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HANSARD

Monday, October 19, 2020 — 1:00 p.m.

Speaker: The Honourable Nils Clarke

YUKON LEGISLATIVE ASSEMBLY

2020 Fall Sitting

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DEPUTY SPEAKER and CHAIR OF COMMITTEE OF THE WHOLE — Don Hutton, MLA, Mayo-Tatchun
DEPUTY CHAIR OF COMMITTEE OF THE WHOLE — Ted Adel, MLA, Copperbelt North

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Hon. Ranj Pillai	Porter Creek South	Deputy Premier Minister of Energy, Mines and Resources; Economic Development; Minister responsible for the Yukon Development Corporation and the Yukon Energy Corporation
Hon. Tracy-Anne McPhee	Riverdale South	Government House Leader Minister of Education; Justice
Hon. John Streicker	Mount Lorne-Southern Lakes	Minister of Community Services; Minister responsible for the French Language Services Directorate; Yukon Liquor Corporation and the Yukon Lottery Commission
Hon. Pauline Frost	Vuntut Gwitchin	Minister of Health and Social Services; Environment; Minister responsible for the Yukon Housing Corporation
Hon. Richard Mostyn	Whitehorse West	Minister of Highways and Public Works; the Public Service Commission
Hon. Jeanie McLean	Mountainview	Minister of Tourism and Culture; Minister responsible for the Workers' Compensation Health and Safety Board; Women's Directorate

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**Yukon Legislative Assembly
Whitehorse, Yukon
Monday, October 19, 2020 — 1:00 p.m.**

Speaker: I will now call the House to order.
We will proceed at this time with prayers.

Prayers

Withdrawal of motions

Speaker: The Chair wishes to inform the House of a change made to the Order Paper. The following motion has been removed from the Order Paper as the action requested in the motion has been taken in whole or in part: Motion No. 105, standing in the name of the Member for Whitehorse Centre.

DAILY ROUTINE

Speaker: We will proceed at this time with the Order Paper.

Introduction of visitors.

INTRODUCTION OF VISITORS

Hon. Ms. Frost: I will ask my colleagues to please help me in welcoming Deputy Minister of Environment John Bailey, Christine Cleghorn, the assistant deputy minister, and Gord Hitchcock, the Conservation Officer Services director.

Applause

Speaker: Tributes.

TRIBUTES

In recognition of Tynan Thurmer

Hon. Ms. Frost: I rise today on behalf of all members to pay tribute to Yukon government's conservation officer Tynan Thurmer. In January, together with the Yukon RCMP in Ross River, CO Thurmer was involved in the rescue operation of two trappers. Tynan's due diligence and knowledge of the land was an essential part of successfully locating two stranded trappers. Tynan knows the area very well and knew exactly where the trappers' cabins were located. This was key in leading search and rescue personnel directly to them. Immediate action was especially important, given that the temperature was minus 50 degrees Celsius at that time.

As someone who spent time on the land and on the trapline, I understand the risks involved in this remote and rewarding lifestyle. I am certain that most Yukoners are thankful to know that, when things go wrong, Yukon conservation officers have the knowledge and skills to assist with rescue efforts in emergency situations in the wilderness.

Tynan, I would personally like to thank you for your efforts to bring these two trappers back home safely to their families. You demonstrated incredible courage, care, and commitment to your job and to your community.

Mr. Speaker, Tynan Thurmer deserves our collective gratitude. Thank you for recognizing his heroic efforts with me today. Unfortunately, Tynan couldn't be here to celebrate with us today, but I just wanted to extend my personal appreciation

and acknowledgement to him for going above and beyond in his day-to-day duties as a conservation officer.

Applause

In recognition of Waste Reduction Week

Hon. Mr. Streicker: I rise today on behalf of the Yukon Liberal government and the Yukon NDP opposition to recognize Waste Reduction Week.

When I think back to last year's Waste Reduction Week, I am struck by how much has changed since then. It goes without saying that the COVID-19 pandemic has made waste reduction more challenging than ever before, yet waste reduction has never been so important. Across many Canadian communities, waste volumes have gone up during the pandemic, and unfortunately, the Yukon is no exception.

We know that we face many challenges when it comes to managing the amount of waste we produce and that these challenges are tied to other major problems that we are dealing with, like pollution and climate change. Fortunately, I know that Yukoners are innovative and care deeply about these issues. In spite of the current pandemic, some great folks have been keeping the waste reduction movement going.

Today, I would like to pay tribute to all the people in our territory who are continuing to reduce waste and I want to encourage all Yukoners to keep making their best efforts.

First, I would like to thank the folks at Raven Recycling and Zero Waste Yukon for making such an impact in our ability as a territory to divert waste. Thanks to Ira Webb, Joyce Snyder, and the rest of their team for all the work they do. This week, they're looking for nominations of Zero Heroes to celebrate in the community. Keep an eye on Zero Waste Yukon social media pages and nominate a person or business you know who is making a positive impact on the zero-waste movement. Thanks also go to P&M, the Klondike Conservation Society, and the passionate community volunteers in rural communities who help make recycling and reuse possible around the territory. I would like to give a shout-out to Linda Augustine, a Zero Hero in Carcross who worked to get the free store back up and running.

I would also like to acknowledge some of the Zero Heroes in industry. It takes bravery to start a business at any time, but it takes a certain kind of bravery to start a business in the midst of a pandemic — especially when your business goals align with the Zero Waste movement. The Yukon Refillery is providing Yukoners with an opportunity to reduce packaging on common household items like soap, laundry detergent, and more. Clearly, they know that the waste problem isn't going away and they are determined to help be a part of the solution.

There are so many more businesses in the Yukon that are actively reducing waste, whether it's by using the City of Whitehorse's compost program, encouraging customers to use reusable options, or providing options that are both safe during the pandemic and supportive of a zero-waste movement.

Thank you to everyone who is putting waste reduction at the forefront and keeping the waste conversation going in these challenging times. Whether it's by reducing single use, reusing/recycling, harvesting your gardens, or baking your own

bread, the small actions we take in our day-to-day lives can help build a beautiful and long-lasting world. Less is more.

Applause

Mr. Istchenko: I rise on behalf of the Yukon Party Official Opposition to recognize Waste Reduction Week in Canada, which takes place from October 19 to 25.

This week, we celebrate the giant leaps ahead that we have come with respect to waste reduction and diversion, and we acknowledge that there are still so many things that we can do. We can work toward minimizing our ecological footprint as a society; we can implement legislation, programs, and incentives, as governments across the country are ambitiously doing. As we move in this direction, we must remember that our communities range in capacity for action — such as recycling and composting — and these concepts must be applied accordingly throughout the Yukon, and the same goes for households.

For those who live out of town, it may be easier to reduce waste by feeding livestock or composting. Urban dwellers can take advantage of city composting programs. Wherever you live, every household should make a conscious effort to work toward minimizing waste and wastefulness. This event commemorates the daily theme appointed to this year's Waste Reduction Week across Canada — themes such as celebrating the circular economy to eliminate waste through improving the design of materials and products, textiles, e-waste, plastics, food waste, swapping and repairing, and moving toward a sharing economy focused on borrowing and renting.

We have a fair way to go in waste reduction. There are a number of things that we can do around the house to reduce our household waste. Many have made the move to reusable shopping bags, refillable coffee cups, and reusable straws. We sort and recycle to reduce household garbage. We repurpose, we recycle, regift, and reuse. We are all stewards of our natural environment — and what an environment we have here in the Yukon. So we should take care of our Yukon's beauty and preserve it for the future generations.

So, be conscientious consumers, and continue to strive for reduced waste and increased sustainability. I would also like to thank those who continue to do a wonderful job advocating for minimizing waste in our communities.

Applause

In recognition of Persons Day

Hon. Ms. McPhee: I rise today on behalf of the Yukon Liberal government to speak about a matter important to us all. On a fine summer day in August of 1927, almost 100 years ago, a group of five amazing and determined women met in Edmonton to sign the letter petitioning the Supreme Court of Canada to determine whether government could appoint a female senator. The matter quickly became known as the "Persons Case" because, at the time, only "qualified persons" could become senators, and the Canadian government interpreted that to mean only men.

In 1928, the Supreme Court heard the case and upheld the government's position. However, the Famous Five, also known

as the Valiant Five and the Alberta Five, were undaunted. They petitioned the Privy Council to rule on the matter, the highest court then available to Canadians. Off they went to London, where the case was heard.

On October 18, 1929, Lord Sankey announced the court's decision that the word "person" did, in fact, include women. It seems like a common-sense approach to most of us now, and it prevailed.

Sankey stated, and I quote: "The exclusion of women from all public offices is a relic of days more barbarous than ours. And to those who would ask why the word 'person' should include females, the obvious answer is, why should it not?"

During this Women's History Month, it is essential that we speak and remember the names of these women and teach them to our children. The Famous Five were Emily Murphy, Nellie McClung, Henrietta Muir Edwards, Louise McKinney, and Irene Parlby. Each was a true leader in her own right: One was the first female magistrate in the British Empire; one was the first woman elected to any Legislative Assembly in the British Empire; one was the first female Cabinet minister in Alberta and second in the entire British Empire; one was the first female director of the board of governors of the CBC; one of them was the founder of the National Council of Women of Canada; one published Canada's first women's magazine; one established the prototype for the Canada-wide WCA; one helped to found the Victorian Order of Nurses; one was the first president of the United Farm Women of Alberta; two were delegates to the League of Nations in Geneva; and three were elected to the Alberta Legislative Assembly and worked to create legislation for the protection of women's rights and property.

They did all this before they were even "persons" under Canadian or British law. Separately, these five women were champions of the rights and welfare of women and children. They worked hard to change our society courageously in the face of many prejudices and the resistance of the day — many which continue in various forms even today.

Mr. Speaker, they identified a path forward for improvement and took it. Their efforts and success changed the world for us all.

Applause

Ms. White: Things that are truly worthwhile almost never come without a fight, and Persons Day is a perfect example of this.

In the 1920s, tea parties were viewed as a woman's activity, a place where niceties of the day could be discussed without the interference of men. It was under the guise of such innocence that the Pink Tea was born, a place where women could gather to discuss and work toward the early women's rights movement.

When Emily Murphy became the first female judge in the Commonwealth in 1916, she experienced from her very first day in the Edmonton court challenges by lawyers appearing before her, objecting to having their case heard by a woman judge because they said that women were not "persons" as defined by our Constitution, the *British North America Act of 1867*.

That didn't phase Emily Murphy. She had her eye on a bigger prize. She wanted to become a Canadian senator. Through the efforts of women's groups across the country, more than 500,000 citizens signed petitions and wrote letters in support of Ms. Murphy. Between 1917 and 1927, five governments indicated their support for such an appointment but said that their hands were tied because only "qualified persons" could be appointed, and that definition did not include women. Two prime ministers promised to change the law, but they didn't.

Ninety-one years on, it is difficult to believe that women were considered to be persons only in terms of pains and penalties but not rights and privileges. After more than 10 frustrating years of political effort, Emily Murphy took a different tack. Section 60 of the *Supreme Court Act* stated that any five citizens acting as a unit could appeal through the federal Cabinet to the Supreme Court for clarifications of a constitutional point. Emily Murphy, Nellie McClung, Henrietta Muir Edwards, Louise McKinney, and Irene Parlby were five Alberta women drawn together by shared idealism. Each was a leader in her own right: one a judge; another a legal expert who founded the National Council of Women of Canada; and three served as members of the Legislative Assembly of Alberta. They did all of this, as we heard, before they were fully defined as "persons" under Canadian and British law.

When Judge Murphy invited these four women to join her in the fight, the Famous Five were born. They asked the Supreme Court of Canada if the word "persons" in section 24 of the BNA act included women. In April 1928, the court said no — basically saying that the BNA had to be interpreted in light of the times it was written, and in 1867, women did not vote, run for office, or serve as elected officials. Undeterred, these women were able — with the support of Prime Minister Mackenzie King — to appeal the decision of what was at the time Canada's highest court of appeal, the British Privy Council. On October 18, 1929, that council announced that, yes, women are persons. Although Emily Murphy never did get a senate seat, these five women proved yet again that what we can't do alone, we can do together.

As groundbreaking as this decision was, it didn't apply to all women. That should still give us pause. After all, women belong in all places where decisions are being made and it shouldn't be that women are the exception.

Applause

Ms. Van Bibber: I rise today on behalf of the Official Opposition to pay tribute to Persons Day, held October 18. In 1992, the Government of Canada designated October to be Women's History Month. October 11 is the Day of the Girl, which we paid tribute to last week in the Assembly.

October 18, Persons Day, recognizes the contribution that women have given to Canada throughout the decades. The Famous Five women from Alberta launched legal action to challenge the top institutions of Canada that excluded women from participating in any public or political office.

Women were not defined as "persons" until this struggle concluded, and at first, when the case was struck down by the

Canadian Supreme Court, the women decided that it was too important and went to a higher court in Britain. Success — a woman was a person. In our modern times, it might sound silly, but remember that this was 1927 to 1929 when the case was finally settled. All of the words on paper and documents from the courts were a valued step, but it was still frowned upon by many when women would appear to be counted.

Imagine — to be able to vote, to be able to hold office even in the Senate of Canada, and just to be called a "person". I heard stories of my small hometown in the north, Dawson City, where women were allowed to curl in the town's curling club, but they had to enter the side door, curl their allotted time — which I believe was Saturday morning — and then leave the same way. Only men were allowed to sit on the boards and committees to make decisions.

Even during the 1960s when women were rising up in great numbers to take their rightful place in all aspects of society, there was pushback and concern — how to deal with women. What do they want? Why would they want to work where a man worked? Why couldn't they just be quiet? They really should be mindful of their place. But — and isn't there always a but — today women are still struggling to get equal footing.

As I live through the decades — a woman who has broken through a couple of barriers — I appreciate every effort and every sacrifice made by women before me. They broke the hardpack snow for me.

We must appreciate our women's history and be able to forge ahead with new ideas and new energy for others coming behind us. Lead by example. Be that person who dreams, learns, and works toward goals and visions that may make a difference for others. If one influences only one other person, it is a marvellous achievement.

Applause

Speaker: Are there any returns or documents for tabling?

TABLING RETURNS AND DOCUMENTS

Hon. Ms. Frost: I have for tabling today one legislative return addressing questions from the Member for Takhini-Kopper King on October 13, 2020, regarding the breakdown of the 2019-20 fourth appropriation.

Speaker: Are there any further returns or documents for tabling?

Are there any reports of committees?

Are there any petitions to be presented?

Are there any bills to be introduced?

Are there any notices of motions?

NOTICES OF MOTIONS

Mr. Adel: Mr. Speaker, I rise today to give notice of the following motion:

THAT this House supports relief from annual mining assessments in response to COVID-19 pandemic.

Mr. Gallina: I rise to give notice of the following motion:

THAT this House continues to support Air North, Yukon's airline, and recognizes their ongoing community contributions, especially during these exceptionally challenging times.

Ms. White: I rise to give notice of the following motion:

THAT this House urges the Government of Yukon to support the Mi'kmaq fisheries by:

- (1) denouncing the violence against Mi'kmaq people and the RCMP's failure to protect Mi'kmaq communities; and
- (2) calling on the federal government to work with the Sipekne'katik First Nation and all indigenous fishers to implement a moderate livelihood fishery.

I also give notice of the following motion:

THAT this House urges the Government of Yukon to close the gap between Yukon's minimum wage and Yukon's living wage.

Speaker: Are there any further notices of motions?
Is there a statement by a minister?

MINISTERIAL STATEMENT

Tourism relief program

Hon. Ms. McLean: Across the world, no sector outside of health care has been hit harder by the COVID-19 pandemic than the tourism sector. Here in Yukon, we are feeling this, and it is incredibly challenging. In 2018, tourism was the second-largest contributor to Yukon's GDP at five percent, generating \$367.8 million in revenue and accounting for 13.5 percent of Yukon's employment.

It has been devastating to see the impact of the pandemic on this dynamic and innovative industry. However, I am grateful for the important foundational work that we did together with tourism operators to develop the *Yukon Tourism Development Strategy*, which was released in 2018. The strategy provides us with a guide for getting through this pandemic and re-emerging stronger and more resilient than ever.

