe, the admin assistant. The admin assistant is one of the positions we will add to the Pangnirtung Health Centre and that should help the nurses there. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Oshutapik.

Mr. Oshutapik (interpretation): Thank you, Mr. Minister and Mr. Chairman, for this opportunity. The people of Pangnirtung are watching the proceedings. We will make sure to see how it works.

(interpretation ends) The issue of cancer screening and treatment is frequently raised with me by my constituents. In a number of cases, people feel that cancer is not being diagnosed quickly enough at the local level. Can the minister or his officials describe what initiatives the department is undertaking to improve cancer screening and treatment programs

in Nunavut, especially in the smaller communities? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Oshutapik. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I apologize to Mr. Oshutapik for the question. Mr. Chairman, I have always said that early diagnosis is good. It allows Nunavummiut to get treatment earlier. If patients feel unwell, we rely on them to ensure that they get themselves to the health centres and hospitals where the doctors and nurses can check them out. If there's a need to get some specialized physician services, then we would send the individuals to either come to Iqaluit or send them down south. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Oshutapik.

Mr. Oshutapik (interpretation): Thank you, Mr. Chairman. I would like to thank you for your response. Last week, I asked questions in question period concerning the government's purchase of new diagnostic equipment. I believe that's CT scanning equipment. Can the minister or his officials indicate what technological initiatives are being undertaken to help improve Nunavut's system of cancer treatment and screening, and who is taking the technical training to operate this new diagnostic equipment? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Oshutapik. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. The only equipment we have

in Nunavut at the moment that would, from a technology perspective, assist the diagnoses of types of cancer is a mammography machine here and it's situated in the Qikiqtani General Hospital. It's only used for diagnostic tests. It's not used for screening. We just don't have the capacity in Nunavut at this time for a full-fledged mammography screening program. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Oshutapik.

Mr. Oshutapik (interpretation): Thank you, Mr. Chairman. I'm sure that the other members have questions. I'll leave it at that for now after I ask this question, Mr. Chairman.

(interpretation ends) Over the years, the Nunavut government has considered a number of different options for addressing addictions issues in the territory. In 2012-13, your department launched a 28-day mobile addictions treatment pilot program in Cambridge Bay. Can you describe the results of the evaluation of this program and if any similar programs are being considered for 2013-14? (interpretation) Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Oshutapik. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Oshutapik for the question. I can speak from first-hand knowledge on that. This program was underway across the street from my office. It started with ten participants on the program and they were supported by people in the community, including the elders. There were classroom sessions,

on-the-land sessions, and the folks came to visit me in my office. I went over to talk to and visit them at their facility. We talked about a number of things.

It was very heart-warming to see the people admitting that they had addictions problems. I had the opportunity to go out on the land with the group. I was the guide for one of the people who came from the south. It was a very cold day, I must say. I froze my face, you could see spots, but I didn't lose the... . He was riding on the backseat with me, so I didn't lose him. We went ice fishing and it was quite enjoyable. We didn't catch any fish, of course, but it was fun nevertheless. We talked. We were at a cabin out on the land by Mount Pelly.

Later on, I was invited as one of the guests to participate in the graduation ceremony. I must say that it was a very emotional experience because every graduate was getting up admitting that they were alcoholics. The first thing you do is you admit that you have a drinking problem. There was a tremendous outpouring of support from the community where people in the audience, family, friends, and others got up and told their own stories about the program.

Of course, I only went as a guest, just a member of the public. Of course, they asked me to sit with the VIP section and it seemed like everybody got up and said, "There's Keith. He's the Minister of Health. We want to tell him to do more programs like this and offer more programs, not only in Cambridge Bay but across Nunavut."

So from a personal perspective, it was very encouraging and very supportive. The community was very involved. Individuals who were in the program thought it was great. Of course, they had to go back to their communities and we're hopeful that they will be getting the support back in the communities from the people in their communities that were involved.

There's an evaluation process that was commissioned later. I met the individual who was in town to do the evaluation. He was there about a month ago. I think we just got the report, so we're going to evaluate it.

Just from seeing it myself, people think offering these kinds of programs in their own communities is the way to go rather than sending people down south or elsewhere to take the programs. They say that when they go elsewhere, they don't know anybody and they're away from their family, but when they're in the communities or in their region, they know people and people understand the tremendous efforts they're making. They support them and encourage them. That's how Nunavut communities are. We try to help each other.

So it's a bit of a long answer, but I just wanted to give you my perspective. It was great being there when the program was underway, being involved, and talking to individuals and talking to elders involved, and the guides, instructors, and the people who were cooking on the program.

I personally thought it was a good program, but then again, it comes down to what the evaluation says, what the costs are, and how practical it is. My

defence is that it was a good pilot project and we look forward to evaluating the results. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. (interpretation) Mr. Oshutapik, I believe you're done. Mr. Ningark.

