



Nunavut Canada

LEGISLATIVE ASSEMBLY OF NUNAVUT

3rd Session

4th Assembly

HANSARD

Official Report

DAY 47

Thursday, October 27, 2016

Pages 2600 – 2662

Iqaluit

Speaker: The Honourable George Qulaut, M.L.A.

Legislative Assembly of Nunavut

Speaker

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(Amittuq)

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(Gjoa Haven)
Deputy Chair, Committee of the Whole

Hon. George Kuksuk
(Arviat North-Whale Cove)
Minister of Culture and Heritage; Minister of Languages; Minister responsible for the Nunavut Housing Corporation

Hon. Paul Quassa
(Aggu)
Government House Leader; Minister of Education; Minister responsible for Nunavut Arctic College

Pat Angnakak
(Iqaluit-Niaqunnguut)

Steve Mapsalak
(Aivilik)

Allan Rumbolt
(Hudson Bay)

Hon. Monica Ell-Kanayuk
(Iqaluit-Manirajak)
Deputy Premier; Minister of Economic Development and Transportation; Minister responsible for the Status of Women; Minister responsible for the Utility Rates Review Council

Hon. Johnny Mike
(Pangnirtung)
Minister of Family Services; Minister responsible for Homelessness; Minister responsible for the Qulliq Energy Corporation

Alexander Sammurtok
(Rankin Inlet South)

Tom Sammurtok
(Rankin Inlet North-Chesterfield Inlet)

Joe Enook
(Tununiq)
Deputy Speaker and Chair of the Committee of the Whole

Simeon Mikkungwak
(Baker Lake)
Deputy Chair, Committee of the Whole

Hon. Joe Savikataaq
(Arviat South)
Minister of Community and Government Services; Minister of Energy; Minister of Environment

Hon. George Hickes
(Iqaluit-Tasiluk)
Minister of Health; Minister responsible for Suicide Prevention

Hon. Keith Peterson
(Cambridge Bay)
Minister of Finance, Chair of the Financial Management Board; Minister of Justice; Minister responsible for Labour; Minister responsible for the Workers' Safety and Compensation Commission

Isaac Shooyook
(Quttiktuq)

David Joanasic
(South Baffin)

Hon. Peter Taptuna
(Kugluktuk)
Premier; Minister of Executive and Intergovernmental Affairs; Minister responsible for Aboriginal Affairs; Minister responsible for Immigration

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Iqaluit, Nunavut
Thursday, October 27, 2016

Members Present:

Mr. Tony Akoak, Ms. Pat Angnakak, Hon. Monica Ell-Kanayuk, Mr. Joe Enook, Hon. George Hickes, Mr. David Joanasié, Mr. Pauloosie Keyootak, Hon. George Kuksuk, Mr. Steve Mapsalak, Hon. Johnny Mike, Mr. Simeon Mikkungwak, Mr. Paul Okalik, Hon. Keith Peterson, Mr. Emiliano Qirngnuq, Hon. Paul Quassa, Hon. George Qulaut, Mr. Allan Rumbolt, Mr. Alexander Sammurtok, Mr. Tom Sammurtok, Hon. Joe Savikataaq, Mr. Isaac Shooyook, Hon. Peter Taptuna.

>>*House commenced at 13:30*

Item 1: Opening Prayer

Speaker (Hon. George Qulaut) (interpretation): Ms. Monica Ell-Kanayuk, can you say the opening prayer, please.

>>*Prayer*

Speaker (interpretation): Good afternoon, my fellow Nunavummiut. Members, ministers, (interpretation ends) Premier, (interpretation) and visitors in the gallery, welcome to the House.

Item 2. Ministers' Statements. Minister of Family Services, Mr. Johnny Mike.

Item 2: Ministers' Statements

**Minister's Statement 182 – 4(3):
Canada Child Benefit Exemption**

Hon. Johnny Mike (interpretation): Thank you, Mr. Speaker. Good afternoon, Nunavummiut and residents

of my community, as well as everyone who is watching the proceedings.

Mr. Speaker, I'll be making a statement on the child benefit.

I am pleased to confirm that the federal government implemented the new Canada Child Benefit in July 2016, replacing the previous federal benefits for families with children. The new child benefit is based on family income and the number of dependent children living at home.

Mr. Speaker, like the previous National Child Benefit Supplement, the Canada Child Benefit is also exempt from the calculation of income assistance. The benefit is not considered as income, so it is not subtracted from the amount a family is eligible to receive. (interpretation ends) This exemption puts extra money into the hands of the families who need it most.

My department is committed to ensuring that income assistance is a positive program that provides support to those who are most vulnerable, and we are excited that the Canada Child Benefit will provide a significant amount of extra financial resources for our income assistance families and their children. (interpretation) Thank you, Mr. Speaker.

>>*Applause*

Speaker (interpretation): Thank you. (interpretation ends) Ministers' Statements. The Hon. Minister of Health, Mr. George Hickes.

**Minister's Statement 183 – 4(3):
Mental Health Continuing
Competence Training**

Hon. George Hickey: Thank you, Mr. Speaker. The Department of Health has developed a continuing competence training program that is being offered to all mental health and addictions clinicians throughout the territory. This important program is expanding the skill sets of our mental health work practices across the territory. The training will be delivered to all staff over the next six months and will continue to be offered to our new staff hires.

Mr. Speaker, this two-week program is offered to clinicians by a highly qualified psychiatric nurse with ten years of community-based practice in Nunavut. The training covers assessments, documentation, cultural competency, and trauma-informed care.

Mr. Speaker, I'm very pleased to announce that seven clinicians have already successfully completed this training.

This important training is part of our department's work to expand and standardize the services and practices across Nunavut's communities.

Mr. Speaker, as defined in our guiding principles, the mental health continuing competence training aligns with *Inuuqatigiitsiarniq: Respecting others, relationships, and caring for people*. Our clinicians will have improved tools, knowledge, and cultural competency to work with confidence within their communities and to improve the health and well-being of Nunavummiut. Thank you, Mr. Speaker.

>>Applause

Speaker (interpretation): Thank you. Ministers' Statements. Minister of Education, Mr. Paul Quassa.

**Minister's Statement 184 – 4(3):
Kugaardjuk Iihakvik Receives
Love of Reading Literacy Fund
Grant**

Hon. Paul Quassa (interpretation): Thank you, Mr. Speaker. I say "good day" to the residents of my community and Nunavummiut, as well as the visitors in the gallery.

Mr. Speaker, I would like ask my colleagues to join me in congratulating Kugaardjuk Iihakvik on receiving a \$40,000 grant from the Indigo Love of Reading Foundation.

In February of this year Kugaardjuk Iihakvik applied for a grant from the foundation explaining how the school would benefit from more books and learning materials and how they wanted to make the library the heart of the school.

Kugaardjuk Iihakvik is using the funding to purchase resources like atlases, books to complete popular series such as *Harry Potter*, and books relevant to the north. The school has also ordered high-interest, easy-reading books to encourage students to develop a love of reading and reach their learning potential.

Mr. Speaker, there are plans to hold weekly community events supporting literacy. Having new and interesting books on a wide variety of subjects will encourage families to share the joy of

storytelling and help their children develop their literacy and learning skills by reading together.

The Love of Reading Foundation saw that Kugaardjuk Ilihakvik works hard to constantly promote a culture of literacy. Their support is much appreciated. Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you. (interpretation ends) Ministers' Statements. The Hon. Premier of Nunavut, Mr. Peter Taptuna.

**Minister's Statement 185 – 4(3):
Long-term Service Award
Recipients 30 Plus Years**

Hon. Peter Taptuna (interpretation): Thank you, Mr. Speaker. Good afternoon, my colleagues, Nunavummiut, and Kuglukturmiut.

Mr. Speaker, I rise in the House today to recognize and thank Government of Nunavut staff who have dedicated more than 30 years to the public service. These devoted employees were honoured with long-term service awards at an event last night.

(interpretation ends) Mr. Speaker, these dedicated individuals represent many of our departments and public bodies and come from across the territory. Their long-term service is an example of a strong commitment to serving and providing for our communities.

Mr. Speaker, our government continues to invest in and support the employees of the public service to the benefit of all our citizens of Nunavut. Through training

and mentorship programs, as well as a positive and supportive work environment, I am confident that more of our workforce will continue to dedicate many years of valuable service to Nunavut.

Mr. Speaker, today I recognize the following employees with more than 30 years of service: Mary Mamgark, Becky Tootoo, Ducas Milortok, Mary Aliqatuqtuq, and Gina Louise Pizzo, who all work with the Department of Education, and Don Coughlin from the Qulliq Energy Corporation.

Mr. Speaker, I am also proud to recognize those employees with more than 35 years of service: Molly Kidlapik, Elisapee Jaypoody, Nellie Ell, Sanaaq Pee, and Tachel Hiqiniq from the Department of Education, and Marion Love from the Department of Finance.

Finally it is my honour to recognize with great appreciation our employees with more than 30 years of dedicated service: Uliut-Elizabeth Iksiktaaryuk and Sally Seeteenak, both from the Department of Education.

Mr. Speaker, once again I extend a great appreciation to our dedicated workforce here in the Government of Nunavut. Congratulations to these long-term service recipients. Colleagues, please join me in thanking them for their years of service. Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you. Ministers' Statements. Minister of Finance, Mr. Keith Peterson.

**Minister's Statement 186 – 4(3):
Long-term Service Award
Recipients 20 Plus Years**

Hon. Keith Peterson: Mr. Speaker, last night the Premier and colleagues from this House joined me to recognize a number of employees for their long-term service to our government. Today I would like to recognize those government employees here in the Legislative Assembly.

Mr. Speaker, these long-term employees have dedicated their careers to public service and have made enormous contributions to our territory over the decades of their employment.

Mr. Speaker and colleagues, please join me in recognizing the following employees who have dedicated 20 years of public service to our government: Samuel Aliyak, Patricia Cameron, Shawna Dias, Gary Dunford, Steven Hay, Annie Pitseolak Joannie, Rahabi Kamookak, Leslie Leafloor, Naty Matthews, Atsanak Price, Igah Sanguya, Shane Slifka, Dallas Tucktoo, and Alden Williams.

Mr. Speaker, I would also like to extend congratulations to the following employees who have dedicated 25 years of public service to our government: Obed Anoe, Sandra Ranahan, Julia Angalik, Shane Sather, Doreen Emily Siutinar, Canute Krejunark, Mary Kopak, and Louisa Nanooklook.

Mr. Speaker, on behalf of the Government of Nunavut, we thank these women and men for making a difference in their communities and our territory. Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you. Ministers' Statements. Minister of Economic Development and Transportation, Ms. Monica Ell-Kanayuk.

**Minister's Statement 187 – 4(3):
Arviat Art Welding Workshop**

Hon. Monica Ell-Kanayuk (interpretation): Thank you, Mr. Speaker. The Department of Economic Development and Transportation supports many community-based projects across Nunavut that build on areas of identified potential.

I am pleased to provide my colleagues with an update on one such project, the Hamlet of Arviat's art welding workshop, which was supported under the department's arts development program.

This successful and unique workshop, which was part of Arviat's community economic development plan, was held from August 24 to September 1. Seven people from Arviat were taught how to use their creativity to weld scrap metal from the dump into works of art.

Mr. Speaker, our government supports the development of current and future Nunavut artists in all media, including through community-driven projects like the artistic welding workshop.

I congratulate the people who participated in this workshop and have completed the training in this artistic discipline, and I applaud the Hamlet of Arviat for their initiative. Thank you, Mr. Speaker.

>>Applause

Speaker (interpretation): Thank you. Ministers' Statements. I have no more names on my list. Moving on. Item 3. Members' Statements. Member for Aivilik, Mr. Steve Mapsalak.

Item 3: Members' Statements

Member's Statement 350 – 4(3): Naujaat Success at Laura Ulluriaq Gauthier Memorial Volleyball Tournament

Mr. Mapsalak (interpretation): Thank you, Mr. Speaker. I rise today to congratulate and to applaud the athletes who went to Rankin Inlet to compete in the Laura Ulluriaq Gauthier Memorial Volleyball Tournament.

The team from Naujaat won gold at that event. Participants were the following: Dino Milortok, Ray Milortok, Kalu Tukurdjuk, Samui Angotialuk, and also from Baker Lake and one of the competitive athletes whom we thank immensely, Anthyme Arulaaq Kadjuk.

Mr. Speaker, I ask my colleagues to join me in applauding and congratulating those athletes. Naujaat teams are very competitive and they bring home medals. Thank you, Mr. Speaker.

>>Applause.

Speaker (interpretation): Thank you. Members' Statements. Member for Gjoa Haven, Mr. Tony Akoak.

Member's Statement 351 – 4(3): Nursing Shortage in Gjoa Haven

Mr. Akoak: Thank you, Mr. Speaker. Good afternoon to Gjoa Havenmiut.

Mr. Speaker, I rise today to echo concerns that have been raised by my colleagues regarding the shortage of nursing staff at Nunavut's community health centres.

Mr. Speaker, when the health centre is short-staffed, it causes delays in the nurses being able to see patients, who sometimes have to wait over a week for an appointment.

Mr. Speaker, there is a protocol in place that young babies who are ill must be seen by the nurse, night or day. When this happens, sometimes the nurse has not had enough rest for the next day and they are tired.

Mr. Speaker, this situation causes hardship for the nurses. Sometimes they are even accused of not wanting to see the patients, which is not the case. This situation also causes hardships for patients who are ill but cannot see the nurse immediately because the nurse is tired from being up the night before.

Mr. Speaker, I would like to commend Gjoa Haven's nurses for their hard work, even when they are short-staffed and tired from working long hours. Mr. Speaker, they even repaired their own defibrillator, which shows great dedication.

At the appropriate time I will have questions on the shortage of nursing staff at the Gjoa Haven Community Health Centre. Thank you, Mr. Speaker.

>>Applause

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

**Member's Statement 352 – 4(3):
Proud of Baker Lake Residents**

Mr. Mikkungwak (interpretation): Thank you very much, Mr. Speaker. I rise today to express my pride in my fellow residents of Baker Lake and Nunavummiut.

(interpretation ends) Mr. Speaker, I am one proud father. My son, Theo Mikkungwak, whom some of you may recall was here at my swearing-in ceremony, made me feel very honoured yesterday as he was performing traditional drum dancing along with his grade 4 drum dancing class. I am proud of all of them.

Yesterday evening at the long-term service awards, I was extremely proud that one of my constituents was appreciated for her 40 years of service with the government.

Mr. Speaker, I would like to recognize Ms. Sally Seeteenak, who was also my teacher when I went to school in Baker Lake. She is still doing a fine job. Thank you, Mr. Speaker.

>> *Applause*

Speaker (interpretation): Thank you. Members' Statements. Member for Netsilik, Mr. Emiliano Qirngnuq.

**Member's Statement 353 – 4(3):
Nursing Shortage in Kugaaruk**

Mr. Qirngnuq (interpretation): Thank you, Mr. Speaker. Good afternoon, residents of Kugaaruk and Taloyoak, as well as my colleagues and visitors in the gallery.

Mr. Speaker, I rise today to follow the subject within the statement my colleague just made regarding medical patients. Any person who states that they are in pain is stating that fact because they can feel the pain.

My colleague indicated earlier that nurse shortages in our communities lead to burnouts. Due to their tiredness, they sometimes misdiagnose our people stating they have no illness, even though the person is feeling pain, or they ask them to go home. Pain and illness is tied into our bodies. If any person feels pain in a certain part, then it can spread and transform into a terminal illness.

Mr. Speaker, I wonder how best to improve this situation, particularly for those of us who live in smaller communities. This is an issue we are passionate about in representing our people, in order to improve our malaise of proper treatment for their sickness. We are dedicated to making this happen.

Mr. Speaker, the Inuit who complain about medical issues shouldn't be sent home, as they are feeling physical pain. If it is at all possible to fill the nursing shortages in the smaller communities, although we know it is difficult, we have to try to alleviate the challenges we face.

Mr. Speaker, I am thankful for the opportunity to voice my thoughts.

Speaker (interpretation): Thank you. Members' Statements. Member for Quttiktuq, Mr. Isaac Shooyook.

**Member's Statement 354 – 4(3):
Custom Adoption in Family**

Mr. Shooyook (interpretation): Thank you, Mr. Speaker. Good day, Nunavummiut, our Premier, and my colleagues.

Mr. Speaker, with absolutely no concerns and feeling blissful, I rise as I am quite happy today. Apparently the fiddling I heard last night brought me alive such that I wanted to dance in front of the fiddlers.

>>*Laughter*

This feeling in hindsight was strong enough to last to now. I am really proud today and the real reason why I rise is my daughter-in-law, actually my favourite, passed by at lunchtime, so I was at the airport to greet her. She was on her way to pick up her adopted child here from Iqaluit and she was going to return today without having to sleepover. This makes it even better in my eyes, absolutely astounding, and I am extremely happy that she was given a child to adopt.

Mr. Speaker, this situation is especially heart-warming for those of us who have grandchildren as they are particularly endearing. I now have 36 grandchildren, as this child is now No. 36, and I am absolutely ecstatic as the grandfather. I ask my colleagues to share in this celebration of our newest granddaughter from Iqaluit. Thank you, Mr. Speaker.