When COVID-19 hit, our government responded early to support local tourism businesses. We were one of the first jurisdictions in the country to roll out a business relief and recovery program, and our program served as an example for other jurisdictions. I want to thank all of my colleagues and the many public servants who supported these incredible collective efforts, as well as our industry stakeholders.

A special thanks to the Yukon Tourism Advisory Board, which has been working tirelessly through the pandemic and has provided valuable recommendations to inform our decision-making. Our immediate goal was to stabilize Yukon businesses, including our tourism businesses, and our relief programs continue to be effective. Nearly \$4 million has been accessed by tourism operators specifically, and this support is ongoing.

We recognize that the tourism industry needs both immediate support through relief funding and long-term

support through recovery funding. To provide immediate relief, we are making up to \$2.88 million available to accommodate businesses that have maximized their eligibility in existing programs such as the Yukon business relief program. This will help to address the low occupancy seen so far this year and that is anticipated to continue through the winter.

We are also looking toward the future to support longer term recovery of the tourism sector. Today's accommodation sector relief is one part of a larger funding package of up to \$15 million over the next three years for relief and recovery programs for Yukon's tourism industry. This is targeted support based on comprehensive research, data, and industry feedback. It focuses on leveraging Yukon tourism strengths and opportunities and is based on four themes: providing tourism sector leadership; rebuilding confidence and capabilities for tourism; supporting the recovery of tourism industry operators; and refining Yukon's tourism brand and inspiring travellers to visit the Yukon.

This \$15-million package will help Yukon's tourism sector deal with the unprecedented impact of the pandemic on global tourism and travel. Additional funding will support longer term recovery based on priorities identified in partnership with the Yukon Tourism Advisory Board, as well as more immediate relief packages for the non-accommodation tourism businesses and Yukon's many valued tourism non-profit organizations such as museums and cultural centres.

This support is designed to be flexible and nimble as we continue to navigate and respond to the ongoing pandemic. Guided by the *Yukon Tourism Development Strategy*, this funding will support training and marketing initiatives, targeted research, and enhanced investments to reach our strategic goals. Relief is important as we continue to face the COVID-19 pandemic, but recovery is important to this sector.

I look forward to the opposition's questions and comments.

Mr. Istchenko: Complete and total devastation, Mr. Speaker — that is the only way to describe what has happened in our tourism industry this year. It has been depressing to watch as hundreds and hundreds of Yukoners and Yukon businesses go without work or shut their doors — or their doors didn't even open. Yukoners who invested their time, their love, and their life into the industry we all cherish have seen it disappear overnight.

Businesses or tourism operations that took years to build are gone on the brink. It has been painful to watch. That is why I am happy that the government has finally announced a tourism recovery plan, but I can't help but worry that it has maybe come too late for many Yukoners who are out of work and for many businesses who have already shut their doors.

I will say this again — it needs to be said in the House. You will remember that the Yukon Party originally proposed an all-party committee to help guide the economic recovery. This committee would have had all parties work together, starting six months ago, to monitor, recommend, and guide our recovery. This would have assisted a quick response, and it is too bad that the government did not see the importance of the urgency of supporting this at the time. At the time, when every

expert in the world was sounding alarm bells on how bad things were going to be for the tourism industry, the Minister of Tourism told us that it was "... business as usual" — of course, you have heard this. The Premier went on to accuse those who were asking the government to do more of being paranoid.

So I can honestly and truly say that I wish that the minister and the Premier were right when they made those statements six months ago, but they were not, and unfortunately, the lack of urgency early on meant that they were only getting a tourism recovery plan out on October 19 — 224 days after we first asked the government to start taking action to protect the tourism sector. The summer tourism months have come and gone. It took the government until our streets and driveways are starting to get covered with snow before they came up with the recovery plan — and I'm sorry, but that is unacceptable.

When we look back on this for lessons learned, we will find that the Liberal government acted too slowly on the recovery. As a final point on the timing of this recovery plan, the minister was originally supposed to announce this last Thursday, but it was cancelled at the last minute. So, I am hoping that the minister can explain why she made the already suffering tourism industry wait another four days.

With respect to the content of the tourism recovery package, it is difficult to comment too in-depth, because the government has not provided us with any details or any briefings on it. We will, of course, have questions on why it took so long, why they set the fund at this particular level, the criteria for applying, and when funding will start flowing. As we have heard from others who have dealt with earlier recovery programs from the government, the government was quick at announcing but not always as quick at getting the cheque in the mail. So we will be reaching out to our tourism operators to see how this package works for them, and we will be bringing their questions to the Legislature.

Finally, the key element that I think is missing from this plan is any information about the current restrictions on the territory. Anyone who we have spoken to in the industry has indicated that they want to know when they can reasonably expect relaxation and what the criteria are for relaxation. Everyone understands the importance of the restrictions, but they are looking for certainty and for answers from the government to help them make informed business decisions. The industry has written to the minister several times asking these questions. So today's announcement contains none of that information. I'll say again with respect to the content of the tourism recovery package: It is difficult to comment in-depth because we haven't been provided any details or a briefing on it.

Ms. Hanson: As the New Democratic Party critic for tourism, I am pleased to respond to the minister's statement today.

Mr. Speaker, since the spring, the Tourism Industry Association has hosted a weekly industry tourism forum via Zoom. Over the course of those 30 or so virtual meetings, we observed the diverse community that comprises Yukon's tourism industry go from "concerned" to "alarmed" to

"despair" as the impact of the global pandemic hit home. The word "crisis" was used without exaggeration.

As time went on, it became clear that the two key areas needing focus were economic relief to make sure that existing tourism operations survived through the unknowns brought about by COVID-19, along with a comprehensive recovery strategy. We are pleased to see in the statement an emphasis on both immediate relief as well as recovery. It is vitally important for the long-term health of this vital sector of Yukon's economy that the tourism recovery strategy is finalized and implemented with a focus on a nimble and adaptive approach not usually associated with government programs.

We have been looking forward to information from the Yukon government to signal that this government understands the vital importance of the tourism sector to Yukon — not solely as the largest private sector employer in the territory, but equally for the role Yukon's tourism sector plays in fostering our pride of place — the pride that comes from knowing that the depth and breadth of the Yukon experience has — through the dogged determination of many small, independent tourism operators, along with the larger players — for example, in the accommodation sector — turned Yukon into a worldwide tourism icon.

Along with the Tourism Industry Association, we welcomed the announcement today of the immediate relief for the accommodation sector. As was noted during today's tourism call, the success of Yukon's tourism sector is highly dependent on having a stable, reliable accommodation sector. There are still questions about how seasonal accommodation providers are or are not covered by today's announcement.

The success of the minister's strategy for Yukon tourism recovery will be to the extent that it adapts to the situations in a sector that depends on the unique nature of those involved there is not a cookie-cutter approach to support that will work for all. We look forward to early announcements on how the tourism recovery strategy would unfold and the ongoing commitment by this government to the flexibility and timelines necessary to make Yukon's tourism sector flourish again.

Hon. Ms. McLean: I would like to address the comments made by the Official Opposition today, right off the top. As I stated in our statements today — and we have stated this all the way through — we were one of the first jurisdictions to respond quickly to business relief through a fixed cost program — so the Yukon business relief program was put in place very quickly. This was open, obviously, to tourism businesses, Mr. Speaker, and we had 165 tourism businesses access that to a tune of about — along with the tourism marketing fund — \$4 million. That program continues today.

The announcements that we made today are specific to one sector of our tourism industry, which is our hotels and accommodations. We absolutely have to protect that important infrastructure. We have also provided relief to the airline industry in Yukon. These are important, critical infrastructure pieces. If we are to have a successful re-emergence of tourism in Yukon, we have to protect these areas. That is why you are

seeing an early announcement on — that particular sector relief today.

I just have to say — I have other comments to make and I thank the member from the NDP for her comments today as well. I know that you have committed yourself to being on tourism calls and you are looking for solutions; I hear that. What I don't hear from the opposition is real true support for the tourism industry. You cannot secretly hope for the Yukon Liberals to fail in our efforts to support Yukoners today. There is no room for politics. There actually is no room, because if we fail in our efforts to work with our business community, Yukoners fail. That is a true statement.

We are working together to ensure that this important sector is supported and that they are given the relief that they need now, and we are committed, obviously — this is a clear signal from our government today that we are with the tourism sector as we go forward and move through recovery.

I again just want to hold my hands up to all of our partners who worked with us on this plan, and I look forward to more details coming out in the coming days, weeks, and months. This is a long-term effort.

Speaker: This then brings us to Question Period.

QUESTION PERIOD

Question re: Health care staff housing in communities

Mr. Hassard: There is a serious problem with the recruitment and retention of essential health care workers in Watson Lake, but recently, they were successful in recruiting two physicians and two nurses. Due to a housing shortage and a lot shortage, these physicians and nurses are required to stay in Yukon housing, but the physicians were informed by the Yukon Housing Corporation that their policy is that they can only have one pet. As a result, the government is going to evict the physicians, and they will be forced to leave the community if they cannot find housing. Of course, this will exacerbate the shortage of essential health care workers in one of our communities.

Will the Minister of Health and Social Services get the Minister responsible for the Yukon Housing Corporation to stop the eviction of doctors in Whitehorse?

Hon. Ms. Frost: I do detect the sarcasm in the question, but I will respond to the question with respect to Watson Lake and the supports and the efforts there. The policy, as it is written, for housing in all of our communities — staff housing, social housing — is one and the same. It is managed by the Yukon Housing Corporation. We have a memorandum of understanding with the Yukon Hospital Corporation. We have a legal interpretation and legal assessment that determines that we cannot discriminate against those who are in social housing and yet give privileges to those who are not. We will ensure that every Yukoner is given equal opportunity, and we will work with the Yukon Hospital Corporation and the Yukon Medical Association to ensure that, of course, our priority is to maintain physicians in our communities and stability, particularly in Watson Lake.

Mr. Hassard: Of course, the ironic thing here is that the Minister of Health and Social Services is the Minister responsible for the Yukon Housing Corporation.

The minister often uses meaningless buzzwords like the “one-government approach” to respond to questions. The difficulty with recruiting essential health care workers in communities is difficult enough without this Yukon Housing Corporation policy making it worse. So, let's forget a one-government approach, because we would be happy with a one-minister approach.

We have received information that a similar situation is also unfolding for two nurses in Watson Lake who may be evicted due to the Yukon Housing Corporation pet policy. When will the Minister of Health and Social Services step in to get the Minister responsible for Yukon Housing Corporation to fix this problem?

Hon. Ms. Frost: I am pleased to acknowledge and also inform Yukoners that we are modernizing. We are updating antiquated policies. In fact, the members opposite would well know that they evicted members out of Yukon Housing Corporation housing for having more than two pets. Some of what we are trying to address is consistencies in how we treat Yukoners, as well as look at the Yukon Hospital Corporation members living in Yukon Housing Corporation-owned units in Watson Lake. Of course, they have indicated — they have written a few letters to a few key individuals. It is certainly a priority for us. We want to make sure that we maintain stability, but we have a legal obligation as well to not discriminate against individuals whom we provide housing to in our communities. We will continue to work with the Yukon Hospital Corporation to address the matter before us.

Mr. Hassard: So the Minister of Health and Social Services' lack of leadership on the file of staffing health care positions in our community hospitals was a topic of discussion last fall.

There are nine positions at the Watson Lake Community Hospital. Last year, in August, the minister said that, although only four of those positions were filled, the rest would be filled by the end of that month. You will remember, Mr. Speaker, that it turned out that the minister was wrong and that her lack of attention to the file meant that the hospital was still scrambling to fill shifts at the Watson Lake hospital long afterwards.

Can the minister tell us if all positions at the community hospitals in Dawson City and Watson Lake are now filled?

Hon. Ms. Frost: With respect to housing in Dawson City and Watson Lake, I can assure the member opposite that housing is a key priority for Yukoners. This government has done an exceptional job of ensuring that we address the housing shortages in our communities. We have worked very closely with our municipalities and we have worked with our indigenous partners to enhance housing options.

I am proud to say that we have provided over 600 new units across Yukon to address the very issue that the member opposite is speaking about. We are not sitting here holding on to \$20 million that has been federally funded to provide housing. We are spending the resources to address the housing challenges in our communities.

We certainly want to ensure that we provide services to our residents in Yukon. Of course, it is important that we look the challenges that we have been confronted with, and that means that, of course, there are lot shortages — but the Community Services minister, the Minister of Economic Development, the municipalities, and the First Nations are working really hard to address what we see as challenges of the past. We are progressively looking forward to resolving those issues.

Question re: Affordable housing

Ms. McLeod: Last week, a Whitehorse NGO was in the news saying that times are tough in the rental housing market. They went on to say that the pandemic has made the rental housing crisis even worse.

So, can the minister please advise what the current wait-list is for social housing in the Yukon? How many are for seniors and how many are in rural Yukon?

Hon. Ms. Frost: I want to just acknowledge that we have seen a significant challenge in the last few months, given that we are in the middle of a pandemic. We have addressed that by working with our partners and we have had some indication from our partners that there are some challenges. We certainly acknowledge that. The reason for the housing demand — of course, we know that the demand exceeds the supply. We have worked very hard and I have indicated in my previous comments that we have over 600 units that we have put onto the market.

With respect to wait-lists — we are seeing some wait-lists, but in some communities, we are addressing now the challenges of housing wait-lists. We are working with the community of Watson Lake to address the very issue of the housing shortages there. We are working with Carcross. We have put in some new housing initiatives across the territory — and I would be happy to give the numbers. If there is not an opportunity to speak to the numbers today, I would be happy to table those numbers.

Ms. McLeod: So according to yukon.ca — and I am just going to quote from the website: “The Rent Supplement Program matches Yukoners who are eligible for social housing with participating landlords. We pay the median market rent directly to the landlord and the tenant pays us 25% of their income. This program uses the same application form as Yukon Housing Corporation’s rent-geared-to-income (social housing) program.”

The problem with this is that at least one Yukoner who applied for this rent assistance was contacted by the Housing Corporation, which said, “Congratulations, you’ve been accepted for seniors housing.” But they didn’t apply for seniors housing; they applied for the rent assistance program. That same person was advised that the rental supplement program was out of money for this year.

Can this minister confirm that this happened and that she will be adding money to this program in this fiscal year to meet demand?

Hon. Ms. Frost: I encourage the Member for Watson Lake — if there is a specific client whom she’s referring to and if she would like us to case file that, I would be happy to respond.

With respect to social housing and the whole business around transformation, we are looking at the model that existed previously. We’re clearly not — as we look at clients who come forward for assistance — the rent supplement agreement — and we are working now with Canada on the Canada benefits agreement, which we just signed off on. That, I believe, was \$9.2 million over eight years and that will continue to support the clients as we look at the rent supplement programs going forward.

Ms. McLeod: One of the disincentives for Yukon businesses to build rental housing stock is that they will now be competing with the government. The new 48-unit building constructed in Whitehorse will have market rent units and the government will be the landlord. So much for this government’s promise of getting out of the business of doing business.

Can the minister explain why she has decided to go into competition with private landlords in Whitehorse?

Hon. Ms. Frost: I’m very pleased with the work of the Housing Corporation. The intent of the new 47-unit facility on 5th Avenue and Rogers is really to look at providing a multi-purpose, multi-use facility. We have some clear instructions from Yukoners to look at ensuring that we have diversity in the market. Yukon Housing Corporation — of course, the member opposite raises the fact that we do have some wait-lists. We have an obligation to address that wait-list, and this gives us an opportunity to put more houses on the market. Of course, that will allow us to address the housing needs of Yukoners.

Question re: Yukon Liberal Party donations

Ms. White: The government announced Friday that a lobbying registry was now in place. This is something the Yukon NDP has been calling for well over a decade, so we welcome this announcement. The Premier said that this was a demonstration of his government’s commitment to openness and transparency.

So, in that same spirit of openness and transparency, will the Premier disclose who made over \$100,000 in anonymous contributions to the Yukon Liberal Party in 2019?

Hon. Mr. Silver: Thank you very much, Mr. Speaker, for the opportunity to talk about the lobbying registry.

It’s a legitimate part of a decision-making process. We’re happy to move forward on something that the previous government wouldn’t. Our aim is that Yukoners are informed as to who is communicating with government and on what topics. The *Lobbyists Registration Act* will come into effect once the registration system is available. Work with an online system is nearly complete and we’re really confident that it is going to help with the transparency for sure.