Mr. Ningark (interpretation): Thank you, Mr. Chairman. If I am mistaken in believing we are on page H-6 and go off on a wrong tangent, please correct me. I want to speak to the issue of specialists' services, such as dentists and optometrists as well as other specialists who only visit our communities sporadically. When they finally arrive in our communities, it seems they leave almost immediately.

When specialists visit the communities, only those with an appointment are allowed to be seen, whether they have an eye or tooth concern. When a patient wants to make an appointment, they aren't allowed to submit their names, even though the specialists are paid by our government. The specialists are ostensibly there to treat people in the communities that require their services to ensure that complications don't arise.

What about the review of the amount of time these specialists stay in the communities and to have a set schedule for their arrival? I wonder if the Department of Health and Social Services arranges the schedules or length of time in between visits. Questions arise, such as how long they can stay in the community and who specifies the duration of their visitations. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Ningark. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Ningark for the question. We're well aware of the issues that Mr. Ningark describes.

Unfortunately all of our health centres in Nunavut just don't have the level of specialist care that people seek and require. That's why we would rather bring the specialist into the communities three or four times a year. Let's say, in the case of physiotherapy, we would send people out to see specialists. In Cambridge Bay, for example, we would send some people to Yellowknife because we have a contract with Stanton.

I'm going to ask my deputy minister to respond in more detail to Mr. Ningark's question. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Ma.

Mr. Ma: Thank you, Mr. Chairman. As the minister has indicated, we're very well aware of the need for more specialist visits within the territory. Maybe one of the first comments that I want to make is that it's across Canada as well. So we're competing with other people. Obviously, we don't have the specialists here other than a few specialists at the hospital that provide anaesthesia and some limited surgical work. We have to have contracts with different people across Canada to provide these services.

I think other members have indicated audiologists and different things like that. We have dental and other things like that. Typically, specialists stay in the communities anywhere from five to ten days, depending on the specialist and depending upon the number of patients that they're seeing. I can give you some

indication of the number of days of service that we get in each region. For example, in the Qikiqtaaluk region, we had about 660 days; in the Kivalliq, it was about 480 days; and in the Kitikmeot, about 200 days.

I think we're very much focused on trying to provide more visits. In some of our answers to members today, I think we have indicated that. For example, I think we had spoken a bit about oral health earlier. Somebody may have raised it in their comments, but they didn't directly ask a question on vision care services. We're aware that this is an area that we need to work on. I'll leave it at that, Mr. Chairman. Thank you.

Chairman: Thank you, Mr. Ma. Mr. Ningark.

Mr. Ningark (interpretation): Thank you, Mr. Chairman. I also thank the deputy minister for the response. I represent two small communities, Repulse Bay and Kugaaruk. When the specialist visits the smaller communities, I haven't seen any specialists staying in these two communities for ten days. I think we have to keep in mind the smaller communities, which are more isolated.

When a specialist is coming in, the specialist should stay in the community a little bit longer. Too many people are going to Yellowknife for specialized treatment for oral and vision health. I think we have to keep the smaller communities in mind and ensure that all the people who are on the list are seen.

I have heard from different people who are going to see a specialist. When they say that they have gone to the nursing

station, as one of our colleagues said, there is no way for the person to be seen because they don't have an appointment. Once the specialist team is gone, they have to wait a long time for another specialist to come in.

So I think special attention has to be paid to the smaller communities and that the specialists should stay in the community a little longer. This is not a question. It is mostly a comment. Thank you, Mr. Chairman.

Chairman (interpretation): Thank you, Mr. Ningark. Are you done? Thank you for your clarification. I have Mr. Tapardjuk.

Mr. Tapardjuk (interpretation): Thank you, Mr. Chairman. I'm just going to make an addition to my colleague's question with regard to people getting cancer. There is no scan machine in the region and there is only a mammography machine.

Some of us note that when they go to the hospital, all they're given is Tylenol and they're told that they have to expect this sickness because they're so old. Much later on, they find out that this person has cancer. Is the medical team here in the north taught how to detect or diagnose cancer?

There have been too many people that we have lost that had been going back and forth to the hospital or nursing station because they were sick. That's why I wanted to bring this up again, Mr. Chairman.

Chairman (interpretation): Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Tapardjuk for the question. We hope that the medical practitioners are trained and have spent many years at medical schools receiving training to detect a number of illnesses.

The human body is the most sophisticated piece of machinery around, if anyone has studied anatomy or read about anatomy and all the possible diseases that a person could pick up or develop cancers. There are airborne viruses. There are all kinds of things. It is very difficult for nurses and doctors to accurately diagnose certain illnesses and symptoms. Sometimes the symptoms of one disease are almost identical to the symptoms of another disease. It can get quite tricky at times.

I urged my constituents in Cambridge Bay when they talked to me about this issue that people know their own body best. If they are not feeling well and their initial diagnosis is not helping them out, they go home and they are still sick for a couple of days, then they have to absolutely insist and go back to the health centre and tell the doctor or nurse what is happening with their health.