>>*Applause*

Speaker (interpretation): Thank you. Members' Statements. Member for South Baffin, Mr. David Joanasié.

**Member's Statement 355 – 4(3):
Cruise Ship Visits This Summer**

Mr. Joanasié (interpretation): Thank you, Mr. Speaker. Good afternoon wishes to my colleagues, residents of Nunavut, Kimmirut, and Cape Dorset.

Mr. Speaker, I rise this afternoon to speak about the cruise ships that had a successful summer in South Baffin. More than one cruise ship arrived into my constituency communities of Kimmirut and Cape Dorset.

I also want to take this opportunity to express my appreciation to the coordinators in Cape Dorset and Kimmirut, as they welcomed the tourists when they landed into the community. They also provided cultural shows and events showcasing our traditional activities that the tourists partook in.

Mr. Speaker, tourism can provide benefits to our local economies, especially for our artists who are able to incur some revenue, albeit for only one day. It makes a big difference and it highlights our cultural and societal values.

Mr. Speaker, when tourists arrive into our communities, they are included in such activities as traditional games or by a guided tour of different sites. Mr. Speaker, I happened to be in Kimmirut when a cruise ship was anchored offshore as tourists even visited our constituency office to ask questions.

It was quite scenic to take in that sight. I want to name the people in Kimmirut responsible for the Katannilik Territorial Park as they organized the tour along with their assistants. I want to also mention the Cape Dorset hotel that welcomed the tourists into their establishment.

Further, I want to thank the cruise ship coordinators who organized the landing parties on the zodiac boats. It was very good to see the soccer match held in Kimmirut between the residents of Kimmirut and the crew of the ship. It was quite an honour and uplifting as it was a beautiful day, showcasing the tremendous beauty of Nunavut.

I want my colleagues to share in thanking the cruise ships and to try to increase tourism opportunities in our communities. Thank you, Mr. Speaker.

>>Applause

Speaker (interpretation): Thank you. Members' Statements. Member for Arviat South, Mr. Joe Savikataaq.

**Member's Statement 356 – 4(3):
Arviat Recipients for Long-term
Service Awards**

Hon. Joe Savikataaq: Thank you, Mr. Speaker. I, too, last night attended the long service award and it was well arranged and entertaining time at the function.

I would like to congratulate five people from Arviat that were recognized for long-term service there. Two were able to come and attend and three were not able to, two of them are in the House and

at the appropriate time I will recognize them.

I would like to congratulate these people for 25 years of service with the government. I would like to congratulate Julia Angalik, Sandy Ranahan, and Obed Anoee.

For 30 years service, I would like to congratulate Mary P. Mamgark, who is in the House currently and Molly Kidlapik for 35 years of service.

I would like everyone to rejoice with me with their long-term service awards. Thank you, Mr. Speaker.

>>Applause

Speaker (interpretation): Thank you. Members' Statements. I have no more names on my list. Moving on. Item 4. Returns to Oral Questions. Item 5. Recognition of Visitors in the Gallery. Member for Baker Lake, Mr. Simeon Mikkungwak.

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

Mr. Mikkungwak (interpretation): Thank you very much, Mr. Speaker. I am very happy to extend a further welcome to Sally Seeteenak, who was my Inuktitut teacher when I was a youth in high school. I would like her to be welcome in the House.

The person sitting next to her is a past resident of Baker Lake who now lives in Iqaluit, but she has relatives who still live in Baker Lake, Sandy Kownak. Please welcome them to the Legislative Assembly. Thank you very much, Mr. Speaker.

>>Applause

Speaker (interpretation): Welcome to the gallery. Recognition of Visitors in the Gallery. Member for Gjoa Haven, Mr. Tony Akoak.

Mr. Akoak: Thank you, Mr. Speaker. I would like to recognize one of my constituents who was part of last night's ceremony. I would like to correct the Premier. He said her name was Tachel; her name is Rachel Hiqiniq. She is one of the 35-year recipients. When they announced how many kids she had and how many grandchildren she had, I lost count, so I wouldn't be able to tell you. Welcome to the House, Rachel Hiqiniq. Thank you, Mr. Speaker.

>>Applause

Speaker (interpretation): Welcome to the gallery, those who were just recognized. Recognition of Visitors in the Gallery. Member for Aivilik, Mr. Steve Mapsalak.

Mr. Mapsalak (interpretation): Thank you, Mr. Speaker. I, too, am quite happy in that a fellow resident received a long service award.

Mr. Speaker, I would like to welcome them to the gallery and I'm pleased that they were able to travel here. Mary Kopak is sitting over there along with Ducas Milortok.

I also want to recognize this person, although she isn't from Naujaat. She lived in Coral Harbour for many years and when she lived in Coral Harbour, she was very welcoming to my wife. My wife was in Coral Harbour for over a year to take a course and Marion billeted

her. I wish to recognize Marion Love. Unfortunately she isn't visible from my spot, but I wish her to be welcomed to the House. Thank you, Mr. Speaker.

>>Applause

Speaker (interpretation): Thank you. Welcome to the gallery. Recognition of Visitors in the Gallery. Member for Rankin Inlet North-Chesterfield Inlet, Mr. Tom Sammurtok.

Mr. Tom Sammurtok (interpretation): Thank you, Mr. Speaker. I would like to recognize two individuals from Rankin Inlet. The first person I wish to recognize is Sam Aliyak. He is sitting in the gallery.

You may remember an old TV show back in the day when a man would introduce himself, (interpretation ends) "This is my brother Darryl and this is my other brother Darryl." Sam has a brother named Sam...

>>Laughter

...so you can figure out where I'm going with this one. Anyway, welcome to the House, Sam.

(interpretation) The other person whom I wish to recognize is also a Rankin Inlet resident, although she was just recognized, and that is Marion Love. (interpretation ends) Welcome to the House. (interpretation) Thank you, Mr. Speaker.

>>Applause

Speaker (interpretation): Thank you. Welcome to the gallery. Recognition of

Visitors in the Gallery. Member for Netsilik, Mr. Emiliano Qirngnuq.

Mr. Qirngnuq (interpretation): Thank you, Mr. Speaker. I, too, wish to recognize some people from Taloyoak. Gina Pizzo has spent the last 30 years as the principal of the school and she is a long-serving worker. I also want to recognize her daughter, Megan Pizzo, who is from Taloyoak. Please welcome them to the gallery. Welcome to the Legislative Assembly.

>>Applause

Speaker (interpretation): Thank you. Welcome to the gallery. Recognition of Visitors in the Gallery. Member for Iqaluit-Niaqunnguu, Ms. Pat Angnakak.

Ms. Angnakak (interpretation): Thank you, Mr. Speaker. Good afternoon. I would like to recognize Susie Ishulutak, my constituent. Thank you, Mr. Chairman.

>>Applause

Speaker (interpretation): Thank you. Welcome to the gallery. Recognition of Visitors in the Gallery. Member for Uqqummiut, Mr. Pauloosie Keyootak.

Mr. Keyootak (interpretation): Thank you, Mr. Speaker. I would also like to recognize my constituent from Clyde River, Elisapee Jaypootie, who is here right now in the gallery. Welcome to the gallery. Thank you, Mr. Speaker.

>>Applause

Speaker (interpretation): Welcome to the gallery. Recognition of Visitors in

the Gallery. Member for Iqaluit-Sinaa, Mr. Paul Okalik.

Mr. Okalik (interpretation): Thank you, Mr. Speaker. It took too long to reach me, so the visitor is long gone. I would like to recognize Rachel Hiqiniq, my namesake. Welcome to the gallery. Thank you, Mr. Speaker.

>>Applause

Speaker (interpretation): Welcome to the gallery. Recognition of Visitors in the Gallery. Member for Arviat South, Mr. Joe Savikataaq.

Hon. Joe Savikataaq (interpretation): Thank you, Mr. Speaker. I would like to recognize residents of Arviat who are here. They are both teachers. I recognize Molly Kidlapik and Mary P. Mamgark. I would like to welcome them to the gallery as they watch us do our work here. Thank you, Mr. Speaker.

>>Applause

Speaker (interpretation): Thank you. Welcome to the gallery. Recognition of Visitors in the Gallery. Member for Kugluktuk, Mr. Peter Taptuna.

Hon. Peter Taptuna: Thank you, Mr. Speaker. I appreciate the fact that the Member for Gjoa Haven is always paying attention. I appreciate that.

>>Laughter

Mr. Speaker, I want to recognize the special people that are here within this gallery. Thirty years of service is a long time, Mary Mamgark from Arviat, Department of Education; Gina Pizzo, Department of Education; and Ducas

Milortok from Naujaat, Department of Education. These folks with 35 years of service: Marion Love, Rankin Inlet, Department of Finance; Rachel Hiqiniq, Gjoa Haven, Department of Education; Elisapee Jaypoody, Clyde River, Department of Education; Molly Kidlapik from Arviat, Department of Education. And 40 years of service, a school teacher, Sally Seeteenak from Baker Lake. (interpretation) Thank you.

>>Applause

Speaker (interpretation): Thank you. Welcome to the gallery. Recognition of Visitors in the Gallery. Member for Arviat North-Whale Cove, Mr. George Kuksuk.

Hon. George Kuksuk (interpretation): Thank you very much, Mr. Speaker. Good afternoon, my fellow Nunavummiut, the people of Arviat and Whale Cove, as well as my colleagues. I don't know the names of those who weren't recognized. I will recognize them, although I won't mention their names.

Mr. Speaker, I would like to recognize today my fellow community members from Arviat. This week has been the week of recognition of our Arviat residents. It is good to see that this month during our session. I would like to recognize Molly Kidlapik, who was just recently recognized for education, and Mary P. Mamgark. I would like to extend a warm welcome to them in the gallery. Thank you, Mr. Speaker.

>>Applause

Speaker (interpretation): Thank you. (interpretation ends) Welcome to the

gallery. (interpretation) Recognition of Visitors in the Gallery. Member for Cambridge Bay, Mr. Keith Peterson.

Hon. Keith Peterson: Thank you, Mr. Speaker. Although this lady has already been recognized a few times before, I would like to recognize her again. Although she works for the Department of Finance, she actually looks after one of our subsidiaries, the Nunavut Liquor Commission and previous to that, the Human Rights Tribunal in Coral Harbour. Marion Love, welcome to the gallery.

She introduced me to her son last summer or two summers ago. He's one of my biggest fans in all of Nunavut. He came down and wanted pictures with me. It is great to be an inspiration to young kids.

I would also like to recognize another lady. I met her when she was a young girl. I was at her high school graduation and now she's a city councillor in Iqaluit and possibly a future MLA for Nunavut, Megan Lyall. Welcome to the gallery.

>>Applause

Speaker (interpretation): Thank you. (interpretation ends) Welcome to the gallery. (interpretation) Recognition of Visitors in the Gallery. Member for Rankin Inlet South, Mr. Alexander Sammurtok.

Mr. Alexander Sammurtok (interpretation): Thank you, Mr. Speaker. Although they were recognized, I would like to recognize my fellow residents of Rankin Inlet, Sam Aliyak and Marion Love. (interpretation ends) Welcome to the gallery.

(interpretation) Thank you, Mr. Speaker.

>>Applause

Speaker (interpretation): Welcome to the gallery. Recognition of Visitors in the Gallery. Member for Iqaluit-Tasiluk, Mr. George Hickes.

Hon. George Hickes: Thank you, Mr. Speaker. I would like to recognize some of my constituents that I see in the gallery, the first being a current councillor within the City of Iqaluit. I'm sure she has been riding the sidelines for the last couple of days of recognition, but I'm sure she's very happy to stay on the side. I'm sure she's enjoying the visit with Gina, but I would like to recognize Megan Pizzo-Lyall.

I would also like to recognize Sandy Kownak, who is also a constituent, and Joy Tilley.

I would also like to make special recognition in the House. Mary Kopak from Naujaat, I was very pleased to meet you last night and I look forward to many years of continuous service with the Department of Health.

I would also like to make special recognition to somebody who shares my Inuktitut name, Samuel Aliyak from Rankin Inlet. Thank you.

>>Applause

Speaker (interpretation): Thank you. Welcome to the gallery. Recognition of Visitors in the Gallery.

I would also like to recognize my cousin from Gjoa Heaven, Casimir Tungilik. Welcome to the gallery.

Going back to the orders of the day. Item 6. Oral Questions. Member for Iqaluit-Niaqunngu, Ms. Pat Angnakak.

Item 6: Oral Questions

Question 467 – 4(3): Assessing Services at Long-term Care Facilities

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

Mr. Speaker, as the minister will be aware, there are a number of facilities across Nunavut which provide care services for elders, adults, children, and other vulnerable individuals with long-term care needs.

Can the minister provide an update on how often the level of care and services at these facilities is monitored and assessed and indicate whether he would be prepared to make these assessment reports available to members? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister of Family Services, Mr. Johnny Mike.

Hon. Johnny Mike (interpretation): Thank you, Mr. Speaker. I would like to get back to the member and I agree with her question. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. (interpretation ends) I'll take that as taken as notice. (interpretation) Oral Questions. Member for Tununiq, Mr. Joe Enook.

Question 468 – 4(3): Nunavut Food Security Coalition

Mr. Enook (interpretation): Thank you, Mr. Speaker. My question is for the Minister of Family Services.

Before I ask my question, good afternoon to the people of Pond Inlet and our fellow Nunavummiut.

Mr. Speaker, I want to use my question from yesterday as the basis for this question I am about to ask by first clarifying the issue.

Yesterday I was asking about Nutrition North Canada, as the government documents outlining the activities reported that a meeting was being planned in Igloolik. In particular they were going to review foodstuffs that originate from the south and discuss ways to lower the costs of nutritious foods. This also included ideas to increase the availability of nutritious foods in our stores that are bought by residents.

When the minister responded, he was referring instead to Inuit foods that we call country foods, but my question was not in reference to country foods. I will rephrase my question, Mr. Speaker.

This meeting took place in Igloolik for the purpose of reviewing foodstuffs that people in Nunavut purchase, how to lower the costs, and increase the availability of nutritious foods, as that was the stated purpose. What type of tangible ideas did the meeting produce specific to these purposes? Thank you, Mr. Speaker.

Speaker: The Hon. Minister of Family Services, Mr. Johnny Mike.

Hon. Johnny Mike (interpretation): Thank you, Mr. Speaker. I also thank my colleague for that question. Yes, I tried to include all the areas of discussion in my response.

With respect to the funding, actually the nutritious food and the best subsidies that can be provided were the main points of discussion at the meeting. If country food was available in Nunavut or if it included store-bought foods, we have to remember that Inuit now sell country food for personal gain from animals they harvest. That is the reason I brought up this subject. Any foods that are sold now include country foods, which is why I mentioned it.

Ideas on how best to provide tangible benefits included representatives from the communities, particularly from the Baffin region. They deliberated on many issues and how the increasing cost of nutritious food was the reason why subsidies or further funding issues were discussed. This is still at the consultation stage, but this issue was included in the discussions to look at the prices of food shipped to Nunavut for sale and how to reduce the costs of shipping of the foods.

This includes a further detailed review on how to ensure this subsidized food can be sold so that it can be included in the Nutrition North program list of foods. This was also considered. Thank you, Mr. Speaker.

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

Mr. Enook (interpretation): Thank you, Mr. Speaker. I raised this question in order to explain the rationale. The department for which the minister is responsible had an announcement that the main focus would be on the program, with a future report and meeting on food that is sold through the stores.

I know that Inuit country foods are now sold in various communities, but let's step aside from the issue as I am not asking about this subject, so if the minister can place that on the backburner. What I was asking about solely was foods imported from the south and the availability of nutritious foods and increased subsidies to lower the costs.

Since this meeting took place, what can you tell me about the actual subjects that were discussed? I do understand it is under review. Nonetheless, when you were in Igloolik, what items were under discussion on how to improve the Nutrition North program? Thank you, Mr. Speaker.

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

Hon. Johnny Mike (interpretation): Thank you, Mr. Speaker. Indeed, that is why I stated that foods imported from the south and all foods were a part of the review.

We are working with the Nunavut Food Security Coalition, the departments of Health, Environment, Economic Development and Transportation, and Culture and Heritage. They were included in the group that reviewed each of the issues and each department reported on their programs and their

position on the subsidy. This meeting was successfully collaborated on.

However, I can't speak for the others but only for Family Services on a future program. It is still under development at this time and it is so early in the process of reviewing the subsidies specific to foods sold in the stores. I can't speak to how best to apply the subsidy. The reason is I have not received any feedback from the other (interpretation ends) departments. (interpretation) Thank you, Mr. Speaker.

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

Mr. Enook (interpretation): Thank you, Mr. Speaker. I also want further clarification related to a question I raised previously, including the response to the question. Yesterday I asked if the Government of Nunavut would support the Nutrition North program after the revisions have been incorporated and the program is offered again. My question was if support would be forthcoming from the Nunavut government.