It’s expected to be launched very soon, if it’s not already out the door. I might take a look to see an update on that progress and I’ll report back to the Legislative Assembly.

When the act does come into force, registration will be mandatory, ensuring that lobbyists are accountable for disclosing their activities. It’s extremely important on this side of the Legislative Assembly.

Mr. Speaker, we're aiming to make registration and reporting straightforward. Unlike some jurisdictions that require lobbyists to report after each meeting or phone call, our approach requires less check-in because it focuses in on lobbying over a period of time.

One last point that I will make about lobbying before getting up and answering the other part of the question from the member opposite — the purpose of that registry is to make information about who is lobbying the government — to make that information available to the public. That's on this side of the House and over there as well.

Ms. White: I appreciate the Premier speaking about the lobbyists' registry in his first response, but let me be clear: This question was about the \$100,000 in anonymous contributions received by the Liberal Party in 2019.

The Premier believes that the public has a right to know who meets with the ministers to lobby them. This makes sense and we couldn't agree more. What doesn't make sense is that somehow the Premier seems to think that it's okay for his party to receive over \$100,000 in anonymous contributions. This is unheard of. No political party in the Yukon has ever received such a large proportion of their funding from secret sources. Even the Yukon Party's fundraising cruise in a Vancouver harbour was publicly known and donors were reported.

Will the Premier show a real commitment to openness and transparency by disclosing who gave his party over \$100,000 in anonymous contributions last year?

Hon. Mr. Silver: No doubt we definitely had a successful campaigning season when it came to support. We are well within the current rules. By the way, campaign finance reform — if that's what we're talking about as an issue — it's an extremely important issue to us on this side of the House. There has been some work done by Members' Services Board — which is where that conversation is. All three parties are part of Members' Services Board.

Again, if we were going to have any changes to the current system, the conversation would increase there. Again, we are well within the rules of raising money. We definitely did very well in raising money and we will continue our campaigning endeavors — as I'm sure the Official Opposition will as well. What we won't do is piggyback those types of things like the Yukon Party did — when they were supposed to be hearing from the industry, instead, they lobbied them onto a boat.

Anyway, Mr. Speaker, we will continue to do the work that we need to do to make sure that we as a political party have the wherewithal to run and showcase the candidates in all of the ridings. We will continue to do so inside of the rules. We are in favour of capping donations. We are also in favour of capping those donations from corporations and from unions. We don't support a ban on donations from anyone outside of the Yukon. That is not tax deductible anyway.

Ms. White: Every political party does fundraising — so that's normal. What is not normal is that more than two-thirds of the Liberals' revenue is from anonymous sources. This is unprecedented and it's far from open and transparent.

The Yukon is already the Wild West of political fundraising, with no limits to corporate or outside donations.

The only form of accountability is that donations of more than \$250 are made public once a year. The Liberal Party somehow decided that this was too transparent and they found a loophole that allows them to hide this information from the public. A government committed to openness and transparency would not be accepting over \$100,000 in anonymous donations.

Why won't the Premier disclose who gave the \$100,000 in anonymous contributions to his party?

Hon. Mr. Silver: The opposition makes it seem like that is one individual. That would be impossible for one individual to give that much money without being declared. The member opposite knows the rules as far as the amount that an individual can donate to a party — \$250 — and we know that the Yukon Party has used that in the past to make that \$250 donation to each individual party member. Again, it is well within the current rules of the Yukon Legislative Assembly.

If we want to change those rules, the member opposite knows that there is an all-party committee — it is called the Members' Services Board — that would look at those rules. We have been very clear that we are in favour of capping donations. We have been very clear that we are very interested in capping those donations from corporations and from unions. The unions would be definitely where the opposition — the NDP — used to get an awful lot of their money from — and national support therein, which is great.

We do want to have that conversation. We agree that campaign finance reform is an extremely important issue and we are very willing to have that conversation with the members opposite in Members' Services Board.

Question re: Hospital staffing

Ms. Hanson: Today, the Yukon Employees' Union issued a press release decrying the understaffing at Whitehorse General Hospital. The union reports that four nursing staff resigned over a 12-hour period last week due to the "deplorable working conditions". What is the minister doing to immediately address this situation?

Hon. Ms. Frost: With respect to staffing at the Whitehorse General Hospital — clearly, that is a responsibility of the Hospital Corporation. We are working with the chief executive officer of the Hospital Corporation to address the potential — if there are challenges, we haven't yet seen that or heard that formally, but when we do receive that, we will certainly follow up, as we do with all matters that are of the utmost importance to the well-being of Yukoners.

Ms. Hanson: "Chronic" understaffing — not "sudden". Chronic understaffing in the middle of a pandemic is nothing short of dangerous. The union reports at least 42 vacant positions across all facilities and 23 nursing positions unfilled. This puts staff and patients at risk.

When will the minister take action to fix chronic understaffing at Whitehorse General Hospital?

Hon. Ms. Frost: I have indicated in the House previously — and I will do it again — that the Hospital Corporation and Health and Social Services have taken a joint effort to look at recruitment and retention strategies. Historically, that wasn't the case. Of course, the staffing across

health professions is always ongoing, and at this time, stabilizing critical units is essential. We are working with the Yukon Hospital Corporation, and we will continue to do that.

I do know that we have met with the Yukon Hospital Corporation, and we will continue to address any pressures that they might have. We know that, during this current crisis that we are in, we have mobilized our staff in different areas, and we will do our utmost to ensure that every Yukoner's life is supported and that they maintain the level of service that we have known historically. We will ensure that this continues into the future.

Ms. Hanson: Health care workers have been celebrated as heroes throughout this pandemic, but it sounds like their working conditions don't reflect this. The Yukon Employees' Union reports that four nursing staff resigned on the same day last week due to working conditions.

The Hospital Corporation has increased its reliance on agency nurses because of its inability to recruit and retain nurses. "Retain" is an important element, Mr. Speaker. This is clearly an issue that requires immediate attention by the minister.

Will the minister meet now with the chair of the Hospital Corporation and the Yukon Employees' Union to address chronic understaffing at Yukon's hospitals?

Hon. Ms. Frost: I can assure the member opposite that we meet frequently with the Hospital Corporation. In fact, we have a meeting coming up very shortly, and we address a lot of the common issues and work together to address some of the challenges. One of the efforts that we jointly initiated was the recruitment and retention strategy, and that is to ensure that we provide opportunities to share resources across the way from the hospital and that of our health centres.

Knowing that Yukon has historically been, in some of our remote communities, a little challenged, we can assure Yukoners that we have never left anyone without support. We will continue to use the resources that we have available to us here in the Yukon, and we will make best efforts, of course, going forward. If there are four individuals who have resigned whom we have not yet heard of, we will continue to address those as they come to our attention.

Question re: Affordable housing

Ms. Van Bibber: As discussed last week, the average cost of a house has increased by \$123,500 compared to 2016. However, the Liberal solution to this was to cut the first-time mortgage loan program. This program helped first-time homebuyers afford to buy a home. Two years ago, there was \$4 million budgeted for this program, but this year there isn't even a line item in the budget for it.

Can the Liberal Housing minister explain the rationale for cutting this program that helped Yukoners to afford a home?

Hon. Ms. Frost: With the relaunch of the loans program, I can say that the program better aligns now with Yukon's housing needs. We have seen a decrease in the loans' uptake for the last few years.

We know that things have been shifting in the Yukon and so the loans program has moved into three specific mainstream

areas: the builder development loan that supports new rental housing development — which is bridge financing for construction; then of course there is still the home repair grants and loans program — that includes accessibility and emergency repair grants and home repair loans; then there is the rural home ownership loan — that aims to help Yukoners in rural Yukon to buy or build a home. Now, we haven't seen that historically in the budget and we wanted to best align with the needs of rural Yukon communities so that we start building up the housing needs in Yukon communities. We haven't seen that historically. We have seen underfunding situations and we have seen some challenges in terms of equitable and accessible housing in all of our communities.

Question re: Food security

Ms. McLeod: Friday was World Food Day, which saw the release of an interesting study highlighted in the *National Post*. The newspaper article quotes some staggering figures from Community Food Centres Canada. The report estimates that 4.5 million Canadians have experienced food insecurity, and the pandemic has increased that number by 39 percent, with a disproportionate amount affecting indigenous and northern communities.

With the pandemic ongoing, what is the Liberal government doing to make sure that Yukoners have access to the food they need to stay healthy?

Hon. Ms. Frost: With respect to food security — of course, it's not new now; it always has been a priority for the north. We're working with our partners at the federal government to look at Nutrition North, as an example.

How do we provide the essential services to our northern communities? We are working very closely with our partners to address the challenges in some of our communities. We're doing that by working with the Council of Yukon First Nations. We're working with schools to ensure that we have our breakfast and school programs continuing. I'm happy to say that the partners we have — in fact, I can speak to my community. Just last week, they gave out Thanksgiving dinner to every household. I know that every community is doing the same. Everyone is meeting where needs are most needed — they are coming to address the challenges. Food security is a key priority.

We've done that by adjusting the supports that we provided to the most vulnerable community members by ensuring that they have their rent supplements adjusted, that we have supports continue to ensure that resources are out the door, and that they have the essentials that they need to thrive during these challenging times.

Ms. McLeod: Now, the pandemic aside, food insecurity in the north has always been an issue. There are many factors in getting the basic staples north of 60 — from transportation to supply to even the weather.

The report from Community Food Centres Canada says that 81 percent of those surveyed say that food insecurity takes a toll on their physical health, 79 percent say that it affects their mental health, and 57 percent say a lack of food impacts their ability to find a job.

Can the Minister of Health and Social Services tell those Yukoners what they should do if they find themselves unable to secure enough food that it affects their physical and mental health and job prospects?

Hon. Ms. Frost: I would say that we are very fortunate to be Yukoners. We're fortunate because we have the supports available — a small jurisdiction. My colleagues here on this side of the House have spoken quite clearly over the course of the last two weeks to provide clarity to Yukoners about the resources that have been provided to the businesses and the relief that has been provided to families. We will continue to ensure that we have all the resources made available. Never do we want any individual to not have supports.

We have enhanced the supports available, and in fact, we have now supports in each one of our communities. I encourage Yukoners — please — if you are having a challenging time, please refer and go to the supports in your community — be it a social worker, a mental wellness counsellor, or your First Nation community. We are always open — never wanting to let any Yukoner go hungry or go without shelter or the basic essentials. That is our key priority: to ensure that Yukoners live happy, healthy lives during these challenging times — not just now but also into the future.

Ms. McLeod: According to the World Bank, while food trade around the world has been more resilient than overall trade, the risks of food insecurity are increased at the country level.

The World Bank says that higher retail prices combined with reduced incomes have contributed to a cut in the quality and quantity of food purchased by individuals. A September report from Dalhousie University found that the price of a typical grocery basket has increased by approximately 240 percent since the year 2000.

Mr. Speaker, can the minister tell us what the Liberal government is doing to address higher food prices for Yukoners?

Hon. Ms. Frost: Mr. Speaker, we know that Yukon's most vulnerable have been underserved for years. We have expanded the services here in the city. We have provided supports and ensured that Yukoners are getting the resources they need. We have enhanced the services at the Whitehorse Emergency Shelter. We are working with our shelters across the territory. In fact, we are working with the federal government on the Nutrition North Canada program.

The only community that has the most challenge in terms of spending on food and food insecurity is my community of Old Crow. Try living there and buying a jug of milk for a family of seven for \$20 a jug. That is still the case, and it's up to us as a community. We are working with the community on the Nutrition North initiative, as we are with our territorial partners across the north — that is to ensure that we have the subsidies and the supports made available and we do that in partnership with our community members. The objective of many of the recommendations and the engagements that we have had over the course of time — at least in the last few years — highlights for us that we have come a long way, but we have a long way to go as well. We want to assure Yukoners that we will continue

to listen to them and provide them with the resources that they require in time.

Speaker: The time for Question Period has now elapsed. We will now proceed to Orders of the Day.

ORDERS OF THE DAY

GOVERNMENT MOTIONS

Motion No. 257

Clerk: Motion No. 257, standing in the name of the Hon. Ms. McPhee.

Speaker: It is moved by the Government House Leader: THAT Bruce McLennan, chair of the *Putting People First* review, and Greg Marchildon, committee member of the *Putting People First* review, appear as witnesses before Committee of the Whole by teleconference on Monday, October 19, 2020, from 3:30 p.m. to 5:30 p.m., notwithstanding any current Standing Orders or practices regarding witnesses' physical presence in the Chamber, to answer questions related to *Putting People First — the final report of the comprehensive review of Yukon's health and social programs and services*.

Hon. Ms. McPhee: I will be very brief. We are clearly asking here that the two members of the *Putting People First* independent review panel attend this afternoon to answer questions for the Members of the Legislative Assembly.

I can also indicate that, with the panel being independent, some members on the government side also have a few questions. As a result, I have spoken to the other two House Leaders. We are suggesting that they be allotted a short period of time to do that this afternoon, and we have made arrangements with the two witnesses who will attend by telephone to attend 15 minutes sooner than was originally scheduled. I won't speak to the amendment — that wouldn't be appropriate — but another member on this side of the House can do so. I clearly understand the support by all members here — not speaking on their behalf, but that is my understanding — to have these witnesses appear today.

Mr. Kent: I appreciate the remarks from the Government House Leader. We did speak this morning at House Leaders about the government private members having some questions to ask. That said, I had suggested at the time that we move it ahead 15 minutes but hadn't heard back. I'm thinking, of course, that there may be some difficulty for the witnesses to appear 15 minutes early but didn't hear a response this morning, so it was my understanding that we would be going ahead as usual from 3:30 p.m. to 5:30 p.m., which is fine. I believe we have reached some sort of agreement at House Leaders that, going forward, if government private members do have questions, we add that additional time when the main motion is tabled.

Ms. White: Like my colleague from the Yukon Party, I was under the impression that we were looking to move it

sooner. I guess we will work with what we have today, but I look forward to having witnesses appear earlier if back-benchers will be asking questions as well.

Mr. Gallina: Just hearing the discussion — if witnesses were able to come earlier, I would like to move that the time be extended to allow for government private members to have a small amount of time to ask questions of the independent panel. I appreciate that this is outside of sort of standard practice.

Amendment proposed

Mr. Gallina: I move:

THAT Motion No. 257 be amended by deleting “3:30” and inserting in its place “3:15”.

Speaker: If copies of the proposed amendment could be distributed and briefly reviewed by members.

We have reviewed the amendment to Motion No. 257 with the Clerks-at-the-Table and can advise that it is procedurally in order.

Therefore, it has been moved by the Member for Porter Creek Centre:

THAT Motion No. 257 be amended by deleting “3:30” and inserting in its place “3:15”.

On the proposed amendment, the Member for Porter Creek Centre.

Mr. Gallina: Thank you, Mr. Speaker. I won’t take much time. I appreciate that opposition members are looking forward to this opportunity. Government private members also wanted to ask questions and that would be the time, in Committee of the Whole, when witnesses are brought forward. With that, I propose that we extend the time by 15 minutes.

Amendment to Motion No. 257 agreed to

Speaker: Is there any further debate on the main motion as amended?

Motion No. 257, as amended, agreed to

Hon. Ms. McPhee: I move that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

Speaker: It has been moved by the Government House Leader that the Speaker do now leave the Chair and that the House resolve into Committee of the Whole.

Motion agreed to

Speaker leaves the Chair

COMMITTEE OF THE WHOLE

Chair (Mr. Hutton): Order, please.

The matter before the Committee is continuing general debate on Vote 15, Department of Health and Social Services, in Bill No. 204, entitled *Fourth Appropriation Act 2019-20*.

Do members wish to take a brief recess?

All Hon. Members: Agreed.

Chair: Committee of the Whole will recess for 15 minutes.

Recess

Chair: Order, please. Committee of the Whole will now come to order.

Bill No. 204: Fourth Appropriation Act 2019-20 — continued

Department of Health and Social Services — continued

Chair: The matter before the Committee is continuing general debate on Vote 15, Health and Social Services, in Bill No. 204, entitled *Fourth Appropriation Act 2019-20*.

Is there any further general debate?

Ms. Frost has five minutes, 32 seconds.

Hon. Ms. Frost: I have with me today Deputy Minister Stephen Samis and Assistant Deputy Minister Karen Chan. I would like to just refer back to the last discussion that we had in the Legislative Assembly with respect to the supplementary submission.