With the lack of sophisticated technology in Nunavut right now, we don't even have a CAT scan. We don't have any MRI machines in Nunavut. These are the kinds of sophisticated equipment that could help diagnose early stage cancers. Of course, if people aren't feeling well, then they should be sent to hospitals where those kinds of diagnostic tests can be run to determine if they have the certain types of cancer and what stages they are at. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Tapardjuk.

Mr. Tapardjuk (interpretation): Thank you, Mr. Chairman. There has been some mistreatment in both of the communities I represent. There have been too many cases where they have been diagnosed too late. It is especially elders and the older Inuit. Once they go to the nursing station, they are told that they are too old and they're just given Tylenol. Here he knows his body and he already knows what answer he is going to get and sometimes that deters him from going to the nursing station. This has to be corrected. This is just a comment.

The question that I have is in regard to the Mobile Addictions Treatment Program in Cambridge Bay. Do I understand that this program can go to other communities and not just in the community of Cambridge Bay? Is it called mobile because it's only going to the communities surrounding Cambridge Bay? Everything seems to be going to Cambridge Bay. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Tapardjuk for the question. As Mr. Tapardjuk will recall, it was a pilot project that was announced and approved last year's budget and Cambridge Bay was selected. It was selected before I became Minister of Health, fortunately. Otherwise, I would probably be criticized by people for picking my community, but nevertheless, it was picked by the Department of Health because there is a

facility there. There are also mental health people there. It was called the Mobile Addictions Treatment Program. There is no facility. It's just a building there that they were able to use.

If there are facilities in other communities or buildings where they can accommodate people, because people may come from other communities, if there is a facility with classrooms and accommodations, then in terms, it would be mobile. You would move the team around. You would train the folks in the community to support the people who take the program. After the team itself leaves, the people who were on the program will require support. That's why you would need individuals in the community who are trained to provide that support so that folks have a good chance and not relapsing.

Again, it's a pilot project. It has only run once thus far. We just got the evaluation report in the last couple of days and our department will be sitting down to review it. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Tapardjuk.

Mr. Tapardjuk (interpretation): Thank you, Mr. Chairman. It will be interesting to find out if this program was successful once we get the report because I would like to see more of this type of program.

We're always saying that Nunavummiut are abusive and they have too many addictions, so we have to make laws. That's what we have been doing all the time. Here are some of the main problems that we have to work on. The

causes of the problems are addictions. Those are the people we have to help. That's what I wanted to bring up. I think the minister agrees with me that this one of the root problems of other problems.

So it would be very interesting to hear how this program went. We know that we have to fix the root cause of the problem, even though there are other problems on top of that. The Nunavut Addictions and Mental Health Framework will be going into effect in 2013-14. What are you trying to do in this program? What is the set-up going to be? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Tapardjuk for his comments. We're going back to the mobile addictions treatment. As I was mentioning in my comments to Mr. Oshutapik, just based on my involvement in Cambridge Bay... I wasn't planning to be involved; they just invited me to be involved. I got a lot of good comments from some of the participants. They wished to encourage all MLAs, ministers, and leaders in Nunavut to get involved at the community level and see the challenges that they are facing and to deal with their problems. They were also taking the opportunity to lobby me quite heavily to provide more programs. I do believe in helping the people closer to home in our communities where possible. That's where people should be assisted and supported. I thank Mr. Tapardjuk for his comments.

Mr. Chairman, the Mental Health and Addictions Framework for Action is

ongoing. Some of the areas we're looking at would be illness prevention, health enhancement, and community development. We have been looking at self-help based programs and services, some of them I just kind of mentioned there for the MAT program, community-based programs and services, crisis response, and facility-based programs and services. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Tapardjuk.

Mr. Tapardjuk (interpretation): Thank you. I'll ask another question. On page 98 of your business plan, one of the priorities for 2012-13 is to "Complete the development of the delivery model for rehabilitation services." Can you give us an idea of what you are looking at? Is it rehabilitation? I hope you understand me, Mr. Chairman. Thank you.

Chairman: Thank you, Mr. Tapardjuk. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I apologize to Mr. Tapardjuk for the delay. Looking at these briefing notes and then picking information out is quite a challenge here sometimes.

If I understand Mr. Tapardjuk correctly, we are developing a new territorial rehabilitation service delivery model so that we provide consistent delivery methods across the territory. We are currently in the review stages of that. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. I have Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. In regard to H-6, my first question is

around the CT scanner. I know the minister had given the answer to the House during an oral question, but I just wanted to follow up on some of his responses with regard to the CT scanner. I know he had mentioned that it would be coming up by air and that training was ongoing. I guess the one question I was concerned about is: when will the CT scanner be functional? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. If he's asking for a specific date when it's going to be functional, I can't give him a date, but I can tell him that the plan is to have it operational by the fall of 2013. So the plan is to bring it in here in late spring and then we will be doing acceptance testing during the summer of 2013. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Thank you for the response. It's good to know that by the fall time, it will be up and running.