Mr. Speaker, in the *Blues* for Wednesday, October 26, 2016, specifically the English version page 20, I will quote from this section, although I know that this isn't the final edited version. Here is the response provided by Minister Mike, and I quote, "No, we do not want the old program back called the Food Mail Program." Further on, part of the same response includes a statement that "different retail outlets were able to compete, as an example, the three main retail outlets, including the Food Mail Program. This is why food was less expensive in those days."

With that statement, I want to ask the minister: since he responded that the Food Mail Program resulted in cheaper costs, why didn't the government support the original program when they knew it resulted in cheaper prices? Thank you, Mr. Speaker.

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

Hon. Johnny Mike (interpretation): Thank you, Mr. Speaker. The issue I keep referring to, which is the (interpretation ends) Food Mail Program, (interpretation) is an old program, which I stated was the first program.

Without referring back to the response, what I am saying is it was as if the Food Mail Program was the third retail store, competing with the actual retail stores. Due to the perception of the program as being a third retail store, competition resulted in aggressive price reductions in the two actual retail outlets. Please understand that.

The (interpretation ends) Food Mail Program (interpretation) benefited any person who wanted to order foods through the program, from drinks to meats from southern retailers, the same wholesalers where the stores bought their items. The fact that this program acted much like a third retailer is what I was speaking to.

Further, that program he mentioned is no longer in place. Now I thought I was being asked if we were trying to return to that old program, which is why I said no. I want it clearly understood that my response was related to the perception of the program as being the third retailer.

As an example, if I wanted to purchase something from Wal-Mart back in those days or from another retailer, then this would result in the two northern retailers competing with stores from southern locales. That is what I was trying to say and again I am saying it in Inuktitut. That is how I want this understood.

Further, with how the (interpretation ends) Nutrition North program (interpretation) is to be applied is what is being reviewed. That is why I am repeating that any foods sold in our retail stores are not the only things under review. However, all factors specific to each individual community will be reviewed separately.

This was also discussed as the topic for a meeting on the review of the (interpretation ends) Harvester Support Program (interpretation) as administered by the Department of Environment, including the Department of Health and ED&T, on how sales of country foods from the Arctic could be supported through this program by amalgamating the various programs.

This is what I was trying to portray and the reasons why it is very important that the federal government be informed of why the current subsidy as applied isn't reaching the people who are most food insecure, as they can't purchase country foods or the nutritious foods. This included people with low incomes who depend on other programs. I was trying to be inclusive of all of these issues.

Mr. Chairman, these are the reasons the current subsidy program requires improvement in all areas in order to see a reduction in food prices at our retail outlets. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Oral Questions. Member for Gjoa Haven, Mr. Tony Akoak.

Question 469 – 4(3): Nursing Shortage in Gjoa Haven

Mr. Akoak: Thank you, Mr. Speaker. I would like to direct my question to the Minister of Health.

Mr. Speaker, in my Member's Statement, I noted the shortage of nursing staff at the Gjoa Haven Community Health Centre.

This time of year is flu season and it affects everyone, from babies to the elders. We have 1,300 people living in the community.

My question to the minister is: how many nursing staff do they have at the health centre from now until the next few weeks? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. (interpretation ends) The Hon. Minister of Health, Mr. George Hickes.

Hon. George Hickes: Thank you, Mr. Speaker. I thank the member for bringing forward his concerns. When I looked into the situation there in Gjoa Haven, it is a five-nurse station. There are currently four staff, one supervisor of community health programs or nurse-in-charge and three community health nurses. My office has not been made aware of any anticipated shortages. That being said, we are in the process of interviewing for indeterminate nurses throughout the territory. Thank you, Mr. Speaker.

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

Mr. Akoak: Thank you, Mr. Speaker. With the current four nursing staff, we are still getting complaints of delays in patient-nurse connections. They're having a hard time being seen. There are a lot of complaints that there are too many delays.

I'm just wondering: can the minister clarify what steps are currently being taken to fully staff the nursing positions at the Gjoa Haven Health Centre? Thank you, Mr. Speaker.

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

Hon. George Hickes: Thank you, Mr. Speaker. I thank the member again for that question. It gives me an opportunity to highlight some of the work we are doing to fill indeterminate nursing positions throughout the territory.

We have recently closed an RFP to work with a nursing recruitment company and we're just finalizing the contract with that organization to actually look at filling indeterminate positions versus agency nursing contracts that we currently have in place.

Another thing that we're doing is there used to be a Nunavut nursing recruitment and retention strategy. We have reviewed that program and are in the process of finalizing and implementing a new strategy for health professionals' recruitment and retention.

Like I had mentioned in a response, I believe it was earlier this week or maybe late last week, my goal as Minister of

Health and as this government is to provide our communities with indeterminate nurses all the time as possible. We work very hard and I know the nurses in the communities work very hard.

The member alluded to some of the challenges that our community nurses face if they're working late into the evening answering to calls from the residents of our communities and still having to show up for work the next day. I have nothing but admiration for the nurses that are working within our system.

I am working with my colleagues across the country to help develop better health care services and continued funding so that we can not only maintain what we are currently doing, but improve the services that we're providing to Nunavummiut. I hope that answers the member's question. Thank you, Mr. Speaker.

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

Mr. Akoak: Thank you, Mr. Speaker. I was going to ask a question he answered, but he got to me. There's a camera behind me, but thank you, Mr. Speaker.

>>*Laughter*

Speaker (interpretation): Thank you. Oral Questions. Member for South Baffin, Mr. David Joanasi.

Question 470 – 4(3): Facing the Hardship of Funeral Costs

Mr. Joanasi (interpretation): Thank you, Mr. Speaker. I would like to direct my question to the Minister of Health.

Mr. Speaker, from time to time, MLAs are approached by constituents who have had a loved one pass away, sometimes in another community, and they are faced with a large bill for funeral costs that they cannot pay for.

I recognize that when a person dies in their hometown, the community often comes together to make the necessary arrangements. However, when a person dies in another community, such as Iqaluit where there is an undertaker, the related expenses of returning their family member to their home must be paid for.

Can the minister clearly explain what support is provided to families who are asked to pay funeral costs for a loved one and they can't afford it? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. (interpretation ends) The Hon. Minister of Health, Mr. George Hickes.

Hon. George Hickes: Thank you, Mr. Speaker. I truly do appreciate the member bringing forward this question. I had a recent interaction where I raised the exact same question. If the member says that the public is confused about it, I can relate because I was confused about it in some respects.

There are a lot of different responsibilities. There is the Department of Health. There is the Department of Justice. There is the Department of Family Services. There is the Coroner's Office. There is Inuit organization

involvement. At that time I spoke to my officials at the Department of Health and they're in the process and have already reached out to their colleagues within the other departments from a government standpoint and working together to see how this file can be arranged in a way that's understandable. They're putting together an information sheet that can be distributed throughout the territory to really clarify what services are provided by the Government of Nunavut.

With respect to the Department of Health, the only time we're responsible for funeral services and transportation of the body to a community is if that person were to pass away while on medical travel. There are other circumstances where Family Services is involved, if that person is on income support or under a trustee. There's another category in there that I just can't remember off the top of my head. Again it goes into Justice. If somebody were to pass away while they're incarcerated, then the Department of Justice is responsible.

Like I said in the preamble of my response, it is a very complicated scenario and the three government departments that I mentioned are working together to make the information a little bit more easily understood. Again, I really appreciate the member bringing forward this issue. Thank you, Mr. Speaker.

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

Mr. Joanasié (interpretation): Thank you, Mr. Speaker. I also thank the minister. Mr. Speaker, I understand that the Department of Health has a policy which covers various costs if a medical

client passes away while on medical travel and the Department of Family Services has a similar policy for its clients who are under care.

Can the minister provide some clear guidance about where families can turn to for assistance in paying for funeral costs if their loved one was not on medical travel when they passed away? The minister stated that they can pay for the costs when they're under medical travel, but if they weren't on medical travel, who can they approach? Thank you, Mr. Speaker.

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

Hon. George Hickey: Thank you, Mr. Speaker. Again, it's a very convoluted system. Here in Iqaluit there has been a number of correspondence directed to the Department of Health and the government overall to help clarify the member's exact question.

The Coroner's Office has been, in some instances, paying for caskets that they would normally not be responsible for. They're asking for clarity on what kinds of services that we can provide as a government. Regional Inuit organizations also have some bereavement policies where they can help assist in transporting bodies to another community, if I understood the correspondence from them correctly.

In addition, when someone does pass away, there are monies that usually get paid to the estate from the Canadian government. Again, depending upon whether there's a will in place and how their trusteeship gets set up, it can be a lengthy process where families are left

with very unclear avenues to explore to help pay for funeral costs. I have seen crowd funding and I have seen local charitable organizations getting involved.

In our discussions with the other departments from a government standpoint, we're looking to clarify it for all members of the public so that they can know what avenues are available to them and we're going to be working on getting that document together as soon as possible, Mr. Speaker. Thank you.

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

Mr. Joanasié (interpretation): Thank you, Mr. Speaker. I thank the minister for his response. Mr. Speaker, having to face a significant expense while dealing with the grief of losing a loved one puts an extra burden on the family. I believe the minister stated that he can look into it. Will the minister commit to looking into this issue and providing an update to Members of the Legislative Assembly and the public on where to seek assistance in paying for funeral costs? Perhaps he can give us a report before the winter session is over. Thank you, Mr. Speaker.

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

Hon. George Hickes: Thank you, Mr. Speaker. As there are other parties at play, I can only commit to what Department of Health deadlines we can adhere to. I can assure the member that this has been a priority that I brought to my officials within the Department of Health and I'm sure they're all listening as well and I'm sure officials from the

other departments that I had mentioned are listening. Although I can't commit to a timeline, I can assure the member that I will have that available to this House and to all Nunavummiut as soon as possible. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Oral Questions. Member for Iqaluit-Sinaa, Mr. Paul Okalik.

Question 471 – 4(3): Smoking Cessation Campaign

Mr. Okalik (interpretation): Thank you, Mr. Speaker. It seems we have chosen this member to pick on, so I shall add another question for the minister and I apologize for seemingly being part of the gang.

My question relates to the Department of Health that administered the program related to lowering the numbers of smokers. This was through their offices. However, in travelling throughout Nunavut, the number of smokers in the territory has not dropped at all and it seems that it will continue.

Smoking destroys physical health throughout the body. I am asking what further initiatives they will start with their program ending. My question to the Minister of Health is: what are you doing about this? Thank you, Mr. Speaker.

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

Hon. George Hickes: Thank you, Mr. Speaker. Again I thank the member for bringing forward an issue that we're working on right now. As a matter of fact, Health is in the process of

launching a comprehensive, evidence-based tobacco enforcement and education program. It will be running concurrently with the “Tobacco Has No Place Here” mass media campaign. One of the things that we want to make sure that we’re enforcing is the 3- and 15-metre rule to distances from exits and entrances that I brought up with another member earlier this week.

As well, one of the other focuses that we want to really make sure that the public is aware of is that giving and selling tobacco products to minors is illegal if people are under 19 years old. I was driving here today and I saw a person that couldn’t have been more than 15 or 16 years old walking down the street having a cigarette. It begs the question: where do they get it from?

I think we all have a public responsibility to make sure that we educate the populace on the harms of tobacco use, in addition to the people that are around us, second-hand smoke. We have talked recently about some of the lung issues that our children have, not smoking when you’re pregnant, and not smoking in the household or in the vehicle. They are all very key components to better the health of all Nunavummiut.

I thank the member for allowing me to be able to promote some of the initiatives that we’re undertaking right now. Thank you.

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

Mr. Okalik (interpretation): Thank you, Mr. Speaker. It seems obvious that we have to awaken the public’s perceptions

on smoking as it has no health benefits to a person.

Although I find them a bit repulsive, Americans have TV ads showcasing patients who have lost their voices or parts of their bodies or who require a ventilator to be able to breathe. These respiratory machines are keeping them alive and they are quite noisy. These patients are at the end. Their bodies were destroyed by the effects of smoking cigarettes.

As we know, many of our residents in Nunavut suffer from these ailments. Perhaps if we advertised these reality types of health illnesses to our Nunavut audience, then they may put more weight into believing the effects from smoking by seeing them. I want to ask the minister if the Department of Health can do more research on preventative programs for people who want to quit smoking and preventing our youth from smoking cigarettes. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. (interpretation ends) The Hon. Minister of Health, Mr. Hickes.

Hon. George Hickes: Thank you, Mr. Speaker. Again it allows me an opportunity to promote some of the programs we are in the process of running, and I look forward to measured success in a lot of these things.

We’ve got a tobacco cessation mass media campaign with a 60-second public service announcement on APTN and CBC North, the hunters, in which the video encourages youth, young adults, and young pregnant women to quit or reduce the use of tobacco products.

We're providing free nicotine replacement therapies within our health centres. At the Astro Theatre here in Iqaluit, we've got trailers that are going on before movies play. We've got Facebook campaigns going on.

We're collaborating with the Department of Education to develop a series of classroom books and teachers' guides that will contain tobacco prevention information.

We have done community consultations throughout the territory and as a result of that, with youth centres and youth coordinators to include cessation programming. The list goes on.

We're looking at developing Nunavut-specific tobacco cessation training for nurses, physicians, midwives, public health staff, community prenatal nutrition program facilitators, community health representatives, and community development workers.

There is work that is ongoing and some of these programs have been ongoing for some time. Even with those, it still takes more, like the member said, of public awareness, of people seeing members of their family smoking or seeing their kids smoking or a lot of times it's the kids that are putting the parents on guilt trips when they see them smoking.

I think the awareness is growing and I think we're actively engaged with that awareness. Thank you, Mr. Speaker.

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

Mr. Okalik (interpretation): Thank you, Mr. Speaker. When you travel outside of

Iqaluit, you see a different reality in the smaller communities. You can see the increase in the numbers of smokers. We need educational programs for the public on the detrimental impacts of smoking on one's body.

Further, I have lost loved ones due to this substance. We should incorporate our actual experiences to combat this insidious substance and to educate our youth of the unhealthy effects of smoking and chewing tobacco. The substance is a destroyer of bodies and lives, so I believe we need to emphasize that more throughout Nunavut. Thank you, Mr. Speaker.

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

Hon. George Hickes: Thank you, Mr. Speaker. Some of the programs that I spoke to earlier were territory-wide programs, and I agree with the member. It takes more community engagement and that's another thing that we're doing. It allows me to make mention of a community-led cessation program. There are on-the-land programs and sewing groups for pregnant women.

We have developed ten pilot communities and it's in the process of being implemented this fiscal year in ten communities: Cambridge Bay, Gjoa Haven, Taloyoak, Baker Lake, Arviat, Chesterfield Inlet, Arctic Bay, Clyde River, Pangnirtung, and here in Iqaluit. I just wanted to highlight that we're not just putting out commercials and messages. We are working with the communities to develop programs that they feel will work within their communities.

Again I appreciate the member allowing me to promote some of the hard work that the Department of Health and the tobacco reduction team are taking and initiating across the territory. Thank you, Mr. Speaker.

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

Question 472 – 4(3): Blueprint for Action on Housing

Mr. Mikkungwak: Thank you, Mr. Speaker. I have more questions today for the Minister responsible for the Nunavut Housing Corporation concerning his *Blueprint for Action on Housing*, which I continue to review with care.

Action 36 in the blueprint indicates that the Nunavut Housing Corporation will “engage with Regional Inuit Associations (RIAs) and their associated business arms on potential public-private partnerships (P3)...for housing developments, block land development, and the development of Inuit Owned Land (IOL) within municipal boundaries...”

Can the minister indicate which of the three regional Inuit associations has been the most receptive to the idea of undertaking P3 projects in the housing sector? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister responsible for the Nunavut Housing Corporation, Mr. Kuksuk.

Hon. George Kuksuk (interpretation): Thank you very much, Mr. Speaker. I also thank the member for his question. Mr. Speaker, this (interpretation ends)

Blueprint for Action on Housing, (interpretation) as we call it, was developed not just by our department but in conjunction with our (interpretation ends) stakeholders (interpretation) outside of the government that the member referenced, such as the Inuit organizations like NTI or the regional Inuit associations.

Mr. Speaker, I can inform the member that this blueprint is still being developed, and my colleague is well aware that I just recently tabled this document. It is very clearly stated that annual reports will be tabled. These require some work within the (interpretation ends) action plan (interpretation) to complete the work as many items are listed. This includes sharing with the stakeholders outside of government, which I mentioned as per his question.

Nonetheless, I can't speak to these new issues at this time since I haven't received any briefings on this initiative, as we are just starting the work. I just recently approved the plan and all members should be aware of that fact. Thank you, Mr. Speaker.

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

Mr. Mikkungwak: Thank you, Mr. Speaker. Action 39 in the blueprint indicates “The NHC will develop a method to engage directly with the private sector on relevant areas of the Blueprint for Action, such as affordable rent, homeownership, and land development.”

Can the minister indicate what specific recommendations have been made to date by the regional chambers of commerce and other private sector bodies with respect to these issues? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. (interpretation ends) The Hon. Minister responsible for the Nunavut Housing Corporation, Mr. George Kuksuk.