I went over, in great detail, the expenditures and where the department highlighted the program and service areas that we went over the appropriation on. Health and Social Services made every attempt to manage within the appropriation in 2019-20. The department anticipated over- and underexpenditures in various areas, as is standard practice. As a result, there were some significant unexpected expenditures and Health and Social Services exceeded its vote.

These unanticipated expenditures were largely due to meeting the needs of Yukoners through our Insured Health and Hearing Services and Family and Children’s Services and during the initial response to COVID-19. Where we had the numbers as they were presented for the supplementary debate, the numbers as presented by the department — the department rounded the numbers, with the difference being \$74,000. My understanding is that the debate really was around the \$74,000, so I’m happy to say that the adjustments — with the chief medical officer of health, there was a \$3,000 adjustment. Keep in mind that we have a budget in Health and Social Services of \$442 million. Exceeding that budget by \$5.246 million really was intended to provide for meeting the needs of Yukoners.

The Health Emergency Operations Centre during COVID was brought up by \$3,000. That was the actual — so just keep in mind that the department staff had to go back and, of course, pull all of the numbers to get the exact figures for a \$3,000 difference.

The communicable diseases — we had those submitted at \$10,000, and that is \$9,635. It is a very small number there.

Environmental Health Services, again — \$9,780 from \$10,000, which is an indication of the minor differences in each one of these areas.

More importantly, what we want to discuss are the efficiencies of the programs and service areas and why we went over the appropriation. A lot of the overages result from our government’s legal obligation to provide essential services to Yukoners. If you keep going down — I tabled this today, and I am sure that the members opposite just received it, so they may not have had an opportunity.

The Emergency Coordination Centre went from \$25,000 to \$23,900.

The Hospital Corporation stayed the same. Continuing care went from \$300,000 to \$255,000. Licensed childcare went up to \$630,000, so there is a \$30,000 difference. The extended family care agreements — that went to \$920,000. Family and Children's Services went from \$500,000 to \$470,000. Mental wellness and substance use went from \$400,000 to \$365,000. The Whitehorse Emergency Shelter, in the rounded numbers as presented, came out to \$837,000 for the total amount.

Insured health services also came up from \$1,300,000 to \$1,257,000, which was for the extended hospital stays for Yukoners being treated in BC hospitals. The total amount equated to \$5,246,315. That is the total amount, Mr. Speaker.

I know that, in the specific areas, there will be lots of debate and lots of questions. I would be happy to respond to the specific program areas if members opposite would like to debate where and how the funds were allocated and why the decision was made to spend in these specific areas. I certainly would be happy and open to have an open discussion and open debate on those subject matters.

Mr. Hassard: Today, we heard about chronic understaffing that has exposed hospital workers to a constellation of challenges, including exposure to higher COVID-19 risks. We have heard about staff having an ever-increasing workload, staffing vacancies skyrocketing, and at least 42 vacant positions across all facilities. I am wondering if the minister, with the help of her staff today, could provide some input into this on what they're doing to rectify this situation.

Hon. Ms. Frost: With respect to Supplementary No. 3, the Hospital Corporation received initial support for operational changes and enhancements to prepare for the pandemic and ensure the health and safety of patients, staff, and the general public. They received additional funding for that. They worked very closely with the Department of Health and Social Services to align collaboratively with the health centres. At the same time, the department worked very closely with the chief medical officer of health to ensure that we were appropriately aligned with the necessary staff, so mobilizing and shifting services within Health and Social Services to accommodate the pressures — I think that was something that we did.

With respect to the Hospital Corporation, I understand, in speaking with the Hospital Corporation, that they were certainly well-aligned and the resources that they were provided with — the additional supports that they requested. So I am happy to say that the funding that they received adequately reflected — now, just as a note, the Hospital Corporation received \$81.3 million for its core operations in this last fiscal year, which is 8.9 percent up from the previous year.

Then, of course, if we go back in time to 2015-16, the increase to the O&M at the Hospital Corporation has increased to 31 percent. The objective there is really to work closely with the corporation to ensure that the budget meets its current core funding and its demands. COVID is no different. The funding

that our government provided really focused on the Hospital Corporation's health service needs.

As well, we are pleased to continue to support the hospital as we've budgeted. We have discussed in the previous discussion on the mains — with respect to the staffing and how the staffing evolves, historically, the Hospital Corporation was left to do its own recruitment, as was Health and Social Services around the health centres. As we looked at a collaborative care model across the Yukon, we wanted to ensure stability in our health care services. The deputy minister and the chief executive officer for the Hospital Corporation work very closely on a new strategy for recruitment and retention — identifying and addressing joint vacancies across the government and across the Hospital Corporation. That has been in the last 18 months.

Mr. Hassard: I guess, to follow up — and listening to the minister's response — can the minister actually confirm that there are 42 vacant positions across all facilities in the Yukon, Mr. Chair?

Hon. Ms. Frost: With respect to the Hospital Corporation's vacancies, I certainly can't speak to that here in the Legislative Assembly, but I can make best efforts to get that information from the Hospital Corporation and bring that information as I receive it.

Mr. Hassard: I know that the minister has been asked before about the positions in community hospitals — Dawson City and Watson Lake. Would the minister be able to tell us if all of those positions in those two community hospitals are now filled full time at this point?

Hon. Ms. Frost: As I raised in the Legislative Assembly or responded today, with respect to positions and recruitment processes through the Hospital Corporation — that's done through the Hospital Corporation. We have specific arrangements in other situations. I certainly can't give that number to the member opposite, but I will endeavour to get that information.

Mr. Hassard: I certainly look forward to receiving that information. I would hope that the minister would have had that information with her since it has been asked previously.

Mr. Chair, I am curious — we heard today from the Yukon Employees' Union about an unhealthy dependence on imported agency nurses, meaning that Yukon workers must bear an extreme burden of risk. As we know, these workers are coming in without any requirement to quarantine before entering work. I am just curious as to if the minister can speak to what is being done to alleviate the worries of the workers in these positions.

Hon. Ms. Frost: Just as a clarification and for a little bit more context for the last question, as I understand it, we don't have any vacancies in Dawson City at the moment. At the moment, there are no vacancies in Watson Lake. With respect to the Whitehorse General Hospital — I don't know what that is. As I indicated, I will get that number.

I guess that is why we previously went ahead with a joint initiative with the Yukon Hospital Corporation to address the very matter that the member opposite is questioning me on, which is to ensure that we look at recruitment strategies — of course, relying on locum nurses and locum doctors and

ensuring that we never leave any community unattended and that we have a full complement of nurses in each one of our communities. A shout-out to those nurses who choose Yukon as their home and choose to come here and put their efforts into working in some of the harshest climates in the country, working in some pretty remote areas of our Yukon. That is something that we want to ensure that we continue to address as we look at the stability of positions, always wanting to ensure that we have long-term, stable initiatives.

Part of what we're doing right now is looking at a strategy that allows us to look at nurse practitioners. We are bringing a nurse practitioner into Carmacks. That process is happening right now. We are also looking at the continuation of the pilot project in Pelly Crossing and Mayo. We are looking at further initiatives across the Yukon that are really to address and stabilize a better enhanced care system and a model of care that will allow nurse practitioners to follow a higher standard of practice, higher standards of diagnosis, and identify prescriptions and notifications working under the care of a physician.

There are efforts underway to try to reduce our reliance on agency nurses, but sometimes it's what we have to do, especially now with COVID-19. We had to ensure that we had given the necessary due diligence as we look at the "safe six" requirements and we look at the pressures in our communities. We really needed to do that during this time and that's part of what we see here in the supplementary through the Hospital Corporation — give them the resources so that they can provide supports.

In the supplementary, we don't see anything specific to that. We used the resources that were available to us within the appropriation and moved the nurses and the supports around.

Mr. Hassard: Actually, my question was about the workers. As I said, we heard about the unhealthy dependence on imported agency nurses — meaning that Yukon workers must bear an extreme burden of risk here. That is, of course, due in large part to the fact that there are no requirements for these Outside workers to quarantine before entering the workplace. The question was about what the government is doing to deal with the fears or the concerns of the local workers.

Hon. Ms. Frost: I'm just seeking clarification. As I understand it, there were no agency nurses at HSS pre-COVID. With respect to the fact that we do now have to rely on agency nurses — under the direction and advisement of the chief medical officer of health, the agency nurses don't necessarily have to self-isolate for 14 days, but they do have to self-monitor. That is done closely — it is closely monitored, of course. If there is ever a concern, then as health professionals they are under some strict and stringent rules around ensuring that they, first and foremost, protect the well-being of Yukoners and of course wanting to make sure they follow those protocols.

Mr. Hassard: Obviously, it is concerning anytime that we see a release like this come out — whether it be from the Yukon Employees' Union or anyone else when we are talking about our health care staff or any of our front-line workers. Obviously, it raises some red flags or rings some alarm bells, but I'm wondering if the minister has any response to this

release today that I guess we could use to try to — I don't like to say "calm the fears", but maybe smooth the waters or dampen things a little bit on the health care front.

Hon. Ms. Frost: With respect to articles in the local newspapers and what is happening today — the bearing on what is happening in correlation to the budget — I don't see the reference. I certainly can speak to the appropriation and the budget as presented.

With respect to the Hospital Corporation, the CEO, and the notices that came out in the paper today, I can't respond to that. As I said, I certainly will reach out and have a conversation with the Hospital Corporation. If there are concerns, I would be happy to address that, but as I understand it, what is happening is in real time and what we are speaking about is the 2019-20 supplementary appropriation in relation to the Hospital Corporation. The supports provided were \$170,000 to support initial operation changes and enhancements to prepare for the pandemic and ensure the health and safety of patients, staff, and the general public. One would say that, of course, the Hospital Corporation has the same priorities as we do, and that is to ensure the health and well-being of Yukoners.

If there are staffing challenges during COVID times, I would certainly raise that with the corporation as we look at our joint recruitment strategies to ensure that we stabilize the health professionals in the Yukon.

Mr. Hassard: I think that is unfortunate. This release today — the whole purpose of it is to talk about things that have happened since COVID, and that is what we are talking about — the supplementary budget having overexpenditures because of COVID. I think that this is all part and parcel of that. I would give the minister another opportunity to hopefully answer that question.

Hon. Ms. Frost: The Health and Social Services supplementary submission — I have spoken to this multiple times. Health and Social Services has an overage of \$2.3 million. COVID is 25 percent of the submission — \$1.3 million. Health Services came out at \$1.4 million, so if we really want to ensure that we have a better model and system here and a better health outcome for Yukoners, then it is essential that we start building a better relationship with our communities, undertaking real collaboration and priorities. Because, really, if we look at the health priorities that directly impact our citizens on a daily basis, we would be speaking about the budget as it is presented.

Our government recognized that primary health care and health care reform is a collective responsibility that really starts with the elimination of systemic, pervasive racism. The truth can be hard to hear sometimes, Mr. Chair. We all want a government system and employees to be better. We want our collective history and our current events to show that we don't always reach lofty goals, but we have to ensure that we meet the goals of Yukoners — the needs of Yukoners — in time. That means that we need to make some adaptations as we move. This is our opportunity — knowing that we live in our isolated bubble here in the Yukon, the size of our jurisdiction, our small population, and our close relationships — to best build on practices and best models that lead the way across the country.

With the extended family care agreements, we are doing just that. The trauma and fears associated with the apprehension of children are still very much alive in our territory, and this speaks to why interventions and repatriation were and are necessary. This is just one example of leading the way.

I have a mandate, and that is to review and implement our plan for the transformation of primary health care reform in the Yukon.

We look at our unique differences, and we choose how we want to support Yukoners, particularly in rural Yukon communities. As our first Yukon female Health and Social Services minister, I stand here to speak on behalf of my grandmothers, the grandfathers who were taken away to residential schools. I stand here for my older brothers and sisters who were taken away, apprehended, and put in institutions. You wonder what that has to do with the supplementary budget. I see perhaps that might be what the opposition is thinking. I bring voice to the abused and the wrongs that have they have endured. I stand here as a product of a dysfunctional system. I stand here speaking truth. No more will the children —

Some Hon. Member: (Inaudible)

Hon. Ms. Frost: Mr. Chair, I do want to say and call the member opposite from Watson Lake for swearing in the Legislative Assembly as I'm speaking today because I think that is completely inappropriate. I don't think that's appropriate, especially when I'm speaking about a matter specifically to do with the supplementary budget and the programs and services that we are rightly obligated to provide Yukoners — in particular, the children and those who are precariously hard to house — our homeless population — health supports that are required in all of our communities.

That's the truth, Mr. Chair. My children are the first generation who have not been apprehended or taken away. I am speaking my truth. I have lived experience coming from a rural Yukon community, and the members opposite are wanting me to stand down and not speak about the supplementary budget as it's put forward. They want to talk about other matters. I will not stand down and will stand here and represent the budget and the mandate that I have been given, and that is to ensure that every Yukoner is recognized and that every Yukoner is supported. We have a legal obligation, and it is to ensure that health care is provided to all Yukoners.

We need to celebrate the milestone. We need to celebrate the extended family care arrangements and not shoot them down.

The objective of leaving anyone behind through this process and arguing about \$74,000 out of a \$442-million budget because the members opposite perhaps don't support — which they stated here publicly — and will not support the supplementary budget.

I ask the members opposite: Would they clarify for Yukoners if they support the supplementary budget requests that cover the extended family care agreements, Whitehorse Emergency Shelter, medical travel, mental wellness and substance use, COVID-19 actions, continuing care, elder care,

and other social initiatives that are defined clearly in this budget? I ask that of the members opposite.

Mr. Chair, given that it is 3:00 p.m., I move that you report progress.

Chair: It has been moved by Ms. Frost that the Chair report progress.

Motion agreed to

Chair: Pursuant to Motion No. 257 adopted as amended earlier today, Committee of the Whole will receive witnesses by teleconference from the *Putting People First* review. In order to allow the witnesses to call into the teleconference system, the Committee will now recess and reconvene at 3:15 p.m.

Recess

Chair: Committee of the Whole will now come to order.

Appearance of witnesses

Chair: Pursuant to Motion No. 257 adopted as amended on this day, Committee of the Whole will now receive witnesses from the *Putting People First* review.

I would ask all members to remember to refer their remarks through the Chair when addressing the witnesses. I would also ask the witnesses to refer their answers through the Chair when they are responding to the members of the Committee. I would remind witnesses to please wait to be recognized by the Chair before delivering opening remarks or responding to members' questions.

I would note that this is the first time that witnesses are appearing in this Chamber by teleconference rather than in person. In light of this, to ensure that it is absolutely clear at all times who is speaking, I would ask that witnesses, each time that they are recognized by the Chair to speak, please state their name before proceeding with anything further.

Witnesses introduced

Hon. Ms. Frost: These are the first witnesses for the 2020 Fall Sitting. There will certainly be several more in the coming weeks. Our government has ensured over our time in office that witnesses from Crown corporations appear annually.

I would like to take this time to welcome, by telephone, Mr. Bruce McLennan, chair of the independent expert panel responsible for the *Putting People First* review, and Greg Marchildon, another member of the independent expert panel. They are appearing as witnesses before Committee of the Whole today to answer questions relating to *Putting People First — The final report of the comprehensive review of Yukon's health and social programs and services*.

Mr. McLennan is a former deputy minister of Finance for the Government of Yukon. He also served as the assistant deputy minister of Fiscal Relations and Management Board secretary, deputy minister of Health and Social Services, and deputy minister of Education. He is also a former chair of the Yukon Utilities Board.

Mr. Marchildon currently holds an Ontario Research Chair in Health Policy and System Design with the Institute of Health Policy, Management and Evaluation at the University of Toronto. Prior to this, he served as a Canadian Research Chair in Public Policy and Economic History and a professor at Johnson Shoyama Graduate School of Public Policy at the University of Regina.

In 2017, the Yukon Financial Advisory Panel raised concerns about Yukon's health care spending. The largest portion of Yukon government's budget is spent providing health and social services. The Financial Advisory Panel's report recommended that Government of Yukon conduct a comprehensive review of the health care sector. The five-member independent expert panel was created to provide strategic advice and expertise on Yukon's health and social systems and to develop recommendations to provide sustainable health care and social supports to meet the needs of Yukoners. The review included all programs and services delivered by Health and Social Services and the Hospital Corporation, as well as those funded by the department and delivered by non-governmental organizations.