On page 99 of the business plan, one of the priorities for 2013-14 states that "Based on the internal review, determine whether legislative amendments would be necessary for the *Mental Health Act*." Could the minister update the committee on what's happening with the *Mental Health Act*? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I know Mr. Elliott has asked this question in question period and it was in the fall.

Just to give you an idea here of where we're at, phase 1 was a Health and Social Services internal review and that was in December of 2012; phase 2, there was an external review, which includes the Government of Nunavut contract psychiatrists, RCMP, NTI, and that's occurring during January to March 2013; and phase 3 would be the public consultations and that would be later this year, spring or summer. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. In terms of the Act, the internal review has been done. It sounds like there has been discussion with some of the service providers, the RCMP, frontline workers, and now over the next couple of months, it will be taken out to the communities for consultation. I'm just thinking in my mind in terms of legislation coming before us. What was determined with the internal review? Is it a rewrite of the whole Act and it needs to be started from scratch or is it just amendments? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. Mr. Chairman, I don't have all the details here, but the deputy just told me that that's why we're going through this process by doing the external review with the RCMP, NTI, and the contract

psychiatrist, and then we will do a level of public consultations. We started to talk to the cabinet about some funding to undertake that, but it is quite an old piece of legislation that goes back to 1988. Like a lot of legislation that we inherited from the Northwest Territories in 1999, it likely does not reflect the current conditions in Nunavut. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. In terms of the timeline that we have left for the mandate of this Assembly, those consultations and then it would have to go into the committee on legislation, we're looking at this being dealt with in the next Assembly. Is that correct? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. Mr. Chairman, we're looking at probably the next Assembly, the Fourth Assembly. It would be nice if we could all amend the legislation or new legislation, but once you get down into some major pieces of legislation... We all know that there are many pieces of legislation in the Government of Nunavut that need to be reviewed and amended or introduced. If you're involving other people, external partners, and public consultations, then you have to go through the legislative proposal or legislative framework processes. It could take anywhere from six months to three or four years in some cases.

There is a piece of legislation from the Second Assembly, the *Family Support Orders Enforcement Act*, that finally came into the Third Assembly where it went for approval once the work was completed to the satisfaction of the standing committee and the government. This work won't end just because the Third Assembly ends. The work will continue because it's that important. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. In regard to mental health workers across the territory, I may be incorrect with the numbers, but I believe, last year, we had approved 12 positions for mental health workers to be hired across the territory. If I'm incorrect, maybe the minister can correct me. Of those 12 positions that were supposed to be filled to help in dealing with some of the mental health issues we have across the territory, how many of those positions are currently filled and how many are vacant? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I'll let my deputy minister take that question. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Ma.

Mr. Ma: Thank you, Mr. Chairman. Unfortunately, this didn't roll out as well as we would have liked. There were 12 positions identified. Most of the graduates from the Nunavut Arctic

College program had found other employment and were in other careers. What we did do, however, to turn this into a positive was use those positions to fill other mental health needs across the department. There are a couple of individuals who may get appointed later and we're just currently working on that. I think there are two or three off the top of my head. I don't remember the communities off the top of my head as well. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Ma. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Where are those current positions held? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Mr. Ma.

Mr. Ma: The way the funding was rolled out, they weren't specifically allocated by communities *per se*. However, I can tell you what the plan was last year. At the time, we had talked about the communities of Iqaluit, Arctic Bay, Pangnirtung, Arviat, Rankin Inlet, Whale Cove, Cambridge Bay, and I think Gjoa Haven. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Ma. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Again, I think the issue of mental health is huge. We just have to look at some of the reports that we're getting back on violence. It has been announced in the House. Judge Kilpatrick just ended up writing some statements about the dire need for dealing with these types of issues.

I was wondering if the minister could clearly explain what it is his department is trying to accomplish. Does he see mental health workers in every community? How will mental health services be provided across the territory to address some of the major needs that we actually have? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. Of course, I have stated in this House that mental health is a high priority for this government. We put well over \$13 million into mental health and through our budgetary processes, we get funding from the Territorial Health Access Fund, which is part of THSSI.

Now, with the support of the House, we're renovating the Akausisarvik facility to meet the needs of Iqaluit, the Baffin, and possibly other regions if people come over here. We are looking for funding for seven PYs up there. In the Kivalliq region, we're looking at a facility there that could be turned into a mental health support facility and also in the Kitikmeot.

As the deputy minister indicated, we had good intentions with the mental health workers, but unfortunately, when we had the positions, when we went to ask a number of them if they were interested, they had already committed to other jobs or careers. We continue to see mental health workers as valuable positions in the communities and, subject to approval of appropriations in the House in future years coming in before you, we will

continue to seek funding for mental health workers.

I see that as something that will happen over a period of years to adequately get the mental health services in Nunavut up to the level and standard that we require. As all members are aware, the Department of Health has got a huge number of priorities and funding is always a factor. Housing is a factor. Qualified individuals are a consideration. So it's not easy to just say that we're going to put a position in there. You have to consider all the support mechanisms there.