Hon. George Kuksuk (interpretation): Thank you very much, Mr. Speaker. Let me reiterate that this blueprint is still being reviewed. Furthermore, an (interpretation ends) annual report (interpretation) outlining the details will be reported by NHC and we will continue our collaboration with agencies outside of government. Therefore I can't respond to the member's question today as we have yet to receive a report on the issues he raised. Thank you, Mr. Speaker.

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

Mr. Mikkungwak: Thank you, Mr. Speaker. Action No. 58 in the blueprint indicates that the Nunavut Housing Corporation will look at the "viability of other financing options, such as community land trust, social investment bonds...for their potential to increase investment in housing." Can the minister describe how social investment bonds would work in Nunavut? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister responsible for the Housing Corporation, Mr. Kuksuk.

Hon. George Kuksuk (interpretation): Thank you very much, Mr. Speaker. I'll restate that the *Blueprint for Action on Housing* is only one week old and our staff at the Nunavut Housing Corporation are listening to our debate here and they're working on it today. I can't answer his question right now. It will be worked on and it will be in our annual report with the contents of the action plan. We're working with many entities outside of government, so I can't respond to his question today. Thank you, Mr. Speaker.

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

Question 473 – 4(3): Family Resource Position for Sanikiluaq

Mr. Rumbolt: Thank you, Mr. Speaker. I would like to say "good afternoon" to my grandson Jayden, who is watching me today.

Mr. Speaker, my questions today are directed to the Minister of Family Services.

Mr. Speaker, during our spring sitting, it was noted that filling the family resource position in Sanikiluaq has been put on hold due to the ongoing lack of available office space in the community.

Mr. Speaker, it can be extremely frustrating for potential employees and the community as a whole to have positions frozen due to such circumstances as a lack of office space. Not only that, the current overcrowded conditions put extra stress on the workers currently sharing what space is

available.

Can the minister provide an update on what steps are being taken to fill his department's family resource position for the community of Sanikiluaq? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister of Family Services, Mr. Johnny Mike.

Hon. Johnny Mike (interpretation): Thank you, Mr. Speaker. I thank the member for Sanikiluaq for asking that question. Yes, this is being worked on. There are four communities that are going through a similar situation and the lack of office space or lack of staff housing is presently being worked on by Family Services. Thank you, Mr. Speaker.

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

Mr. Rumbolt: Thank you, Mr. Chairman. That's the same update I got back in June, it was being worked on.

Mr. Speaker, the lack of office space in Sanikiluaq is an issue that I have raised many times over the past eight years both inside and outside of this House. I have spoken with the ministers responsible for various positions and I have spoken with the ministers involved in accessing and allocating the office space for those positions to work out of. This situation affects staff from a number of departments, not just Family Services.

Can the current Minister of Family Services confirm whether or not he has consulted with the current Minister of

Community and Government Services regarding the lack of office space for Sanikiluaq's family resource worker? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. (interpretation ends) The Hon. Minister of Family Services, Mr. Mike.

Hon. Johnny Mike (interpretation): Thank you, Mr. Speaker. Yes, the member for Sanikiluaq is right concerning the office space and staff housing. This is always under consideration. It's difficult to deal with the family resource worker position for Sanikiluaq. It's a new position and I can state the reason for the delay is lack of staff housing.

I've had discussions with the present Minister of Community and Government Services on this matter of positions or new positions and the lack of staff housing and it's a slow process, Mr. Speaker. Thank you.

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

Mr. Rumbolt: Thank you, Mr. Speaker. I asked the minister if he had talked to CGS on the issue of office space, not the housing minister on the staff housing issues. However, I'm sure they equally relate and are equally as important for this position.

Mr. Speaker, as I mentioned earlier, it can be extremely frustrating for potential employees to have positions frozen due to such circumstances as a lack of office space. Will the minister commit to addressing this issue as a priority and get back to me at the earliest opportunity on

this issue? Thank you, Mr. Speaker.

Speaker (interpretation): Minister of Family Services, Mr. Mike.

Hon. Johnny Mike (interpretation): Thank you. Let me first apologize to him. I think I was mistaken in my response. I think I was trying to talk about the lack of office space.

As I stated earlier, I've had discussions with the Minister Community and Government Services and our officials have been trying to work together. I assure the member that I can look further into the situation in Sanikiluaq. Thank you, Mr. Speaker.

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

Question 474 – 4(3): FPT Health Ministers' Meeting

Ms. Angnakak: Thank you, Mr. Speaker. I decided to join the party and ask the health minister.

Mr. Speaker, last week following his meeting with the federal, provincial, and territorial health ministers, our Minister of Health stated that “the federal government is willing to explore proposals from other Canadian jurisdictions, including the territories, on accessing more detailed funding for mental health, including addictions counselling.”

Can the minister confirm whether his department is preparing any proposals or business cases to access more funding and resources to address addictions counselling for Nunavummiut? An easy

question, I think. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. (interpretation ends) The Hon. Minister of Health, Mr. George Hickes.

Hon. George Hickes: Thank you, Mr. Speaker. It may be an easy question, but it's not an easy answer.

>>*Laughter*

With our meetings in Toronto last week with my territorial and provincial counterparts along with Minister Philpott, the Minister of the Health with the Canadian government, those were some of the ideals that they want to explore when we're dealing with our Health Accord. Those are some of the items that the federal government wants to promote. That being said, there haven't been any criteria; there haven't been any actual commitments on part of the federal government at this time.

One of the priorities that we and most of my colleagues across the country have is making sure that our core funding through our Canadian health transfers and the long-term commitments are stable and sustainable for all jurisdictions, but I think especially Nunavut and the other territories, where we have much higher costs associated with providing care to our residents than the majority of other jurisdictions. There are jurisdictions where they deal with a similar remoteness in Newfoundland and Labrador, Quebec and Nunavik, just to mention a couple.

Until that criteria and the actual commitment is there, we don't know how to develop the proposal to hit the

request from the federal government. As of right now I can say that, to my knowledge, there is no preliminary work being done. Thank you, Mr. Speaker.

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

Ms. Angnakak: Thank you, Mr. Speaker. It's my understanding that Nunavut's current policy for referring people to an addictions rehabilitation centre requires that the individual sees an addictions counsellor for several appointments before they could be referred. In fact I had somebody come up to me and say that this posed a real big problem in their case, especially when one is suicidal and they need intervention as quickly as possible.

Can the minister confirm that this is indeed the policy and explain why individuals have to go through so many appointments before they can get treatment that they so desperately need? Thank you, Mr. Speaker.

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

Hon. George Hickes: Thank you, Mr. Speaker. This is a very sensitive topic. When we're dealing with addictions treatment, whether it be in-territory or outside of territory, the first component of that is the readiness for treatment for the programming. Sometimes it takes meetings with mental health professionals and addictions counsellors to make sure that not only the services are appropriate for the person; it is also to make sure that they're ready to receive those services as well.

If the member has a specific instance in mind that she's talking about, I would be more than happy to entertain a meeting to deal with that specific scenario. Thank you, Mr. Speaker.

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

Ms. Angnakak: Thank you, Mr. Speaker. I thank the minister for his invitation.

Mr. Speaker, I do recognize that staff and resources for addictions counselling in Nunavut are limited. Also, despite many promises by many governments, we do not yet have a rehabilitation facility here in Nunavut.

Can the minister clearly describe what initiatives are being considered to deliver more addictions counselling and treatment here at home in Nunavut? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. (interpretation ends) The Hon. Minister of Health, Mr. Hickes.

Hon. George Hickes: Thank you, Mr. Speaker. We have added a number of new positions to Mental Health and Addictions. In addition to that, we do make sure that we're working with our community health centres with the nursing staff there to refer people to the mental health side of things and to provide access to the addictions counselling programs. That being said, it's not an overnight process to fill all those positions. We are working very hard with the Department of Finance HR to get those positions filled as quickly and with skilled people as fast as

possible. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Oral Questions. Member for South Baffin, Mr. David Joanasié.

Question 475 – 4(3): Innovations at the Nunavut Court of Justice

Mr. Joanasié: Thank you, Mr. Speaker. I would like to ask the Minister of Justice a few questions.

Last week the minister made a Minister's Statement on renovations at the Nunavut Court of Justice. I would just like to get some clarification on those renovations. He said that "The court has installed three touch-screen public legal information kiosks." I would like to ask the minister first of all: are these kiosks mobile and will the courts be bringing them along to smaller communities and court circuits? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister of Justice, Mr. Keith Peterson.

Hon. Keith Peterson: Thank you, Mr. Speaker. I thank Mr. Joanasié for the question. Mr. Speaker, no, they are not mobile. They're about this wide, this high, with a large screen and kind of like your computer, you can press buttons and get justice information in all languages. They're not mobile. Thank you, Mr. Speaker.

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

Mr. Joanasié: Thank you, Mr. Speaker. The other question I had on that was he mentioned they're like computers. In his Minister's Statement, he said that the

courts deal with a great deal of other publicly available legal information from the Department of Justice. What I'm trying to get at is this information is already available. Is there a need to bring these kiosks into the courts? Was there a needs analysis done on the number of people going through the building? Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. (interpretation ends) The Hon. Minister of Justice, Mr. Keith Peterson.

Hon. Keith Peterson: Thank you, Mr. Speaker. These are interactive kiosks, so they're all touch-screen and they have links to the CanLII program if you want to look at old legal opinions. They have links to the justice department and various divisions and all sorts of information. It comes up on the screen so that you can read it in all dialects.

There are people who require that. They're not actually in the courtrooms themselves; they're out in the foyer. It's following in the modernization of the Nunavut Court of Justice, following other jurisdictions in Canada. There are people still in this day and age in Nunavut who like that kind of information. They can read it and I'm sure they can pass time while they're waiting for decisions to be made. They could research and other stuff. Thank you, Mr. Speaker.

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

Mr. Joanasié: Thank you, Mr. Speaker. I thank the minister for his response. Yes, I'm glad that the department is trying to make information available as much as they can.

My last question is I would like to get the cost analysis or the breakdown of how much each kiosk is incurred by the department. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Minister of Justice, Mr. Peterson.

Hon. Keith Peterson: Thank you, Mr. Speaker. I'm sure I can get that information for Mr. Joanasie. I don't have that information, obviously, available with me; they're at my desk.

Mr. Speaker, when we were on the tour, we had an opportunity to... . Mr. Joe Kucharski, my executive assistant, and I had a very detailed tour. We did extensive renovations to the courthouse to add more office space for staff and additional judges. I just forget the number. If you can imagine, at the time the courthouse was built, it was built to space that was required at that time, but even in nine or ten years since, there has been a huge expansion of the court. There is more staff we have to fit into the building and more judges. He did a very good job of redesigning and making that possible.

That was part and parcel of the renovations to add interactive kiosks in the courthouse, but also expand the office spaces for the staff and judges, and then an area outside where people coming to their day in court would have a place to be... . I'm not sure what the word is, but they come from the Baffin Correctional Centre to their court appearance. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. Members, the time for question period has expired. Going back to the order of the day. Item 7. Written Questions.

(interpretation ends) Item 8. Returns to Written Questions. Hon. Minister of Finance, Mr. Keith Peterson.

Item 8: Returns to Written Questions*

Return to Written Question 015 – 4(3): Government of Nunavut Expenditures on Overtime Pay (Corrected Version)

Hon. Keith Peterson: Thank you, Mr. Speaker. Thanks to the sharp eyes of my hard-working staff at the Department of Finance, a couple of minor arithmetical errors in Return to Written Question 15 – 4(3), which was tabled in the House earlier in our current fall sitting, have been identified. I would like to take this opportunity to provide the corrected version of the return to the House.

Mr. Speaker, this return is quite detailed. I have filed it with the Clerk for transcribing into *Hansard* for the public record and for distribution to all members.

Question:

Expressing the information in a comparable format to the which was provided in Returns to Written Questions 11 – 3(3) and 7 – 4(2), what were the Government of Nunavut's expenditures on overtime pay for indeterminate, term, casual, and relief employees during 2014-15 and 2015-16 fiscal years for each of its departments, Crown agencies, and territorial corporations?

Response:

Attached are tables illustrating overtime expenditures paid for permanent and

*See Appendix for table of Return to Written Question 15 – 4(3).

casual employees during the 2014-15 and 2015-16 fiscal years for each department and public agency. This format mirrors that of the 11 – 3(3) and 7 – 4(2) Returns to Written Questions provided by the Department of Finance in 2012 and 2014.

The Government of Nunavut's financial system records compensation and benefits into two categories: permanent salaries, which include both indeterminate and term employees; and casual wages, which includes casual and relief employees. Overtime information has been provided for these two categories. Our financial reporting tools are unable to provide a more detailed breakdown. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. (interpretation ends) Item 9. Replies to Opening Address. Item 10. Petitions. Item 11. Responses to Petitions. Item 12. Reports of Standing and Special Committees on Bills and Other Matters. Item 13. (interpretation) Tabling of Documents. (interpretation ends) Hon. Minister responsible for the Workers' Safety and Compensation Commission, Mr. Keith Peterson.

Item 13: Tabling of Documents

Tabled Document 198 – 4(3): 2015 Annual Report – Workers' Safety and Compensation Commission for Nunavut and the Northwest Territories

Hon. Keith Peterson: Mr. Speaker, today I am tabling the 2015 Annual Report from the Workers' Safety and Compensation Commission of Nunavut and the Northwest Territories. Thank you, Mr. Speaker.

Speaker (interpretation): Thank you. (interpretation ends) Item 14. Notices of Motions. Item 15. Notices of Motions for First Reading of Bills. Item 16. Motions. Item 17. First Reading of Bills. Item 18. Second Reading of Bills. Item 19. Consideration in Committee of the Whole of Bills and Other Matters. Bills 20, 22, 23, and 24 with Mr. Akoak in the Chair.

In accordance with the authority provided to me by Motion 30 – 4(3), the committee will stay in session until it reports itself out.

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

(interpretation) Sergeant-at-Arms.

>>*House recessed at 15:18 and Committee resumed at 15:42*

Item 19: Consideration in Committee of the Whole of Bills and Other Matters

Chairman (Mr. Akoak): Good afternoon, Inuit, people watching TV and listening to radio.

I would like to call the committee meeting to order. In Committee of the Whole we have the following items to deal with: Bills 20, 22, 23, and 24. What is the wish of the committee? Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman, and good afternoon. Mr. Chairman, we wish to continue with Bill 24 and commence with the review of the capital estimates for the Department of Health. Thank you, Mr. Chairman.

Chairman: Thank you. Are we in agreement that we first deal with Bill 24?

Some Members: Agreed.

**Bill 24 – Appropriation (Capital) Act,
2017-2018 – Health –
Consideration in Committee**

Chairman: I would now like to ask the Minister of Health if he has officials that he would like to appear before the committee. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Yes, if the committee will indulge me.

Chairman: Does the committee agree to let the minister's staff go to the witness table?

Some Members: Agreed.

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

Thank you. For the record, Minister Hickes, please introduce your officials.

Hon. George Hickes: Thank you, Mr. Chairman. If the Chairman will indulge me, I would like to introduce them during my opening comments. Can I proceed?

Chairman: Proceed with your opening comments, Minister Hickes.

Hon. George Hickes: Good afternoon, Mr. Chairman and members. I am pleased to take this opportunity today to present the 2017-18 Capital Estimates for the Department of Health.

I would like to introduce my officials from the department. With me today I have Deputy Minister Colleen Stockley and Executive Director of Corporate Services Greg Babstock.

Mr. Chairman, the department has a number of capital projects planned to replace and renovate our aging health care facilities. Currently 62 percent of the department's community health centres are 20 years of age or older.

The construction of the new Arctic Bay Health Centre is on its last phase and is slated to be operational by 2017. The community health centres in Sanikiluaq, Cape Dorset, and Qikiqtarjuaq have been identified for replacement after Arctic Bay is complete.

For 2017-18, Health is requesting \$4.55 million for four capital projects. I will briefly provide details of each project.

The first capital project that requires continuing funding is the new Arctic Bay Community Health Centre. The department is requesting \$50,000 of capital funding for the closeout phase of this project. The estimated total project cost is \$27.7 million, including the detached five-plex staff housing unit that is currently being constructed by the Nunavut Housing Corporation and located next to the new health centre.

Mr. Chairman, ongoing planning and design for the new Sanikiluaq Community Health Centre is the second capital project that requires funding. The department is presently looking to further enhance the design of new health centres to better meet the needs of the department and communities. The department is requesting \$1 million in

capital funding for the design phase of the project. The department anticipates a construction tender package will be issued late in the fall of 2017 to meet the summer 2018 sealift schedules. In the coming fiscal years the department will be requesting an estimated \$15 million in 2018-19 and \$12.3 million in 2019-2020 for the first and second phases of construction. The construction is expected to be completed by March 2020.

For the last two items in the capital plan, the department is requesting funding of \$1.5 million for small capital and \$2 million for ongoing lifecycle maintenance. The small capital annual allocation is for the purchase and replacement of the department's medical equipment, vehicles, and furniture. I will provide you with a detailed listing of the equipment, vehicles, and furniture that we are planning to replace in 2017-18 once the list is finalized. The ongoing lifecycle yearly allocation is for the minor renovations, repairs, modifications, and upgrades of departmental facilities. We have also set aside some contingency funding for emergency repairs during the winter months.