The panel looked at how services are organized, managed, and delivered and was tasked with finding ways to contain costs and keep the system sustainable while improving health outcomes and quality of care. The panel spoke to and listened to Yukoners from across the territory — from Health and Social Services professionals, community organizations, First Nation governments, and members of the public. The three other independent expert panel members included George Green, coordinator and instructor for the targeted initiative for older workers program at Yukon College; Diane Strand, former chief and director of language, culture, and heritage for Champagne and Aishihik First Nations; and Jennifer Zelmer, president and CEO of the Canadian Foundation for Healthcare Improvement.

I want to thank the two witnesses for appearing today and I look forward to the discussion.

Chair: Mr. McLennan, would you like to make brief opening remarks?

Mr. McLennan: Thank you, Mr. Chair. Just before we table our opening statements, I wonder if we could share some understanding and approval of how we, as witnesses, respond to questions. Because of the logistics of this hearing being conducted by telephone conference call, Mr. Marchildon and I are in different parts of the country. We don't have the benefit of being able to confer at the witness table or to use visual clues to indicate which of us might be in the best position to answer a question. So, with your indulgence, when I am recognized to speak to a question, I may ask Mr. Marchildon if he would like to respond to a question first or add additional information. As well, Mr. Marchildon may indicate from his side, on a call, his interest in taking the first shot at responding to a question directed to me. In doing so, we will make our best efforts to ensure that the Chair approves before we speak. I hope that approach is acceptable to the Chair, given these unique communication challenges.

Speaker: That is fine.

Mr. McLennan: Thank you very much, Mr. Chair.

It is Bruce again — and I will begin with an opening statement, which will be about five minutes. It will be read by both Greg and us and I will turn it over to Greg at the appropriate time. Thank you, Mr. Chair, and thank you to the Committee. Thank you for inviting Greg Marchildon — from the Institute of Health Policy, Management and Evaluation of the University of Toronto — and I to this Committee hearing.

As you are aware, Greg and I are just two of the members of the comprehensive review panel, so before we begin, I would like to recognize the three other panel members who are not with us at this Committee hearing. They are Diane Strand and George Green — who are both well-known Yukon residents — and Jennifer Zelmer with the Canadian Foundation for Healthcare Improvement. Each of these panel members brought a unique perspective and expertise to the work of the panel. As a team, we were able to harness the viewpoints and opinions of each member to arrive at consensus recommendations. I also want to acknowledge the work of Kendra Black as the director of the panel secretariat and her amazing and dedicated team who supported the team in our work. Thanks goes out as well to Stephen Samis, the Deputy Minister of Health and Social Services, and Minister Frost for entrusting us with this very important assignment.

The panel members were appointed by the Premier and the Minister of Health and Social Services in November 2018 to conduct a comprehensive review of the Yukon health and social services. When we were appointed and embarked upon the task at hand, I don't think any of us truly had a sense of the breadth and depth of the task we had been assigned. It was only once we began the first of two public engagements that took place during the review that the scope and the enormity of the assignment became much clearer — and, frankly, a little daunting.

Given our mandate, it soon became apparent that the comprehensive review could not be limited to just traditional health services that the Department of Health and Social Services delivers. We felt that, to understand the full scope of the issues, the panel agreed that we need to expand the review to interface with the social side of the wellness equation.

The panel made 76 recommendations across eight chapters. Throughout the report, we tried to provide recommendations that will improve patient/client responsiveness, improve patient experiences and health outcomes, improve health provider experiences, and, finally, ensure fiscal sustainability for future generations of Yukoners. As we explain in our report, this quadruple aim assumed that providing higher quality care and managing costs go together. Poor-quality care will actually cost us more over the long term.

The panel decided that it was far better to get to the root of what the causes of gaps in care are and to provide recommendations that would fix these problems. This means that many of our recommendations will likely require some front-end investments. However, in the long run, we believe that those changes will improve care and reduce the growth curve of the system costs. While the panel found that many parts of the system are working well in the Yukon, other parts

are not. Most notably, we identified that there is a lack of coordination of care provisions across the system. This makes it hard to deliver services in a person-centred, holistic, preventive, and a safe and respectful manner. To fix this, we concluded that major system-level changes need to be made.

Greg, I will turn it over to you.

Mr. Marchildon: Thank you. We have explained these changes in the report, and we provided the evidence that we think supports the changes wherever possible. Some of the changes can be made fairly quickly, but others will need to be implemented in stages. At the same time, we want to emphasize that these recommendations are really an integrated whole. In this regard, the panel was very pleased to see that Minister Frost and the Yukon government have endorsed all 76 recommendations and have indicated that they intend to move ahead in their implementation. I am aware that some of the recommendations are already well underway.

As noted in the report, the COVID-19 pandemic did not exist when we began our work as a panel, but it had begun as we were finalizing our recommendations, and it appears that it is going to be with us for a while. So we had to consider our recommendations against the state of the pandemic, and we are confident that our recommendations support good public health policy as it impacts the most vulnerable Yukoners living in a pandemic environment. In other words, the pandemic has not changed the basic tenor of our recommendations or their solidity, from our perspective.

So, Bruce and I are happy to answer your questions. If you have a specific page or chapter reference from the report that relates to your question, it would be really helpful if you could reference them.

Chair: Thank you, Mr. Marchildon.

Ms. McLeod: I would like to begin by thanking the two members of the panel for meeting with us today and for offering the opportunity to review the *Putting People First* report for all of our MLAs. I would like to take the opportunity to thank all those officials in the public service who worked so hard to put this report together. It is without doubt one of the most comprehensive overviews of a health system in recent memory. The Yukon Party is well aware of some of the long hours, thoughtful deliberations, and genuine effort put forward by both the panel itself, as well as by the many staff of the various branches and departments involved.

Now, it would be nice to offer our appreciation in more detail, but our time with the panel is quite short, so we are simply going to launch into some of the questions for the panel.

The report, taken as a whole, offers nothing less than a dramatic overhaul of not only Yukon's health care system but our entire social safety net. It is immense in its scope. Can the panel provide some comments about the broadness of the mandate that it was given?

Mr. McLennan: I don't have a copy of the mandate in front of us, but it did envision looking at both the health and the social side of the system. As in the minister's opening statement, it was fairly all-encompassing in terms of what the panel was asked to look at. But as I noted in my opening statement, the depth and the scope of the actual undertaking

became really much bigger than any of us on the panel envisioned, because as we started to unpack things, we realized — kind of looking at the holistic nature of the Yukon health and social system — we had to dig a little deeper than we had originally planned.

Does that answer the member's question?

Ms. McLeod: Yes, thank you for that. Did the panel struggle with any lack of direction in the mandate, or was the openness of the panel's mandate an asset in your work?

Mr. McLennan: Can I ask the member to repeat that question? It got cut out; sorry.

Hon. Ms. McLeod: Did the panel struggle with a lack of direction in the mandate, or was the openness of the panel's mandate an asset?

Mr. McLennan: I can respond to that. In a minute, Greg may want to jump in — but I think that it was the latter. It was an asset, although it created more of a daunting responsibility on the panel, it was actually an asset to have a fairly wide-open mandate because it allowed us to look into really every nook and cranny in both the health and social services system — and beyond, for that matter — and look at the whole nature of the wellness and well-being required for the delivery of health care in the Yukon.

Ms. McLeod: Recognizing the broadness of the mandate and the incredible scope of the report, many Yukoners we have heard from are somewhat overwhelmed by the report. Is it the panel's view that all of its recommendations should be implemented together, or should we view this report as a menu of options and that some of the recommendations can happen independent of others?

Mr. McLennan: I can take that question as well. Again, it's Bruce. We, in the report, recommend that the recommendations that we make are not one-offs; they need to be done in a comprehensive manner. We recognize that it all can't be done at the same time, but we truly believe that we can't single out one or two pieces and really achieve the objective and vision that we've laid out in the report.

With that, I'm actually going to ask Greg if he has anything to add to that.

Mr. Marchildon: While it is possible to do things in a different way than suggested at times in the report, the overall thrust of the report and the addressing of the specific subject areas — they need to be done in a comprehensive way, as Bruce suggested. Moreover, if there are some things that are neglected or simply avoided and some of the easier recommendations are adopted, you won't gain the benefit of those easier recommendations without also doing some of the harder things involved in the report. It really needs to be taken as a whole. Thank you, Mr. Chair.

Ms. McLeod: What role will the panel have in implementing the report? For instance, we've heard that some members of the panel have been involved with early negotiations with physicians. What can the panel tell us about this?

Mr. McLennan: I guess I should have Greg answer as well, but I have no involvement from when we filed the report in April other than studying up for this Committee hearing

today. I have not been involved at all. I'm not aware of any of the panel members who have been involved — but I'm not privy to what they are actually doing. I will turn it to Greg and ask him if he is aware of any involvement.

Mr. Marchildon: First of all, I don't think any panel member external to government can and should be involved directly in implementation. I agree with what Bruce has said. I have been asked if I would be prepared to provide further detailed advice, but not in terms of the actual details of implementation. This has not been finalized, but if I were to do that, that is, I think, quite separate from any implementation.

Chair: If I could — a gentle reminder to the witnesses — to make it easier on Hansard here, if you could please wait until I recognize you after Ms. McLeod asks the question and then reidentify yourself when you're speaking to make it easier for Hansard. Thank you very much.

Ms. McLeod: So I would like to dig a little bit into chapter 1 now. This chapter proposes a complete system redesign of the way health care is delivered in the Yukon. Can the panel elaborate on the recommendation to establish a new arm's-length body?

I have a couple more questions on this line, so I'll just ask them all and see where we go from there. Why was this model chosen as the recommended option? What is wrong with our current model? Why was such a dramatic overhaul needed?

Mr. McLennan: I will take an initial stab at that. I'll just look into some notes here. From my perspective, I am not a fan of blowing up systems. I never have been. I guess that is the bureaucrat in me. I would rather tinker with things as opposed to start from the ground up in time to reconstruct things.

Through this process, it really didn't become clear that we needed to come up with a complete system redesign until very close to the end. I guess that one of the catalysts in seeing the need was when we were exposed to the Southcentral Foundation — or the Nuka system — of health care. The light — at least to me and I think to the other panel members — kind of went on at that point in time, and we saw that the current system — which is really a disease- and illness-focused system — is not going to be suitable to deliver the changes that need to happen.

The panel observed that the current system operated in silos and without a common vision. The current system focuses on diagnosing, treating, and — as I mentioned — managing illness — not a whole-of-society approach to well-being centred on the needs of individuals. We also recognized that we are currently competing for resources — and many of the institutions and organizations that are funded by the department, including ones within the department, are operating in isolation from one another.

I really recognize that we need an agency with a common vision and a plan that cohesively delivers basic health and social services, focusing on primary care and population health principles.

We identified in April holistic organizations that focus on achieving person-centred care or whole-centred care and embrace the quadruple aim that we have outlined in the report, which, as I mentioned in my introductory remarks, move to

improving patient experience, improving health outcomes, better managing costs, and overall better system effectiveness across the board.

We also recognize that we need an organization that embraces an evidence-based approach to system planning and decision-making, and we did not feel that this was evident in the current system.

Finally, before I turn it over to Greg — if he has any additional comments — I think we recognize that it's hard for an organization such as the Department of Health and Social Services to, what I would call, “steer and row” at the same time. You can't be the overarching overseer of the policy area and be part of the system as well that's delivering services. That's something we saw within the Nuka system that was refreshing and — as evidenced in the report — seems to work.

I'll leave it there. Greg, do you have any further comments?

Mr. Marchildon: I would say that — starting with the issue of integration and coordination — there needs to be clear responsibility in terms of the key service deliverer for that integration and coordination of the system to break down the silos.

The next issue is accountability and — as Bruce has mentioned — the separation of the responsibility for overall steering of the system and its regulation from the service delivery.

In this right now, you have the Hospital Corporation responsible for some of that service delivery, the department responsible for other aspects in terms of primary care — particularly in the communities outside Whitehorse — and then you have individual positions responsible within Whitehorse. Then in certain areas in terms of wellness services or addiction services, et cetera, you have NGOs and First Nation agencies. It's important to have a single organization that is accountable for coordinating all of that delivery. That doesn't mean it does it all. It means that it is responsible for ensuring it's done, so it does some of it, but it would be accountable, for example, for the agencies delivering certain services like addiction services and others through that structure.

This is a necessary — we think — but not sufficient step in the sense that there also has to be a recognition that you have people — both leadership and the managers on the one hand and then the clinicians on the other — who are committed to this holistic approach to health care delivery.

In turn, this arm's-length body or authority would be accountable to the ministry and to the people of Yukon through the Legislative Assembly. So there's a clear line of accountability.

Ms. McLeod: Just before I carry on with that line, I would just like to go back to one of the four goals that the panel was addressing, which was fiscal sustainability. Is the panel aware of what it would cost to implement all of the recommendations?

Mr. McLennan: I guess the upfront answer is no. We weren't able to go through a complete costing of all the recommendations, but that is why, in chapter 6, we made our best efforts to show where savings could be made. In speaking

to people from the Southcentral Foundation, it was clear that, by bending the cost curve or changing the cost curve, there is opportunity through the recommendations we have made in terms of organizational change that would have a dramatic benefit in terms of bending that cost curve downwards. I guess that, in other areas — as outlined in chapter 8 — we did cost out what we could for specific proposals, but they are limited. The other ones, as I have just mentioned, were more broad-based or holistic in terms of potential projections.

No, we expect that the department will have to grapple with that and that will be the responsibility of Management Board and Cabinet in terms of making the decisions and costing out fully the changes as we proposed. Greg, do you want to add anything to that?

Mr. Marchildon: Mr. Chair, it's Greg Marchildon, and the only thing I would add is that it is well known that the only high-performing health systems in the world are those that have a very strong primary care core in which a lot of problems are either headed off at the pass or are dealt with before they become acute conditions that need to be addressed in the hospital or they become conditions dealt with in other institutions — long-term care homes, et cetera.

The main lesson from this is that, for every dollar that you invest — and there is an investment in primary care here — you gain enormous benefit at the other end in terms of avoiding costs, in terms of what we call secondary and tertiary treatment down the road — flying to Vancouver for specialized care or treatment in a hospital in Vancouver and that sort of thing. That will always exist and there will always be people who require that, but you are lowering the number who have to. We saw this very clearly in the data that was presented on behalf of the Southcentral Foundation and how the Nuka model operates in Alaska. They were able to bring down costs quite significantly, even while investing more heavily at the primary care end of the spectrum. That is all I have to add at this point, Mr. Chair.

Ms. McLeod: So, given that the plan hasn't been costed to any great degree, how can you say or how can you know that implementing all of these recommendations will achieve a goal of fiscal sustainability?

Mr. McLennan: To be honest, we can't say that. All we can go by is what Greg just referenced earlier and what I referenced in my last comment — that the evidence shows that, in a good primary health care system, you will reduce costs. As Mr. Marchildon mentioned, we can go to the Southcentral Foundation information that they provided to us and what they provided to us in presentations and we can demonstrate where usage of hospitals and usage of acute care facilities was dramatically decreased over time by the change to the primary health care system.

As we know — generally, people know — one of the most expensive parts of our system is the acute care — you know, the hospitals and the tertiary care. So, if you can keep people out of that system, or if you can at least avoid some of the costs, your savings can be very, very significant, and that is where we feel confident that — in spite of the fact that we don't have dollars-and-cents evidence — there are significant savings that

can be had by implementing these recommendations and the approach to wellness.

But, more importantly, it's not just about the fiscal — although that's the question you asked — this is also talking about better health care — better care for individuals and person-centred care. That on its own may not have a financial — you can't put a dollar sign on it — it does have long-term societal benefits. That as well is as important, I believe, as the fiscal component. I'll leave it at that. Greg, do you have anything further you would like to add?

Mr. Marchildon: Not at this point. Thank you.

Ms. McLeod: I'm going to thank the witnesses for that response.

We know, of course, that the panel has considered other jurisdictions in arriving at the conclusion that a massive overhaul of the governance and delivery system for health care is needed. Can the panel tell us which jurisdictions they looked at? The witnesses have referenced the Southcentral Foundation; maybe they can tell us a little bit about that. What has implementation looked like for those jurisdictions?

Mr. McLennan: I'm going to start this, but then I am going to turn it over to Greg because Greg has far more expertise on the Southcentral Foundation because he has done reviews and studies in that area.