Of course, at the end of the day, you have to have people who are willing to be mental health workers. It's a very challenging position. We know we need those positions, but recruiting them and keeping them is going to be one of our challenges. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. I think part of the idea is to have people on the ground to be able to do the work, but then there are also facilities.

Over the last year, I believe there has been a lot of rotating of departments, whether it's Public Health or I believe that you were mentioning Akausisarvik. Could you give an update to the committee as to what's happening here in Iqaluit with that? I know that at one time, there were some concerns or miscommunication once in a while about where appointments were and whatnot.

So in terms of mental health with that facility, I know at one time, there was

expansion to allow more individuals to be housed. How is that? If the minister could give an update. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for his question. I'm not aware of any concerns with the current plans for the facility in Iqaluit.

I know the Department of Health has met with the DEA here in Iqaluit to talk about the facility being nearby. It's currently being renovated and I believe the plan is to... I don't want to put a firm date on it, but it's some time in April. It's all subject to construction schedules, other issues, and of course, approval of the Health and Social Services budget. We are seeking seven PYs to increase the level of staffing to support the larger facility and the clientele they will serve in the community. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Is the facility that we're speaking about the old Tammaativvik before the move? I believe it's the blue-coloured building up by the high school. Is that correct? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. That is correct. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. I think this speaks to what Mr. Tapardjuk was talking about as well in terms of the idea of mental health, how it actually sometimes goes hand in hand with addictions, and how hard it is to tackle the problem. I know that one of the priorities on page 99 is to “Implement the Mental Health and Addictions Framework.”

One of the ideas that we had come up with, I believe, under the *Tamapta* Mandate was to have an addictions type of facility here in the territory. Is this facility that we were just talking about going to provide those types of services or is it specifically for individuals dealing with mental health issues? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. This facility would be specifically for mental health issues. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. So it is safe to say that by the end of the mandate of this Assembly, we will not have any type of addictions treatment facility within the territory. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. Mr. Chairman, I think it would be safe to say that we will not have an addictions facility in this territory by the end of the mandate of this government. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. On page 99 as well, one of the priorities for 2013-14 is to “Proceed through the legislative process to update the *Vital Statistics Act*.” I was wondering if the minister could provide an update on what exactly is going to be involved in that process. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. We have done a jurisdictional scan, a jurisdictional scan being all the other provinces and territories, and we are waiting to see what the Northwest Territories is doing with respect to their vital statistics. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. While we’re talking about vital statistics, I believe, under the vital statistics portion of the department, is that where birth certificates are obtained? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. Yes, Mr. Elliott is correct. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. This goes hand in hand with questions that I was asking recently in the House and the questions were asked to the Premier in regard to social insurance numbers. As I'm sure everyone is aware, before you can actually get a social insurance number, you need be able to get a birth certificate.

All regular members were sent a copy of a letter from our MP regarding the issue of social insurance numbers. I believe the minister's office did provide a reply to that, but not everyone that was originally cc'd on the letter received a copy of it.

For the public record, if the minister wanted to explain in terms of some of the issues that we hear in our constituencies about birth certificates being acquired for people before 1999 or in other jurisdictions, perhaps the minister could actually elaborate on his response. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. It's interesting that in the Second Assembly, the Minister of Health of the day received a similar question from Members of the Legislative Assembly. I don't believe much has changed since then. If you were born in another jurisdiction, if you

were born in Alberta, that's where you have to apply for your birth certificate. If you are born in Nunavut after April 1, 1999, Nunavut should have that information and issue birth certificates.

Our health department has people available to provide information to assist people to apply for their birth certificates, whether it is in Nunavut or outside of Nunavut. There is a website where you can access the necessary forms. I would be prepared to table the letter I sent that details all of that information. I would be happy to table that in the Legislative Assembly in case there are any members here who didn't receive it. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Also, it is available on the Government of Nunavut's website. In the response as well, if I remember correctly, there was talk about the government liaison officers being able to help and assist with that service. Is that correct? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. I think all members recall that we approved the government liaison officers initially to put in most communities in Nunavut where they will be able to assist Nunavummiut to access government information or direct them to the appropriate departments for assistance. I would anticipate that the GLOs would be able to assist Nunavummiut with applying for their

birth certificates or direct them to the appropriate websites or offices in other jurisdictions where they can apply for their birth certificates. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. On H-7, for Treatment, one of the contribution agreements that are given out on an annual basis was the Rick Hanson Institute in the amount of \$20,000 which doesn't seem to appear in the budget this year. Could the minister explain what has happened with that in terms of whether they are still receiving that funding or whether it has been allocated to a different department? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for his question. The deputy minister will respond to this question. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Ma.

Mr. Ma: Thank you, Mr. Chairman. This initiative goes back to the Second Assembly. At the time, the Second Assembly had made a five-year commitment to the Rick Hanson Institute, I believe it was called, and I believe it was \$20,000 each year. In fact, the arrangement actually expired in 2011-12, but we were gracious enough to allow them to carry money into the current year, 2012-13. We have communicated to them that 2011-12 was

the last year and we haven't had any indication that that was a problem for them. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Ma. I have Mr. Enook. (interpretation) I think you wanted to ask a question. Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. Mr. Ningark had his hand up. If he hasn't asked a question yet, he can ask first.