In closing, the department's proposed capital plan for 2017-18 is in line with the *Sivumut Abluqta* Mandate of this government. It is focused to ensure clinical facilities are available to Nunavummiut by replacing aging health care facilities, which provide essential services to Nunavummiut.

Mr. Chairman and committee, I thank you all for your support on these important projects and I welcome

questions and comments from members. Thank you, Mr. Chairman.

Chairman: Thank you. Does the chair of the standing committee have opening comments? Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you, Mr. Chairman. I am pleased to provide opening comments on behalf of the Standing Committee on Government Estimates and Operations as the Committee of the Whole begins its consideration of the proposed 2017-18 Capital Estimates of the Department of Health.

Standing committee members note that the department's proposed capital budget for 2017-18 is just over \$4.5 million, which is the smallest capital budget requested by this department in a number of years.

Mr. Chairman, the standing committee recognizes that replacing and updating community health centres across Nunavut is a long-term goal with more than half of these facilities more than 20 years old. The proposed capital estimates include funding for two infrastructure projects, one in its final stages, the new health centre in Arctic Bay, and one in its beginning stages, the design phase of the replacement health centre in the community of Sanikiluaq. It is noted that the replacement health centre project that was planned to begin in Cape Dorset has been deferred due to potential power constraints while Cape Dorset's high school replacement project gets underway.

Mr. Chairman, it has been noted that instead of including staff housing within the new health centre in Arctic Bay, a

standalone five-plex housing unit is being constructed near the new community health centre.

Mr. Chairman, members of the standing committee were disappointed to note that the 2018-2022 five-year capital plan does not include any future projects to address pressing needs in the areas of mental health, rehabilitation, or elder care. While members recognize that initiatives are underway to open additional long-term care beds in some communities, the committee encourages the minister to work with his staff to explore additional options in this area. Members encourage the minister to work with his cabinet colleagues to develop a long-term infrastructure plan for providing care for our elders within Nunavut alongside programs, such as home care and the operation of assisted living facilities.

Mr. Chairman, the Department of Health's proposed capital estimates also include two blocks of funding for minor capital and small capital projects. In addition to the department's current fleet of over 80 vehicles across the territory, the department's small capital budget may include the purchase of new vehicles. Committee members continue to have questions regarding policies and protocols governing the use of departmental vehicles for patient transportation and what types of situations are considered "medical emergencies" during which clients may be transported. Information provided during the minister's appearance before the committee did not clearly identify which items listed under small capital would be prioritized for purchase and, in some cases, whether items had already

been purchased under the current fiscal year's budget.

Mr. Chairman, the Department of Health's capital budget includes a block of funding for ongoing lifecycle projects in its 2017-18 capital estimates. Members fully support initiatives for purchasing specialized diagnostic equipment so that medical clients are not required to travel far away from home, often to other jurisdictions, in order to receive medical services. While regular upgrading and replacement of medical equipment is certainly necessary, members raised some concerns with respect to the ongoing maintenance and repair of specialized equipment that is currently in use in community health centres.

Mr. Chairman, it has been noted that the use of the telehealth technology for service delivery across Nunavut has been a longstanding option for health care. Members would appreciate an overview of how the telehealth system has been used since its installation as well as options that are being considered for expanding its potential as a diagnostic and treatment tool that could potentially reduce medical travel.

Mr. Chairman, that concludes my opening comments on the proposed 2017-18 Capital Estimates of the Department of Health. I am confident that individual members will also have comments and questions as we proceed. Thank you.

Chairman: Thank you. The floor is now open for general comments. General comments. Seeing none, we will now proceed to the page-by-page review of the departmental estimates starting on

page H-3. Health. Directorate. Total Capital Expenditures. Mr. Mikkungwak.

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

My first question here is, the three health centre projects recently completed in Repulse Bay, Arctic Bay, and Taloyoak were intended to be built using a common design as a cost-saving measure. However, modifications to accommodate each project's unique circumstances resulted in increased costs.

Will the new health centre projects for Sanikiluaq, Cape Dorset, and Qikiqtarjuaq also be based on a common design and, if so, how will you keep costs from increasing? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I thank the member for that question. When we're talking of common design when we're building a health centre in any community, there are still some individual needs sometimes based upon the size of the community. When we're looking at a common design, there are certain elements of a health centre that are common. It saves that process of the design work. There are still design expenditures or design costs associated with any type of infrastructure build. Using the common design model reduces those costs; it doesn't eliminate them. It does have a factor of saving money than going back to a new design for every health centre in every community. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. Housing for health centre staff has often been raised as an issue of concern. Will new staff housing be built to accommodate staff at the new health centre in Sanikiluaq? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickes.

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

Chairman: Thank you. Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. What specific factors led to the decision to proceed with the Sanikiluaq Health Centre Replacement Project in 2017-18? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I thank the member for bringing that question up. It gives me a chance to clarify that the generation capacity of the community did not play a factor in that.

When we're looking at the amount of construction that is going on in Cape Dorset specifically, which is what we intended to start with, there's the Kenojuak Ashevak Cultural Centre being built, there's a new school being built, and there's a new power plant being built. As a government, any time we're looking at construction projects and developing infrastructure in communities, we want to make sure that

we are able to utilize local labour content, as well as utilize local hotels, restaurants, and other components of the economy at a community level.

If we were to proceed with all of those projects at the same time in Cape Dorset, it was felt that the capacity of the community couldn't be met with the needs of all of those projects going on simultaneously. Therefore we went to the next project in line with regard to our priority list and that was Sanikiluaq. I hope that explains that for the member. Thank you, Mr. Chairman.

Chairman: Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. What specific factors will determine when the department will proceed with the Qikiqtarjuaq Health Centre Replacement Project? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Whenever we're looking at replacing infrastructure in the territory, it's based upon priority of need first and the condition ratings of infrastructure. When you go across the territory, like I had mentioned, over 60 percent of our health centres are over 20 years old. It's not an easy endeavour to prioritize a need when the need is so great.

That being said, we do have limited infrastructure capital dollars as a territory and there are many competing interests. Does that lessen the need? No, but we do have to make sure that we take advantage of the knowledge from across the territory from all departments

on all needs for Nunavummiut, not just health centres.

We do take that into consideration and we are working with the Department of Community and Government Services to replace these centres. Right now we are anticipating the Qikiqtarjuaq Health Centre to be completed by the year 2023. Thank you, Mr. Chairman.

Chairman: Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. I thank the minister for all the answers. I know there are respective MLAs for these particular communities that I have been questioning, but I'm sort of leading to my community here.

Have any other communities been identified as requiring replacement or renovated health centres in the near future and, if so, which communities? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. When we're looking at replacing health centres, we're just about complete with the project in Arctic Bay. Sanikiluaq, as mentioned in this budget request, is next in line with anticipation of Cape Dorset immediately after that and, like I just stated, with Qikiqtarjuaq after that one. Right now, according to the list that we've got in priority replacement, the rest would be on the current capital planning cycle. I'll say in no particular order, but Baker Lake is one of the next three that are being anticipated in introducing to the capital planning process. Thank you, Mr. Chairman.

Chairman: Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. I thank the minister for his response. I guess his answer is sort of leading into my next question here.

I honestly believe, and if I do recall correctly, there was a study that was completed in 2004 at the Baker Lake Health Centre. I'm fully aware there are not enough rooms for examinations and general services provided at the health centre due to the volume of traffic. As I have made it very clear since I got elected, with an operating gold mine, forced growth, and whatnot, and with the influx of people within my community, it's an unhealthy place to go to in my opinion.

There's no space to move. Even when we look at the two receptionists at our health centre, they're in a very confined area and eye examinations are done in a hallway. My next question here would be: will the department look at doing another study, either to renovate or enlarge the health centre in Baker Lake, and when would that occur? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickers.

Hon. George Hickers: Thank you, Mr. Chairman. Like I had mentioned with regard to the Baker Lake Health Centre specifically, it is outside of the capital planning process with regard to replacement, but it is very high on the priority list.

That would beg the question on the validity. If you're looking at investing money into expanding a building, to me there is a need to replace it. If we look at

expanding, it may extend the lifecycle for a short period of time, but again with the limited infrastructure dollars that we have, we have to make sure that we're spending the money properly.

I understand Baker Lake has grown dramatically in the last number of years and I applaud the staff for working in tight confines. It's a fairly common theme across the territory. We've got a lot of older buildings that were built without the anticipation of the population growth that has occurred across the territory. Baker Lake is not alone in that circumstance and that's why we're endeavouring to build health centres as often and as frequently as we can get capital dollars to do it.

I'm not sure what else I can say. Thank you, Mr. Chairman.

Chairman: Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. I thank the minister for his response. I hear it very loud and clear that there are limited funds, so I guess that's why I'm asking if there will be a feasibility study or planning study within the next year to determine if an expansion is more feasible or an entirely new community health centre should be constructed in Baker Lake. Thank you, Mr. Chairman.

Chairman: Minister Hickers.

Hon. George Hickers: Thank you, Mr. Chairman. I thank the member for bringing forward possible solutions. When we do an evaluation of a facility along with Community and Government Services, we're evaluating the lifespan of that type of infrastructure. At this time

for one, there's no money allocated to a preplanning study on the Baker Lake facility, but like I had mentioned, it is ranked quite high on our replacement schedule.

I would question the need for doing a study such as that if we're going to be replacing the facility in the fairly short term. It depends on how you take that perspective of government lifecycles and capital cycles, but it's not that far off on the horizon that we will be looking at Baker Lake. Thank you, Mr. Chairman.

Chairman: Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. I do understand there are limited funds and whatnot. As the minister is fully aware, he has attended quite a number of federal counterpart meetings regarding infrastructure for aging health centres and possibly constructing new health centres or expanding. How have those discussions been coming? Thank you, Mr. Chairman.

Chairman: Minister Hickey.

Hon. George Hickey: Thank you, Mr. Chairman. I thank the member for that question. I still say I'm fairly new to the health file. I have participated in one provincial-territorial-federal meeting as recently as a couple of weeks ago and there were numerous discussions around the table.

Infrastructure didn't come up as a specific topic, but I can assure the member that in sidebar discussions with the federal minister, I highlighted the need of our aging infrastructure and obviously she's not able to commit to

anything along those lines at this point. Our Minister for Community and Government Services and our Premier continually lobby the federal government for infrastructure dollars.

I think we all recognize the infrastructure deficit that Nunavut exists in today. I think it's getting more and more recognized across the country that to be able to provide services, specifically health services, is something that we have to address as aggressively as possible. Thank you, Mr. Chairman.

Chairman: Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. When we look at these preplanning dollars, is that solely sourced just from the government or is that a partnership with federal government funds? I guess that will be my next question. Thank you, Mr. Chairman.

Chairman: Minister Hickey.

Hon. George Hickey: Thank you, Mr. Chairman. Those preplanning dollars go through Community and Government Services. I'll speak to a generality, if I may. I can't speak to another department's budget line, but when we're looking at doing feasibility studies on health projects, for example, the feasibility study is done by, from what I anticipate most times, staff from Community and Government Services. That may vary upon their capacity, availability, and the timelines associated with it. As far as specific details on how that process works, it would probably be a question best asked of the Minister responsible for CGS. Thank you.

Chairman: Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. When we're looking at these health centres, the figures that we are currently looking at are new health centres, I believe. I guess the next question is: when we look at enlarging a current health centre as opposed to renovating a current health centre, could the minister or the officials provide me with a ballpark figure of how much of a difference for those two particular items would be? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I wouldn't be able to answer that question. Mr. Chairman, when you're talking of "hypotheticals" like that, it would have to again fall into the preplanning process of looking at comparables.

Again, when you're dealing with facilities that are quite old in some communities, the actual value of renovating or putting an addition on to replacement, there are three very different scenarios. On some you may, on a short term, be able to extend the lifespan of a building by five or maybe up to ten years in renovations. You're dealing then with a new part of a building and then still have the existing building that may have any structural issues associated with that age.

When you're looking at the value to dollar, in a lot of cases, with the state of a lot of the health centres that we have, it's not worth to renovate or to put an addition on. It's much more economical to replace in most instances. I'll leave it at that, Mr. Chairman. Thank you.

Chairman: Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. When we look at preplanning, I guess it's pretty evident that I want a preplanning study for the community of Baker Lake to either replace it or enlarge it. What process would our community have to do considering the fact that the current staff are in an extremely small nursing station and on top of that we have visiting doctors and additional professionals trying to work in that extremely small health centre for the size of my community? That would be my next question. Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I do understand where the member is trying to go with this. Initially my concern would be, if we do a preplanning or feasibility study on something that we know needs replacing, what kind of value are we getting for that? In addition to that, then do we roll that out to every community that we know has a health centre more than 20 years old?

We know they need replacing at some point. When they were built, a lot of those facilities were built in an era where we didn't have the energy efficiencies and the technologies of today's where the O&M cost of maintaining facilities like that... .

If it's something the member feels very strongly about, it's something maybe he can propose in the next capital planning cycle to the Minister of Community and Government Services to add a project like that to the preplanning process, but

as of now, that's not in the current capital plan for us to be voting on today. Thank you, Mr. Chairman.

Chairman: Mr. Mikkungwak.

Mr. Mikkungwak: Thank you, Mr. Chairman. I thank the minister for his sound advice on that particular topic.

I'll move on to something different here. When we're travelling as MLAs, I often come across this and I'm very aware that we have two regional health facilities, one in Rankin Inlet and one in Cambridge Bay. The one that I come across quite often is the community of Rankin Inlet before I make it home.

I often come across a lot of medical travel clients coming from Winnipeg or vice versa going the other way. A majority of them are elderly and some after having undergone surgery. Maybe this should be coming from my colleagues from Rankin Inlet to look after their other Kivalliq fellow people.

On the last trip I came across medical travel clients travelling from Baker Lake and Arviat and there was a major meeting occurring in Rankin Inlet. The plane was delayed and there were some weather issues, which I understand we really can't control. Are there any considerations for a boarding home to be constructed within these two communities? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I guess initially I would like to preface my response by thanking the member. Through his own humility, he

gave up his room for somebody who was stuck in that travel circumstance and I know he slept on a couch that night. I thank the member for looking after his constituents in such a selfless manner.

In response to the question, there has been a study of the need for boarding homes in Cambridge Bay and Rankin Inlet. That being said, the majority of the boarding homes that we utilize are contracted services. When I spoke earlier of the need for infrastructure dollars, there are also economic development opportunities for third parties to take advantage of opportunities to either build or purchase or operate such facilities to be able to provide service to people that are travelling through regional hubs.

As of now, we don't have anything like that on our capital planning cycle. It is a challenge. I understand that. There are medical travel conditions and policies that are intended to alleviate people during medical travel. If they get stuck somewhere, there are hotel arrangements that are being made. If your stay is expected to be more than two hours, there are opportunities to get a day room through medical travel.

In a perfect world, if I had pot full of gold at the rainbow, I would love to build a boarding home in Rankin Inlet, but when you're looking at the condition of our health centers across the territory, that's not a contracted service that we can look at; boarding homes and structures of that nature are. Thank you, Mr. Chairman.

Chairman: Thank you, Minister Hickes. On my list of names...

>> *Laughter*

...Mr. A. Sammurtok.

Mr. Alexander Sammurtok

(interpretation): Thank you, Mr. Chairman. (interpretation ends) Has any consideration been given to having long-term care beds or palliative care beds in the Qikiqtani General Hospital or the Rankin Inlet Health Centre?

(interpretation) Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. With regard to here in Iqaluit, there is a potential for two beds to be used for that purpose. With regard to Rankin Inlet, I believe the member had asked me a question in question period last week. When I did tour that facility, there are a lot of space restrictions. Even when that facility was built way back when, I don't think they totally projected the amount of use or what a hub Rankin Inlet would become. As of now, I'm not aware of any plans to transition any of those beds into long-term care beds. Thank you, Mr. Chairman.

Chairman: Mr. A. Sammurtok.

Mr. Sammurtok: Thank you, Mr. Chairman. When you're doing preplanning, has there been any consideration for giving long-term care beds or palliative care beds for new health centres? (interpretation) Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: When we're talking community health centres,

they're typically not staffed 24/7. When you're looking at adding palliative care or even long-term care, you're looking at not only increased costs in different building codes when you're having residential services provided in a health centre; there are also quite substantial staffing costs for putting limited beds.

We are still exploring different models right now. The responsibility for some of the long-term care services we are providing are through Family Services. In conjunction with that department, right now we're doing an analysis of a perfect storm, I guess if you want to call it that, of what the proper size facility is for staffing requirements to be able to provide the best level of care for long-term residents, with some fiscal responsibility on identifying, in a perfect world, how much staff to how many beds to the size of the facility. That review is ongoing right now. Myself, I'm very much looking forward to the results of that. Thank you, Mr. Chairman.

Chairman: Mr. A. Sammurtok.