To answer the question, we examined three systems that we believed achieved these outcomes. One was mentioned — the Southcentral Foundation, which is located in Anchorage, Alaska and encompasses an area and a population not dissimilar to Yukon. The other ones — and I'm going to have to apologize for the pronunciation — are the Jönköping County Council located in Sweden and the Intermountain Healthcare located in Salt Lake City, Utah. Now, personally, I'm not that familiar with those; those are part of the research. But certainly, both Greg and I are very familiar with the Southcentral Foundation in Alaska.

So, Greg, maybe you could please carry on and explain the second part of the question.

Mr. Marchildon: In addition to the three examples — sort of, in a sense, exemplars — there are always institutional differences. We did try to take those into consideration as well. You can't simply copy other systems; they need to be reconfigured to fit your circumstances.

When it comes to those certain areas — for example, in primary care, we certainly looked at not just what was going on in Alaska or the United States or in the Nordic countries but what was going on in Canada itself and the kinds of experiences that certain provincial and territorial governments have had with their primary care reforms. That underpins some of our recommendations. What was noted was that, in the case of primary care, limited progress is often made because the institutional structures were kept in place, and that really prevented proper accountability frameworks from being established. It prevented changes in payment systems and changes in the relationship between patients and their doctors and the others who work within primary care practices — it really prevented what I would call “major improvements”. We certainly looked at that area.

We also looked in the area of hospital care in terms of the nature of the accountability relationship between physicians who work in hospitals and the sense of accountability to the hospital and other systems. It is very different. Whether you are talking about the NHS in England and Scotland or you are talking about hospital-based doctors in Belgium, France, or Germany — we would look at that. It sort of formed the background. Even though those are not sort of overall models to address certain questions, it is necessary to look at systems and what they are getting in terms of outcomes.

In terms of Canada itself — we have made very limited progress in terms of primary care, and reluctantly — and I want to emphasize “reluctantly” — we came to the conclusion that there needed to be a major organizational change to achieve those much better results; otherwise, we would be stuck in the status quo for a very long time, as other jurisdictions in Canada have been stuck.

That is all that I would like to say at this time, Mr. Chair.

Ms. McLeod: If the government began immediately, how long does the panel expect it would take to implement the entirety of just chapter 1?

Mr. McLennan: I don’t know if I could give you a specific date or timeline, but I suspect it would certainly take two or three years if you started now to move to where you want to get to. Certainly, the Southcentral Foundation advised us that it took more than 10 years, I guess, to get to where they are today. So, even at that — even if you start the blocks to create an organization and you move things along — it’s going to take three or four years before you have everything right. I think it can be done somewhat in piecemeal, but that is something that the department and the minister are going to have determine in terms of how quickly they can move ahead with what is contained essentially in chapter 1 and in chapter 6 in terms of the organization.

Having said that — and I will turn it over to Greg in a second — a lot of the structures are there in terms of your primary health care delivery. Certainly, your rural health care deliveries and the nursing stations — which are a component of this whole primary care model — are already there and wouldn’t require a lot of changes in structure. In Whitehorse, yes, definitely, you are looking at a lot of different structures. To set up an organization that has the vision and provides the direction, that is going to take a little bit of time as well. But that would be my best guess.

Greg, do you have a better sense of the timelines?

Mr. Marchildon: Mr. Chair, I think that two to three years is a very reasonable estimate in terms of the larger changes — the structural changes.

There are going to be some areas where it may be necessary to have a slightly longer period, because you can work with some existing structures for some time, and it may be phased in and will take the new form maybe a bit longer, but two to three years is very reasonable, I think.

Ms. McLeod: With regard to recommendation 1.2, it suggests a brand new, overarching agency for managing our system.

Does the panel view the governance model available in our current legislation as inadequate — and if you do, why?

Mr. McLennan: Yes, I think the current governance structure — I assume you’re referring to the hospital board — is not the model that we envisaged. I guess it’s the question that I’m sure the minister and the Department of Health and Social Services are going to have to deliberate upon, but through discussions with the panel, we didn’t view that as a viable model. Our model contemplates shifting from an acute care-based health care system to one that strengthens the primary care and early intervention, which would be at the centre of the system and, of course, supported by the hospital-based acute care.

Our vision for a new approach for improving Yukoners’ health and providing integrated whole-person care across a health and social system is one that puts people first. To do that, you need to establish an organization that embraces quadruple aims and the population approach that are outlined in our report and our recommendations. That’s why the panel is of the view that you need to create a new wellness Yukon health authority with a fresh lens to plan, manage, and deliver the redesigned integrated approach.

I just would note that this is not abnormal. Certainly, the new wellness Yukon health authority that Mr. Marchildon referred to earlier would still have a board, but you need to change the vision and the direction and get out of the acute care thinking mode and move toward, as I mentioned, the primary health care mode.

Greg, do you want to add to that, please?

Mr. Marchildon: I would only add that the new organization cannot think of a health system as being comprised of silos. We have hospital care here, primary care there, long-term care over there, and home care in another segment. It has to operate as a system. There has to be very good communication and hand-offs between the various parts of the sector for the benefit of all Yukoners, and it has to operate in a way that is really patient-centred. We talk a lot about patient-centredness, but we often don’t behave at all in that way, and there has to be an organization whose primary mission is to accomplish that.

Ms. McLeod: Recommendation 1.3 relates to the Yukon Medical Association and moving away from fee-for-service. Can the panel confirm that the YMA was not formally consulted on the creation of this recommendation?

Mr. McLennan: I will start off in terms of responding to that. First of all, before I answer your specific question, I think I need to put this into somewhat of a context. I want to be clear that the YMA was a member of the comprehensive review steering committee. If I am not mistaken, I believe that they were the only caregiver group that was represented on this committee.

We did meet with Dr. Katharine Smart, as a panel, who is a former president of the YMA, and she provided some input very early in the panel report, but we did talk about — maybe not the model that we proposed but collaborative care and how that works within a physician group.

Some of the panel members also met with a group of around 10 to 12 YMA members, including the Yukon chief medical officer of health, in an evening session — again, very early in the first round of our panel consultations — where we had a broad general discussion.

YMA members were also invited to a presentation by the Alaska Southcentral Foundation on the Nuka model, but I am advised that no physicians actually attended that session.

Finally, members of the panel met with the doctors at their request in Dawson City on two occasions and had general discussions with them.

I guess, to answer your question, we did not go back to any group with our final recommendations, including the government. We formulated our ideas, but I think that it would be fair to say that, through some of the discussions that we had, there was, if not an understanding, a clue as to the direction that we might take.

Greg, did you want to add to that?

Mr. Marchildon: The only thing I would add, Mr. Chair, is that I was surprised that no doctors attended the open sessions during the consultations. I continually asked my fellow panel members, as well as our secretariat: Where were the doctors? Were they invited? I was assured that they were invited, but they did not attend the open sessions. That's all, Mr. Chair.

Ms. McLeod: Does the panel view moving away from fee-for-service as a step process where certain sectors of physicians would be dealt with first, or did the panel envision this happening all at once?

Mr. McLennan: Greg, did you want to take that question on?

Mr. Marchildon: I would be happy to. There are two parts to that, and the first part that is implicit — I just want to say that we are talking about a shift in remuneration mainly for primary care doctors. Specialists are dealt with as really kind of a separate issue. Of course, this would not likely be done overnight. This would be something that would involve a transition period. So in answer to the explicit part of the question, I think that we recognize that this would be done over time where expectations would be laid out, doctors who would immediately like to move into that system could, but other doctors who wanted some time to think about it could do that.

I just want to say that, in the case of specialists — let's say hospital doctors working in highly transactional areas — there may never be a need to move to an alternative form of remuneration, but what is critical there is the accountability relationship and that there be a direct accountability to the organization responsible for managing the hospital.

This is common in countries outside Canada — just about everywhere — and yet we do not have this to much of an extent in Canada, and it creates a real accountability problem.

The issue of payment is probably less important in the case of hospital-based doctors who are not primary care doctors than the issue of their accountability relationship with not just the hospital but the health system that they're working within.

Ms. McLeod: How would the panel expect the medical community — particularly doctors — to respond to this recommendation?

Mr. McLennan: Clearly, it's a bit of a change in terms of an approach from what currently exists in the Yukon, with the exception of some rural communities. Certainly, doctors in Dawson are on a dual type of payment. They are on an alternative payment method during the day on a contractual basis, and they are on fee-for-service when they are on call or on evening calls.

As I mentioned, in the Yukon, it's a little bit of a different approach, but it's not a different approach in the rest of Canada. My province of residence now is British Columbia, and they are very much moving toward a population health approach in many of their primary care systems. It's a wave that is occurring in other jurisdictions. Many doctors, frankly — especially younger ones whom I've talked to — really aren't keen on running a business per se. They are more concerned about ensuring good and proper holistic care to their patients.

Certainly, with some older physicians, it's a bit of a change in mindset, but clearly in this model that we have — the fee-for-service system is a competitive model and it doesn't encourage collaborative care in a primary care environment as we described in the report.

Having physicians on a fee-for-service basis is not going to ensure that we will have a patient-centred care approach where a patient can call on other providers on the team, or be referred to other providers on the team for the services that they require.

I'm not sure that I have answered your questions. Hopefully, I have — but if not, I would ask the Chair to ask for the member to redirect the question or ask further questions.

Ms. McLeod: I thank the witnesses for their responses there. I am going to move on a little bit, because our time is short here this afternoon.

I am curious as to how the panel arrived at the amount recommended in section 2.4 regarding medical travel — why not more or less? Why was doubling seen as the right amount?

Mr. McLennan: Greg, are you able to answer that question or would you like me to answer that question?

Mr. Marchildon: Mr. Chair, I would be happy to answer that question.

The real difficulty with medical travel and the amount was that there was basically a set amount that had not been changed for the longest time. There was no sort of recalculation for inflation, et cetera. There were those who argued during our consultations that it should be tripled — given the costs that people faced in places like Vancouver, et cetera. We tried to arrive at a sum that was a reasonable improvement but would be something that would not break the bank. We came to the conclusion that this was sort of the minimum that was needed based on the evidence that we had gathered, so we settled at \$150, and that is how we came to that conclusion.

There was really no other basis upon which to do it, but we certainly did not want to do something that would be inadequate from the beginning nor provide something that was generous to the point that it could be taken advantage of at times.

Mr. McLennan: If I could just add to that because I just went back and looked at the report. It has been awhile since either Greg or I have looked at this in detail. But I think the other factor in terms of the doubling was looking back at when this was first introduced and then looking at the growth of inflation. This rate did not change in over 15 years, if I recall. In getting at that \$150 — again, as Greg said, we didn't want to break the bank, but at least keeping it up to an inflationary level was one of the thoughts that we had in terms of the number that we proposed.

Ms. McLeod: With recommendation 2.9, it discusses driving services from the communities to Whitehorse. Can the panel expand a little bit on what it was envisioning with this recommendation?

Mr. McLennan: As mentioned in the report, this was an area that we had lots of feedback on in terms of the lack of transportation options for rural residents. We particularly heard of older residents — First Nation residents especially — having to drive in a senior from Beaver Creek at 4:00 in the morning to get to an appointment. It just became something that really was part of the overall holistic approach to care seemed to be something that was really needed.

I think there was also a coroner's report in Carmacks that made reference to travel — and I could be mistaken there, but I believe there was talk about travel. The medical officer of health also made a recommendation in terms of providing safe public transportation services as a recommendation for a number of reasons. That's the approach that we took. It was really based on what we were hearing from people in the communities about the issue of a lack of transportation.

Ms. McLeod: Thank you for that. So recommendation 2.6 discusses creating residences in Whitehorse and Vancouver to reduce the need for hotel accommodations for medical travel. Does the panel agree with government partnering with owners of private, short-term rental units going forward to eliminate the cost of creating new residences and providing some revenue to private owners wishing to offer their units?

Mr. McLennan: I don't think I'm in a position to answer that question.

Ms. McLeod: With regard to recommendation 2.8, why did the panel recommend eliminating the restriction of medical travel destinations as opposed to expanding those destinations on a case-by-case basis, such as for specialist clinics and hospitals outside those prescribed destinations?

I am just going to carry on aside from that question — keeping the restrictions would have allowed for lower costs in travel due to the proximity to the Yukon and any such reciprocal funding agreements that we have. By eliminating the restriction completely, do we not open the government up to a huge increase in costs based on travel alone?

Mr. McLennan: I think I understand the question from the member, but to me it's just the reverse of what was said, because when we looked at this issue, we were finding that, with the current restrictions in terms of where people could travel, it meant that they were going to some of the higher cost destinations and maybe wouldn't have access to services — acute care and tertiary services — on a quicker basis than they

would within the current system. So, by restricting the current out-of-territory travel to just Vancouver or Calgary or Edmonton — these are very expensive cities, and many Yukoners do not have friends or family in these cities to provide support. Basically, by removing these restrictions, the government will be in a position to give Yukoners better options for travel to other locations with lower accommodation costs, which was a big factor if you went to Vancouver or where they might have family members whom they could stay with.

It is a bit of an anomaly within the system — frankly, it was there when I was the Deputy Minister of Health and Social Services, and it just never got changed — but certainly, by making the change, it will also allow providers to refer people to cities with lower wait times and access to services. So, it really just — the panel — made a lot of sense to add that flexibility to the system.

Ms. McLeod: With respect to recommendation 3.7, can the witness explain how reducing the hours of operation of establishments selling alcohol helps to create an environment that — and I quote: "... supports individual decision-making." Because it kind of seems to me that making the decision on behalf of individuals to limit their chosen times to purchase alcohol would not be supportive of that individual and their decision-making.

Mr. McLennan: Greg, would you like me to take this, or do you want to take this question?

Mr. Marchildon: Feel free to go ahead, Bruce.

Mr. McLennan: I guess the one thing that we heard a lot of complaints about, especially in First Nation communities, was the issue of alcohol abuse and the harm that is incurred by alcohol and substance abuse. In looking at and hearing back from mostly First Nation groups in this regard, it was clear that reducing the hours of operations of establishments selling alcohol would limit the times that people could actually go and get the alcohol. We were hearing stories about people who were — after the bars were closed, the establishments were open late into the evenings. It did not seem to be — what is the word I'm looking for — conducive to reducing substance abuse. That is really why we recommended that a change in that regard would be important.

I think that the evidence, too — I don't remember how we referred to it in the report, but after these changes were made, increases in terms of visits to emergency clinics and so on and so forth — or the emergency room at the hospital — there is a bevy of information that shows that things — trauma and emergencies — actually increased over that period of time.

Hopefully, I'm answering your question, but that's really the approach that we took in terms of why we felt that was an appropriate recommendation.

Ms. McLeod: I want to thank the witnesses for their comment there. Obviously, I'm certainly not going to suggest that I'm against anything in this regard. It just seemed a bit of an odd statement to say that it supports individual decision-making. If the government's making your decision for you, it's not really your decision, is it? I'm just going to move on from there.

I was going to move on to childcare.

With respect to recommendation 3.8, can the witness share whether any initial cost analysis has been done on implementing fully funded, universal early childhood education? If this is to be fully funded for all Yukon children over the age of one, why are increases to the current subsidy program being recommended? I'm just wondering if it's current practice trying to catch up with proposed practice.

Mr. McLennan: I'll try to answer that question, but I guess the essence of working toward fully funded, universal early childhood education is because one of the determinants of health is good education and healthy children. In the overarching holistic approach that we've taken through this report and the determinants of health and wellness, we felt that this was something that would benefit overall in terms of the system.

Greg, do you want to add to that at all?

Mr. Marchildon: Yes, I would be glad to. There is a wealth of evidence on the impact that this has. We tried to provide that evidence. It is possibly in the footnotes, but this has been studied at great length by researchers in terms of the impact of early learning and its benefit to society for the investment that is made. To some extent, this has been tried in other jurisdictions and has been found to be very effective, so they've kept these programs going.

We are a little bit behind in this area — not just in Yukon but in Canada as a whole. It is an area where it will take time to achieve it, and that is why this is set up in a way that we use existing subsidies, et cetera, that you have at your disposal and you work toward this kind of a universal program over time.

Ms. McLeod: I thank the panel for those comments, but I am still wondering whether or not any initial cost analysis was done for implementing this fully funded program throughout Yukon.