If you want me to go ahead, Mr. Chairman, I would like to return to what my colleague just asked about in regard to mental health. We know that in most of the communities in Nunavut, some people have problems with mental health, whether it be a member of our family or other people in the community. I want all Nunavummiut to know that if I had asked these questions before, I'm not sorry about it. I have to ask the questions.

The first question that I have is under H-6. If somebody has a mental illness and the family wants to get some assistance for their family member, who is the person that can deal with that? The mental health worker or is it one of the members of the family who is consulted or the person who consults the mental health worker? Who is the first contact? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Enook. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Enook for the question. Mr. Chairman, if there's a mental health worker in the community, that person would be the first contact. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Enook.

Mr. Enook (interpretation): Thank you. If there's no mental health worker in the community, then who do we approach? Thank you.

Chairman: Thank you, Mr. Enook. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Enook for the question. If there isn't a mental health worker in the community, it's likely that the next person would be the social worker that would be the point of contact. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. Is the social worker able to deal with mental health problems? Are they able to deal with those kinds of mental health problems? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Enook. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Enook for the question. Mr. Chairman, if we're going to get into a real detailed line of questioning here, I'm going to bring in another witness to help answer those questions. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Committee members, (interpretation) do you agree to bring in another witness?

Some Members: Agreed.

Chairman: You may invite the witness. (interpretation) Sergeant-at-Arms, please escort one witness out and the other witness in.

(interpretation ends) Thank you, *Iqsuktii*. Minister Peterson, for the record one more time, please introduce your new witness.

Hon. Keith Peterson: Thank you, Mr. Chairman. My new witness is Assistant Deputy Minister Monita O'Connor. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. (interpretation) Mr. Enook, if you remember the question that you asked, perhaps you can clarify it.

Mr. Enook (interpretation): Thank you, Mr. Chairman. Please correct me if this is not the appropriate place to ask a question. Mr. Chairman, the other contact person that they talked about if there's no mental health worker in a community could be a social worker. Mr. Chairman, my question was: are the social workers trained to work as mental health workers? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Enook. Ms. O'Connor.

Ms. O'Connor: Thank you, Mr. Chairman. These are very important questions that have just been raised around how to access services when people need support with mental health conditions. We have been working pretty diligently over the last while. We're not perfect and we have a lot of opportunities to improve. We would like to work in an integrated approach so that the mental health worker, the social

worker, and the community health nurse are working together to support people in the community.

So when you look at the availability of a mental health worker, whether it's a mental health outreach worker or a psychiatric nurse, whether you're looking at a social workers who may be really experienced in child protection and maybe not so much in mental health, and you have the same with the community health nurse and the physicians in those health centres, we would really expect that someone would be responding to that question.

If there isn't a mental health worker or a social worker available, then we would expect that the nurse or physician in the community health centre would be prepared to support the family or the client. Thank you very much, Mr. Chairman.

Chairman: Thank you, Ms. O'Connor. Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. Just to get some clarification, what does it mean to support the family? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Enook. Ms. O'Connor.

Ms. O'Connor: Thank you, Mr. Chairman. That's a big question, what does it mean to support the family. The family may be coming with questions about how to help their family member or the client themselves may be looking for help and support. It's a matter of having a discussion with the family about what those supports may be, and

then it would be exploring with them as to how those supports might be achieved.

As you know, we have limited resources within the communities within Nunavut and access to specialized services that we would want to make available, either by people coming to Nunavut or by reaching out to the services out of territory. In other areas, support can be provided through telehealth and conferencing so that support from outside can be provided within the community. All of those are variations of support that may be readily available or need to be built into the system.

Thank you, Mr. Chairman.

Chairman: Thank you, Ms. O'Connor. Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. I thank Ms. O'Connor for her response. I've had some concerns and a lot of people have had concerns that were voiced to me. For me, Mr. Chairman, the concern that I have is if there is an extended family and they know that there is mental illness within that family, the family is very concerned about that individual. I feel sorry for that family. If they don't get any help from anyone, they can get mental illness themselves because they're under a lot of anxiety and they don't have any help.

Trying to help others is a very hard job. For instance, I have known a lot of people who have needed some help. Even though they're trying to voice their concern, they just give up because they don't receive any help from anyone. They tried to get that individual with mental illness taken care of and they refused, of course. What kind of voice

does the extended family have and who do they approach? Right now, they don't have anywhere to go, Mr. Chairman. Thank you.

Chairman: Thank you, Mr. Enook. Ms. O'Connor.