Mr. Sammurtok: Thank you, Mr. Chairman. Your department's 2015-16 capital estimates included a project to repurpose the former children's group home in Rankin Inlet. What is the current status of this project? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I thank the member for bringing that up. In the proposed planning projects for 2017-18, the Department of Health has submitted a Rankin Inlet mental health transition

facility. When we looked at the existing facility, the cost to renovate exceeded... . Like I spoke earlier about when we were talking about getting value for our dollar, the results of that review were that it would be more economical to rebuild. We've got that in our capital process under preplanning at this time. Thank you, Mr. Chairman.

Chairman: Mr. A. Sammurtok.

Mr. Sammurtok: Thank you, Mr. Chairman. As the minister and the rest of the members are well aware, I tabled a document in regard to having everybody, especially Health, look at it and consider it. The cost would be even cheaper than renovating the old children's group home. I hope you had a serious talk about that.

Going on to the next question, there is a growing need for more 24-hour care facilities across Nunavut. The department plans to open a seven-bedroom long-term care unit in the Kitikmeot health centre in the spring of 2017. What other steps have been taken to address this need and plan for additional facilities of this kind in the near future across Nunavut?
(interpretation) Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickey.

Hon. George Hickey: Thank you, Mr. Chairman. The occurrence of what happened in Cambridge Bay with the ability to add those beds to an existing structure was kind of unique. When the building was built, there were different needs that were anticipated or different programs that were anticipated to be provided out of that building. It was

underutilized, so it gave us an opportunity to be able to expand the services in a distinct footprint of the building. We were able to upgrade and renovate to meet the building codes and the security codes that are needed to provide care in a facility like that. That was quite a unique circumstance.

Typically, when we're looking at building infrastructure, you want to make it use-specific. When you're looking at building a health centre, you build a health centre. When you're looking at building a long-term care home, you build a long-term care home. It is something that we can keep in the back of our mind if there's a way of conjoining services like that, but typically you're looking at different building codes for different structures. If you take the strictest building code and put that throughout the entire building, it increases the cost quite substantially.

Even as of now, in our designs we look at trying to eliminate or have different wings of different uses to try to reduce our costs as much as we can. We realize the value of infrastructure dollars in Nunavut and how hard those dollars need to work for Nunavummiut. We take all considerations in when we're building infrastructure to make sure that we're getting the maximum impact of those dollars being spent. Thank you, Mr. Chairman.

Chairman: Thank you. The next name on the list, Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. First I would like to start by thanking Mr. Mikkungwak for asking several questions on my behalf about the health centre in my community. I can

only hope he's equally enthusiastic about other infrastructure issues I have in my community and help me along the way.

>> *Laughter*

Mr. Chairman, I have been lobbying a long time to get a new health centre in Sanikiluaq and it's a good feeling to finally see it making some progress. I won't have too many questions on that issue here today.

I will start by asking: with the preplanning dollars that you're asking for and with the money that is spent to date, can you give us some details on what exactly what this \$1 million will buy plus the money that was put to a preplanning study in previous years? Thank you, Mr. Chairman.

Chairman (Mr. Mikkungwak): Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I normally don't like to do this, but just because of the complexity of the response of all the levels that are taken into consideration, with your permission, Mr. Chairman, I would like to allow Mr. Babstock to respond to that.

Chairman: Thank you. Mr. Babstock.

Mr. Babstock: Thank you very much, Mr. Chairman. The money that's allocated for preplanning will go towards various aspects of consultant work to identify those build versus renovate decisions, coming up with the needed estimates that we can bring forward to complete the construction project. Thank you very much, Mr.

Chairman.

Chairman: Thank you. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. Has it gotten to the point where you have chosen a site location for the new health centre? Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. From what I understand from discussions with the Municipality of Sanikiluaq, there are two potential locations. They're just doing a final analysis and that will be part of the decision when they're going through the design itself.

Like we spoke about earlier, there is a common design element to it, but the footprint still has to be taken into consideration, the geotechnical assessments and the environmental assessments. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. I understand the need for all this prep work and it's probably money well spent in order to do so.

I'll probably also give a word of advice. Once you choose a location for the new health centres, keep consulting with the community because Sanikiluaq gets a lot of snow and if you don't orientate your building properly on a lot, you will spend a lot of money clearing snow. That's something to keep in mind.

You mentioned a minute ago about common design. Also in your opening

comments you talked about enhancing the design. I wonder if you can briefly describe some of the enhancements to the design. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Hickes.

Hon. George Hickes: Thank you, Mr. Chairman, for this. I apologize for the delay.

I do have a basic knowledge of it. When we're looking at the common design model, there are common elements, like I had stated earlier, but there are also community-specific initiatives and programs that are anticipated to be offered, even such as what the member just made in his comment and recommendation to the department on the design part of how it's situated on the footprint of the lot and where it's located. All those are taken into consideration.

I do appreciate the member's comment and advice on that. I'm sure my officials here have already made note of that and I look forward to the continued relationship to make sure that when we build something like this in a community, those factors are taken into consideration. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. Again I would like to thank Mr. Mikkungwak for asking my question on the staff housing needs for the new health centre. I'll take it a little further.

The current health centre has their accommodations within the building upstairs. It is my understanding that the

new health centre will have separate accommodations, not within the building. Is it your intent to have the new staff housing in close proximity of the health centre or will it be located farther away from the community?

The reason I ask that is because, when your health centre staff housing is not connected to your building, you could run into the issue of staff being able to get to the health centre in an emergency situation. That's why I asked: in what proximity to the health centre do you hope to have the staff housing? Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I thank the member for raising that concern. Again, when we looked at separating the staff housing component from the facility, like I had mentioned earlier, there are different building codes associated with the health centre and different types of health care facilities. You would end up having to build the residence to that level of code, which saves us a lot of money by having the residence separate from the facility itself. That being said, the intention is to have the staff housing on the same lot as the health centre or at the very least right adjacent to it. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. Another thing that our current health centre has is out at the back of the building, it has a garage that is used for various purposes, sometimes to park their vehicle and for storage. Is there any intention with the new health centre if the department will be considering

having a garage for their vehicles?
Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. These monies would allow us to go to the design type phase where, again, we take community needs into account. I can't commit one way or the other on that. Typically that's not a part of construction of health centres, but all avenues are considered when we look at something like that. In discussions with the community, it might be something... I know my staff here have already made a note of it. That being said, it's not a necessary part of a health centre. I'll leave it at that. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. I understand the fact that a garage may not be a priority when it comes to replacing a health centre. The point I'm trying to make is they currently have a garage near the health centre and if the new health centre is built without a garage, then you're actually losing a piece of infrastructure away from what they previously had. That's why I brought that up.

To move away from that, also part of your budget is small capital. With the acquisition, I'll use vehicles for example, I know the process when an old or used vehicle becomes surplus. I know it's your department's responsibility to contact CGS and surplus the vehicle. It's CGS' responsibility to put it out for tender or find a way to make use of that vehicle.

About a year ago I brought it to the department's attention that the health centre in Sanikiluaq had a couple of surplus vehicles. I think it's at least a year later. These two vehicles and the tags have been outdated now for at least two or three years. They're still sitting behind the health centre. Has your department contacted CGS to surplus these vehicles yet? Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I can't answer that question specifically. I've got some things buzzing back here, though. As part of the capital asset discussions with Community and Government Services, that should have occurred. I would have to look into those specific vehicles and get back to the member on that topic. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. The minister said it should have happened. Yes, it should have happened like three years ago. I have seen vehicles get destroyed where they sit so long, not necessarily your department but other departments too, where they're left so long before they're considered a surplus and disposed of properly.

I would just encourage you. I don't know where the stall is in the process, but it just seems that either the departments, not necessarily your department, are not letting CGS know or they're letting CGS know and CGS is not going forward with it. I'm not sure where the stumbling block is and I'll just

leave it at that as a comment and just encourage that in the future we really look at that as an issue, not only in my community but probably a lot of other communities. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Hickes.

Hon. George Hickes: I thank the member for that comment. I didn't realize it was such a widespread issue, but it's definitely something my officials are taking notes of right now and we will endeavour to do a better job in the future. Thank you, Mr. Chairman.

Chairman: Thank you. Following the list of names, Mr. Akoak.

Mr. Akoak: Thank you, Mr. Chairman. I just have two questions and hopefully both of them are yes.

>>*Laughter*

Today I talked about the health centres working on their own defibrillator, the heart machine. They made it workable. I'm just wondering if you're able to replace that machine as soon as possible. Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I have to commend those nurses in Gjoa Haven on their electrical skills. I hope they didn't get shocked in the process and that's not their job. It's our job to make sure that they've got the equipment needed to do their jobs.

When we're talking in a capital budget request process such as what we're going through today, that's exactly why we have an ongoing lifecycle component

to our budget where we can deal with equipment replacement as needs arise. You may have the projected list that we have in front of you. I believe we provided it to you at the standing committee meeting, but again that's a projected list. It has identified needs to date and even that was done back in March. The needs change almost on a daily basis.

It's something that we will look into immediately on that defibrillator in Gjoa Haven to make sure that it meets the requirements so that those nurses can do their job. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Akoak.

Mr. Akoak: Thank you, Mr. Chairman. Thank you for the response. My other question is, I visited the continuing care centre before I came to the sitting in Gjoa Haven and they gave me a tour. They have only ten beds available and they tell me that they have a long waiting list, not only from outside of Gjoa Haven but there are getting to be more from Gjoa Haven that need to be housed in that continuing care centre. Apparently the tenth bed was supposed to be used for emergencies only, but it's now being used as a regular bed.

You talked about renovating buildings. Have you thought about renovating the one in Gjoa Haven? Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I thank the member for his concern for his residents in Gjoa Haven. The facility has a fantastic reputation on the level of care that they're providing.

When we're looking at, again, capital planning processes, very similar to what we've got in our proposed planning projects of Igloolik, an extension on the continuing care centre there, it would be a natural progression. When we look at addressing needs across the territory, we're always looking for opportunities, again, to raise or increase the capacity of the care that we provide to keep people in Nunavut. I campaigned on that.

I believe that we need to provide as much care in-territory as we can. I understand there are fiscal restraints to that, as I talked about earlier, but it's something that we're always aware of and will continue to be aware of as a department. If there are opportunities to increase the capacity of an existing facility that's not that old and it can be done with the good value for the tax dollar that we use, we will obviously explore it. Thank you, Mr. Chairman.

Chairman: Thank you. The next name on the list, Ms. Angnakak.

Ms. Angnakak: Thank you, Mr. Chairman. I'm going to go back to page 2 of your opening remarks when you talk about the \$27.7 million that was used to build the Arctic Bay Community Health Centre and out of that, you have the detached five-plex staff housing. I think, originally in the plan, you were going to have the staff housing as part of the centre and then that was taken out and now the five-plex is different. Out of that \$27.7 million, how much did the five-plex cost? Thank you, Mr. Chairman.

Chairman (Mr. Akoak): Minister Hickey.

Hon. George Hickey: Thank you, Mr. Chairman. If I recall, the number is correct. \$2.8 million was transferred over to the Nunavut Housing Corporation. To be exact, \$2,819,000 was transferred to NHC to do that construction. Thank you, Mr. Chairman.

Chairman: Thank you. Ms. Angnakak.

Ms. Angnakak: Thank you, Mr. Chairman. If I understand correctly, the design for the Arctic Bay Health Centre was done through a common design. Thank you, Mr. Chairman.

Chairman: Minister Hickey.

Hon. George Hickey: Thank you, Mr. Chairman. Yes, it was. It was based on Nauyasat that was one of the first common designs that we used. Thank you.

Chairman: Ms. Angnakak.

Ms. Angnakak: Thank you, Mr. Chairman. From what you have in your opening comments, you stated that Sanikiluaq is the next community and that you're "looking to further enhance the design of new health centres to better meet the needs of the department and communities." You're requesting \$1 million to do this for the design phase. I have a couple of questions about this statement. One, when you look at the common design aspect, I guess, has anybody actually tallied how much we're saving by using this approach? Thank you, Mr. Chairman.

Chairman: Minister Hickey.

Hon. George Hickey: Thank you, Mr. Chairman. This is a fairly new initiative.

Now, when we're looking at our design and any improvements to that design, every time we build a health centre, we're going to get some lessons learned on how to streamline processes to find efficiencies in not only the design but maybe the construction itself.

We do know that just through the design process, you're not having to redesign a whole facility. We've got common elements that we do use from design to design. That is where the common design context comes from. There's still uniqueness and there's still a need for a design cost to meet the needs of each community. There are common elements, but it's not like we're taking one building design and putting it in every community. We have to still meet the individual needs of the community. It reduces our design costs, but it doesn't eliminate them. Thank you, Mr. Chairman.

Chairman: Ms. Angnakak.

Ms. Angnakak: Thank you, Mr. Chairman. I'm not an architect and I don't know a lot about this area, but when I think about a common design and then your statement of having to make changes every time, I understand why, because the layout of the land and the community is different. I'm not really convinced that it actually saves a lot of money just because of those changes.

You're asking for \$1 million to fund the design phase of one project. A million dollars is a lot of money in my opinion and it seems about the range of what you would probably pay an architect for that kind of scale. If we talk about common

design, I thought maybe it would be so much lower.

A million dollars is still a lot of money for a common design. I guess that's for this one Sanikiluaq project. I just want your comments on that. A million dollars for a common design seems like an awful lot to me. Is it going to be \$1 million every time we want to build a health centre? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I appreciate the member's concern. When we're looking at developing infrastructure in any capacity, not just a health centre, there are still the environmental studies, there are the geotechnical studies, and those are constant costs no matter what.

When you're talking about the design cost itself, it's not anticipated to save millions of dollars per unit on this common design. Over the course of evolution of the design it may be able to... We're in the third generation right now of this common design model. We're still discovering what savings are actually realized out of this. It's a fairly new process, but I do know that when you're talking of a common use facility like a health centre, you still have your basic components of need.

Having that commonality and then branching out with the uniqueness of each community, like I said, you're not going to eliminate design costs, but you are going to reduce them. They're not going to have to design each lab room or each filing room or each exam room or the different uses that we do encounter

in a health centre. It alleviates a lot of the design challenges.

There is still uniqueness that we have to make sure that we're meeting each community's needs as well. A health centre in Nauyasat may not be the right health centre in Sanikiluaq. We have to make adjustments for the community needs. Thank you, Mr. Chairman.

Chairman: Ms. Angnakak.

Ms. Angnakak: Thank you, Mr. Chairman. I would like to go on to something else. It's actually on page 1 of your opening comments. You say that there's "62 percent of the department's community health centres are 20 years of age or older." It reminds me of our power plants that are 40 and over. I don't think we want to get to that point in Nunavut where we're not doing anything about the aging infrastructure. What is the strategy to address this growing need? You've got 62 percent. That's a pretty high amount, I think. How are you going to address this? Thank you, Mr. Chairman.

Chairman: Minister Hickey.

Hon. George Hickey: Thank you, Mr. Chairman. When we're talking about that amount of buildings across the territory, it's the majority of our stock of health centres.

Now that being said, some are in different levels of conditions. Some have aged quite well, maybe in lower-traffic communities where population growth hasn't been maybe as dramatic as it has in some communities like the member from Baker Lake. When you're talking common design, you look at a lot of the

health centres across the territory that are existing were built over a fairly similar time frame, where the residences are on top and the same kind of style of build. They were built to that community of that day's needs. Again, construction methods have changed dramatically and technologies have advanced.

We want to make sure that we're getting the most efficient expenditure of our capital dollars as we can. We do have a priority listing, like I talked to earlier, of facilities that we have identified that need replacement faster than others. We have to prioritize. Again, if somebody gave me that pot of gold at the end of the rainbow, we wouldn't even have the capacity to replace all those health centres at once anyway. We have to take a deliberate and positive approach to utilizing the dollars that you guys and the capital planning process allows us to. Thank you, Mr. Chairman.

Chairman: Ms. Angnakak.

Ms. Angnakak: Thank you, Mr. Chairman. I want to go into actually what the chair was talking a little bit about continuing care centres. Obviously that's a real interest of mine.

We all know there's a real growing need for more 24-hour care facilities across Nunavut. We know that the Kitikmeot is about to open a seven-bed long-term care unit. What other steps are you doing to address this need?

In Iqaluit we have a big need here. The current one that we have, the levels of care that it's able to offer are fairly low, so a lot of people have to go away. Our facility in Iqaluit holds a lot of Nunavummiut but from other

communities, so my constituents have come to me and said, "Where do we go?"

I'm interested in your comments on what the next steps are. Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I have said this publicly and I have talked to the member about this topic to quite an extent. Again, I keep going back to the challenge that we have fiscally of making sure that all needs of Nunavummiut are covered across all departmental needs. I share the member's concern. Long-term care and continuing care is an ever-growing need of Nunavummiut and Iqaluit as a large centre is, I think, even more exaggerated.

That's where I believe opportunities arise, like I had mentioned with the boarding homes, of partnerships and some of our long-term continuing care facilities are run by societies and it's a fee-for-service base under contracted services, which alleviates some of the pressure on the government to provide the capital dollars for infrastructure such as that. I know the member is very engaged in projects such as that for Iqaluit and I look forward to seeing more information on such proposals to maximize the benefit to the residents of Nunavut. I commend the member for the efforts that she has undertaken and I know she has been working very tirelessly at it and will continue to do so. Like I said, I have always been open to examine any opportunities for partnerships to be able to provide care for Nunavummiut. Thank you, Mr.