Mr. McLennan: No, there was not a full cost analysis in this regard. It is something that we felt that the department would have to look at if they accept these recommendations. They will have to make a decision as to whether it's cost-effective and what the overall cost would be.

Ms. McLeod: Regarding recommendation 6.3, can the witness provide details around the makeup of an engagement and experienced team to involve Yukoners in designing, implementing, evaluating, and improving programs and services? How does the panel envision this team, and how will the objectives be carried out?

Mr. McLennan: Greg, would you feel comfortable taking that question?

Mr. Marchildon: Yes, I would be happy to. This is based upon the process that was adopted by the Southcentral Foundation in Alaska and the very fine details of implementation — the way in which they involve the actual patients receiving those services, as well as the providers, so that they got those details right.

These are details which we didn't have the space or the time to talk about much in the report but are absolutely critical to getting it right. One of them is that the extent to which a Yukoner wants to have his or her primary care provider doing all of the coordinating and the way they want them to engage

with them. Another example is the use of telemedicine — the extent to which a Yukoner wants to deal with, for example, the specialist in Whitehorse or Vancouver through telehealth and the extent to which they may want somebody to be with them or they want to actually, at certain critical times, be with that specialist in person.

So, the key here is that the fine details of how this would be done would need to be worked out through such an engagement and experienced team. The basic framework — the government needs to decide that. The direction — again, the government needs to decide that. But the details can be worked at in a collaborative way with the patients and providers and users of the system.

Ms. McLeod: With respect to recommendation 8.3, can the panel explain how they came up with the dollar figures referenced for long-term care daily rates? \$35 a day currently to \$50 a day as recommended with indexing to inflation reflects a pretty large jump, even if it's phased in over three years — just the panel's comments on that, please.

Mr. McLennan: As mentioned, we recommended that the rates go to \$50 from \$35. We look at that from a perspective of what equivalent long-term care costs were in other jurisdictions. We looked at where the last change, in terms of those rates, had been. Based on that final rate of \$50 per day — that is still well below the current Canadian average of about \$76 a day. I wouldn't say that we had any specific mathematical formula to come at that, but we felt that was a reasonable increase given the last time those rates had ever been changed. Essentially — if I'm not mistaken — that was largely linked to inflationary growth since that last time that rates had actually been changed in that area.

Ms. McLeod: I guess I won't really ask the panel this, but I am wondering what happens when people can't afford even \$50 a day — given that right now, if you are collecting CPP, you probably can cover the rate with your CPP cheque. Maybe I will ask the government this when it comes time to do that — but obviously, the question becomes: Who is paying over and above the amount that their basic income covers? The panel can comment on that if they can.

In the opening remarks by the panel members, they said that some of the recommendations were already well underway — so can the panel tell us which ones those are, please?

Mr. McLennan: I know there are about — I'm just looking at my notes here — I think there are about 25 or 30 of the recommendations that have — sorry, bear with me; just let me check my notes. Sorry, I can't find my notes, but I believe I was told that about 25 of the recommendations have been made.

So, beyond the ones that I have actually seen — which are ones that deal with medical travel — that is the only one that I am actually aware of. So, I think your question would be better directed to the minister. She would be able to fill in what actual changes have been implemented so far, in full or in part. I apologize that I can't answer that question more fully.

Ms. McLeod: I want to thank the panel for their time here today. I am going to cede the floor to the Member for Takhini-Kopper King. Again, my thanks to the panel.

Ms. White: I would like to thank the panel for being here today because, when I read the report, to be perfectly honest, I was blown away, mostly because I was nodding my head. When we met, I was probably a bit more cynical than I would like to normally present as, but this exceeded my expectations. I want to thank you for drawing what I think is a road map for what health can look like in the Yukon, so I wanted to start with that. I can only imagine the amount of time that you put into it.

The way I have parsed out my questions and my remarks is that I will give you the page number and then I will ask a question about it.

On page 5, in the second paragraph from the bottom, in the second last line, it says, “Our recommendations are related to each other and to our overall goals. They should be taken together, not considered individually in isolation from the whole.”

I would like to ask why you felt it was so important to make that statement. It is pretty concrete and it’s right at the beginning of the report.

Mr. McLennan: I am going to ask Greg to respond to that, if he doesn’t mind.

Mr. Marchildon: Thank you very much, Bruce and Mr. Chair. The reason for that is that the connections between the various health sectors, the current lack of communication, the lack of coordination, the lack of what I would call patient-centred care through the sectors — I mean, the health system should be as seamless as possible for the individuals using it. That is clearly not the case in Yukon. Yukon is not an outlier; this is the case in much of Canada.

When we’re addressing in the report the areas of the health and social services system, we are following a traditional outline of dealing with it by sector and subject. But the reality is that they’re interconnected. If you’re trying to make a major change in one area but you’re ignoring all of the others, you will not gain the benefit of the changes you make in that one sector. We recognize that change has a cost attached to it. It’s both a transitional cost — it’s a cost of upset for the people who work in the system and the people who manage the system, and it can even be upsetting to the patients who are used to dealing with things one way and all of a sudden it becomes a bit different.

To offset that cost, you have to, in a sense, have the benefits driven through in every part of the system. If you don’t get one part of it right or a couple parts of it right — even if you get, for example, hospital care right, if you don’t have primary care right, it’s going to fall apart and it will be an extremely expensive system, aside from it not being patient-centred.

So we felt it was absolutely essential to make it clear that we put this together in a way to ensure that the pieces were connected — that this wasn’t a one-off, but this was about system transformation to achieve a much better outcome. The system is very much underperforming. Given the amount of money that is in the system — and Yukon has a very well-financed system — it’s the pieces that are not working well together. So it’s absolutely essential to get those connections right.

Ms. White: I thank the witness for the answer. The reason why I thought it was so important to focus on that is because, time and time again, the panel talks about how it is about an integrated system and you can’t look at one and you have to look at the whole. It brings me to the three systems that you looked at.

So, on pages 26 and 27 is when you discuss the comparison between the Swedish, the Alaskan, and the Salt Lake City models. That’s the first time that we start talking about the Nuka system. It’s interesting because we, as the Yukon NDP, at times have batted that around but haven’t had the ability to actually do the comparison. So, if you could elaborate on why you focused on the Nuka system after comparing the three, that would be helpful.

Mr. McLennan: Thank you, Mr. Chair. I am going to ask Greg to take this question on.

Mr. Marchildon: There were a couple of reasons. One was in terms of the context — the First Nation population being served through the Nuka system, the communities that were separated in terms of geography, the relatively small size of some of the communities, and of course an anchor city that is bigger, certainly, than Whitehorse — but still there was a point of comparison. They are dealing with a situation that comes closer than any other health system to Yukon.

The second reason is the outcomes. This has been studied fairly extensively. We looked carefully before even having the seminar — the all-day sessions with the Southcentral Foundation — the work that had been done by the King’s Fund in Britain on the outcomes of the Southcentral Foundation’s Nuka system — and it was very, very clear that there were enormous savings that were made through much better patient care continuity and a focus on the patients as the owners of the system — not simply the people being served, but the people who were in control of the system — not the providers, not the government, but the people using the system itself.

This really pointed out to us what could be the tremendous benefits that could be derived from reorienting the system in Yukon and that you could have much higher quality and, at the same time, have a lower cost system, as has been proven by the Southcentral Foundation.

Ms. White: I thank the witness for that answer. At times, reading the document, it seemed to me that different portions could — I appreciate the way that it was laid out, but my next question wants to be about wellness in Yukon, and the question after that, I want to ask about the client-owner.

The one thing you focused on with Nuka was — you did a comparison with a jurisdiction similar in makeup and such — so that makes the next question I want to go is about Wellness Yukon — so it’s first kind of laid out on page 31 and it goes into page 32. For such a small recommendation in words — it is not huge and doesn’t look like anything massive, but what you’re proposing is an entire system reinvention. You talk about breaking down the silos, improving the coordination, and fostering the idea of a person-centred culture.

So could you just walk us through how you took all the information that was given to you in the last year and how it came to be under the creation of Wellness Yukon?

Mr. McLennan: Sorry, I may have lost — my earphones died, so I may have lost some of that. I got the question, but I may have missed the preamble. Greg, are you able to take that question again since I missed part of it?

Mr. Marchildon: Yes. Well, Mr. Chair, what I will certainly do is open up and I'll repeat some of the preamble, but I will reinterpret it a little bit. So how did we get from, sort of, the beginning to the end in terms of coming to the conclusion that a whole system redesign was necessary?

It started really with the consultations and what I would call the great dissatisfaction that some Yukoners had felt with the system for some time — the stories they told and how they highlighted the weaknesses. Naturally, when you are in consultations, you are going to hear more about the weaknesses of a system than you are about the strengths, so we were also attuned to hearing about, sort of, what the parts of the system were that operated fairly well. The one common theme was the lack of what I would call patient-centredness or citizen-centredness of the system. It was being run for the convenience of those managing it — whether they were clinicians or public servants within the department — whatever position they were in — and it was through no fault of these individuals. I think they often felt that they were doing the best that they could, but they weren't thinking about it from the perspective of the impact it was having on the people using the system.

So, it was necessary to try to say: Okay, how could incremental change in various areas alter this dynamic? That is when we first began to realize that maybe some larger changes might be necessary, as we had our discussions and consultations with members of the department or with clinicians and others.

Then we began to shop around for examples that we could see from other systems by which we could get some idea of how things could be done with as little disruption as possible, how changes could be made with as little disruption as possible to achieve a much better performing system, a lower-cost system, and a system that would really be responsive to the needs of Yukoners. As we began to look at that, we began to realize that there were problems within the structures themselves that basically created the wrong kinds of incentives that pushed people to do things that would make it work from the perspective of the people working within the system but not for the benefit of patients.

Then we began to also see that there were certain groups — in particular, First Nations — that had fundamentally different views of how they were treated in places like the hospitals or by certain providers that indicated that there was sort of a larger problem. We very reluctantly — and I have used this term before — but we very reluctantly came to the conclusion that, in fact, larger organizational change would have to accompany the health reforms on the ground in order to ensure that incentives were in line and to ensure that there would be a fundamentally different direction that would be set in terms of the orientation of the system to the people using it rather than to the people working in it.

Then we tried to draw out the very best from the various examples in other jurisdictions that we saw to try to put this

together, and we tried to the greatest extent possible to make sure that it would be configured to the unique circumstances of Yukon and the Canadian general tax funded system.

Thank you, Mr. Chair — and if I haven't answered the question in full, please ask me a follow-up question. Bruce, if there is anything I have missed, please feel free to add.

Mr. McLennan: Mr. Chair, if you don't mind, I can just add a couple more comments now that I have the context of it. As Greg mentioned, we struggled with this right through the whole process. We were looking at things in very discrete issues and distinct ideas. I don't think it's telling any stories out of school — I think when the panel members — at least several of the panel members — saw a presentation by the Nuka foundation, the lights kind of went on — certainly in my head. It really epitomized what we need to do and where we needed to go.

As I mentioned earlier on in our presentation, I'm not a fan of blowing up the system, but as Greg pointed out, it became very obvious that, to get where we wanted to go and to ensure that there was a good primary health care system that met all the quadruple aims, you had to do what's proposed in this report. That didn't come to us until quite late in the review, but it seemed to come all at the same time. As Greg mentioned, it was with great reluctance because we didn't want to blow up a system that existed if we didn't have to do it.

Ms. White: I thank the witnesses for that. I'll just point out that I think, on page 126, it does a really good job of talking about the shortcomings of the current system and the lack of a unifying vision — and it goes on to a lot of what you talked about.

One thing you did just touch on — which really struck me when I read the report initially — is that the panel didn't shy away from calling a spade a spade in terms of the fact that you — within the report, there is no less than a dozen times where it talks about the racism that exists within the system. I think about how important it is for people to see their experiences reflected and when you took that step to make sure that was included, I think it is incredibly important.

My question is: How were these experiences shared with the panel? I imagine it was in a kind of story form. How did Health and Social Services or the Hospital Corporation acknowledge that racism when it came up in conversation?

Mr. McLennan: I could certainly answer the first part of your question. It was a predominant theme in many of our public meetings early on and it was reinforced when we met with First Nations in terms of the racism component — but, you know, it's not unique to the Yukon. Many other jurisdictions, including where I live in BC, are having the very same problem right at this very moment.

I guess it came through anecdotal examples of people — examples where people had been thrown out of the hospital — again, we had to take people at face value — but thrown out of the hospital in the middle of the night without proper support systems. There were meetings with a physician where an individual's cultural identity was not recognized when they met with the physician and they felt that they were just being given

the short shrift, I guess — for lack of a better phrase — and were not really being dealt with.

I think I have answered the first part of your question. I am not sure I answered the second part of your question. Greg, do you want to add to that?

Mr. Marchildon: I actually found it interesting that, in a couple of the communities in the consultations — and this is an example of getting conflicting results — you would have a white member of the community saying that the care that they received in the hospital in Whitehorse was extremely good, with nothing to complain about, and in the very same meeting, within a couple of minutes, some First Nation members of that community saying how terrible it was — the reasons it was terrible, such as the racism that was shown by providers, sometimes purposely and sometimes implicitly. The people around the table had to listen to each other's very different perspectives on this. I can't possibly comment on, sort of, the rethinking that was going on by some members of the community as a result of hearing that perhaps for the first time, but I know that, if I had extremely good treatment but I heard about someone else getting very poor treatment by the same people I went to, I would be questioning it myself.

I can't speculate on this, but clearly this is a tale of two cities in some respect. The experiences are quite different for a reason.

I would only add that, when we talked to providers, there wasn't any sort of obvious statement or recognition that things were being done for one set of clients differently from another. So I think a lot of this is implicit, and as Bruce said, this is an issue and a challenge throughout all of Canada. We recently heard about what happened in Québec — in Joliette, Québec. It was front-page news across the country a few days ago. So it is not unique but is something that absolutely needs to be addressed.

The other part of it was the common story that people told us. It didn't matter if they were First Nation or not — that of going into the hospital and basically there was no coordination or very limited coordination. There were no discharge plans after. All of those problems were common to all of the Yukoners whom we talked to.

So there were common issues and then there was this divide, and we had to deal with the differences between them.

Ms. White: I thank the witnesses for those answers. I did compliment the group when I attended one of the evening sessions because I felt like it was a place where people were going to be able to share those stories. I am glad that you listened and that you were able to hear what they were saying.

If we go to page 133, the first paragraph says, "The department's role in the health and social system will be to provide strategic leadership and leave service delivery to Wellness Yukon. Ending its role in service delivery will allow the department to focus instead on maintaining standards and accountability and ensuring value for money in funding public-sector health and social services." I appreciate that paragraph, but I just wanted you to elaborate a bit on it. You have the vision that we will have Wellness Yukon and then we will still have

the Department of Health and Social Services. Could you just walk me through what that looks like?

Mr. McLennan: Greg, do you want to take that one on as well?

Mr. Marchildon: Sure, I can. Mr. Chair, I want to go back to something that Bruce alluded to earlier, and that is this division between the role of the department and the role of the deliverer.

There's nothing unusual about it. In most of Canada, you have this division. The department is responsible for providing basic stewardship and regulation but not actual delivery. We see this in 11 jurisdictions in Canada. So Yukon is actually a bit of an outlier.

But it needs to be done right as well because there are two challenges: One is ensuring that in fact the department gives up those delivery responsibilities and that the department shrinks to the appropriate size. It then has people who are focused on very different functions — they are exactly the right kind of people to do those functions and they no longer try to do the other things. They no longer try to, in a sense, micromanage the others, but they set the general goals and targets and then leave it up to the deliverers to do that.

The other part of that is there has to be enough of a separation — an appropriate separation — between the department and the new authority. That involves, I think, a couple of different dimensions: One is that the authority needs to have a very powerful board that knows its own mind and can provide, in a sense, that separation between the authority and the government.

The second part of that though is that the authority is ultimately accountable to the government through the minister. So, it is not completely sort of autonomous. There needs to be an appropriate accountability relationship set up. In some provinces, they got it right; in other provinces, they didn't get it quite right. So, that has to be structured in a way that is effective.

The only other part about that is that the new executive team and the personnel who are going to be in the authority — they can't just simply be transfers from the department; they have to be people who are appropriate to the job. If they're currently working within the department, then they can change employers and it will be fine. But at times, that's not necessarily going to be the case. So there are going to have to be people who are newly hired into those positions.