Ms. O'Connor: Thank you, Mr. Chairman. Thank you for the question. I recognize the stress that families are under in trying to provide the support themselves and to get the help that they feel their loved ones need. I think they feel it is a big challenge for us to be responsive in a timely way to support families. From that question, we will take back the high need that the people are experiencing in the communities. Part of the work that we're trying to do is to build the capacity to be more supportive in the communities. Thank you very much, Mr. Chairman.

Chairman: Thank you, Ms. O'Connor. Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. Maybe if I ask this question. When families who are affected by mental health issues request help, how do you attend to their request? Is it just a waste of time due to the fact that they are not doctors or mental health workers or social workers? How much belief is placed on their request for help? Thank you.

Chairman: Thank you, Mr. Enook. Ms. O'Connor.

Ms. O'Connor: Thank you, Mr. Chairman, for the question. I think that the request by the families is valid and important. The health care workers should be listening to what the needs are

and what the concerns are expressed by the family members as well as by the clients. Thank you very much, Mr. Chairman.

Chairman: Thank you, Ms. O'Connor. Mr. Ningark.

Mr. Ningark: Thank you, Mr. Chairman. On page H-7 of the summary information provided for treatment contribution, alcohol and drug treatment programs, budgeted \$1,099,000, I have one question here. My question is: where is this money spent, a portion of it in Iqaluit and the rest across Nunavut, or do we spend this money south? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Ningark. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Ningark for the question. The department provides that funding in grants and contributions directly thorough hamlets in the Kitikmeot and the Kivalliq regions for their alcohol and drug counselling services, as well as one community organization, Ilisarsivik Society, here in the Baffin. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. I have no more names. Health. Branch Summary. Treatment. Total Operations and Maintenance. \$237,685,000. Mr. Elliott.

Mr. Elliott: Sorry, Mr. Chairman. Along the lines of the questions I was asking about the birth certificates, I wanted to get this in before. In recent years, other jurisdictions such as the Yukon have designated new state-of-the-art birth certificates. I know that recently, in the

life of this Assembly, we did the new driver's licence. Is there anything like that being planned in Nunavut to update the current birth certificate format? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. Mr. Chairman, I did a Minister's Statement last year and we had an event out in the foyer announcing Nunavut's new birth certificate designed with all the latest security features and it's a polymer-type birth certificate. So that has been done. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. So when, how, and how much in terms of getting them? When will the rollout be? Will they be mailed to us? Do we have to apply for them? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott again for the question. Mr. Chairman, the new birth certificate initiative has been rolled out. When an individual was born in Nunavut on April 1, 1999 to date, they can apply for it. There is an application process. They should submit their application to Vital Statistics in Rankin Inlet. That is how you get your new birth certificate.

If you were born somewhere else, of course, you will have to apply somewhere else to get a birth certificate. Thank you.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. For receiving the new Nunavut birth certificate, will the \$10 fee apply or if it is a first-time issue, will you be waiving that fee? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. I don't have that information and I don't recall it. Rather than giving him a wrong answer, we will follow up and provide information to the MLAs. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Thank you. Let's try and proceed again. Health. Branch Summary. Treatment. Total Operations and Maintenance. \$237,685,000. (interpretation) Do you agree?

Some Members: Agreed.

Chairman (interpretation): Thank you. (interpretation ends) Go back to page H-3. Department Summary. Detail of Expenditures. Total Operations and Maintenance. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. On the overall budget, I wanted to ask a question as it relates to the health budget compared to last year's budget. I want to be able to understand maybe some of the thinking behind how the determination

was, as in the way he explained it, to “carve out the social services department.” What was the thinking behind the department in terms of the separation and the allocation of funding from health and then carve out the social services part? If he could explain that. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Although I have little trouble understanding where you are coming from because we just approved that, anyway, Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. I thank Mr. Elliott for the question. Sometimes, if you go back in time, you almost wish you didn’t do something. It seems like it caused so much consternation and concern. I believe this is an important step in the evolution of our government to provide better services to the people in our territory, so we will continue to forge ahead. I will try to answer this question for Mr. Elliott.

The Department of Health and Social Services is a huge department. There are over a thousand employees. Based on the numbers of concerns and issues, the officials of this department are stretched in all directions. Everything is a priority to us and to our folks. We felt that we would take the social services component of the health department. It’s not a very large component. There are 66 PYs in there and then there’s a human resource person and an IT person, for a total of 68 positions. I don’t remember the number off the top of my head. I think there were 1,018 positions after last year’s appropriations. We take those 68 PYs and transfer them into creating the new Department of Family Services.

The total budget that will go with that is \$47,000,681, so not very large, but it’s a significant step because you’re creating a new department.

Of course, as I have mentioned, I think, in the last couple of days, we will have the social services, we’re going to have income support, we’re going to have career development from the Department of Education, the Poverty Secretariat from Economic Development and Transportation, homelessness from the Nunavut Housing Corporation, I think the Qullit Status of Women Council will come under there, and the Social Advocacy Office. So we’re going to let the family services focus on supporting our children, youth, and families and focus on family issues. Health will focus specifically on health. Education can focus on education, K to grade 12. Economic Development and Transportation can focus on their areas. Housing can focus on housing.