Chairman.

Chairman: Thank you. Ms. Angnakak.

Ms. Angnakak: Thank you, Mr. Chairman. I am very encouraged to hear you say those words because one of the greatest fears that we have as volunteers of big projects like the one that I'm involved in is that we're not going to get the support. Even though we work very hard, we might not get that support. It's encouraging to really hear that because it makes us want to do even more, where we work harder towards our initiative, towards our goal, and so that is encouraging.

I don't think I have any more questions, Mr. Chairman. That's my last one. Thank you.

Chairman: Is that just a comment? Thank you. The next person on the list is Mr. Shooyook, but at first we will take a five-minute break. Thank you.

>> Committee recessed at 17:00 and resumed at 17:09

Chairman: Welcome back. I would like to call the committee meeting back to order. The next name on the list... . Sorry. We're on Health. Directorate. Total Capital Expenditures. Mr. Shooyook.

Mr. Shooyook (interpretation): Thank you, Mr. Chairman. I welcome the minister and his officials.

I have some questions on your opening comments regarding Arctic Bay. The construction of the Arctic Bay Health Centre is on its last phase. I believe there is \$50,000 to complete the project. Is

that amount going to be enough to go right up to the completion stage? I would first like to get clarification on that. Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. With most capital projects like this there's typically a small amount at the end just to cover any closing costs to the project and that's all this budget is allocated to. It's within the contracted parameters; we don't anticipate any increase cost to that. Thank you, Mr. Chairman.

Chairman: Mr. Shooyook.

Mr. Shooyook (interpretation): Thank you, Mr. Chairman. I also thank the minister. I was concerned because some construction is halted before it's completed. Below that is this \$27 million, which I believe is for the multiplex staff housing unit. The construction material just came in this fall on the ship. What's going to happen to the construction of the multiplex unit? Do we first have to approve the funding before construction starts? Can you give us an update on what's happening to that unit? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I would like to thank the member for that question. When we did this project, we carved out the \$2.8 million and provided it to the Nunavut Housing Corporation to construct the five-plex for staff housing for the health centre. The majority of the construction materials, like the member said, have arrived, not all of them have arrived in

the community, and the anticipated completion date is the end of next summer for that building in time for the building opening for the health centre. Thank you.

Chairman: Mr. Shooyook.

Mr. Shooyook (interpretation): Thank you, Mr. Chairman. I also thank the minister, but his response triggered another concern, as I assumed a complete construction package for the five-plex unit. Apparently only certain materials were shipped up.

With the mention of the staff housing unit construction not commencing until this summer, does this mean that our local nurses will face more housing issues prior to the construction of the units or will they be housed in the old nursing centre for the time being? What will happen with the nurses who work at our health centre? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. It's anticipated that the five-plex would be complete by the time the health centre opens up. If that doesn't occur for some undetermined reason, we will make whatever necessary arrangements for the staff. Thank you, Mr. Chairman.

Chairman: Mr. Shooyook.

Mr. Shooyook (interpretation): Thank you, Mr. Chairman. I'm always concerned about the design phase of any building. I understood that you would like to save costs by having a common design for the health centres, which is

what I expected. However, there is always \$1 million set aside for the common design since it came in. I'm getting confused because it's always coming in at \$1 million, even though you said that you would save costs by using a common design. Can you explain exactly what you use that \$1 million for? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. When we're looking at multi-year projects like this, chunks of money are taken in blocks. The initial one during the design phase is typically \$1 million for large construction projects. That being said, there are the common needs of the geotechnical study, the environmental study, and the design phase that may or may not total \$1 million. It's the overall contracted amount that is the important part.

We just make sure we take enough to complete that portion of the work. I know I'm making a perfect example here, but just to give a hypothetical, if all that work was completed for \$800,000, the \$200,000 would go into just the next phase of the building. It's overall. For example, in Arctic Bay it was \$27.7 million that was the total cost. We just make sure that we take enough to complete that cycle of building within that fiscal year. I hope that explains it properly to the member. Thank you.

Chairman: Mr. Shooyook.

Mr. Shooyook (interpretation): Thank you, Mr. Chairman. It makes it clearer. I thought that we had used a large chunk of that \$1 million. Thank you.

Health centres are very important and I believe they are built from basically the same design. I am concerned about communities with larger populations such as Arctic Bay. What plans do you have for larger communities such as Baker Lake? I'm asking about the future need to build health centres using Arctic Bay as an example. Taking Baker Lake as an example using cost-effective measures, would you build something similar to what you're building in Arctic Bay? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. That would be determined during the preplanning process of a project. Using Baker Lake as an example, it would determine whether that size of structure would be sufficient or whether it would need to be a little bit larger. That's where we take the common design elements of the exam room design, the records management site, and the administration needs into consideration and we do some customization to that common design to meet the needs of the community.

Again, it's not a perfect cookie cutter. We don't take one like Arctic Bay's design and it may or may not meet the needs of Baker Lake, but the core of it does and that's where we can expand upon or shrink based upon the needs of the community. We still want to make sure that we're meeting the local needs, not with just a cookie-cutter model. Thank you.

Chairman: Thank you. Mr. Shooyook.

Mr. Shooyook (interpretation): Thank you, Mr. Chairman. I also thank the

minister very much for clarifying that for me. When I first got elected, I found out that when a health centre is planned to be constructed, a morgue may be included in the design. I thought the health centre for Taloyoak was going to have a morgue, but it was taken out of the project design. Maybe I misunderstood that, so if you can clarify that for me. Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Typically that's a consultation that is done with the community. As Mr. Rumbolt says, it's very important to engage the community and identify the needs with the hamlet. Sometimes those services are available through existing infrastructure that the hamlet may have or may contract out to some local enterprise. Typically we wouldn't build a morgue into the health centre, but it's something that is taken into consideration in discussions with the hamlet or municipality. Thank you, Mr. Chairman.

Chairman: Mr. Shooyook.

Mr. Shooyook (interpretation): Thank you, Mr. Chairman. I also thank the minister. I am concerned when dealing with capital estimates, especially when it comes to health centres, because we can die at any time and not necessarily just in winter. Death comes to the door anytime, even in the summer, as it is part of our lives.

When a person dies, what I disagree with is in communities with no morgue they have to place the cadaver in the community meat freezer while they wait for the coroner since no morgue exists

and it cannot be placed in a warm place. With that being the case, it is extremely important since it would cause me consternation if my deceased relative was being housed in the freezer.

Would the minister consider adding a morgue when considering any new health centres for a community? Would you possibly consider that for future buildings, depending on the needs of the community? I do understand that if a community wishes to add a morgue, it can be added to a new health centre. I don't think a morgue exists in Arctic Bay since I don't recall a request. What direction will the minister take with regard to this issue? Can you clarify that for me? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I thank the member for bringing light to that issue. Basically to answer quickly, that would depend on the community. If the community has already arrangements made amongst the hamlet or municipality, then we wouldn't build that into the health centre. If the community wants us to do that, it's definitely something that we would take into consideration during our design and construction.

There's appropriate legislation forthcoming very soon to deal with proper storage and how to handle people after they have passed away. I look forward to discussions on that potential topic when Bill 14 comes forward. Thank you, Mr. Chairman.

Chairman: Mr. Shooyook.

Mr. Shooyook (interpretation): Thank you, Mr. Chairman. I was concerned about this issue. When can I make comments regarding the small capital projects? Thank you. I still have minutes and I'll make it brief.

In the 2016-17 capital estimates regarding vehicles, it indicates that you use small capital funds to purchase health centre vehicles. It's my observation that these health centre vehicles are not adequately utilized. They're just always stationary and are not used to transport residents. It's something I am concerned about, especially when there are people with little means of transportation. Even when there is an emergency, there is no alternative available in the communities.

I'm not sure what the point is to have a health centre vehicle when the health centre is accessible in a community. Why is it necessary to have these vehicles? Please explain that to me. Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. The answer could be quite complex depending upon the different uses of vehicles in the communities with health centres. With the committee's indulgence, I would like my deputy minister to respond to that. Thank you.

Chairman: Ms. Stockley.

Ms. Stockley: Thank you, Mr. Chairman. Thank you for that question. The health centre vehicles are used in a variety of ways. Depending on the needs of the community, it could be to transport home care nurses to patients'

homes in order to receive care. Many times it is to transport medications, particularly daily medications like TB medications, for example, to patients' homes.

They're not typically used for transporting patients, except in emergency type situations if there are no ambulances or no alternatives provided in the hamlet. Thank you.

Chairman: Mr. Shooyook.

Mr. Shooyook (interpretation): Thank you, Mr. Chairman. This is indeed a critical matter with that being the situation. Since I rarely spend the entire year in my community anymore due to commitments, I have never seen the vehicle allocated for this function of providing medication to patients requiring daily dosages and I doubt it has ever been used for that. I don't know. I have never seen the vehicle in use and that is the only thing I know.

Due to the importance of this function, I wonder what further directive can be provided. Hamlets already hold vehicle insurance policies. Perhaps these types of emergency vehicles or transportation vehicles to the airport can be added. Can the hamlet receive assistance from the Nunavut government to administer and manage these emergency vehicles? Can they provide this funding to the hamlets for that? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. There are vehicle replacement funds that are provided through Community and Government Services.

When we're talking vehicles that are under the Department of Health's responsibility, you run into challenges. Maybe they may not be as utilized as efficiently as they may be. The need is still there. If a patient does need their medication or does need a home care visit, we need to have that vehicle available for use to be able to provide that extended level of care to our residents.

Maybe there is something to be said for the residents of Arctic Bay, that they are very healthy and that they don't need all that level of home care or medications delivered. I hope that is the case and I hope it continues if it is. Again, we still need to have a vehicle there to be able to provide that use when it's needed. I think that is where maybe the member's quandary is. If a vehicle is sitting there for maybe days at a time, it may not look efficient, but we still need to have that vehicle there for when it is needed. I hope that responds to the member's concern. Thank you.

Chairman: Mr. Shooyook.

Mr. Shooyook (interpretation): Thank you, Mr. Chairman. I also thank the minister for his response. I'm running out of time. I understood part of the response. Thank you, Mr. Chairman. I'll just leave it at that.

Chairman: Thank you. The last name on the list, Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you, Mr. Chairman. Welcome, Mr. Minister and your officials. First of all in your opening comments on the community centre were clear, as were the minister's responses to questions.

The planned health centre for Cape Dorset has been deferred for various reasons. The minister also stated that the power generation capacity was not the reason why the Cape Dorset Health Centre has been deferred. Can you provide more details on why it was deferred? With the power plant planned to be constructed, would that be after the new health centre for Sanikiluaq is completed? That's my first question. Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickey.

Hon. George Hickey: Thank you, Mr. Chairman. From all the information that I had received wearing a previous hat, the power needs of the community are available to be met, including the current construction projects that are slated to go in there, one of them being the new power plant. That wasn't a consideration in delaying this project.

It was to make sure that the community of Cape Dorset has ongoing construction opportunities to promote local employment and trades opportunities for residents of Cape Dorset on an extended period of time with the number of projects that are going on there simultaneously. Thank you, Mr. Chairman.

Chairman: Thank you. Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you, Mr. Chairman. I also thank the minister. We understand that Arctic Bay will be receiving a new health centre and although they had staff housing adjoined to the health centre, it will be a separate facility.

Every time you're going to be constructing a new health centre in the communities, will the housing corporation be constructing adequate staff housing as well? Thank you, Mr. Chairman.

Chairman: Minister Hickers.

Hon. George Hickers: Thank you, Mr. Chairman. I thank the member for that question. The intention is to provide staff housing under a separate building than the health centre. With that design model, it has saved approximately \$2 million per project.

When I talked earlier about the different building codes that are associated with the health centre construction, by removing the residency from that building, it has realized quite substantial savings and it is still providing very close proximity housing available to staff. Thank you.

Chairman: Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you. Every time you're going to be constructing a new health centre, aside from Mr. Rumbolt's question, it would be ideal to have staff housing in close proximity to the new health centre in case of emergencies. When you are building new health centres, will you make sure that the staff housing is close by? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickers.

Hon. George Hickers: Wherever possible, yes. Thank you.

Chairman: Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you. That's good to hear. I do want to ask another question regarding ongoing lifecycle. In the substantiation sheet you have identified different priorities. Will you be providing funding for all of your highest priorities under ongoing lifecycle? Thank you, Mr. Chairman.

Chairman: Minister Hickers.

Hon. George Hickers: Thank you, Mr. Chairman. I believe I had mentioned earlier on when we were talking about a list such as this, I believe it was in response to the Chairman's question. This list does have some fluidity to it, but the priority lists on here are especially specific to health. Let's say, health and safety are obviously a very high priority and we endeavour to look at this with the money that we're allocated based upon the cost associated. The estimates that come in with specific pieces of equipment does bring some potential for changes to the list, but our intention is especially the ones that deal with the health and safety of our staff and patients are dealt with first. Thank you, Mr. Chairman.

Chairman: Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you, Mr. Chairman. I also thank the minister. I have seen, for example, in some communities like Kimmirut the health centre needs a new generator and they say that it's a high priority. Can the minister tell me that the Kimmirut Health Centre will be getting a new generator? Thank you, Mr. Chairman.

Chairman: Minister Hickers.

Hon. George Hickey: Thank you, Mr. Chairman. That is the intention. When the power went out in Kimmirut fairly recently, it was an issue, so it highlighted the need even more so than what an age in the priority ratings can bring to a piece of paper. Thank you, Mr. Chairman.

Chairman: Mr. Joanasié.

Mr. Joanasié (interpretation): Thank you, Mr. Chairman. I also thank the minister. The reason why I'm asking this question is because I know that in Kimmirut there was a power outage almost for a whole day. There was an emergency in the health centre when the power was out. The concern came out of that incident.

I will move on to another topic of vehicles. We have different vehicles. We have ambulances and there's a vehicle for disabled people. Can the minister tell us if that is part of this program? Thank you, Mr. Chairman.

Chairman: Minister Hickey.

Hon. George Hickey: Thank you, Mr. Chairman. Sorry for the delay.

Typically vehicles like that are provided in conjunction with continuing care centres. That being said, there have been communities that have used their vehicle replacement to purchase vehicles specific to moving different groups around, if you want to call it that. I believe, if you look, in Cambridge Bay there's an identified need for a passenger van because of the increased capacity at the continuing care centre there. Typically it's not a per community

allocation for that type of vehicle use. Thank you, Mr. Chairman.

Chairman: Mr. Joanasié.

Mr. Joanasié (interpretation): Thank you, Mr. Chairman. I also thank the minister. I want to get clarification. For example, if the Department of Education has a student with special needs, they have a special needs bus. They also provide a special needs bus for disabled people. If there was no special needs bus in either one of the communities, do you look into that or review the matter? For example, if the DEA doesn't have one and the community requires a vehicle to be used by the health centre for patients who may require a special needs vehicle, that is what I am trying to ask about here. Thank you, Mr. Chairman.

Chairman: Minister Hickey.

Hon. George Hickey: Thank you, Mr. Chairman. I'm just wondering if the member could maybe clarify. In part of his question he talked about meeting the needs of the students within the education system or is this separate, if it was a grown adult that had special needs and needed different transportation needs. Can I get some clarification? Thank you.

Chairman: Clarification.

Mr. Joanasié (interpretation): Thank you, Mr. Chairman. The example I used was specific to a school vehicle used for special needs students with physical limitations or who require the use of a wheelchair. The Department of Education provides a vehicle and I am just using Cape Dorset as an example here as there is a vehicle for that.

However, with requirements outside the mandate of the Department of Education, such as Health, I wanted to know if this is also part of the review of community needs assessments where residents with physical disabilities are provided with a vehicle. Is this included in your review? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I thank the member for that clarification. Typically that would not be under the realm of the Department of Health to provide vehicles of that nature. That might be something the municipality or the hamlet might put in their priority list of their submission to Community and Government Services or look at internal fundraising opportunities or maybe third party partnerships to address that if a need like that arose. Thank you, Mr. Chairman.

Chairman: Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you, Mr. Chairman. I also thank the minister for providing the details. Maybe I'll ask him about wheelchairs. Do all health centres have wheelchairs available for patients who are on medical travel or for residents with special needs? Are they allowed to temporarily use wheelchairs owned by the health centre? Do all community health centres have wheelchairs? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. Typically all health centres

do have wheelchairs. As far as I'm aware, they all should.

With regard to somebody temporarily using one, I think that would have to be an individual basis, realistically within the decision of the health centre, whether they've got the equipment that's available to be used under what conditions. Typically, if somebody is going to be in a wheelchair for an extended period of time, most residents would be covered under that under NIHB where they would have a wheelchair provided for them. It's a one-off circumstance that I wouldn't be able to respond to on a permanent basis at this juncture. Thank you, Mr. Chairman.

Chairman: Thank you. Next name on the list, Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. Good afternoon, minister and your officials.

Mr. Chairman, are we still on H-3 in English? I want to know if we can also ask questions on H-4. Thank you. I want to ask questions on this page and I'll start with the small capital figures that are written in the document. Let me read the paragraph in your substantiation sheet. Perhaps it will be easier to read the section in English. I may use the wrong Inuktitut terms as I only have the English version.