If I haven't answered the question in the way they would like, I would be happy to respond to a supplementary question.

Ms. White: I assure you, even without seeing body language, we are right on track.

On page 133, after the points that come after the second paragraph, it says — and I quote: "Putting this vision into practice also requires a major shift in culture and attitude. It is going to take transformative, visionary leadership at all levels of Wellness Yukon. Yukon will need the expertise of individuals who have been involved in large-scale organizational changes to make it happen."

So, you alluded to this — and I appreciate that — but do you see Health and Social Services leading the systemic

change, or is it your opinion that the creation of Wellness Yukon will require external expertise?

Mr. McLennan: I think Health and Social Services embraces the concept, but I think that you are probably correct in that they will need some expertise from outside to help shape that vision and to ensure that they do recruit the right people for the job. But I think that there is a buy-in at the Department of Health and Social Services — certainly at the executive level — that they understand this direction and believe that it is the correct vision.

Greg, did you want to add to that?

Mr. Marchildon: No, I think that covers it, Bruce. Thank you, Mr. Chair.

Ms. White: So, I guess that my next question is: What happens to the Hospital Corporation within this new vision of Wellness Yukon?

Mr. McLennan: I think that is probably not a question that the panel can really respond to. Certainly, in the model, we would see the Hospital Corporation being subsumed by this new organization. I guess the current structure of the Hospital Corporation would no longer exist because you are essentially establishing a brand new organization that would be within this new vision.

Ms. White: I thank the witness for that. During budget briefings, when I veer to those types of questions, I get told by deputy ministers that this is political and that I should speak to the minister, so I appreciate your kick at the can there.

On page 134, we see the language of “client-owner”. It talks about how “Wellness Yukon uses a new term for Yukoners: client-owners. This is to recognize that, anytime they interact with Wellness Yukon, Yukoners are, all at the same time: (a) being served as clients; (b) have ownership; and (c) are collective owners of Wellness Yukon...”

I would just like you to expand on that because I feel like the vision — it’s pretty big. If you can explain to me the idea behind “client-owner”.

Mr. McLennan: I can respond to the member’s observation about being, I guess, frank — I guess that is what she was referring to. I can do that now because I am no longer a bureaucrat. I wouldn’t have done that when I was a deputy minister of Health and Social Services, but that’s a long time past.

To answer your specific question — and I’m going to ask Greg to add to whatever my comments are — what we saw in the Nuka model in terms of the ownership of the system — it was real. Every client who goes through the Nuka system, after receiving a service, fills out a questionnaire. That’s how their staff and their organization is rated — by what their owners — and that’s what they refer to when they talk about what we would call “clientele” — how they provide feedback to the system.

So, it’s real and it’s a transformational change — because really what you’re looking at is bottom-up accountability in terms of what the people who are using the service think about the service — whereas that’s certainly not the impression we got from people we met in terms of our consultations. They felt that they were just somebody within the system who would get

pushed from one service to another service and they didn’t really have any meaningful involvement in terms of the determination of where they were going to go or how they were going to be served. It’s a little hard to describe, but it really was quite evident when we saw the Nuka model presentation. Greg, do you want to add to that at all?

Mr. Marchildon: Mr. Chair, in Canada, we use the term “patient” all the time, and I know it’s very jarring to hear the word “client” or to hear the word “owner”, but in the Canadian context, it’s even more appropriate because Canadians pay for this system wherever they live through their tax funding and it’s 100-percent coverage — unlike the Nuka system, which is basically funded by the Indian Health Service through a transfer and it serves a subpopulation within Alaska.

In the Yukon, it is a universal single-payer system that is intended to serve all Yukoners. In that sense, Yukoners — by virtue of being residents and by virtue of being taxpayers — are the owners of the system, and virtually everybody will use the system at some point. So, in that sense, it is appropriate to use the terms “owner-clients” and to put the owner-clients at the very centre of the system. It is not being run for the benefit of the government. It is not being run for the benefit of the providers in the system. That takes some reorientation.

Canadians tend to be, in some ways, a little more passive. They do think of themselves as patients. Think about the origins of the word “patient” — it is a passive word. But if you think of yourself as an owner-client, you are paying for the system, you are using the system, and you have the right to be treated in a particular way and the system should be based on your needs. Thank you very much, Mr. Chair.

Ms. White: I thank the witnesses for that — including revisiting language from passive to active. That is super important.

I had a great deal of other questions that I wanted to speak to you about, but I think that what I leave as my final one before I hand it over to the members opposite is from page 182.

There is a lot that the report does, but I really think that it gives us goals to aim for. In 8.4 in the last paragraph, it says, “We also believe Yukon has an opportunity to be proactive by taking a national leadership role on pharmacare. In partnership with the federal government, Yukon may be able to implement a version of universal pharmacare with federal support as a trial for the rest of the country.”

The reason I wanted to bring this here is that I think that this is a beautiful vision of what could be — if you could just share with me what got you to that statement.

Mr. McLennan: I think where we arrived at it at that time — we suspected that, at some point in time, the federal government may reactivate the pharmacare idea — even through this pandemic, you can see that there is more interest in doing it — but the Yukon may be a perfect testing spot for doing something along these lines. In consideration of the other changes that we recommended in the pharmacare area — including looking at provided extended benefits to people in poverty — that is really the pharmacare program that the federal government was talking about in terms of the paper or the work that they had done. We thought that the Yukon would

be a perfect place, if you lobbied, where somebody could do a trial — a test in terms of how that pharmacare program would work for the rest of Canada — particularly because, in the Yukon, you have different pharmacare programs dealing with non-insured First Nations and people who are not covered by the non-insured health program.

We referenced earlier that, in other places, there is a lack of symmetry — for lack of a better term — in terms of those pharmacare programs. So, we think that this would be ideal in terms of running a trial balloon or running a test in the Yukon. Because you are small enough, you could actually see the results, and you would provide some valuable information to the federal government.

Greg, do you want to add to that?

Mr. Marchildon: Yes, in fact, medicare was introduced through the provinces. They set up their programs in order to become eligible for federal cost-sharing, and they did so over time. They didn't all come in at the same time. Some of them actually set up their programs before federal cost-sharing, such as Saskatchewan. All that we are suggesting here is that — in one of two ways — the federal government is also somewhat hesitant about pharmacare — because it doesn't know the costs of universal pharmacare, it's not sure how much it would be on the hook for, and the negotiations involving 13 provinces and territories will be extremely complicated.

What we suggested here is that Yukon has an opportunity to offer itself up as a pilot project, working with the federal government and using shared-cost financing to set up and establish a pharmacare program that could be studied in terms of its impact and costs and then used as a model for the rest of the country.

This is more than feasible and it would be — from the federal government's perspective — a rather small pilot project — one which would be, in a sense, more than fiscally doable. So we think there's an opportunity to be very proactive, and we've encouraged the government to think of it in this way.

Ms. White: I just want to thank the witnesses, the panel, and of course all the public servants who supported you throughout the process for what really feels like a groundbreaking report. Thank you for the vision and for listening and then reporting back. It has been a pleasure. I look forward to seeing you in person at some time in the future.

Mr. Gallina: Thank you very much, Mr. Chair. I appreciate the panel members being here today and members of this House allowing government private members to engage with the panel today.

Mr. Chair, today there have been discussions about some of the alarming examples of racism in the national care system. *Putting People First* makes recommendations in the area of First Nation cultural safety. Can the panel elaborate more about why they recommended the need for health care policies specific to First Nations here in Yukon?

Mr. McLennan: I guess there were two catalysts for that. One certainly was what we were hearing when we went to the different — not presentations, but the consultations. We were hearing about racism in the system.

The other thing I guess that sort of helped us through that thinking was one of the panel members — Diane Strand — she certainly had first-hand experience. She used to be on the board of the Hospital Corporation. So she brought those thoughts to our attention as well. Some of them, I don't think, were any surprise. We were familiar with the issue, but certainly getting it first-hand helps put a different lens on it. That, in essence, is how we arrived at that need.

Mr. Gallina: We have heard a fair bit today about the success of the Nuka model and that model of care being implemented in southeast Alaska. What I found interesting about the discussions today is referring to patients as “clients” and then to clients as “owners” over their own care. Could the panel members elaborate more on what the Nuka model could look like here in the Yukon and specifically how Yukoners could envision themselves as client-owners?

Mr. McLennan: Greg, would you mind taking that question on as well? It is similar to the response that you gave a little bit earlier, but you may want to expand upon that.

Mr. Marchildon: Basically, there needs to be an ongoing relationship where the people who use the system or the people who are caring for people who use the system have input on a regular basis in terms of the quality of the services they received, the timeliness of the services, and that the improvements are continually made by the service providers to better meet those needs, and that is what is missing. The whole idea of creating this new structure is so that — putting client-owners first ensures that the feedback that they receive from the people whom they are serving goes into continuous quality improvement overall. What we saw in the Nuka model was, in fact, that vehicle for ensuring that this was the case. So, the providers have a different perspective, but the people using the system know how they can bring their concerns and their suggestions forward, and they do so on a regular basis because they know that the providers are going to be responsive to those. They know that they are not talking to a machine. They are talking to a group of people who honestly want to do the very best that they can, and that takes some cultural shift, for sure.

It involves differences in how things are done, and I will give you an example. Take a typical nursing station or community health centre in a rural area. It will be necessary in that environment to have somebody who acts as a contact with the community, who comes from the community, who is part of the health care team and regularly in touch with the families and the community — because they come from the community, if the language is different or if, in a sense, there are peculiarities that apply to some of the families in the area in terms of their special needs, this is understood by the team that is providing care within the community.

That also means that a provider — a nurse in the community health centre — will occasionally have to leave the community health centre and actually attend at the homes of these individuals. Their first priority is to provide care in the best way possible, and if that's what's required, then that is done.

Second of all, all of the work in terms of coordinating services outside that community — the specialists, let's say, in Whitehorse or Vancouver — becomes the responsibility of the team. It is their responsibility, but it's also because of the trust relationship that they will have with the users of the system, the community members who will entrust them to manage that coordination in the best way possible and in the interest of the users. That's really what's meant by this.

Mr. Gallina: I appreciate the answer from panel members. That was helpful.

The Yukon Medical Association president did share concerns about consultation and engagement with physicians in the development and implementation of *Putting People First*. I know panel members have touched on this today, but can they elaborate on the specific sessions and opportunities that were made available to physicians so that I can understand and appreciate the opportunities that were made available to them?

Mr. McLennan: I think that, earlier on, I did address that. I can do it again if you would like. Physicians were, first of all, members of the comprehensive review steering committee. As I mentioned before, they were, if I'm not mistaken, the only caregiver group represented on that committee.

We did have meetings with Dr. Katharine Smart, who is the former head of the YMA, and we met with the panel early on and had discussions and talked about, as well, issues of determinants of health, the primary health care models, and the collaborative care model with her — not into specifics, because we hadn't formulated any recommendations at that time.

Some of the member panels also met with a group of physicians early on in the consultation process — approximately 12 YMA members and the chief medical officer of health, Dr. Hanley — and we had some discussions there in terms of where we were going and what we were planning to do. As was mentioned earlier as well, the YMA did have an opportunity to come to a presentation of the Alaska Southcentral Foundation to see how the Nuka model worked and to get a sense of that before we had actually embraced that model, but I am told that no physicians actually attended those sessions. We did meet with physicians in Dawson on two occasions to talk about how their model works — which is quite different from the fee-for-service model of other Yukon physicians. As was mentioned by Greg, there were numerous group sessions that were held through phase 1 and 2 of the consultations, but to my knowledge, no physicians actually came to any of those meetings — at least, not that I'm aware of.

I guess, finally, we didn't go back — once we started to formulate our recommendations, we did not go back to any group in terms of — we just tabled that — our role and responsibility was to the government, and so our recommendations were made to the government, and they will have to roll out and have those discussions with groups and physicians in terms of what the implications of those recommendations are.

Greg, do you want to add anything to that?

Mr. Marchildon: No, thank you. I have said everything that I wanted to say before. I just want once again to express my disappointment that the physicians chose not to attend the public meetings.

Mr. Gallina: I just want to thank the panel members for elaborating on some of the discussions that we had here today. I do appreciate it, and I do thank panel members for their work and for the community coming together to bring this report and these recommendations forward to this House and to Yukoners.

Hon. Ms. Frost: I would like to just thank the panel members for presenting today. It really gives a great reflection on where we are and the indication that the whole system requires some fundamental changes — but on the other hand, there was quite a lot of acknowledgement of what they heard.

I want to just spend a minute talking about that — the acknowledgment of the strengths in the Yukon system as it exists right now and the staff that we do have and the commitment from them being here and of course wanting to ensure we have a system that's best aligned and of course that meets the needs of Yukoners. So we are always wanting to take a moment to just say that Yukoners and of course the employees in Health and Social Services and the Hospital Corporation have gone above and beyond during COVID. We've learned a lot from this exercise. I just want to acknowledge the panelists for taking the extra time that they require during some really challenging times. If we learned anything from COVID, it's that we have a system that has adapted — that can change and that's accommodating to Yukoners.

With regard to the discussions around the cultural humility, the requirements — the shifting in some of the health endeavours — we have some initiatives that have happened currently. The Blackjack inquest, for example, gives us a good indication of what we need to do with nurse practitioners, cultural humility, safety training, recognition of seven indigenous languages in Yukon — language being a first language for some individuals — and making sure that we are adapting to their needs.

We note also, Mr. Chair, that of course Yukoners really appreciate the changes that have happened as well. Most recently, the aging-in-place review allowed over 1,200 Yukoners to participate in giving us some really clear indication of what their vision is.

Layered on top of this report, I just want to say that the comprehensive health review is very well-titled: *Putting People First*. The objective here is really to look at getting to the root of the gaps but also looking at putting people first and improving the system — a whole system change that better adapts to implementing the recommendations that were presented to us today and of course in the report.

With that, Mr. Chair, I thank the members — the panelists — for being here today and giving us their time and sharing their experience and of course their wealth of knowledge. That came out very clear today — that they have certainly a lot of knowledge and a lot of expertise that has guided us well in the Yukon, looking at best practices and models across the country. Using the Nuka model as a best case for Yukon, I think, is a

good decision. We look forward to the future and we look forward to implementing the recommendations.

Chair: Does any other member wish to get in a few minutes of questioning? Are there any other questions?

Thank you, Mr. McLennan and Mr. Marchildon. The witnesses are now excused.

Mr. McLennan: Thank you, Mr. Chair.

Mr. Marchildon: Thank you, Mr. Chair.

Witnesses excused

Hon. Ms. McPhee: Mr. Chair, I move that the Speaker do now resume the Chair.

Chair: It has been moved been moved by Ms. McPhee that the Speaker do now resume the Chair.

Motion agreed to

Speaker resumes the Chair

Speaker: I will now call the House to order.

May the House have a report from the Chair of Committee of the Whole?

Chair's report

Mr. Hutton: Mr. Speaker, Committee of the Whole has considered Bill No. 204, entitled *Fourth Appropriation Act 2019-20*, and directed me to report progress.

Also, pursuant to Motion No. 257, adopted as amended earlier today, witnesses appeared before Committee of the Whole by teleconference to answer questions related to the *Putting People First* review.

Speaker: You have heard the report from the Chair of Committee of the Whole.

Are you agreed?

Some Hon. Members: Agreed.

Speaker: I declare the report carried.

The time being 5:30 p.m., this House now stands adjourned until 1:00 p.m. tomorrow.

The House adjourned at 5:30 p.m.

The following legislative return was tabled October 19, 2020:

34-3-35

Response to matter outstanding from discussion with Ms. White related to general debate on Vote 15, Health and Social Services, in Bill No. 204, *Fourth Appropriation Act 2019-20* — breakdown of expenses (Frost)

Written notice was given of the following motions October 19, 2020:

Motion No. 279

Re: providing the Shingrix shingles vaccination (McLeod)

Motion No. 280

Re: full-time in-person learning at all Yukon secondary schools (Kent)

Motion No. 281

Re: reinstating the stop for school bus 40 for Golden Horn Elementary School students (Kent)

Motion No. 282

Re: location of the music, art and drama (MAD) program (Kent)

Motion No. 283

Re: recognizing benefits of the local aviation industry (Van Bibber)

Motion No. 284

Re: providing a full accounting of budgeting changes for the Department of Health and Social Services (Cathers)