I have to say that it’s going well. There have been a few hiccups. It’s a new process for us. Everybody is working well together. I’m not saying that there’s not going to be any issues once it’s complete and done April 1. It’s going to take time for everything to mesh and work out, but that’s the thinking behind it, Mr. Chairman. I hope this helps Mr. Elliott understand why we’re doing what we’re doing and where we’re going with this initiative. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Mr. Elliott.

Mr. Elliott: Thank you, Mr. Chairman. Again I don’t mean to confuse the committee as to why I’m asking it. I’m not saying that I don’t agree with what

we approved going through all of the different branches. What I'm trying to get at is that we're taking two departments, we're separating them, and it would be nice to know, hopefully, that on the end of the government in deciding whether there are enough and adequate funds for both of the departments.

So with that, the next question I had for the minister was: does the minister believe that this is adequate to operate his department? Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Elliott. Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. If he asked me if I believe there are enough funds through this appropriation process with the Department of Health, I take the overall government view. I know that the funds available to operate the Government of Nunavut are finite through our territorial formula financing. I know the limitations of our own source of funding. I know the demands across all of the government. I know the huge demands for housing, education, health, and social services. It's conceivable that if I had another \$100 million for the Department of Health, it might not be enough, but we have to work with what's available. We have to allocate funding to many priorities in the government, across all departments and all communities. So I don't think we will ever have enough.

When you're going through this process of creating another department and moving PYs out, we're hoping that we can streamline some processes and become more efficient and effective with our delivery of programs. The deputy

explained yesterday some of the initiatives that we have underway within the Department of Health to look at ways that we can identify trends and utilize our resources better.

Again, I mentioned yesterday that a lot of our services are demand-driven. People get sick. People need to be quickly medevaced to a hospital. There are very expensive costs for out-of-territorial physicians, out-of-territorial hospital costs, medevac costs, and medical travel costs. Those are costs that we can't control if we don't have our own hospitals and our own specialists/physicians in Nunavut.

So if he's asking me if I could use some money, yes, but I'm realistic. I know there's no more money. We have to share and I appreciate the standing committee recognizing that and the questions on the amounts we're requesting through this appropriation. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. I'll try again. Department Summary. Health. Detail of Expenditures. Total Operations and Maintenance. \$280,427,000. (interpretation) Do you agree?

Some Members: Agreed.

Chairman (interpretation): Thank you. (interpretation ends) Are you agreed that the Department of Health is concluded?

Some Members: Agreed.

Chairman: Thank you. I would like to ask the minister if he has relatively short closing comments.

>> *Laughter*

Minister Peterson.

Hon. Keith Peterson: Thank you, Mr. Chairman. You know me too well from our days together as mayors and NAM together, being MLAs and ministers.

I would like to thank all of my officials across Nunavut for everything they do, health practitioners, mental health workers, and social workers. I thank my officials here in Iqaluit for the leadership they provide and thank my witnesses today, yesterday, and the day before, the deputy, assistant deputy, and of course, Bill Neish, our corporate services guy. This is a new experience for them and I'm sure they appreciate their opportunity to appear before you.

I would like to thank the standing committee for your good questions. We will do our very best to deliver health care programs and services in Nunavut and provide the information that we committed to provide to you through the questioning over the last three days. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Peterson. Thank you to your officials. (interpretation) Sergeant-at-Arms, please escort the witnesses out.

Thank you. (interpretation ends) As per Rule 6(1), I now recognize the clock and will report progress to the Speaker.

Speaker: *Qujannamiik*, Sergeant-at-Arms. We will move on in our orders of the day. Item 21. Report of the Committee of the Whole. Mr. Ningeongan.

Item 21: Report of the Committee of the Whole

Mr. Ningeongan: Thank you, Mr. Speaker. Your committee has been considering Bill 49 and the main estimates, and would like to report progress. Also, Mr. Speaker, I move that the Report of the Committee of the Whole be agreed to. Thank you, Mr. Speaker.

Speaker: Thank you, Mr. Ningeongan. There is a motion on the floor. Is there a seconder? Thank you, Mr. Rumbolt. The motion is in order. All those in favour. Any opposed? The motion is carried.

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

Item 23: Orders of the Day

Clerk (Mr. Quirke): Thank you, Mr. Speaker. Just a reminder that there's a meeting of the Regular Caucus tomorrow at eleven o'clock in the Tuktu Room.

Orders of the Day for March 6:

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

10. 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
 - Bill 54
 - Bill 56
19. Second Reading of Bills
20. Consideration in Committee of
the Whole of Bills and Other
Matters
 - Bill 47
 - Bill 48
 - Bill 49
21. Report of the Committee of the
Whole
22. Third Reading of Bills
23. Orders of the Day

Thank you.

Speaker: Thank you very much, Mr. Clerk. This House stands adjourned until Wednesday, March 6, at 1:30 p.m.

Sergeant-at-Arms.

>>*House adjourned at 18:06*