Within your substantiation sheet it states, (interpretation ends) "In March 2016 the health regional directors, Qikiqtani General Hospital, and corporate services prioritized projects based on a number of requests submitted by program managers/directors throughout the territory."

(interpretation) The first question I want to ask is: did they review the projects for fiscal year 2017-18? Was that part of the review? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. When you're talking of different needs addressed, especially with prioritization, it's a live list. It is an ongoing communication with regional offices at the community levels and correlating that information from each community back to this master list, if you want to call it that, Mr. Chairman. Thank you.

Chairman: Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. What jumps out at me within this paragraph, and I am unsure whether it constitutes an actual concern or not, but for my own understanding of the matter, it speaks to several items under small capital, such as carpets, at least in our dialect. I'm referring to (interpretation ends) carpets (interpretation) and their repair or replacement.

There seems to be increasing cases of individuals who are allergic to carpet fibres. Has the department ever contemplated the removal or phasing out of carpets, especially in public places owned by the department, such as our health centres? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. It's ongoing. When it says "replace carpeting," if you look over

further down in Kimmirut, as an example, when it talks about replacing the flooring, it's replacing it with flooring, not carpeting.

More and more people were finding that it's a lot easier to clean traditional flooring than it is carpeting. Typically, unless there is a real need to have carpeting in an area, we would replace it with non-carpeted flooring. Thank you, Mr. Chairman.

Chairman: Mr. Enook.

Mr. Enook (interpretation): Thank you. That is good to hear. I believe it is much better for the majority of people.

In the same paragraph I want further clarification on this capital estimates page for last year under capital projects for 2015. In reviewing them, there is a section speaking to vehicles, but no mention of Pond Inlet at least from what I can decipher.

With the estimates we are reviewing for fiscal year 2016, I'm assuming it's for the Pond Inlet Health Centre, as it is in the capital estimates for the Department of Health. There is a vehicle listed for Pond Inlet. I want to ask the minister this question. Perhaps I can be content in that this summer our health centre received a new vehicle, a Ford Explorer, which arrived via the summer sealift. That is good to see. Does it mean that we are getting another vehicle for the summer of 2017? Thank you, Mr. Chairman.

Chairman: Thank you. Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I don't have that level of detail. I apologize to the member that I

will have to get back to him after these proceedings to clarify the purchase of that vehicle, whether that was an initial purchase, and if there is another one coming.

There are occurrences where, if there are multiple vehicles in a community, they may come back to back due up for replacement. This could very well be a second vehicle, but to be perfectly honest with the member and to make sure I'm giving factual information, I would appreciate it if he would allow me to get back to him later on that specific topic. Thank you.

Chairman: Thank you. Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. If this funding estimate submitted today is to be approved by members and we approve the total amount requested, a vehicle for Pond Inlet is included in the list for the summer of 2017. Does that mean we can expect this vehicle since it is included in the request for approval? Can we expect it after we approve it? Thank you, Mr. Chairman.

Chairman: Minister Hickes.

Hon. George Hickes: Thank you, Mr. Chairman. I think it's very safe to say from my part that you could probably double this request and we would still spend all the money. When you're looking at basing these things, you've got high priority and medium priority. If you take a look at the actual costing of all this stuff, we can't even do all of what we want to do with the money that we're given. For example, if the vehicle that the member was talking about isn't needed in Pond Inlet, it would go to the

next highest priority of what we need to keep the level of care at least where it's at or if not, looking at improving it. Thank you.

Chairman: Mr. Enook.

Mr. Enook (interpretation): Thank you, Mr. Chairman. It is documented here that the need for the vehicle in Pond Inlet is one of the higher priorities and should be top priority. I'll just expect that if we approve this request, then Pond Inlet will get a vehicle next year. Mr. Chairman, I'll stop there for now. Thank you.

Chairman: Thank you. We're on Health. Directorate. Total Capital Expenditures. \$4,550,000. Agreed?

Some Members: Agreed.

Chairman: Back to page H-2. Department Summary. Health. Detail of Expenditures. Total Capital Expenditures. \$4,550,000. Agreed?

Some Members: Agreed.

Chairman: Thank you. Do members agree that we have concluded the Department of Health?

Some Members: Agreed.

Chairman: Thank you. Do you have closing comments, Minister Hickes?

Hon. George Hickes: Thank you very much, Mr. Chairman. I would like all the chairmen that proceeded over this appearance. This is my first appearance as Minister of Health and I appreciate the level of questions and the detail.

I appreciate the staff, not just the staff that I brought with me but the staff behind the scenes that put in all the work of making sure that I've got the information that I need to be able to respond to your questions. With any commitments I made during this proceeding to get back members with specific details, I commit to getting that sooner rather than later.

I think it should not go unsaid that I really appreciate the level of questions that you guys challenged me with today. It shows that you're very engaged within your communities and show a high interest in the level of care that our health centres are able to provide throughout the territory.

I would like to thank my deputy minister and Mr. Babstock for attending with me today. I had to utilize each of their services at least once. Thank you all to Mr. Chairman and committee members. Thank you.

Chairman: Thank you, Minister Hickes. Sergeant-at-Arms, please escort the witnesses out.

What is the wish of the committee? Mr. Rumbolt.

Mr. Rumbolt: Thank you, Mr. Chairman. Your committee would like to commence with the review of the capital estimates for the Department of Family Services. Thank you, Mr. Chairman.

Chairman: Thank you. Does the committee agree?

Some Members: Agreed.

**Bill 24 – Appropriation (Capital) Act,
2017-2018 – Family Services –
Consideration in Committee**

Chairman: Thank you. Minister Mike, please proceed to the witness table.

Thank you. Minister Mike, please proceed with your opening comments.

Hon. Johnny Mike (interpretation): Thank you, Mr. Chairman. I'm sorry that my officials are not here, but they will be here shortly and they are in the building.

Thank you, Mr. Chairman. I also thank the members. I am pleased to be here today to present the 2017-18 Department of Family Services' capital estimates.

The department has been initiating capital investments in order to improve program delivery and enhance services that are provided throughout the territory. It is essential that we recognize the importance of technology today in order to make wise investments tomorrow. In this regard, the Department of Family Services is seeking to continue work on an electronic case management system for the Children and Family Services Branch and to carry on the implementation of the Income Support Delivery System in additional communities in Nunavut. Furthermore, the department remains persistent in addressing other small capital requirements which are required to increase the efficiency and effectiveness of program and service delivery in our communities. To complete these tasks, the Department of Family Services is requesting a total of \$3,170,000 in capital funding for fiscal year 2017-18.

The department is seeking \$2,020,000 in funding for 2017-18 to continue with the acquisition and implementation of a case management system for the Children and Family Services Branch. This is consistent with the previous request approved in the 2016-17 supplementary appropriation of capital to begin the process of acquiring and implementing this new system.

The department is also seeking resources in the amount of \$1,150,000 to address small capital requirements, which include the installation of servers and cabling for the Income Support Delivery System, facility repairs and renovations, office space renovations, vehicle replacement, and regular replacement of furniture and equipment. Specifically our small capital resources for 2017-18 are planned to be allocated as follows:

For the Qikiqtaaluk region:

- \$45,000 to purchase a vehicle for Qikiqtarjuaq to replace the eight-year-old unit that incurs high maintenance costs.
- \$45,000 to purchase a vehicle for Grise Fiord as there is currently no service vehicle in the community.
- \$50,000 for the replacement of office furniture that is in a state of disrepair in various communities in the region.

The total Qikiqtaaluk regional allocation amounts to \$140,000.

For the Kivalliq region:

- \$45,000 to purchase a vehicle for Chesterfield Inlet as there is

currently no service vehicle in the community.

- \$45,000 to purchase a vehicle for Rankin Inlet to replace the eight-year-old unit that incurs high maintenance costs.
- \$40,000 for the replacement of office furniture that is in a state of disrepair in various communities in the region.

The total Kivalliq regional allocation amounts to \$130,000.

For the Kitikmeot region:

- \$125,000 for repairs and the replacement of windows and doors of the boys' group home in Cambridge Bay.
- \$30,000 for the replacement of office furniture that is in a state of disrepair in various communities in the region.

The total Kitikmeot regional allocation amounts to \$155,000.

For headquarters in Iqaluit:

- \$425,000 is planned for office space renovations in various communities as Family Services continues to work with Community and Government Services to provide appropriate program and service delivery space throughout the territory.
- \$200,000 is planned for the elders' care facilities to be used for minor renovations and furniture, fixtures, and equipment.
- \$100,000 is planned to provide for the installation of servers and

structured cabling in extending the installation of the Income Support Delivery System in Clyde River, Qikiqtarjuaq, Kugaaruk, and Taloyoak, dependent on availability of the Core Business Network through cooperation with the Department of Community and Government Services.

The total headquarters allocation amounts to \$725,000.

Mr. Chairman, that concludes my opening comments on the proposed 2017-18 Capital Estimates of the Department of Family Services. I look forward to your ongoing support as we continue to work towards achieving our mandate.

I welcome any questions or comments that members may have as we proceed. Thank you.

Chairman: Thank you, Minister Mike. Does the chair of the standing committee have opening comments? Mr. Joanasie.

Mr. Joanasie (interpretation): Thank you, Mr. Chairman. I am pleased to provide opening comments on behalf of the Standing Committee on Government Estimates and Operations as the Committee of the Whole begins its consideration of the proposed 2017-18 Capital Estimates of the Department of Family Services.

Mr. Chairman, the Department of Family Services' proposed capital budget for 2017-18 includes two projects, a case management system for the department's Children and Family Services Branch and the ongoing small

capital budget for upgrades and repairs of facilities and equipment.

Mr. Chairman, the standing committee is again disappointed to note that the department's 2018-2022 five-year plan does not address any future infrastructure needs for shelters, group homes, or facilities which can accommodate clients dealing with substance abuse or those facing challenges with daily living. While the committee does appreciate that providing services to individuals suffering from trauma, addictions, mental health issues, or to those who lack the ability to live independently is very complex, members encourage the minister and his staff to take a more proactive role in planning for a future where Nunavut residents do not have to leave the territory to receive care.

Mr. Chairman, the issue of elder care and the need for safe, secure, and comfortable elders facilities is an ongoing concern and the standing committee also encourages the minister to work with his cabinet counterparts to address this need at the earliest opportunity.

Mr. Chairman, the Department of Family Services' proposed 2017-18 capital estimates include just over \$2 million to continue with ongoing plans to implement an electronic case management system for the department's Children and Family Services Division. The standing committee recognizes that the need for such a system was identified in the Auditor General of Canada's 2011 and 2014 reports on child and family services in Nunavut and commends the department on its efforts to address the Auditor General's recommendation in

this area. The committee notes that this is a three-year project with an overall cost of close to [\$5.4] million. Members caution the minister to take all steps to ensure that this project stays on budget and is completed within the proposed time frame.

Mr. Chairman, the Department of Family Services' proposed 2017-18 capital estimates also include \$1.15 million for small capital projects. Committee members appreciated receiving a breakdown of the proposed projects and estimated costs under this budget item. Members are in support of the department's investment in information technology to improve the delivery of the Income Assistance Program and look forward to updates on the rollout of this automated system across Nunavut's communities.

Mr. Chairman, that concludes my opening comments on the proposed 2017-18 Capital Estimates of the Department of Family Services. Individual members may have questions and comments as we proceed. Thank you, Mr. Chairman.

Chairman: Thank you, Mr. Joanasié. Well read. What is the wish of the committee? Mr. Mikkungwak.

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

Chairman: Thank you. We have a motion on the floor to report progress and the motion is not debatable. All those in favour of the motion. All those opposed. The motion is carried. We will come back tomorrow with the minister

and his officials. Sergeant-at-Arms. I will now rise to report progress to the Speaker.

Speaker (interpretation): Item 20. Report of the Committee of the Whole. Mr. Akoak.

Item 20: Report of the Committee of the Whole

Mr. Akoak: Thank you, Mr. Speaker. Your committee has been considering Bill 24 and would like to report progress. Mr. Speaker, I move that the Report of the Committee of the Whole be agreed to. Thank you, Mr. Speaker.

Speaker (interpretation): There is a motion on the floor. Is there a seconder? Member for Netsilik, Mr. Qirngnuq. (interpretation ends) The motion is in order. To the motion. All those in favour. (interpretation) Thank you. (interpretation ends) Opposed. The motion is carried.

Item 21. Third Reading of Bills. Item 22. *Orders of the Day*. Mr. Clerk.

Item 22: Orders of the Day

Clerk (Mr. Quirke): Thank you, Mr. Speaker. *Orders of the Day* for October 28:

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 (interpretation) Sergeant-at-Arms.
8. Returns to Written Questions >>*House adjourned at 18:15*
9. Replies to Opening Address
10. Petitions
11. Responses to Petitions
12. Reports of Standing and Special Committees on Bills and Other Matters
13. Tabling of Documents
14. Notices of Motions
15. Notices of Motions for First Reading of Bills
16. Motions
17. First Reading of Bills
18. Second Reading of Bills
19. Consideration in Committee of the Whole of Bills and Other Matters
 - Bill 20
 - Bill 22
 - Bill 23
 - Bill 24
20. Report of the Committee of the Whole
21. Third Reading of Bills
22. Orders of the Day

Thank you.

Speaker (interpretation): Thank you.
(interpretation ends) This House stands adjourned until Friday, October 28, at 9:00 a.m.

Appendix – October 27, 2016

GN Overtime:

	Executive & Intergov. Affairs	Finance	Justice	Culture & Heritage	Education	Health	Environment
April 1st, 2014 - March 31 2015							
Casual	\$3,150.05	\$57,095.63	\$1,012,256.45	\$11,878.62	\$5,332.19	\$5,499,397.31	\$69,828.20
Permanent	\$42,287.69	\$180,121.75	\$2,000,625.25	\$44,040.31	\$154,699.49	\$6,264,587.49	\$262,984.41
Total	\$45,437.74	\$237,217.38	\$3,012,881.70	\$55,918.93	\$160,031.68	\$11,763,984.80	\$332,812.61
April 1st, 2015 - March 31 2016							
Casual	\$6,450.36	\$30,362.19	\$956,791.35	\$4,064.52	\$8,270.96	\$5,784,369.90	\$65,641.40
Permanent	\$53,971.10	\$177,229.35	\$2,079,371.87	\$77,144.67	\$123,829.69	\$6,189,589.05	\$278,345.97
Total	\$60,421.46	\$207,591.54	\$3,036,163.22	\$81,209.19	\$132,100.65	\$11,973,958.95	\$343,987.37

	Comm and Government Services	Economic Development and Transportation	Family Services	Petroleum Products Division	NBCC	Nunavut Arctic College	Nunavut Housing Corporation
April 1st, 2014 - March 31 2015							
Casual	\$328,821.10	\$46,295.30	\$404,823.61	\$92,984.92	\$0.00	\$82,913.31	\$28,658.89
Permanent	\$1,163,831.11	\$131,898.42	\$847,584.70	\$189,921.65	\$19,854.22	\$344,148.71	\$273,699.56
Total	\$1,492,652.21	\$178,193.72	\$1,252,408.31	\$282,906.57	\$19,854.22	\$427,062.02	\$302,358.45
April 1st, 2015 - March 31 2016							
Casual	\$468,897.03	\$50,530.48	\$390,928.41	\$64,981.23	\$3,768.18	\$110,290.45	\$14,552.46
Permanent	\$1,214,728.47	\$130,981.30	\$937,796.02	\$274,009.54	\$40,959.25	\$439,491.13	\$328,914.52
Total	\$1,683,625.50	\$181,511.78	\$1,328,724.43	\$338,990.77	\$44,727.43	\$549,781.58	\$343,466.98

	Legal Services Board	Liquor Licensing Board	Liquor Commission	Labour Standards Board	IUT	Status of Women Council	Human Rights Tribunal	QEC	Grand Total for all Depts., Boards & Agencies
April 1st, 2014 - March 31 2015									
Casual	\$0.00	\$92.52	\$2,426.28	\$0.00	\$0.00	\$0.00	\$339.38	\$389,258.00	\$8,035,551.76
Permanent	\$85,777.50	\$0.00	\$7,018.90	\$0.00	\$4,798.94	\$0.00	\$0.00	\$4,243,517.00	\$16,261,397.10
Total	\$85,777.50	\$92.52	\$9,445.18	\$0.00	\$4,798.94	\$0.00	\$339.38	\$4,632,775.00	\$24,296,948.86
April 1st, 2015 - March 31 2016									
Casual	\$0.00	\$0.00	\$270.90	\$0.00	\$0.00	\$0.00	\$0.00	\$689,884.00	\$8,650,053.82
Permanent	\$110,524.25	\$0.00	\$8,695.51	\$0.00	\$6,141.45	\$0.00	\$1,238.61	\$4,828,389.00	\$17,301,350.75
Total	\$110,524.25	\$0.00	\$8,966.41	\$0.00	\$6,141.45	\$0.00	\$1,238.61	\$5,518,273.00	\$25,951,404.57